EXHIBIT 2: CHICAGO DEPARTMENT OF PUBLIC HEALTH SAMPLE FORMS

Bid Line 1: Form Number NS-18: Adult Immunization

Influenza (flu) vaccine is recommended annually for people 50 years of age or older, and for people of any age with certain chronic diseases. Consult your physician to discuss your need for this vaccine.

INFLUENZA

Date Given	Doctor or Clinic

Immunization Record

Name

Doctor's Name and Phone Number

Your immunization history is an important document; keep it with your other permanent records.

Richard M. Daley
Mayor

CHICAGO DEPARTMENT
OF PUBLIC HEALTH

Vaccine		Date	Doctor/Clinic
Pneumococcal			
Hep A	**1**		
	2		
If combo*	*		
Hep B	**1**		
	2		
	3		
MMR(Measles-Mumps - Rubella)	**1**		
	2		
Varicella (Chickenpox)	**1**		
	2		
Td (Tetanus - Diphtheria adult)			
TdaP (Tetanus - Diphtheria w/ acellular Pertussis)			
HPV (Human Papillomavirus)	**1**		
	2		
	3		
Meningococcal			
Zoster (shingles)	**1**		
Other			

Combination vaccines should always be documented under each antigen

Bid Line 2: Form Number FLU-01: Influenza Service Form

Chicago Department of Public Health

Influenza Vaccination Screening Form

DATE OF SERVICE ___ / ___ / ____

Patient's First Name _____ **MI.** ___ **Patient's Last Name** _____

Patient's Date of Birth ___ / ___ / ____ **Over 65?** ☐ Yes ☐ No **Age** ___ **Medicare No.** _____

Patient's Street Address & Apt# _____

Zip Code _____ **Phone Number** _____

Patient's /Guardian First Name _____ **MI.** ___ **Parent's / Guardian Last Name** _____

- ❍ **Black /African American**
- ❍ **Caucasia**
- ❍ **Hispanic**
- ❍ **Asian/Pacific Islander**
- ❍ **Native American**
- ❍ **Other**

I have received a copy and have read or had explained to me the information from the vaccine information statements about the vaccine that will be given today. I have had a chance to ask questions and they were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine that will be given today and ask that the vaccine be given to me or the person named on this form for whom I am authorized to make this request. My signature indicates that I fully understand the above information. I certify that to the best of my knowledge and belief, the information I have provided is true, correct and complete.

X _____ Date_____

Signature of Recipient, Parent or Guardian

I have been presented with City of Chicago's Notice of Privacy Practices.

X _____

Patient's Signature (Date)

Patient refused to sign acknowledgement box.

_____

(Staff Signature) (Title) (Date)

1 - ASSESSMENT FOR VACCINATION

IV-Inactivated Influenza Vaccine-Injection

❍ **Yes. Vaccine Indicated**

Patient does <u>not</u> have any of the following:

- Previous serious allergic reactions to eggs
- Previous serious reaction to influenza vaccine components.
- Moderate or serious acute illness currently
- History of Guillain-Barre Syndrome.

LAIV-Live Intranasal Influenza Vaccine-Nasal Spray

❍ **Yes. Vaccine indicated.**

Patient does <u>not</u> have any of the following:

- History of receiving nasal spray, MMR or varicella vaccine in the past 4 weeks
- Long-term health care problems with:
  - -heart disease -kidney disease or liver disease
  - -lung disease -metabolic disease
  - -asthma -anemia, and other blood disorders
- Weakened immune system
- Age 50 years or older
- Age younger than 2 years
- Age younger than 5 years with one or more episodes of wheezing within the past year
- Long-term aspirin treatment
- Pregnancy
- Previous serious allergic reaction to eggs
- Previous serious reaction to influenza vaccine components
- Moderate or serious acute illness currently
- History of Guillain-Barre Syndrome

2 - DECISION TO VACCINATE

MANUFACTURER:
❍ Medimmune
❍ Sanofi

DOSE:	❍ 0.25 mL	❍ 0.5 mL
DOSE Number:	❍ #1	❍ #2
ROUTE:	❍ **IM**	❍ **Intranasal**

Lot # _____

Vaccinator Signature_____Title_____

Chicago Department of Public Health

Forma de evaluación para la vacuna contra la influenza

FECHA DE SERVICIO ☐☐ / ☐☐ / ☐☐☐☐

Nombre del Paciente | **I.** | **Apellido del Paciente**

Fecha de Nacimiento ☐☐ / ☐☐ / ☐☐☐☐

Mayor de 65? ☐ Si ☐ No

Edad

Número de Medicare

Dirección del Paciente

Raza

- ❍ Afro Americano
- ❍ Blanco
- ❍ Hispano
- ❍ Asiático/Islas Pacífico
- ❍ Nativo Americano
- ❍ Otra

Código Postal

Número de Teléfono

Nombre del Jefe de Familia o Tutor | **I.** | **Apellido del Jefe de Familia o Tutor**

He recibido una copia y la he leído o se me ha explicado el contenido de la hoja de información acerca de la(s) vacuna (s) que se me aplicarán hoy. He tenido la posibilidad de hacer preguntas y ellas fueron respondidas satisfactoriamente. Creo que entiendo los beneficios y los riesgos de la(s) vacuna(s) que se me aplicarán o se le aplicarán a la persona mencionada en esta forma por quien estoy autorizada a realizar esta petición. Mi firma indica que entiendo perfectamente la información que he recibido.

X _____ Fecha_____

Firma del recipient, padre o tutor

Se me ha informado sobre las Prácticas de Información Confidencial de salud de la Ciudad de Chicago.

X _____

(Firma del Paciente) (Fecha)

Patient refused to sign acknowledgement box.

_____

(Staff Signature) (Title) (Date)

1 - ASSESSMENT FOR VACCINATION

IV-Inactivated Influenza Vaccine-Injection

❍ **Yes. Vaccine Indicated**

Patient does <u>not</u> have any of the following:

- Previous serious allergic reactions to eggs
- Previous serious reaction to influenza vaccine components
- Moderate or serious acute illness currently
- History of Guillain-Barre Syndrome

LAIV-Live Intranasal Influenza Vaccine-Nasal Spray

❍ **Yes. Vaccine indicated.**

Patient does <u>not</u> have any of the following:

- History of receiving nasal spray, MMR or varicella vaccine in the past 4 weeks
- Long-term health care problems with:
  - -heart disease -kidney disease or liver disease
  - -lung disease -metabolic disease
  - -asthma -anemia, and other blood disorders
- Weakened immune system
- Age 50 years or older
- Age younger than 2 years
- Age younger than 5 years with one or more episodes of wheezing within the past year
- Long-term aspirin treatment
- Pregnancy
- Previous serious allergic reaction to eggs
- Previous serious reaction to influenza vaccine components
- Moderate or serious acute illness currently
- History of Guillain-Barre Syndrome

2 - DECISION TO VACCINATE

VACCINE MANUFACTURER:
❍ Medimmune
❍ Sanofi

DOSE:	❍ 0.25 mL	❍ 0.5 mL
DOSE Number:	❍ #1	❍ #2
ROUTE:	❍ **IM**	❍ **Intranasal**

Lot #

Vaccinator Signature_____Title_____

Line 3: Form Number FLU-02: Flu Clinic Tally

Chicago Department of Public Health
INFLUENZA & PNEUMOCOCCAL
VACCINE ORDER FORM

P/U

Clinic Date:	Support Staff:	Nurses: ❑ CDPH ❑ Contract Nurses
Site Name:		
Address: 606		Hours:
Contact Person _____		Contact Phone: _____
Clinic Type: ❑ Church ❑ CPD ❑ DFSS ❑ Other: _____		Notes:

Vaccine Type	Unit Size	Doses Ordered	Doses Given	Lot Number	EXP Date	Doses Returned
*INFLUENZA	10-dose vial					
INFLUENZA – Fluzone HD (>65 years of age)	Prefilled syringes, 10 dose per box					
PNEUMOCOCCAL	5-dose vial					

Authorized by:_____ Date: _____ Received by:_____ Date: _____

Filled by:_____ Date: _____ Returned by:_____ Date: _____

*** Includes partial vials – Use First** Number of vials:_____ Est. Number of Doses: _____

Supplies required: ❑ **YES** ❑ **NO**

Return Doses Administered Report and Consent Forms to Rosemarie Lake within 2 days after clinic:

Doses Administered Report

VACCINE	TOTAL NUMBER OF IMMUNIZATIONS BY AGE GROUP			
	Less than (<) 18 years	19-64 years	Greater than (>) 65 years	Medicare Patients
INFLUENZA				
PNEUMOCOCCAL				

Vaccine	Total Number of Immunizations by Age, Group & Race											
	<65 yrs AA	>65 yrs AA	<65 yrs HP	>65 yrs HP	<65 yrs CA	>65 yrs CA	<65 yrs AP	>65 yrs AP	<65 yrs NA	>65 yrs NA	<65 yrs Other	>65 yrs Other
INFLUENZA												
PNEUMOCOCCAL												

AA= African American HP= Hispanic CA= Caucasian AP= Asian/Pacific Islander NA= Native American

September 2010 *white copy – Vaccine Management Unit* *yellow copy – Screener (return to WSCDC when complete)*

VACCINE INFORMATION STATEMENT

DTaP Vaccine

(Diphtheria, Tetanus and Pertussis)

What You Need to Know

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

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

1 Why get vaccinated?

Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.

DIPHTHERIA causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

TETANUS (Lockjaw) causes painful tightening of the muscles, usually all over the body.

- It can lead to "locking" of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 out of 10 cases.

PERTUSSIS (Whooping Cough) causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These spells can last for weeks.

- It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

Diphtheria, tetanus, and pertussis vaccine (DTaP) can help prevent these diseases. Most children who are vaccinated with DTaP will be protected throughout childhood. Many more children would get these diseases if we stopped vaccinating.

DTaP is a safer version of an older vaccine called DTP. DTP is no longer used in the United States.

2 Who should get DTaP vaccine and when?

Children should get 5 doses of DTaP vaccine, one dose at each of the following ages:

- 2 months
- 4 months
- 6 months
- 15–18 months
- 4–6 years

DTaP may be given at the same time as other vaccines.

3 Some children should not get DTaP vaccine or should wait

- Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.
- Any child who had a life-threatening allergic reaction after a dose of DTaP should not get another dose.
- Any child who suffered a brain or nervous system disease within 7 days after a dose of DTaP should not get another dose.
- Talk with your doctor if your child:
  - had a seizure or collapsed after a dose of DTaP,
  - cried non-stop for 3 hours or more after a dose of DTaP,
  - had a fever over 105°F after a dose of DTaP.

Ask your doctor for more information. Some of these children should not get another dose of pertussis vaccine, but may get a vaccine without pertussis, called **DT**.

4 Older children and adults

DTaP is not licensed for adolescents, adults, or children 7 years of age and older.

But older people still need protection. A vaccine called **Tdap** is similar to DTaP. A single dose of Tdap is recommended for people 11 through 64 years of age. Another vaccine, called **Td**, protects against tetanus and diphtheria, but not pertussis. It is recommended every 10 years. There are separate Vaccine Information Statements for these vaccines.

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

5 What are the risks from DTaP vaccine?

Getting diphtheria, tetanus, or pertussis disease is much riskier than getting DTaP vaccine.

However, a vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of DTaP vaccine causing serious harm, or death, is extremely small.

Mild problems (common)

- Fever (up to about 1 child in 4)
- Redness or swelling where the shot was given (up to about 1 child in 4)
- Soreness or tenderness where the shot was given (up to about 1 child in 4)

These problems occur more often after the 4th and 5th doses of the DTaP series than after earlier doses. Sometimes the 4th or 5th dose of DTaP vaccine is followed by swelling of the entire arm or leg in which the shot was given, lasting 1–7 days (up to about 1 child in 30).

Other mild problems include:

- Fussiness (up to about 1 child in 3)
- Tiredness or poor appetite (up to about 1 child in 10)
- Vomiting (up to about 1 child in 50)

These problems generally occur 1–3 days after the shot.

Moderate problems (uncommon)

- Seizure (jerking or staring) (about 1 child out of 14,000)
- Non-stop crying, for 3 hours or more (up to about 1 child out of 1,000)
- High fever, over 105°F (about 1 child out of 16,000)

Severe problems (very rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after DTaP vaccine. These include:
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage.

  These are so rare it is hard to tell if they are caused by the vaccine.

Controlling fever is especially important for children who have had seizures, for any reason. It is also important if another family member has had seizures. You can reduce fever and pain by giving your child an *aspirin-free* pain reliever when the shot is given, and for the next 24 hours, following the package instructions.

6 What if there is a serious reaction?

What should I look for?

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

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

What should I do?

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

VAERS is only for reporting reactions. They do not give medical advice.

7 The National Vaccine Injury Compensation Program

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

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

8 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement

DTaP Vaccine

5/17/2007

42 U.S.C. § 300aa-26

Office Use Only

CHICAGO DEPARTMENT OF PUBLIC HEALTH Bid Line 5: Form Number VFC-01: Field Sheet

VACCINES FOR CHILDREN PROGRAM **Routine VFC Contact Form**

VFC Pin	Date		Start Time
Provider Site Name	Contact		End Time
Address	Zip Code	Phone	PHA

Purpose of Visit and Outcome	Recommended Corrective Actions	Follow-Up Date
1. Current Temperatures (ALWAYS REQUIRED)		
Current Minimum Maximum Refrigerator 1 _____F/C _____F/C _____F/C Freezer 1 _____F/C _____F/C _____F/C Refrigerator 2 _____F/C _____F/C _____F/C Freezer 2 _____F/C _____F/C _____F/C **Review and initial all temp logs since last visit (required at all visits)**	# of months of temp logs reviewed R_____ F_____ R_____ F_____ R_____ F_____	
2. VFC Contact Visit Purpose per PEAR		
☐ VFC In-service (training) ☐ Vaccine Pick up or Delivery ☐ Scheduled Storage and Handling Visit ☐ Enrollment Visit ☐ Follow up from a VFC In-service ☐ Follow up from a Vaccine Pick up or Delivery ☐ Follow up from a scheduled Storage and Handling visit ☐ Follow up from an Enrollment Visit ☐ Other Specify:_____ _____ _____		
A. CHIP Vaccine Check 1. Using MEDI (or equivalent) for ALL screening prior to immunization Y N 2. Maintaining appropriate amounts of PRIVATE STOCK vaccine supply Y N		
B. Evaluate Vaccine Returns (if present) • Identify if any Expired or Spoiled Vaccine in appliance Y N • Verify amounts and reasons for returns Y N • Review Vaccine Return policy with staff Y N		
3. Review Current VFC Procedures		
A. Using Current VIS for all vaccines in use Y N B. Ordering through I-CARE Y N C. Has DDLs with current certificate of calibration Y N D. Downloading and reviewing DDL data routinely Y N		

CHICAGO DEPARTMENT OF PUBLIC HEALTH

VACCINES FOR CHILDREN PROGRAM **QAR Follow up/Storage & Handling Follow up**

VFC Pin	Date		Start Time
Provider Site Name	Contact		End Time
Address	Zip Code	Phone	PHA

Purpose of Visit and Outcome	Recommended Corrective Actions	Follow-Up Date
1. Current Temperatures (ALWAYS REQUIRED)		
Current Minimum Maximum Refrigerator 1 _____F/C _____F/C _____F/C Freezer 1 _____F/C _____F/C _____F/C Refrigerator 2 _____F/C _____F/C _____F/C Freezer 2 _____F/C _____F/C _____F/C	# of months of temp logs reviewed R_____ F_____ R_____ F_____ R_____ F_____	
2. Non-Compliance with QAR requirements		
3. Second (or more) follow up for Non-compliance with QAR requirements		
4. Non-compliance with Unannounced Storage & Handling requirements		
5. Second (or more) follow up for Unannounced Storage and Handling requirements		

2013 VFC Provider Compliance Site Visit Questionnaire
All Awardees

This form is to be completed by the public health official who is conducting the site visit review. Section I of this questionnaire is the CDC minimum standard for conducting routine VFC provider compliance site visits. Immunization Programs are required to incorporate these standard questions into their existing VFC site visit protocols and VFC provider on-site questionnaires. Section II is based on the Standards of Pediatric Care. Completion of Section II is optional.

Date: _____ Reviewer's Name: _____
Provider Site Name: _____
Provider address: _____
Contact person: _____ Telephone & FAX Numbers: _____
Email: _____ VFC Number: _____
County: _____ Region: _____
Vaccine manager: _____Back up:_____

Note: An incorrect or inappropriate response to any question in Section 1 of the questionnaire automatically requires corrective action. All corrective action plans should be signed by the VFC program staff and the provider office.

Type of Practice:

☐ Public hospital based clinic	☐ Private Practice	☐ Public Health Dept Clinic	☐ Military Health Care Facility
☐ Private hospital based clinic	☐ FQHC/RHC	☐ Private Preschool/daycare/etc	☐ Public Preschool/daycare/etc
☐ Substance abuse	☐ WIC	☐ Indian Health Center	☐ Corrections Facility
☐ HIV/STD Clinic	☐ Public clinic non-HD	☐ Mass Vaccinator-Flu only	☐ Mass Vaccinator-Flu & other vaccine
☐ Pharmacy-Flu only	☐ Pharmacy-Flu & other vaccines		

☐ Provider does not supply all ACIP vaccines (pharmacy, hospital Hep B only, or specialty clinic-select provider type in addition as applies-list all vaccines not supplied in question #4)

How many providers are practicing at this site? _____

The following question should be answered **prior** to the site visit, so the findings can be discussed during the site visit.

Are vaccine orders consistent with most current provider profile? _____

SECTION I. VFC COMPLIANCE

1. What is the vaccine administration fee charged to non-Medicaid VFC eligible patients (uninsured, American Indian/Alaska Native, under-insured if vaccinated at FQHC/RHC)? _____

2. Under what circumstances is a child referred to another facility for immunization services?
   - ☐ Not applicable children are never referred
   - ☐ Child is underinsured
   - ☐ Vaccine is unavailable
   - ☐ Parent is unable to pay administration fee
   - ☐ Parent is unable to pay office visit fee
   - ☐ Other (specify)

3. Which of the following vaccines are **NOT** routinely administered in this clinic/practice?

☐ DTaP	☐ Influenza	☐ Pneumococcal Polysaccharide (high risk patients)
☐ Hepatitis A	☐ Meningococcal Conjugate	☐ Polio
☐ Hepatitis B	☐ MMR	☐ Rotavirus
☐ HIB	☐ Pneumococcal Conjugate	☐ Td
☐ Human Papillomavirus		☐ Tdap
☐ Administers all ACIP Recommended Vaccines		☐ Varicella ☐ Other: _____

4. When does this clinic/practice provide or offer patients copies of the Vaccine Information Statements (VIS) to keep?
   - ☐ Every time the patient receives a vaccination
   - ☐ When the child receives the first dose of vaccine within a particular series (e.g. 1st dose of DTaP)
   - ☐ Do not provide
   - ☐ Other (specify): _____

5. In order to complete the annual provider profile, how does this clinic/practice determine the number of VFC-eligible patients in this clinic/practice?
   - ☐ Use doses administered data
   - ☐ Use benchmarking data
   - ☐ Use Medicaid & billing data
   - ☐ Use Immunization Information System (Registry)
   - ☐ Does not capture data for annual provider profile
   - ☐ Other-acceptable (please describe): _____
   - ☐ Other-non-compliant (please describe): _____

6a. When does the clinic/practice screen patients for VFC eligibility?
   - ☐ First immunization visit to the office
   - ☐ Every immunization visit
   - ☐ Do not screen for VFC eligibility
   - ☐ Not applicable, clinic/practice serves 100% VFC eligible children and has appropriate Comprehensive Certification form with up to date signature on file
   - ☐ Other (specify): _____

6b. When does the clinic/practice document VFC screening results?
   - ☐ First immunization visit to the office
   - ☐ Every immunization visit
   - ☐ Do not screen for VFC eligibility
   - ☐ Not applicable, clinic/practice serves 100% VFC eligible children and has appropriate Comprehensive Certification form with up to date signature on file
   - ☐ Other (specify): _____

7. Does this clinic/practice always notify the Immunization Program when publicly purchased vaccine has been involved in a cold chain failure, has expired or been wasted?
   ☐ Yes ☐ No

8. When does this clinic/practice prepare vaccine for administration to patient?
   ☐ Immediately before administration ☐ Other (specify process): _____

Questions 9-29 should be answered based on a *physical review* of provider's written plan, VISs, refrigerator(s) and freezer(s).

9a. Does the clinic/practice "borrow vaccine" between public stock and private stock?
   ☐ Yes ☐ No ☐ Not Applicable: All vaccine provided by the state program

If the provider/staff answered "Yes," the following questions (9b.and 9c.) should be answered:

9b. Review the borrowing reports for the **previous 12 months**. Are the reports completed correctly and do the reports document timely replacement of vaccine to the appropriate stock? To answer "Yes," all components must be documented correctly.

☐ Yes ☐ No ☐ Not Applicable, Borrowing not allowed by State VFC Program

9c. Does the frequency of borrowing vaccine indicate an inventory/stock problem?

☐ Yes ☐ No

If yes, the inventory problem is related to:

- ☐ Lack of private stock
- ☐ Lack of public stock
- ☐ Other (specify): _____

If no, the insufficient inventory is related to:

- ☐ Private stock order delay
- ☐ Private non-viable on delivery
- ☐ VFC stock order delay
- ☐ VFC stock non-viable on delivery
- ☐ A specific national vaccine shortage (list vaccines): _____
- ☐ Other (specify): _____

10. Does the clinic/practice have a **written plan** for vaccine management including the following (review for accurate content):

	Yes	No
Designation of primary vaccine coordinator and at least one back-up staff	☐	☐
Proper vaccine storage and handling	☐	☐
Vaccine shipping receiving	☐	☐
Procedures for vaccine transport in the event of a power failure, mechanical difficulty or emergency situation (emergency plan)	☐	☐
Has the emergency plan been reviewed or updated annually or since change in responsible staff?	☐	☐
Vaccine ordering	☐	☐
Inventory control (e.g. stock rotation)	☐	☐
Vaccine wastage	☐	☐
Staff training on vaccine management including storage and handling	☐	☐

11. Please identify the publication date for each of the VIS currently being used in this clinic/practice and then check the appropriate status for each VIS.

VACCINE*	VIS VERSION BEING USED IN THIS CLINIC/PRACTICE			
	Current	Outdated	None Used	Does Not Administer Vaccine (specialty provider)
DTaP (5/17/07)	☐	☐	☐	☐
Polio (11/08/11)	☐	☐	☐	☐
MMR (4/20/2012)	☐	☐	☐	☐
MMRV (5/21/10)	☐	☐	☐	☐
Hepatitis B (2/02/2012)	☐	☐	☐	☐
Varicella (03/13/08)	☐	☐	☐	☐

Hepatitis A (10/25/11)	☐	☐	☐	☐
Hib (12/16/98)	☐	☐	☐	☐
Pneumococcal Conjugate (4/16/10)	☐	☐	☐	☐
Inactivated Influenza (7/02/12)	☐	☐	☐	☐
Live Intranasal Influenza (7/02/12)	☐	☐	☐	☐
Adult Pneumococcal Polysaccharide (PPV23) (10/6/09)	☐	☐	☐	☐
Meningococcal (10/14/11)	☐	☐	☐	☐
Td/Tdap (1/24/2012)	☐	☐	☐	☐
Rotavirus (12/6/10)	☐	☐	☐	☐
Human Papillomavirus (2/22/2012)	☐	☐	☐	☐
Multiple Vaccine (11/16/2012)	☐	☐	☐	☐
Other _____	☐	☐	☐	☐

* VIS *Website for current version dates: http://www.cdc.gov/vaccines/pubs/vis/*

12. What type of storage units does this clinic/practice use to store varicella-containing vaccines and all other vaccines? (check and enter number of units)

Varicella Containing Frozen Vaccine Storage	**All Other Vaccines**
☐ Stand alone freezer (full size or under counter) Number of units_____	☐ Stand alone refrigerator Number of units_____
☐ Dormitory style refrigerator/freezer Number of units_____	☐ Dormitory style refrigerator/freezer Number of units_____
☐ Combined refrigerator/freezer with separate external refrigerator and freezer doors (e.g. household style appliance). Number of units_____	☐ Combined refrigerator/freezer with separate external refrigerator and freezer doors (e.g. household style appliance). Number of units_____
☐ Pharmaceutical/medical grade Number of units_____	☐ Pharmaceutical/medical grade Number of units_____
☐ Does not administer vaccines requiring freezer storage	

Please note: Combination refrigerator/freezers that are outfitted with one exterior door and an evaporator plate (cooling coil), which is usually located inside an icemaker compartment (freezer) within the refrigerator is NOT acceptable for any vaccine storage (temporary or permanent.)

13. Are calibrated thermometers placed in a central area of each refrigerator and freezer?

	Refrigerator					**Freezer**				
	#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
Yes										
Have thermometer but not placed properly										
No thermometer										

14. (A) What type of thermometer is used by the clinic/practice (check all that apply)?

Refrigerator										
	#1.	Probe in glycol?	#2.	Probe in glycol?	#3.	Probe in glycol?	#4.	Probe in glycol?	#5.	Probe in glycol?
Standard Biosafe Fluid Filled Liquid		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Chart Recorder		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Min-Max		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Dial (with or without stem)		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Digital display current temperature only		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Digital display current and min/max temperatures		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Digital data logger displays current, min/max temperatures and does continuous monitoring		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Data logger with temperature display only no min/max		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Data logger without display		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Other (specify)		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___

Freezer										
	#1.	Probe in glycol?	#2.	Probe in glycol?	#3.	Probe in glycol?	#4.	Probe in glycol?	#5.	Probe in glycol?
Standard Biosafe Fluid Filled Liquid		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Chart Recorder		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Min-Max		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Dial (with or without stem)		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Digital display current temperature only		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Digital display current and min/max temperatures		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Digital data logger displays current, min/max temperatures and does continuous monitoring		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___

Data logger with temperature display only no min/max		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Data logger without display		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___
Other (specify)		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___

14. (B) For each type of thermometer used by the clinic/practice, indicate if the thermometer has a current certificate of calibration (check all that apply) and document the date of expiration.

	REFRIGERATOR									
	#1.	Date	#2.	Date	#3.	Date	#4.	Date	#5.	Date
Standard biosafe fluid filled	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Chart recorder	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Min-Max	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Dial (with or without stem)	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Digital display current temperature only	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Digital display current and min/max temperatures	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Digital data logger displays current, min/max temperatures and does continuous monitoring	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Data logger with temperature display only no min/max	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Data logger without display	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	

Other (specify)	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	

Note: Each vaccine storage unit requires one primary thermometer with a current certificate of calibration.

For each type of thermometer used by the clinic/practice, indicate if the thermometer has a current certificate of calibration (check all that apply) and document the date of expiration.

	FREEZER									
	#1.	Date	#2.	Date	#3.	Date	#4.	Date	#5.	Date
Standard biosafe fluid filled	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Chart recorder	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Min-Max	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Dial (with or without stem)	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Digital display current temperature only	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Digital display current and min/max temperatures	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Digital data logger displays current, min/max temperatures and does continuous monitoring	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Data logger with temperature display only no min/max	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Data logger without display	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	
Other (specify)	YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___		YES___ NO ___	

Note: Each vaccine storage unit requires one primary thermometer with a current certificate of calibration.

15. For each refrigerator and freezer indicate how often temperatures are recorded (check all that apply).

	Refrigerator					Freezer				
	#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
Once a day										
Less than once a day										
Twice a day										
More than twice a day										

16. Record the highest and lowest temperatures logged in the last 3 months. If partial log is available for the past three months, record the highest and lowest temperatures from available logs. If no log is available, use current temperature for both lowest and highest temperatures and select no log is available for last 3 months. If practice does not have a thermometer, leave the lowest and highest temperature recording spaces blank. If log is available for less than 3 months, use lowest and highest temperatures from timeframe available on log and select partial log is available for last 3 months. Please indicate if recordings are Celsius (°C) or Fahrenheit (°F).

	Refrigerator (2-8°C / 35-46°F)					**Freezer**(-15°C / 5°F or lower)				
	#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
Lowest	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F
Highest	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F
Log available for last 3 months?	YES NO Partial	YES NO Partial	YES NO Partial	YES NO Partial	YES NO Partial	YES NO Partial	YES NO Partial	YES NO Partial	YES NO Partial	YES NO Partial

17. During past 3 months or for the amount of time log is available, if less than 3 months, how many times were the temperatures outside the recommended range? If no log is available, select the "unknown: no log available" answer.

	Refrigerator (2-8°C / 35-46°F)					Freezer (-15°C / 5°F or lower)				
	#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
Below Guidelines										
Above Guidelines										
Unknown: no log available										

18. When the temperatures were outside the recommended range, what action did the clinic/practice take? *(✓ all that apply)*

- ☐ Adjusted thermostat in refrigerator/freezer
- ☐ Measured temperature with different thermometer to check accuracy of original reading
- ☐ Moved vaccine to a different refrigerator/freezer maintained at proper temperature
- ☐ Called the vaccine manufacturer to determine the potency of the vaccine
- ☐ Called the local/state immunization program for assistance
- ☐ Did not do anything
- ☐ Not applicable, no temperatures outside range
- ☐ Unable to answer, no log available

19. Does the clinic/practice have written documentation of the action taken when the temperatures were outside the recommended range?
☐ Yes ☐ No ☐ Not applicable, no temperatures outside range ☐ Unable to answer, no log available

20. Record the current temperatures

	Refrigerator (2-8°C / 35-46°F)					Freezer (-15°C / 5°F or lower)				
	#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
Practice Thermometer	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F
Reviewer's Thermometer	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F	____°C ____°F

21. Are current temperatures within the guidelines according to the reviewer's thermometer? (Refrigerator: 2-8°C / 35-46°F, Freezer: -15°C / 5°F or lower)

Refrigerator					Freezer				
#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

22. Is food stored with vaccines in the refrigerator or freezer?

Refrigerator					Freezer				
#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

23. Are vaccines stored in the doors of the refrigerator or freezer?

Refrigerator					Freezer				
#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

24. Is vaccine stored in the middle of the storage unit and stacked with air space between the stacks and side/back of the unit to allow cold air to circulate around the vaccine?

Refrigerator					Freezer				
#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

25. Is there a "DO NOT DISCONNECT" sign on the refrigerator/freezer electrical outlet?

Refrigerator					Freezer				
#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

26. Is there a "DO NOT DISCONNECT" sign on the circuit breaker?
☐ Yes ☐ No ☐ Don't Know

27. Are short-dated vaccines stored in front and used first, rotating stock effectively?

Refrigerator					Freezer				
#1.	#2.	#3.	#4.	#5.	#1.	#2.	#3.	#4.	#5.
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

28. Can the clinic/practice physically differentiate privately purchased vaccine from publicly purchased vaccine? To answer yes, clinic/practice must be able to demonstrate how this is done.
☐ Yes, clinic/practice can physically differentiate public vaccine from private vaccine
☐ No, clinic/practice cannot physically differentiate public vaccine from private vaccine
☐ Not applicable, clinic/practice is located in a universal state, has no private stock
☐ Not applicable, clinic/practice serves 100% VFC eligible children, has no private stock (Comprehensive Certificate on File)
☐ Not applicable, clinic/practice serves 100% VFC eligible children, has no private stock (No Comprehensive Certificate on File)

29. Upon checking the clinic/practice's vaccine supply, did the reviewer find any unreported expired vaccine in the storage unit(s)?
☐ Yes ☐ No

Questions 30 - 32 should be answered based on a review of patient charts, electronic medical records, or patient log (electronic or manual) or registry which records VFC eligibility status.

30. What is the VFC eligibility screening coverage in this clinic/practice?
☐ VFC screening coverage of 100% of charts reviewed
☐ VFC screening coverage of at least 95% of charts reviewed
☐ VFC screening coverage of at least 90% of charts reviewed
☐ VFC screening coverage below 90% of charts reviewed

31. What methodology was used to determine VFC eligibility screening coverage during this site visit?
    - ☐ CDC-supplied Lot Quality Assurance (LQA) 30 chart protocol
    - ☐ CoCASA
    - ☐ Grantee-developed methodology
    - ☐ Other: _____

32. Do all immunization records contain the following documentation required by statute 42 US Code 300aa-25 and 300aa-26? *(✓ one box per item)*

Required Documentation	Yes	No
Name of vaccine given	☐	☐
Date vaccine was given	☐	☐
Date VIS was given	☐	☐
Name of vaccine manufacturer	☐	☐
Lot number	☐	☐
Name and title of person who gave the vaccine	☐	☐
Address of clinic where vaccine was given	☐	☐
Publication date of VIS	☐	☐

Questions 33 and 34 should be answered based on results of the VFC site visit.

33. Are corrective actions recommended for this VFC enrolled site?
    ☐ Yes ☐ No

34. Please indicate your Follow-up plan with the site to ensure recommendations were implemented (select all that apply).
    - ☐ Provided technical assistance at time of site visit, no further follow-up is needed
    - ☐ Formal Corrective Action Plan (should be signed by provider and each follow up activity documented in CoCASA)
    - ☐ Removal of VFC vaccine
    - ☐ Hold VFC vaccine ordering
    - ☐ Program termination or referral to external agency for investigation of fraud and abuse

Refer to the *Failure to comply with VFC requirements protocol*. Enter all recommended corrective actions in the Corrective actions tab for follow up. VFC staff should discuss corrective action plans with the provider prior to signing the plan.

VFC Program Staff Signature (optional): _____

Provider Signature (optional): _____

Date: _____

VFC Program Requirements Training Performed During Site Visit:

VFC Training Elements	Completed	Does not apply
Eligibility categories		
Eligibility screening and documentation		
Provider vaccine manager and back up-reporting changes		
Enrollment requirements and form		
Provider profile and instructions for completion		
CHIP populations		
Borrowing		
Complying with ACIP Immunization Schedule		
Record maintenance		
No allowable charge for vaccine		
Administration fees		
Deputization for underinsured (if applies)		
Vaccine ordering through IIS/VTrckS		
VFC Compliance Site Visits requirement		
Educational visits/Other educational options		
Streamlined oversight (If applies)		
Signature requirements		
Corrective action plans and follow up		
Elements of routine vaccine management plans		
Elements of emergency vaccine management plans		
Testing management plans		
Cold chain		
Appropriate procedures for receiving of vaccine		
No dorm style refrigerators allowed		
Appropriate vaccine storage units		
Appropriate vaccine and thermometer placement		
Appropriate temperature monitoring and documentation		
Appropriate response to temperature excursions		
Appropriate procedures for preventing, reporting and returning expired/wasted/spoiled vaccine		

List of Attendees:

SECTION II. Standards for Pediatric & Adolescent Immunization Practices (Optional)

Vaccine Administrative Policy

1. How does the clinic/practice offer immunization services to patients? (Check all that apply)

☐During well-child visits ☐Immunization-only appointments
☐Walk-in immunizations ☐Dedicated days/times for immunizations
☐Off-site immunizations ☐Other (specify)_____

2. Is an office visit fee charged in addition to any vaccine administration fees?

☐Yes ☐No
If yes, what is the amount of the office visit fee? _____

3. Is a physical exam required before immunizations are given?

☐Yes ☐No

Assessment of Vaccination Delivery

4. Does the clinic/practice routinely immunize when the child has:

	Yes	No	Situational
A cold	☐	☐	☐
Low grade fever (e.g. 100.4°F [38°C] or lower)	☐	☐	☐
Recently been exposed to infectious illness	☐	☐	☐
Mild diarrhea	☐	☐	☐
Convalescing from an acute illness	☐	☐	☐

Effective Communication about Vaccine Benefits and Risks

5. Does the clinic/practice staff know how to obtain foreign-language Vaccine Information Statements (VIS) for patients/families whose first language is not English?

☐Yes ☐No

Proper Storage and Administration of Vaccines and Documentation of Vaccinations

6. Does the clinic/practice have a current copy of the following documents?

	Yes	No
Recommended Childhood Immunization Schedule	☐	☐
Revised Standards for Child and Adolescent Immunization Practices	☐	☐
Contraindications for Childhood Immunization	☐	☐
Vaccine Management: Recommendations for Handling & Storage of Selected Biologicals	☐	☐

7. Are up-to-date, written vaccination protocols accessible at all locations where vaccines are administered? (If Yes, ask to see a copy)

☐Yes ☐No

8. Who gives immunization injections? (Check all that apply)

☐MD ☐NP ☐PA ☐RN ☐LVN ☐LPN ☐MA

9. How do persons who administer vaccines and staff who manage or support vaccine administration receive ongoing education regarding immunization? (Check all that apply.)

☐No ongoing training ☐In-house training by health dept./professional organization at least once a year
☐In-house training by staff at least once a year ☐Off-site conferences or workshops at least once a

year

☐Distribution of written materials ☐Web-based training

☐Other (specify)_____

10. Does the practice document ongoing education regarding immunization for persons who administer vaccines and staff who manage or support vaccine administration?
    ☐Yes ☐No

11. Does the clinic/practice simultaneously administer all vaccines for which the child is eligible?
    ☐Yes ☐No

12. What size needles are generally used for intramuscular injections?
    ☐5/8" (inch) ☐1" (inch) ☐7/8" (inch)
    ☐Depends on age ☐Other (Specify):_____

13. Does the clinic/practice pre-fill syringes?
    ☐Yes ☐No

14. Does the clinic/practice have VAERS forms and know how to report to VAERS?
    ☐Yes ☐No

15. Does the clinic/practice require staff that have contact with patients to be immunized or show proof of immunity against the following vaccine-preventable diseases? (Check all that apply)
    ☐None required ☐Measles/Mumps/Rubella ☐Hepatitis B
    ☐Hepatitis A ☐Varicella ☐Influenza
    ☐Td ☐Other (specify)_____

VFC Program Staff Signature (optional): _____

Provider Signature (optional): _____

Date: _____

Bid Line 7: Form Number VFC-03: Patient Eligibility Chart Review

VFC Patient Eligibility Screening – Chart Review **Practice Name:**_____ **PIN**_____

Randomly select 30 charts of patients aged 0-18 years. If clinic has less than 30 charts, review all charts of patients aged 0-18 years. Calculate totals and percentage for each category.

Last Name	First Initial	Date of Birth	VFC Eligibility Status					Patient Eligibility Form in chart?		Vaccines Properly Documented		VIS Information Properly Documented	
			Medicaid	Uninsured	Underinsured	N.A./Alsk Native	Not VFC Eligible						
1.								Y	N	Y	N	Y	N
2.								Y	N	Y	N	Y	N
3.								Y	N	Y	N	Y	N
4.								Y	N	Y	N	Y	N
5.								Y	N	Y	N	Y	N
6.								Y	N	Y	N	Y	N
7.								Y	N	Y	N	Y	N
8.								Y	N	Y	N	Y	N
9.								Y	N	Y	N	Y	N
10.								Y	N	Y	N	Y	N
11.								Y	N	Y	N	Y	N
12.								Y	N	Y	N	Y	N
13.								Y	N	Y	N	Y	N
14.								Y	N	Y	N	Y	N
15.								Y	N	Y	N	Y	N
16.								Y	N	Y	N	Y	N
17.								Y	N	Y	N	Y	N
18.								Y	N	Y	N	Y	N
19.								Y	N	Y	N	Y	N
20.								Y	N	Y	N	Y	N
21.								Y	N	Y	N	Y	N
22.								Y	N	Y	N	Y	N
23.								Y	N	Y	N	Y	N
24.								Y	N	Y	N	Y	N
25.								Y	N	Y	N	Y	N
26.								Y	N	Y	N	Y	N
27.								Y	N	Y	N	Y	N
28.								Y	N	Y	N	Y	N
29.								Y	N	Y	N	Y	N
30.								Y	N	Y	N	Y	N
TOTALS													
PERCENT OF TOTAL (Total number of "Y" ÷ Total number of records reviewed) x 100%													

Bid Line 8: Form Number VFC-04:

VFC Patient Eligibility

Vaccines for Children (VFC) Program
Patient Eligibility Screening Record

A record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider's office for 3 years or longer depending on state law. The record may be completed by the parent, guardian, individual of record, or by the health care provider. VFC eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine. Providers using a similar form (paper-based or electronic) must capture all reporting elements included in this form.

1. Child's Name :_____
   Last Name First Name MI

2. Child's Date of Birth: __ __/__ __/__ __ __ __

3. Parent/Guardian/Individual of Record:_____
   Last Name First Name MI

4. Primary Provider's Name:_____
   Last Name First Name MI

5. To determine if a child (0 through 18 years of age) is eligible to receive federal vaccine through the VFC and state programs, at each immunization encounter/visit enter the date and mark the appropriate eligibility category. *If Column A-D is marked, the child is eligible for the VFC program. If column E or F is marked the child is not eligible for federal VFC vaccine.*

	Eligible for VFC Vaccine				Not eligible for VFC Vaccine	
	A	B	C	D	E	F
Date	Medicaid Enrolled	No Health Insurance	American Indian or Alaskan Native	*Underinsured served by FQHC	Has health insurance that covers vaccines	**Enrolled in CHIP

**Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.*

***CHIP- Children enrolled in the state Children's Health Insurance Program (CHIP). These children are considered insured and are **not** eligible for vaccines through the VFC program. Vaccine must be privately purchased for administration to children enrolled in CHIP.*

Bid Line 9: Form Number VFC-05 Temperature Log

Temperature Log for Vaccines (Celsius)

Month/Year: _____ **Days 1–15**

Instructions: Place an "X" in the box that corresponds with the temperature. The RED REGIONS represent unacceptable temperature ranges. If the temperature recorded is in the red region: 1. **Store the vaccine** under proper conditions as quickly as possible, 2. **Call Chicago VFC** for further assistance: (312) 746-6358.

Name of Practice: _____ PIN Number: _____

		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Day of Month																															
Exact Time																															
EC Temp		am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	Am	pm	am	pm	am	pm	am	pm
Refrigerator temperature	≥11E	Take immediate action if the temperature falls within this red region																													
	10E																														
	9E																														
	8E																														
	7E																														
	6E																														
	5E																														
	4E																														
	3E																														
	2E																														
	1E	Take immediate action if the temperature falls within this red region																													
	0E																														
	≤-1E																														
Freezer temp	≥-12E																														
	-13E																														
	-14E																														
	-15E																														
	-16E																														
	-17E																														
	-18E																														
	-19E																														
	≤-20E																														
	Room temp																														
	Staff Initials																														

Take immediate action if the temperature falls within this red region

Adapted by the Immunization Action Coalition courtesy of the Michigan Department of Community Health

Temperature Log for Vaccines (Celsius)

Month/Year: _____ **Days 16–31**

Instructions: Place an "X" in the box that corresponds with the temperature. The RED REGIONS represent unacceptable temperature ranges. If the temperature recorded is in the red region: 1. **Store the vaccine** under proper conditions as quickly as possible, 2. **Call Chicago VFC** for further assistance: (312) 746-6358.

Name of Practice: _____ PIN Number: _____

		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Day of Month																																	
Exact Time																																	
EC Temp		am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Refrigerator temperature	≥11E																																
	10E																																
	9E																																
	8E																																
	7E																																
	6E																																
	5E																																
	4E																																
	3E																																
	2E																																
	1E																																
	0E																																
	≤-1E																																
Freezer temp	≥-12E																																
	-13E																																
	-14E																																
	-15E																																
	-16E																																
	-17E																																
	-18E																																
	-19E																																
	≤-20E																																
	Room temp																																
	Staff Initials																																

Take immediate action if the temperature falls within this red region

Take immediate action if the temperature falls within this red region

Adapted by the Immunization Action Coalition courtesy of the Michigan Department of Community Health

This is a six (6) page document. All pages must be completed and submitted together.

Chicago Department of Public Health
Immunization Program
Vaccines for Children (VFC) Plus Program

PROVIDER ENROLLMENT

❒ New Provider
❒ Recertification
❒ Update Information

VFC Plus PIN#:_____ Public Health Administrator (PHA): _____

Please type or print *neatly*

NAME OF OFFICE, PRACTICE, CLINIC, ETC.		
PHYSICIAN LAST NAME	PHYSICIAN FIRST NAME	MIDDLE INITIAL
ADDRESS		ZIP CODE
TELEPHONE ( )	FAX ( )	EMAIL ADDRESS
MEDICAL LICENSE NUMBER	NATIONAL PROVIDER IDENTIFICATION NUMBER	SPECIALTY*

Vaccine Delivery Information		Mailing Information	
Contact Person:		Contact Person:	
Vaccine Delivery Address (Number/Street- No P.O. Boxes)		Mailing Address:	
City:	Zipcode:	City:	Zipcode:
Telephone Number:	Fax Number:	Email Address:	

SHIPPING HOURS: Please indicate hours that your site is open and someone is available to accept shipments

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Is the office closed during lunch break and unable to receive vaccine deliveries? ❒ YES ❒No
If Yes, please indicate lunch break hours: _____ to _____

TYPE OF FACILITY: (*please check only one***)**

- ❑ Public Health Department
- ❑ Public Health Department Satellite Clinic
- ❑ Public Hospital
- ❑ Private Practice *(Individual or group)**
- ❑ Indian Health Center
- ❑ Correctional Facility
- ❑ Federally Qualified Health Center (FQHC)**
- ❑ School-based Clinic
- ❑ Teen Health Center
- ❑ OB/GYN
- ❑ Other _____

***Family Practice, Pediatrics, General Practice, etc.**
****To claim FQHCs status, the facility must receive federal grants funding through the Public Health Service Act**

Chicago Vaccines for Children (VFC) Program
Provider Agreement

In order to participate in the Chicago Vaccines for Children (VFC) Program and/or receive other federally procured vaccines provided to me at no cost, I, on behalf of myself and any and all practitioners associated with this medical office, group practice, health maintenance organization, health department, community/migrant/rural clinic or other entity of which I am physician-in-chief (or equivalent)(referred to as "I" or the "Provider"), agree with the City of Chicago (the "City") to the following (the "Agreement"):

1. I will screen patients at all immunization encounters for eligibility and administer VFC-purchased vaccine only to children who are 18 years of age or younger who meet one or more of the following categories:
   a. Is federally vaccine-eligible
      (1) Is an American Indian or Alaska Native
      (2) Is enrolled in Medicaid
      (3) Has no health insurance
      (4) Is Underinsured: Children who have commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or children whose insurance caps vaccine coverage at certain amount—once that coverage amount is reached, these children are categorized as underinsured. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).
2. I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC Program unless:
   a. In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate;
   b. The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
3. I will maintain all records related to the VFC program for a minimum of three (3) years or longer if required by state law and make these records available to public health officials, including the Chicago Department of Public Health or Department of Health and Human Services, (DHHS) upon request.
4. I will immunize eligible children with VFC-supplied vaccine at no charge to the patient for the vaccines.
5. I will not impose a charge for the administration of the vaccine to non-Medicaid VFC-eligible children that exceeds the administration fee cap of $23.87 per vaccine dose. For Medicaid VFC-eligible children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
6. I will not deny administration of a federally purchased vaccine to an established patient because child's parent/guardian/individual of record is unable to pay the administration fee.
7. I will distribute the most current Vaccine Information Statements (VISs) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Compensation Act (NCVICA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event reporting System (VAERS).
8. I will comply with the Chicago Department of Public Health requirement for ordering, vaccine accountability, and vaccine management.
9. Should my staff, representative, or I access VTrckS (online ordering system), I agree to be bound by CDC's terms of use for interacting with the online ordering system. I further agree to be bound by any applicable federal laws, regulations or guidelines related to accessing a CDC system and ordering publically funded vaccines.
10. In advance of any VTrckS access by my staff, representative or myself, I will identify each member of my staff or representative who is authorized to order vaccines on my behalf. In addition, I will maintain a record of each staff member who is authorized to order vaccines on my behalf. If staff changes occur, I will inform CDC within 24 hours of any change in status of the current staff members or representatives who are no longer authorized to order/manage vaccines, or the addition of any new staff authorized to order/manage vaccines on my behalf. I certify that my identification is represented correctly on this provider enrollment form.
11. I agree to operate within the VFC program in a manner intended to avoid fraud and abuse.
12. I agree to provide financial restitution for vaccines that have been wasted due to my negligence and/or for any negligence on the part of my staff. Restitution will be in the form of privately purchased dose-for-dose replacement or payment by certified check.
13. Either the Chicago Department of Public Health ("CDPH") or the Provider may terminate this Agreement for any reason or no reason upon five (5) days' prior written notice to the other party. If either CDPH or the Provider chooses to terminate this Agreement, the Provider agrees to properly return any unused VFC vaccine.
14. I understand that I am not required to serve <u>new</u> patients based on their VFC eligibility or for any other reason.
15. I will comply with the Chicago Department of Public Health VFC Program site review in order to determine program compliance and assist in the assessment of immunization levels.

Provider Agreement (continue)

16. I agree to store and handle VFC-supplied vaccines in accordance with the manufacturer's specifications and only at the facility stipulated in this Agreement. I may be required to purchase a new refrigerator or freezer unit if equipment at my practice is deemed inadequate in terms of size, inappropriate for vaccine storage, or not able to maintain appropriate temperatures.
17. I will participate or designate a least one person from my practice to participate in a training at least once each year.
18. The term of this Agreement is from April 30, 2013-May 1, 2014 unless terminated earlier. If I want to participate in the VFC Program after this Agreement expires, then I will be required to re-apply for enrollment annually by completing a new Practice Profile Form and Provider Agreement. Re-enrollment is not guaranteed and may be denied for any reason. Failure to re-apply for enrollment will mean suspension and possible termination from the VFC program. I will comply with City's Vaccine Loss and Replacement Policy, Policy and Procedure for Medicaid Fraud and Abuse and the attached Supplement to Provider Agreement.

I certify that I have read and agree to the (18) requirements listed above pertaining to the participation in the Chicago Vaccines for Children Program.

PHYSICIAN'S NAME	SIGNATURE	DATE

VFC PIN#:_____

PROVIDER LIST

. **Complete the following information for additional providers practicing at the site:**

Last Name, First MI	Medical License No.	Title (MD, DO, NP, etc)	Specialty (FP, Peds, GP, other)	NPI (National Provider Identification)

Attach additional sheets if needed. This record is to be submitted and kept on file at the Chicago Department of Public Health and must be updated annually in accordance with the city policy.

PROVIDER PROFILE FORM
INTRUCTIONS

On the attached 2013 *Provider Profile Form* the VFC Program has pre-populated the total number of VFC Eligible Children enrolled in the practice using VFC vaccine distribution data from two previous enrollment years. The VFC Program is confident that this data, when applied correctly using the given instructions, will assist providers with accurately forecasting the VFC Eligible Children enrolled in their practice for the four eligibility categories. (Note: This does not include any privately purchased vaccines used for children with health insurance).

Using the given pre-populated enrollment numbers, please follow the steps below to complete the *Provider Profile Form*:

Step 1 (Part A): VFC Eligible Children

Examine the pre-populated numbers closely. Do they look appropriate to you?

- If YES, Proceed to Step 2 (Part B).
- If NO, Proceed to Step 4 and complete and submit the *Provider Profile Petition*.

Step 2 (Part B): VFC Eligibility Categories

Using the pre-populated VFC Eligible Child enrollment, make appropriate determinations of the number of children who meet the described eligibility categories according to age group. Refer to the definitions below:

***VFC – Enrolled in Medicaid*:** Please enter accurate child enrollment counts in each age range for *only* those children who are enrolled in Medicaid, Managed Care Medicaid and Illinois Health Connect

***VFC – No Health Insurance (UNINSURED or SELF-PAY)*:** Please enter accurate child enrollment counts in each age range for *only* those children who have NO Health Insurance

***VFC – American Indian or Alaskan Native*:** Please enter accurate child enrollment counts in each age range for *only* those children who identify as American Indian or Alaskan Native. (These children should NOT be counted in any other category.)

VFC – Underinsured: Please enter accurate child enrollment counts in each age range for *only* those children who are Underinsured. Underinsured children are identified as persons with health insurance but WITHOUT immunizations coverage regardless of deductible or co-payments

Step 3 (Part C): NON -VFC Eligible (INSURED) Children

Indentify the number of children who are Non-VCF eligible (Insured) and fill in the eligibility categories according to age group. You MUST supply the number of children who have health insurance which covers immunizations even if you only have one or two children with immunization coverage. If you do not have any insured children with immunization coverage in your practice, please write zero “0” in the appropriate boxes.

Step 4: Provider Profile Petition

The *Provider Profile Petition* should only be completed if the provider disagrees with the given pre-populated VFC Eligible Child enrollment in Part A. The petition must be completed using accurate data pulled from a reliable source. If data submitted is estimated incorrectly, the petition may be rejected.

PROVIDER PROFILE FORM

Name of Provider Office: _____ VFC Plus PIN#:_____

This form must be completed annually by public and private facilities approved by the Chicago Department of Public Health for the participation in the Vaccines for Children (VFC) Program.

VFC PLUS Eligible Children Enrolled in Practice

Part A. For the 2013 calendar year, the Chicago VFC Program has projected the below number of **all VFC Eligible Children** who will receive vaccinations at your health facility, by age group. (Note: This does NOT indicate your *total* child enrollment.)

	<1 Year old	1-6 Years Old	7-18 Years Old	**Total**
VFC Eligible Children				

Part B. Of the total number of children identified above (Part A), indicate how many are expected to be eligible for publicly funded vaccine, by age group and category. **Patient projections must be made as accurately as possible and not estimated, using numbers NOT percentages. Do not count a child in more than one category.**

Eligibility Category:	<1 Year old	1-6 Years Old	7-18 Years Old	**Total**
VFC - Enrolled in Medicaid				
VFC - No health insurance (UNINSURED)				
VFC - American Indian or Alaskan Native				
VFC PLUS - Underinsured				
Total				

NON -VFC Eligible (INSURED) Children Enrolled in Practice

Part C. For the 2013 calendar year indicate only the number of children with health insurance that covers immunization (Note: Children in this category MAY NOT be vaccinated with VFC Supplied vaccine)

Eligibility Category	<1 Year old	1-6 Years Old	7-18 Years Old	**Total**
Non-VFC - Insured (HMO, etc.) *NOT including those enrolled in Medicaid*				

VFC Program Only
Date Received:_____

Approved ☐ Not Approved ☐

Entered into VTrckS:_____
Entered into VTrckS By: _____

PROVIDER PROFILE
PETITION

Name of Provider Office: _____ VFC Plus PIN#:_____

The *Provider Profile Petition* should only be completed if the provider disagrees with the given pre-populated VFC Eligible Child Enrollment in Part A. The petition must be completed using accurate data pulled from a reliable source. If data submitted is estimated incorrectly, the petition may be rejected.

Please identify the reason why the petition is being submitted:

____ Added an additional physician to the practice
____ A physician left the practice
____ Increased practice size
____ Reduced hours of operation
____ Increased hours of operation
____ Other:_____

VFC PLUS Eligible Children Enrolled in Practice

	<1 Year old	1-6 Years Old	7-18 Years Old	**Total**
VFC Eligible Children				

Eligibility Category:	<1 Year old	1-6 Years Old	7-18 Years Old	**Total**
VFC - Enrolled in Medicaid				
VFC - No health insurance (UNINSURED)				
VFC - American Indian or Alaskan Native				
VFC PLUS - Underinsured				
Total				

NON -VFC Eligible (INSURED) Children Enrolled in Practice

Eligibility Category	<1 Year old	1-6 Years Old	7-18 Years Old	**Total**
Non-VFC - Insured (HMO, etc.) *NOT including those enrolled in Medicaid*				

Type of data used to determine Provider Profile:

- ❍ Benchmarking Data
- ❍ Provider Encounter Data
- ❍ Vaccine replacement Data
- ❍ Prior Ordering Data
- ❍ Medicaid Claims Data
- ❍ Registry Data
- ❍ Doses Administered Data
- ❍ Other:_____

VFC Program Only
Date Received:_____

Approved ☐ Not Approved ☐

Entered into VTrckS:_____
Entered into VTrckS By: _____

CHICAGO DEPARTMENT OF PUBLIC HEALTH

Immunization Program

Provider Handbook 2016

CHICAGO DEPARTMENT OF PUBLIC HEALTH

CHICAGO DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

Vaccines for Children Provider Handbook

2016

Chicago Department of Public Health
Immunization Program
2160 West Ogden Avenue
Chicago, IL 60612
Phone 312.746.6129 • Fax 312.746.6220

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

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Section 1

VFC Program Introduction

The Omnibus Budget Reconciliation Act (OBRA) of 1993 created the Vaccines for Children (VFC) Program. Program implementation began on October 1, 1994. Funds are annually transferred to the program from the Centers for Medicare and Medicaid Services (CMS) to the Centers for Disease Control and Prevention (CDC) and awarded to 64 immunization projects. The VFC Program is one of the largest private-public partnerships in the US.

The Illinois Department of Healthcare and Family Services (HFS) reimburses providers for the administration of each vaccine to Medicaid-enrolled children, but does not reimburse for the cost of the vaccines that are available through the VFC Program. Therefore, providers who serve Medicaid enrolled children must be enrolled in the VFC Program.

The VFC Program removes vaccine cost as a barrier to immunization for eligible children, reduces referrals to public clinics for immunization, and facilitates children remaining in a medical home for comprehensive care. The program promotes implementation of new vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC).

The VFC Program saves parents and enrolled providers thousands of dollars per child in out-of-pocket expenses for vaccine.

The federal VFC Program provides publicly-purchased vaccines from birth through 18 years of age for children who are:

- Medicaid enrolled (including Medicaid managed care plans)
- Uninsured (have no health insurance coverage)
- American Indian or Alaskan Native
- Underinsured (only at Federally Qualified Health Centers)

- Underinsured - For the purposes of determining eligibility for VFC, children are considered to be underinsured if the child has health insurance that does not pay for the cost of the vaccine.

For more information about the VFC program, please visit the CDC website at http://www.cdc.gov/vaccines/programs/vfc/default.htm

Section 2

Provider Enrollment, Requirements and Responsibilities

Enrollment

The ***VFC Provider Agreement*** outlines basic information about participation in the Chicago VFC Program and establishes an agreement between the provider and the VFC program. In addition, the agreement requests information about all physicians prescribing immunizations within the practice and general information about the overall clinic. It is required that the physician with overall responsibility for the clinic's use of VFC vaccine completes and signs the forms. The practitioner will also be held accountable for compliance by the entire organization and its employed staff with the responsibilities outlined in the Provider Agreement. The physician's name should also be typed or printed in the box next to the signature. All enrolled providers are verified through HFS for eligibility to participate in the VFC Program. Medical license and National Provider Identification (NPI) numbers must be submitted for this verification process.

Every step of the VFC Program is intended to be as simple as possible for the provider, while ensuring that standards for eligibility and vaccine accountability are maintained. To enroll in the Chicago VFC Program, a provider is required to:

1. Complete the VFC *Provider Enrollment form*
2. Agree to comply with all stated policies and procedures as outlined in this handbook by signing and dating the *Provider Agreement*
3. Complete the *Provider List (*listing of all providers with prescriptive authority treating and seeing VFC eligible children)
4. Complete the *Provider Profile Form*
5. Complete the *Policy Acknowledgement Certification Form*

If a provider maintains multiple clinical sites, each site must be enrolled separately. Each site will order and receive vaccine separately and may not transfer vaccine between sites.

Providers maintain control of who they accept as patients. Therefore, a private health care provider is not required to accept a child into his or her practice merely because the child is eligible for VFC vaccines.

To enroll in the Chicago VFC Program, a representative from the program will schedule a visit to the provider's site. This visit has three purposes: (1) to provide information about VFC policies and procedures, (2) to inspect the refrigerators and freezers to be used for vaccine storage, and (3) to provide VFC training to the on-site designated Vaccine Coordinator and the back-up Vaccine Coordinator. The site visit and the completed VFC *Provider Enrollment*, *Provider Agreement*, and *Provider Profile Form* are required to complete the enrollment process. The documents listed above must contain an original signature; signature stamps are not acceptable. Faxed copies may be used to initiate the enrollment process, but the signed originals must follow before the first vaccine order is processed. If the documents are completed during the site visit, the VFC representative will collect them to finalize enrollment. If the forms are not completed at this visit, the *Provider Enrollment, Provider Agreement,* and *Provider Profile Form* should be mailed to the Chicago VFC Program, where they will be kept on file.

As of 2014, new providers are required to have a stand-alone freezer and one month of temperature data before receiving VFC vaccine.

The *Provider Profile Form* must be completed for individual public and private facilities approved by the Chicago VFC Program for participation in the VFC Program. The *Provider Profile Form* helps the Chicago VFC Program determine the amount of vaccine to be supplied through the program. This form is also used to compare estimated vaccine needs with actual vaccine supply.

Annual Reenrollment (Recertification)

The Chicago VFC Program requires that the health care providers annually renew the *VFC Provider Enrollment Form* and the *Provider Profile Form*. Profile numbers are generated for each site by VFC for providers' use based on vaccines ordered the previous year by the provider. The *Provider Profile Form* and

Provider Agreement will be updated annually, or when there is a change in the practice and estimates of children served changes, or the status of the facility changes.

The provider is responsible for notifying the Chicago VFC Program of any changes in the enrollment information as soon as changes occur.

Change of Status

Any time there is a change in the physician(s) within the clinic, if the clinic moves to another location or if the clinic is sold to another health care facility, the current provider must notify the Chicago VFC Program with that information at least two weeks **before** the transition takes place.

If the provider decides to close the clinic or to dis-enroll from the VFC Program, the provider must contact the Chicago VFC Program as soon as possible. Arrangements will be made to pick up remaining doses of VFC vaccines, return VFC equipment and collect any outstanding accountability information.

Requirements and Responsibilities

Providers participating in the VFC Program must agree to comply with the following requirements:

1. Annually submit a provider profile representing populations served by the practice or more frequently if the 1)number of children changes or 2)the status of the facility changes during the calendar year.
2. Screen all patients (birth through 18 years of age) at each immunization encounter to determine VFC eligibility in one of the following categories:

    a. American Indian or Alaskan Native;

    b. Enrolled in Medicaid or Medicaid managed care- children who are insured by All Kids, the Illinois State Children's Healthcare Program (S-CHIP) are considered VFC eligible in 2014;

    c. Uninsured (no health insurance coverage) or self-pay;

    d. As of 10.1. 2016, S-CHIP (Title XXI) children are not VFC eligible. Vaccine supplied to them will need to be purchased privately and maintained separately.

Children with private insurance that covers immunizations cannot receive VFC vaccines. Providers must use privately purchased vaccines.

e. Underinsured children (at an FQHC ONLY)
    i. Underinsured children include those who have private health insurance that does not cover vaccines, or
    ii. Have private health insurance that covers selected vaccines, or
    iii. Have private health insurance that caps vaccine coverage at a certain dollar amount.

f. Privately insured children with full immunization coverage may not receive any VFC supplied vaccine, except:
    i. Minors who do not know their insurance status and who present at family planning clinics for contraceptive services or STD treatment may be considered VFC eligible.
    ii. Children who have Medicaid as secondary insurance are considered VFC eligible.

Children who have Medicaid as secondary insurance are considered VFC eligible.

3. Comply with immunization recommendation schedules, dosages and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP).

4. Maintain all records related to the VFC Program for a minimum of three (3) years and make these records available to public health officials upon request.

5. Immunize eligible children with VFC-supplied vaccine at no charge to the parent/guardian/patient for the vaccines.

6. Ensure that a vaccine administration charge (for vaccines to non-Medicaid VFC-eligible children only) does not exceed the fee cap of $23.87 per vaccine dose, not antigen. For Medicaid VFC-eligible children, a provider must accept the reimbursement for vaccine administration set by the state Medicaid agency or the contracted Medicaid health plan. **Medicaid patients cannot be charged an administration fee.**

7. Ensure that VFC-eligible children are not denied administration of federally purchased vaccines because child's parent/guardian/patient is unable to pay the administration fee.

8. Distribute the most current Vaccine Information Statement (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury

Compensation Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS). **Refer to Section 2 page 7 for more information about documenting vaccines, and Section 7 page 2 for more information about VAERS.**

9. Comply with the Chicago VFC Program requirement for ordering, vaccine accountability, and vaccine management.

10. Operate within the VFC Program in a manner intended to avoid fraud and abuse.

11. Participate in the Chicago VFC Program compliance site visits including unannounced visits in order to determine program conformance and assist in the assessment of immunization levels.

12. For pharmacies, urgent care settings and school-located vaccine clinics, agree to vaccinate all "walk-in" VFC eligible children and not refuse to vaccinate because of a parent's inability to par the administration fee.

13. Agree to provide financial restitution for vaccines that have been wasted due to provider negligence and/or for any negligence on the part of provider's staff. Restitution will be in the form of privately purchased dose-for-dose replacement.

14. Agree to store and handle VFC vaccines in accordance with the manufacturer's specifications in an appliance that is deemed appropriate for vaccine storage and only at the clinic stipulated in the agreement.

15. A) Agree to participate in the Immunization Information System known as Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE). I-CARE is administered by the Illinois Department of Public Helath as authorized by the Immunization Data Registry Act, 410 IL CS 527. Data in the I-CARE registry may only be used to assure adequate immunization, avoid unnecessary immunizations, meet immunization requirements, and for other public health purposes as determined by the Department. Participation will include, but not be limited to, documenting patients with VFC eligibility criteria and administration data for all VFC doses provided, VFC vaccine inventory, temperatures of refrigerators and freezers storing or containing VFC vaccines, primary and back-up thermometer

certificate of calibration information, and routine use of the VFC ordering system.

B) Agree to be bound by the Department's terms of use for interacting with the registry and agree to be bound by any applicable federal laws, regulations or guidelines related to accessing an IDPH system and ordering publicly funded vaccines.

C) In advance of any I-CARE access by my staff, representative or myself, I will identify each member of my staff or representative who is authorized to order vaccine on my behalf. If changes occur, I will information the Department within 48 hours of any change in status of current staff members or representative who are no longer authorized to order vaccines, or the addition of any new staff authorized to order on my behalf. The term of the Agreement is valid for one (1) year unless terminated earlier. To continue participating in the program the practice is required to annually re-enroll by completing a new Practice Profile Form and Provider Agreement. Re-enrollment is not guaranteed and may be denied for any reason. Failure to re-apply for enrollment will mean suspension and possible termination from the VFC program.

16. The term of the Agreement is May to April unless terminated earlier. The Chicago Department of Public Health may terminate this agreement at any time. If I choose to terminate the agreement, I will properly return any unused federal vaccines as directed by the Chicago Department of Public Health.

Screening and Documenting Patient Eligibility

Providers have the responsibility to ensure that VFC vaccine is administered only to eligible children. Providers are required to maintain a *Patient Eligibility Screening Record* on all VFC-eligible children. The screening record is typically included in the patient paper chart or Electronic Medical Record (EMR). The record can be maintained as a log if charts are not used, as in the case of mobile care vans. The records of screening must be maintained for a minimum period of three (3) years. Providers are required to screen all children and document the results from each screening at every immunization visit. This is because insurance coverage and Medicaid eligibility may change between health care visits.

The Chicago VFC Program recommends the use of the ***Chicago VFC Program Patient Eligibility Screening Form***, although providers may

incorporate the information into their clinic forms if all fields are present and screening is done at each immunization visit.

Documenting Vaccines

Under the law, providers must document all immunizations, including the following elements:

- Name of vaccine (e.g., "DTaP," not "Infanrix")
- Vaccine manufacturer
- Vaccine lot number
- Date the vaccine was given
- Signature of person administering the vaccine
- Publication date on the Vaccine Information Statement (VIS)
- Date the VIS was given
- Clinic name and address where the vaccine was administered
- Best practices in immunization documentation would also include administration route (IM or SQ), and site (right deltoid).

The information must be maintained in the patient's chart or as stated above for a minimum of 10 years[1], and must be available for review by Chicago VFC representatives. The Chicago VFC Program strongly encourages the use of our ***Vaccine Administration Record and History Form*** (pink form) in the patient's chart (see sample of completed form in section appendix). This form consolidates all the required information on a single sheet and allows for rapid assessment of a child's immunization status.

Adverse Events

The National Childhood Vaccine Injury Act (NCVIA) of 1986[2] was passed in response to increasing concerns regarding vaccine safety. NCVIA established a "no-fault" system to compensate children and their

[1] (Inpatient and Outpatient) 210 ILCS 85/6.17 (c) M;12 years if litigation pending (IL Law on pending litigation involving patient files)
[2] Immunization and Vaccine Permanent Records – 42 USC 300aa-25 M; National Childhood Vaccine Injury Act of 1986; record in permanent medical record.

families following adverse events associated with childhood immunization. NCVIA also established documentation standards for immunization providers and mandated the use of Vaccine Information Statements (VIS). These standards apply to all vaccine doses administered, regardless of the funding source (public or private).

Vaccine Information Statements (VIS)

Before vaccinating a patient, the provider is required by federal law to provide a copy of the VIS to the parent, legal guardian, or patient.

Highlights of legal requirements regarding the use of VISs are as follows:

- Give a copy of the most current VIS available to the parent, legal guardian, or patient. They must be given time to read the VIS prior to administration of the vaccine.
- Record the date the VIS was given in the patient's chart.
- Record the publication date of the VIS; this date appears at the bottom of the VIS.
- Offer the parent, legal guardian, or patient a copy of the VIS every time, even if the child has received previous doses of the same vaccine.
- Chicago VFC providers are required to obtain and make copies of the VIS of appropriate vaccines for their use.

The law applies to all doses of routinely recommended childhood vaccines administered by a provider, regardless of whether VFC vaccine or privately purchased vaccine is used.

Copies of the most current VISs available at the time of publication of this manual can be found in the **RESOURCES** section of this manual. They may be copied as needed. A set of VISs or a single copy of an individual VIS may be ordered through the CDC's Immunization Hotline at 1-800-232-4636. VISs are also available for download from the CDC's website: www.cdc.gov/vaccines/.

Many parents/guardians speak a language other than English as their first language. VISs are available in a variety of foreign

language translations and may be downloaded from the website of the Immunization Action Coalition: www.immunize.org.

Fraud and Abuse

The Chicago VFC Program has policies, procedures and processes in place to prevent and detect instances of fraud and/or abuse and to ensure that vaccines supplied by the VFC Program are used and accounted for appropriately. The Chicago VFC Program reserves the right to conduct unscheduled visits to identify probable cases of fraud and abuse; and take all necessary corrective actions.

Many providers may not be aware of instances of fraud or abuse that may be occurring in their clinic. The following definitions of fraud and abuse are derived from the Centers for Medicaid and Medicare Services (CMS) and common examples are listed below:

Fraud

Fraud is defined as "*an intentional deception or misrepresentation made by a person with the knowledge that an unauthorized benefit could result—for the entity committing the fraud, or some other entity. This includes any act that constitutes fraud under federal or state law.*[3]"

Possible examples of the types of fraud that may occur with respect to the VFC Program may include, but are not limited to:

1. A health care provider bills Medicaid for administration reimbursement when no vaccines were given.
2. A provider administers VFC-supplied vaccine and then bills the child's private insurance company for the cost.
3. A provider charges a patient for the cost of the VFC-supplied vaccine.
4. A provider stops purchasing vaccine for patients whose insurance covers immunizations, and then uses VFC-supplied vaccine for all patients, regardless of eligibility.

[3] See 42 Code of Federal Regulations 455.2

Abuse

Abuse is defined as *"provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. This would include beneficiary practices that result in unnecessary costs to the Medicaid program.* [4]*"*

Possible examples of the types of abuse that may occur with respect to the VFC Program may include, but are not limited to:

1. Vaccines are wasted, allowed to expire, or used improperly.
2. A provider redistributes or diverts VFC-supplied vaccine to other clinics or persons not expressly intended by the VFC Program.
3. A provider fails to screen patients for VFC eligibility at every immunization visit.
4. A provider orders VFC vaccine(s) in quantities or patterns that do not match provider profile, or otherwise over-orders VFC vaccines.

Preventing Fraud and Abuse

In addition to complying with all VFC Program requirements, providers can take additional steps to prevent fraud and abuse in their clinics.

Step 1: Screen for VFC eligibility at every visit. Providers who are uncertain about which patients are eligible for VFC vaccines and which vaccines can be given, should **refer to the VFC Program Vaccine Eligibility Reference Table before administering vaccines.**

Step 2: Compare every vaccine order to the Practice Profile Form before submitting the order to the Chicago VFC Vaccine Management Unit. Be prepared to justify to the Vaccine Manager any orders that exceed expected usage.

Step 3: Compare the number of children serviced by eligibility category (e.g. Medicaid-enrolled children) with other existing data (e.g. Medicaid billing data) to ensure the

[4] 42 Code of Federal Regulations 455.2

administration of VFC-supplied vaccine to eligible children only.

Step 4: Routinely compare vaccine usage and inventory data to the VFC eligibility screening data to identify any possible discrepancies. The Public Health Administrator I (PHA I) from the Chicago VFC Program Quality Assurance Section may review this before/during a site visit.

Step 5: At a minimum, a VFC Practice Profile form should be updated annually, but should be revised more frequently if a provider's clinic size or vaccine needs change, or at the discretion of the Chicago VFC Program.[5]

VFC Compliance Site Visits

The purpose of VFC site visits is for the Chicago VFC Program to monitor VFC compliance, evaluate provider clinics' conformance to program requirements, and provide information or answers to questions or concerns. Providers are **required** to allow VFC representatives to review the clinic's compliance with VFC requirements and assess immunization coverage levels. These visits may be informal and unscheduled or they may be formal and comprehensive. Please see Section 5 for more information.

[5] Fraud and abuse prevention strategies are listed in the CDC document, "Vaccine Management and Accountability," posted online at www.cdc.gov/nip/vfc/sst immuz proj/vacc mgmt acct.htm.

Section 2 Appendix

- VFC Enrollment & Annual Recertification Forms
    - Provider Enrollment
    - Provider Agreement
    - Provider List
    - Provider Profile Form
    - Provider Profile Petition
- Varicella Authorization Form
- Patient Eligibility Screening Record (English/Spanish)
- Vaccine Administration Record and History
- Sample Completed Vaccine Administration Record and History
- Acknowledgement for Underinsured Children form
- Chicago VFC Program Vaccine Eligibility Reference Table

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Section 3

Ordering Vaccines and Maintaining Vaccine Supply

Providers enrolled in the Chicago VFC Program are responsible for ordering appropriate amounts of vaccine and maintaining proper vaccine inventory. A clinic's vaccine need is based upon the number of VFC eligible children seen in the clinic, as reported on the VFC Practice Profile Form. Each VFC provider is expected to stock adequate amounts of privately purchased vaccine to use for their non-VFC eligible children in their practice. It is our goal, as it should be yours, to always have the right amount of vaccines in stock for your patients, both VFC and non-VFC.

Here is a handy formula to use so that you will order the right amount of vaccine.

Amount to order = Doses Administered (previous period) x Order Frequency Factor* – (subtracted from) Inventory on Hand (round all numbers to the next box size).

*Order Frequency Factor

- 2.3 (monthly orders), or
- 1.6 (bi-monthly orders, or
- 1.4 (quarterly orders)

Example:

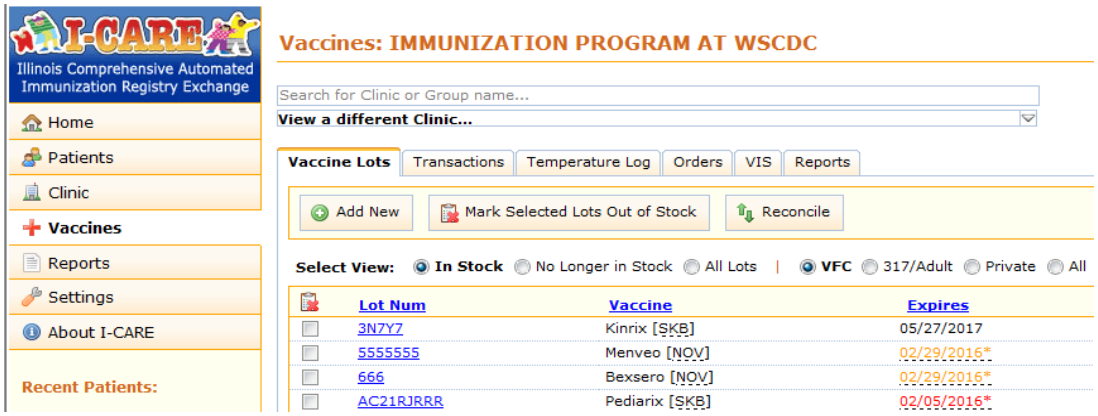
You order your vaccines every other month (bi-monthly) and you have 30 doses of DTaP in your inventory. You don't have any wastage and you used 22 doses during the past two months

22 x 1.6= **35.2.**
35.2 – 30= 5.2
Round 5.2 up to nearest 10= Order 10 doses which is the right amount to order for your next ordering period.

Purpose
This is a detailed guide to help new I-CARE users with managing their vaccine inventory in I-CARE. This will cover the steps for reconciling inventory for phase I & II providers and being dose level accountable for the vaccines you have in stock for the Vaccines for Children (VFC) program.

Part A:
You will need to log into I-CARE. If at any time you have lost your password or your account has been locked because your password has expired, please call the I-CARE help desk at 1-800-366-8768 opt.1/ opt.1.
After logging into I-CARE, locate the vaccine module and the vaccine lots tab. See screen shot below for visuals.

1. Click “Vaccines”
2. Select “Vaccine Lots”
3. Select View radio buttons “In Stock” and “VFC”



If you have questions or concerns about your provider site EOQ, please contact your PHA or the Vaccine Management Unit at 312.746.5385.

Placing a Vaccine Order

Order according to EOQ.

VFC providers should adhere to their assigned EOQ schedule.

Until further direction is provided by the VFC Program staff, providers should continue to order vaccine according to the procedures currently in place. Each provider will be informed by the VFC Program staff of when their transition onto I-CARE ordering will occur.

Orders must be submitted using the current ***Chicago VFC Pediatric Vaccine Order and Accountability Form,*** along with the temperature logs, for the reporting period.

Orders should be faxed to 312.746.6220

-or-

Mailed to:
Chicago VFC Program
2160 W. Ogden Avenue
Chicago, IL 60612
ATTN: Vaccine Management Unit

TO AVOID DUPLICATE ORDERS, DO NOT FAX AND MAIL.

The Chicago VFC Program will only process vaccine orders that have all the necessary information on the ***Chicago VFC Pediatric Vaccine Order and Accountability Form***. To ensure that an order is processed in a timely manner, make sure to follow the steps listed below:

Step 1: Provider/Site information

Complete the top portion of the ***Chicago VFC Pediatric Vaccine Order and Accountability Form*** including:

- Current date
- Reporting period (i.e., June 1 to June 30)
- Name of clinic
- VFC PIN Number
- Delivery Address
- Name of person completing the form
- Office days and hours of operation
- Dates office closed in next 30 days
- The clinic's assigned Economic Order Quantity (EOQ)

Step 2: Inventory as of Date of Report

Record the total number of vaccine doses on hand on the last day of the reporting month by lot number and the full expiration date (month/day/year). If the expiration date only states the month and the year, the day vaccine will expire is the last day of that month. We have included three (3) columns to record different lot numbers that you may have in stock. If you have more than 3 different lot

numbers, please use another ***Chicago VFC Pediatric Vaccine Order and Accountability Form*****.**

Step 3: **Type & Number of Doses of Wasted/Expired Vaccine**

For each type of vaccine, record the number of doses wasted. Single doses of vaccine accidentally wasted for any reason do not need to be returned, but should be recorded on your ***Chicago VFC Pediatric Vaccine Order and Accountability Form*****.**

Complete a ***Vaccine Return Form***, each time vaccine is returned to the McKesson, the distributor, indicating the reason for the return of the vaccine. A copy of the ***Vaccine Return Form*** is contained at the end of this section. Providers should return ONLY EXPIRED OR SPOILED VACCINE.

Step 4: **Doses Administered by Year or Age**

All VFC practices should use the ***VFC Vaccine Usage Worksheet/Tally Sheet*** to track vaccines administered by age and type. Your accurate count of vaccines administered helps develop your profile and justifies the amounts of vaccine you order. Each staff person who administered VFC vaccine must be instructed to add a "tally" mark each time vaccine is removed from the vaccine refrigerator. Carefully record the brand of vaccine and the ages of the patients vaccinated. At the end of the reporting period, the primary person responsible should transfer the tally numbers, using whole numbers only (i.e., 2, 45, 86), onto the ***Chicago VFC Pediatric Vaccine Order and Accountability Form*****.** If a particular vaccine was not used during the reporting period, write a "0" in that space.

If your EMR system can accurately capture doses administered by age and vaccine, you may use this alternate method for your doses administered, but only after you have verified the accuracy of these reports by comparing it with your manually tracked Doses Administered Tally Sheet.

Step 5: **Doses Requested**

Record the number of vaccine doses requested. Specify the brand of vaccine desired. Indicate if you need pre-filled

syringes by checking the appropriate box. Reminder: The pre-filled syringes do not come with needles. Neither the distributor nor the Chicago VFC Program will supply needles for the pre-filled syringes. Providers must supply their own. If no vaccine doses are requested for a given ordering period, these providers must still submit Inventory on Hand and Doses Administered supporting documentation every three months until the next order is placed.

Step 6: **Temperature Log(s) to VFC Program**
Make a copy of ***temperature log(s)*** for the reporting period and include them with the VFC ***Pediatric Vaccine Order and Accountability Form.*** For a blank copy and directions to properly complete a temperature log see **Section 4: Vaccine Management**. If you encounter a temperature excursion within the reporting period, please include documentation of actions taken to remedy the situation with your completed temperature log. For a blank copy of this document, the Vaccine Storage Troubleshooting Record, see **Section 4: Vaccine Management**.

Step 7: **Fax the order to the Chicago VFC Program at 312.746.6220.** You may fax the Chicago VFC Pediatric Vaccine Order and Accountability Form at any time. Once your order is received, the vaccine should arrive within 10-15 business days. If it has not been received by that time, please call 312.746.5385. Reminder: Varicella vaccine will arrive by courier directly from the manufacturer within 10-15 business days.

Brand Choice

VFC Providers are allowed to choose the vaccine product that is best suited to their needs. The Chicago VFC Program cannot guarantee the availability of all brands at all times and reserves the right to substitute another brand based upon available inventory. Reference to, or identification of, various brands in any of our publications or informational letters does not imply an endorsement by the Chicago VFC Program. A ***VFC Program vaccine price list*** has been included at the end of this section. Go to the webpage provided below to see the most current VFC Program vaccine price list, as it can change frequently.

http://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html?s_cid=cs_000

Emergency Vaccine Orders

If an emergency situation occurs, follow your Vaccine Management Plan. Immediately contact the Vaccine Management Unit (VMU) at 312.746.5385 to obtain further instructions. If needed, vaccine management staff will schedule a site visit with the provider to investigate the event within 24 hours of report (or the next business day).

Vaccine management staff will request a Corrective Action Plan (CAP) and a detailed written account of reported events. All emergency orders must be approved by the Vaccine Manager, and will be submitted to McKesson for shipment. Emergency orders can take from 48-72 hours to receive.

Vaccine Borrowing

The Chicago VFC Borrowing and Replacement policy is no longer allowed. Providers may no longer borrow vaccines from their VFC supply to administer to non-VFC eligible children. VFC field staff will check providers' public and private inventories to assure adequate supplies.

Section 3 Appendix

- VFC Vaccine Usage Worksheet/Tally Sheet
- Vaccine Order and Accountability Form
- Economic Ordering Quantity (EOQ) Descriptions
- Economic Ordering Quantity (EOQ) Ordering Schedule Info Sheets
- Vaccine Tracking System (VTrckS) : What Providers Need to Know
- CDC Vaccine Price List

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Section 4

Vaccine Management

Vaccines constitute a large portion of a clinic's costs. Therefore, they need to be managed as carefully as possible to avoid unnecessary loss. It is the responsibility of participating providers to ensure that vaccine is managed in such a way that will minimize loss through wastage or spoilage. Following the procedures outlined below will ensure proper vaccine management.

Written Plans for Vaccine Management, Staff Training and Temperature Monitoring

Providers are required to develop their own *written* plans for the following:

- *Routine Vaccine Storage and Handling*
- *Emergency Vaccine Storage and Handling*
- *Temperature Monitoring Procedures*
- New Staff Training with topics and log of those trained with dates

- Providers may customize the **Chicago VFC Program supplied templates/sample plans** for three of the above requirements (included at the end of this section). Both the routine and the emergency plans should be simple, and the processes outlined in the plan should be presented in a clear and concise manner. Both plans should be reviewed annually and updated as necessary when staff or situations change. Copies of all plans should be made available to VFC Program staff upon request.

Routine Vaccine Storage and Handling Plan

This plan should include guidance on the following aspects of routine vaccine management:

1. designating a primary vaccine coordinator and at least one back-up staff;
2. ordering vaccines;
3. controlling inventory;
4. storing vaccines, monitoring storage conditions, and vaccine handling

5. minimizing vaccine wastage; and
6. vaccine shipping, including receiving, packing, and transporting vaccine in emergency situations only.

Emergency Vaccine Storage and Handling Plan

This plan should include guidance on what to do in the event of refrigerator or freezer malfunctions, power failures, natural disasters, or other emergencies that might compromise appropriate vaccine storage conditions. The emergency plan should include the following:

1. person(s) responsible for preparing and transporting vaccine, including contact information;
2. how this person will be notified that vaccine needs to be moved;
3. location that will receive vaccine;
4. how receiving location will be notified of transport;
5. how to pack vaccine for transport; and
6. worksheet to document vaccine involved in power or equipment failure.

At a minimum the emergency plan must be reviewed and updated annually or when there is a change in staff who have responsibilities specified in the emergency plan.

Temperature Monitoring Plan

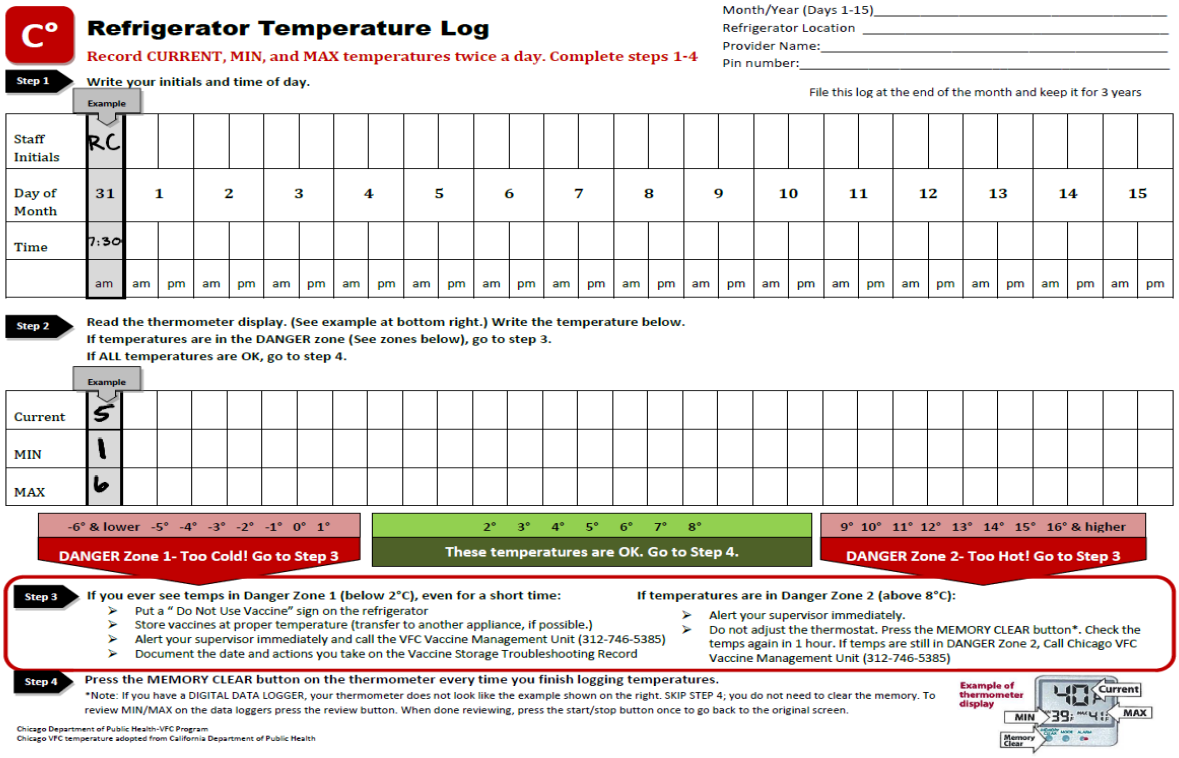
Providers need to have an established protocol for reviewing and recording temperature readings twice daily. They may customize the Routine Temperature Monitoring Guidelines (included at the end of this section) to meet this requirement. Temperature monitoring is the primary responsibility of the vaccine coordinator and back-up coordinator. In the Routine Temperature Monitoring Plan, providers are required to have written procedures to train staff who use VFC vaccine. Designated staff must:

- Review temperatures within each vaccine storage unit two (2) times each day (beginning and end);
- Document any actions that are taken if the temperature readings are out of acceptable range;
- Staff must also be trained to respond to unacceptable temperatures with a clearly defined set of action steps.

As always, all VFC paperwork, including temperatures logs, staff training logs, routine and emergency plans must be kept and available for review for three (3) years.

If the clinic is open less than for 5 days each week, the provider must use a digital data logger to assure that temperatures were maintained properly during the days the clinic was closed. If the clinic will be closed for vacation, the vaccine coordinator (or back-up) should be assigned to check the vaccine storage appliance(s) one or two days over the holiday or have a refrigerator monitoring device installed that is programmed to call a responsible party in the event of a problem.

Providers can choose to monitor temperatures using Fahrenheit (°F) or Celsius (°C) scales. The readings should be done consistently in one scale for all readings in all storage units used by the clinic/facility.



Refrigerator Temperature Log

Record CURRENT, MIN, and MAX temperatures twice a day. Complete steps 1-4

Month/Year (Days 1-15)_____
Refrigerator Location _____
Provider Name:_____
Pin number:_____

File this log at the end of the month and keep it for 3 years

Step 1 Write your initials and time of day.

	Example																													
Staff Initials	RC																													
Day of Month	31	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Time	7:30																													
	am	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

Step 2 Read the thermometer display. (See example at bottom right.) Write the temperature below.
If temperatures are in the DANGER zone (See zones below), go to step 3.
If ALL temperatures are OK, go to step 4.

	Example																													
Current	5																													
MIN	1																													
MAX	6																													

-6° & lower -5° -4° -3° -2° -1° 0° 1° — DANGER Zone 1- Too Cold! Go to Step 3

2° 3° 4° 5° 6° 7° 8° — These temperatures are OK. Go to Step 4.

9° 10° 11° 12° 13° 14° 15° 16° & higher — DANGER Zone 2- Too Hot! Go to Step 3

Step 3

If you ever see temps in Danger Zone 1 (below 2°C), even for a short time:
- Put a " Do Not Use Vaccine" sign on the refrigerator
- Store vaccines at proper temperature (transfer to another appliance, if possible.)
- Alert your supervisor immediately and call the VFC Vaccine Management Unit (312-746-5385)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

If temperatures are in Danger Zone 2 (above 8°C):
- Alert your supervisor immediately.
- Do not adjust the thermostat. Press the MEMORY CLEAR button*. Check the temps again in 1 hour. If temps are still in DANGER Zone 2, Call Chicago VFC Vaccine Management Unit (312-746-5385)

Step 4 Press the MEMORY CLEAR button on the thermometer every time you finish logging temperatures.

*Note: If you have a DIGITAL DATA LOGGER, your thermometer does not look like the example shown on the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Example of thermometer display

Chicago Department of Public Health-VFC Program
Chicago VFC temperature adopted from California Department of Public Health

The vaccine coordinator should record the exact time of each reading, the room temperature, staff initials, and minimum and maximum temperatures since the last reading. After taking readings, minimum/maximum temperatures should be reset. If the clinic is closed on certain days, temperatures do not need to be recorded and should be marked "closed."

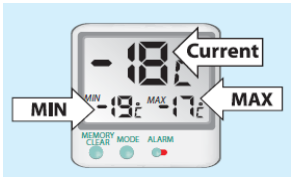
Post a temperature log on the vaccine storage unit door nearby in a readily accessible place. **Blank temperature log sheets are available from the Chicago VFC Program and at the end of this section.**

Refrigerator temperatures should be between 35°-46°F (2°-8°C) and freezer temperature at 5°F (-15°C) or colder.

Recording Freezer Temperatures- Celsius C°

Temperature monitoring is the primary responsibility of the vaccine coordinator and back-up coordinator. Designated staff must review temperatures within each vaccine storage unit two times each day. **Record CURRENT, MIN, and MAX temperatures twice a day. Keep temperature logs for 3 years.**

The CURRENT temp is the temperature now. The MIN (minimum) shows the coldest temperature in the refrigerator since the memory was last cleared. The MAX (maximum) shows the warmest temperature since the memory was last cleared. The MIN/MAX temperatures are important because they will tell you if temperatures were ever in the DANGER Zone since you last checked them.



Temperatures below -15°C are OK. Temperatures above -15°C are in DANGER.
Follow the steps below to correctly record temperatures on your temperature log. These steps correspond to the steps listed on the temperature log.

STEP 1

- Start a new log at the beginning of every month. Write the month, year , and location of refrigerator if you have more than one

Month/Year _____
(Days 1-15)
Refrigerator Location _____

- Write your initials and the am or pm time

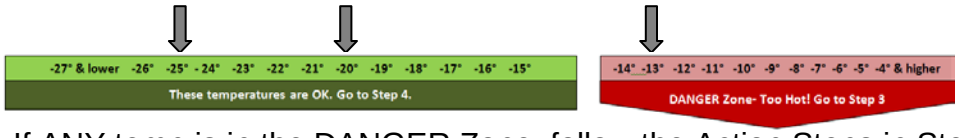
Staff Initials	RC		
Day of Month	31	1	
Time	7:30		
	am	am	pm

STEP 2

- Read the CURRENT, MIN, and MAX temperatures on the thermometer display and record them on the temperature log.

Current	-20
MIN	-25
MAX	-13

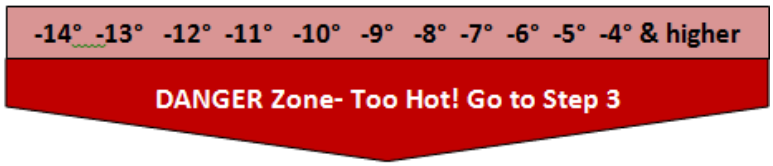
- Check if the temperatures you recorded are OK or in the DANGER Zone. (Arrows correspond to recorded temperatures)



- If ANY temp is in the DANGER Zone, follow the Action Steps in Step 3. If ALL temps are OK, got to step 4.

STEP 3- ACTION STEPS

- if temps are in the DANGER Zone, IMMEDIATELY take these ACTION STEPS (also listed on the temp log)



If you ever see temps in the Danger Zone (above -15°C):

- Alert your supervisor Immediately
- Press the MEMORY CLEAR button. Check the temperatures again in 1 hour. If temps are still in the Danger Zone, call Chicago VFC Vaccine Management Unit (312-746-5385) and store vaccines at proper temperature (transfer to another appliance, if possible)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Note: Warmer temperatures are normal if you are taking inventory or stocking vaccine. Temperatures should go back to normal within the hour.

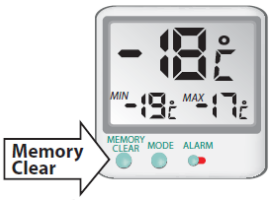
If your freezer has an automatic defrost cycle, warmer temperatures could be a result of the freezer defrost cycle. If temps are not in the OK range within one hour, you must take the above action steps.

- Document any actions taken on the “Vaccine Storage Troubleshooting Record”. Make sure to include your provider name and pin number. Keep this record with your temperature logs and add extra sheets if you need more room.

Date	Time	Current Storage Unit Temp	Max/Min	Incident	Action Taken	Results	Initials
)/21/14	7:30am	5C	6C/1C	Refrig is too cold (Min: 1 degree C)	Put "Don't Use Vaccine" sign on the refrig Called Chicago VFC + explained excursion At 8am I changed the thermostat to make temperature warmer. Notified other staff of temp change.	Closely monitored refrig temps Temp stabilized at 5 degrees C	RC

STEP 4

- Press the MEMORY CLEAR button on the thermometer every time you finish logging temperatures.

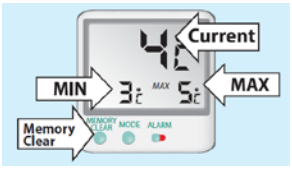


Note: If you have a DIGITAL DATA LOGGER, your thermometer does not look like the example shown to the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Recording Refrigerator Temperatures- Celsius C°

Temperature monitoring is the primary responsibility of the vaccine coordinator and back-up coordinator. Designated staff must review temperatures within each vaccine storage unit two times each day. **Record CURRENT, MIN, and MAX temperatures twice a day. Keep temperature logs for 3 years.**

The CURRENT temp is the temperature now. The MIN (minimum) shows the coldest temperature in the refrigerator since the memory was last cleared. The MAX (maximum) shows the warmest temperature since the memory was last cleared. The MIN/MAX temperatures are important because they will tell you if temperatures were ever in the DANGER Zone since you last checked them.



Temperatures between 2°C to 8°C are OK. Temperatures below 2°C and above 8°C are in DANGER.

Follow the steps below to correctly record temperatures on your temperature log. These steps correspond to the steps listed on the temperature log.

STEP 1

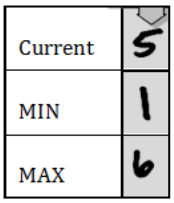
- Start a new log at the beginning of every month. Write the month, year , and location of refrigerator if you have more than one

Month/Year _____
(Days 1-15)
Refrigerator Location _____

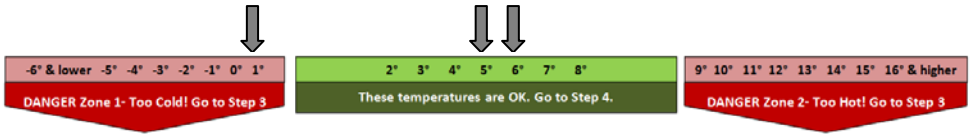
- Write your initials and the am or pm time

Staff Initials	RC	
Day of Month	31	1
Time	7:30	
	am	am pm

STEP 2



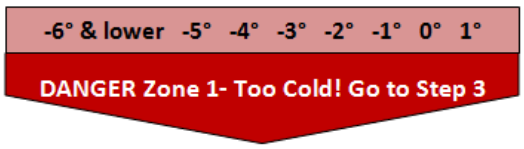
- Read the CURRENT, MIN, and MAX temperatures on the thermometer display and record them on the temperature log.
- Check if the temperatures you recorded are OK or in the DANGER Zone. (Arrows correspond to recorded temperatures)



- If ANY temp is in the DANGER Zone, follow the Action Steps in Step 3. If ALL temps are OK, got to step 4.

STEP 3- ACTION STEPS

- if temps are in the DANGER Zone, IMMEDIATELY take these ACTION STEPS (also listed on the temp log)



If you ever see temps in Danger Zone 1 (below 2°C), even for a short time:

- Put a " Do Not Use Vaccine" sign on the refrigerator
- Alert your supervisor immediately and call the VFC Vaccine Management Unit (312-746-5385)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Freezing of refrigerated vaccines affects vaccine potency more than any other exposure problem. **It is extremely important to monitor your refrigerator for temperatures that are too cold.** ALWAYS take the above action steps if your refrigerator is below **2°C.**

If you ever see temps in Danger Zone 2 (above 8°C):

- Alert your supervisor immediately.
- Do not adjust the thermostat. Press the MEMORY CLEAR button. Check the temps again in 1 hour. If temps are still in DANGER Zone 2, Call Chicago VFC Vaccine Management Unit (312-746-5385)

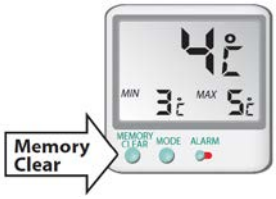
Warmer temperatures are normal if you are taking inventory or stocking vaccine. Temperatures should go back to normal within the hour. If you have a dual refrigerator/freezer unit, warmer temperatures could be a result of the freezer defrost cycle. If temps are **not** in the OK range within one hour, you **must** take the above action steps.

- Document any actions taken on the "Vaccine Storage Troubleshooting Record". Make sure to include your provider name and pin number. Keep this record with your temperature logs and add extra sheets if you need more room.

Date	Time	Current Storage Unit Temp	Max/Min	Incident	Action Taken	Results	Initials
1/31/14	7:30am	5C	6C/1C	Refrig is too cold (Min: 1 degree C)	Put "Don't Use Vaccine" sign on the refrig. Called Chicago VFC + explained excursion At 8am I changed the thermostat to make temperature warmer. Notified other staff of temp change.	Closely monitored refrig temps Temp stabilized at 5 degrees C	RC

STEP 4

- Press the MEMORY CLEAR button on the thermometer every time you finish logging temperatures.

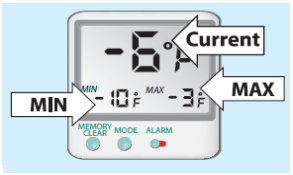


Note: If you have a DIGITAL DATA LOGGER, your thermometer does not look like the example shown to the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Recording Freezer Temperatures- Fahrenheit F°

Temperature monitoring is the primary responsibility of the vaccine coordinator and back-up coordinator. Designated staff must review temperatures within each vaccine storage unit two times each day. **Record CURRENT, MIN, and MAX temperatures twice a day. Keep temperature logs for 3 years.**

The CURRENT temp is the temperature now. The MIN (minimum) shows the coldest temperature in the refrigerator since the memory was last cleared. The MAX (maximum) shows the warmest temperature since the memory was last cleared. The MIN/MAX temperatures are important because they will tell you if temperatures were ever in the DANGER Zone since you last checked them.



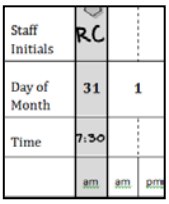
Temperatures below 5°F are OK. Temperatures above 5°F are in DANGER.
Follow the steps below to correctly record temperatures on your temperature log. These steps correspond to the steps listed on the temperature log.

STEP 1

- Start a new log at the beginning of every month. Write the month, year , and location of refrigerator if you have more than one

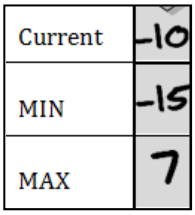
Month/Year _____
(Days 1-15)
Refrigerator Location _____

- Write your initials and the am or pm time

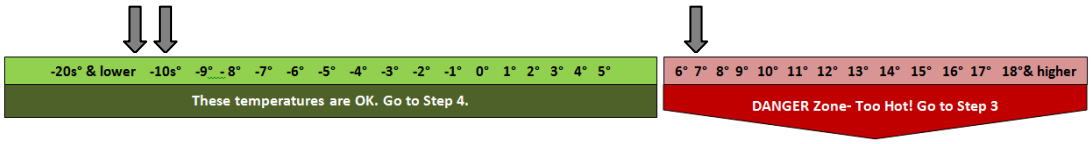


STEP 2

- Read the CURRENT, MIN, and MAX temperatures on the thermometer display and record them on the temperature log.



- Check if the temperatures you recorded are OK or in the DANGER Zone. (Arrows correspond to recorded temperatures)



- If ALL temps are OK, got to step 4.

STEP 3- ACTION STEPS

- If temps are in the DANGER Zone, IMMEDIATELY take these ACTION STEPS (also listed on the temp log)

If you ever see temps in the Danger Zone (above 5°F):

- Alert your supervisor Immediately
- Press the MEMORY CLEAR button. Check the temperatures again in 1 hour. If temps are still in the Danger Zone, call Chicago VFC Vaccine Management Unit (312-746-5385) and store vaccines at proper temperature (transfer to another appliance, if possible)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Note: Warmer temperatures are normal if you are taking inventory or stocking vaccine. Temperatures should go back to normal within the hour.

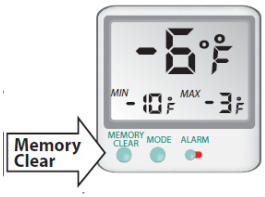
If your freezer has an automatic defrost cycle, warmer temperatures could be a result of the freezer defrost cycle. If temps are not in the OK range within one hour, you must take the above action steps.

- Document any actions taken on the "Vaccine Storage Troubleshooting Record". Make sure to include your provider name and pin number. Keep this record with your temperature logs and add extra sheets if you need more room.

Date	Time	Current Storage Unit Temp	Max/Min	Incident	Action Taken	Results	Initials
1/31/14	7:30am	5C	6C/1C	Refrig is too cold (Min: 1 degree C)	Put "Don't Use Vaccine" sign on the refrig. Called Chicago VFC + explained excursion. At 8am I changed the thermostat to make temperature warmer. Notified other staff of temp change.	Closely monitored refrig temps. Temp stabilized at 5 degrees C	RC

STEP 4

- Press the MEMORY CLEAR button on the thermometer every time you finish logging temperatures.

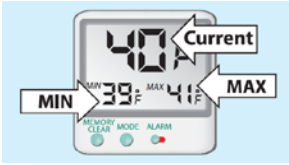


Note: If you have a DIGITAL DATA LOGGER, your thermometer does not look like the example shown to the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Recording Refrigerator Temperatures-Fahrenheit F°

Temperature monitoring is the primary responsibility of the vaccine coordinator and back-up coordinator. Designated staff must review temperatures within each vaccine storage unit two times each day. **Record CURRENT, MIN, and MAX temperatures twice a day. Keep temperature logs for 3 years.**

The CURRENT temp is the temperature now. The MIN (minimum) shows the coldest temperature in the refrigerator since the memory was last cleared. The MAX (maximum) shows the warmest temperature since the memory was last cleared. The MIN/MAX temperatures are important because they will tell you if temperatures were ever in the DANGER Zone since you last checked them.

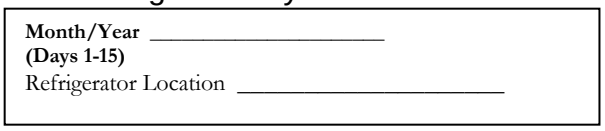


Temperatures between 35°F to 46°F are OK. Temperatures below 35°F and above 46°F are in DANGER.

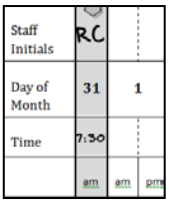
Follow the steps below to correctly record temperatures on your temperature log. These steps correspond to the steps listed on the temperature log.

STEP 1

- Start a new log at the beginning of every month. Write the month, year , and location of refrigerator if you have more than one

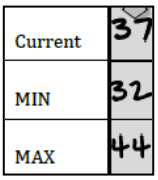


- Write your initials and the am or pm time

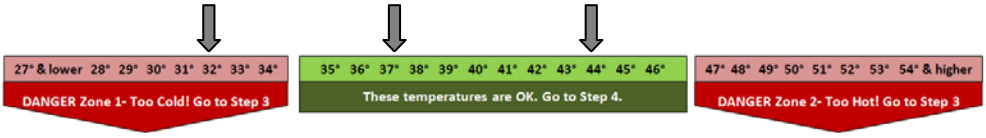


STEP 2

- Read the CURRENT, MIN, and MAX temperatures on the thermometer display and record them on the temperature log.



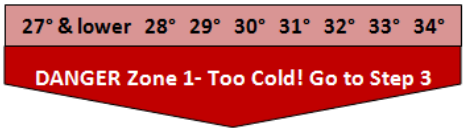
- Check if the temperatures you recorded are OK or in the DANGER Zone. (Arrows correspond to recorded temperatures)



- If ANY temp is in the DANGER Zone, follow the Action Steps in Step 3. If ALL temps are OK, got to step 4.

STEP 3- ACTION STEPS

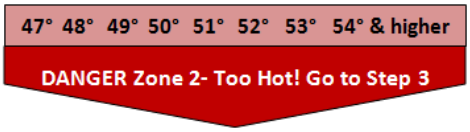
- if temps are in the DANGER Zone, IMMEDIATELY take these ACTION STEPS (also listed on the temp log)



If you ever see temps in Danger Zone 1 (below 35°F), even for a short time:

- Put a " Do Not Use Vaccine" sign on the refrigerator
- Alert your supervisor immediately and call the VFC Vaccine Management Unit (312-746-5385)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Freezing of refrigerated vaccines affects vaccine potency more than any other exposure problem. **It is extremely important to monitor your refrigerator for temperatures that are too cold.** ALWAYS take the above action steps if your refrigerator is below **2°C.**



If you ever see temps in Danger Zone 2 (above 46°F):

- Alert your supervisor immediately.
- Do not adjust the thermostat. Press the MEMORY CLEAR button. Check the temps again in 1 hour. If temps are still in DANGER Zone 2, Call Chicago VFC Vaccine Management Unit (312-746-5385)

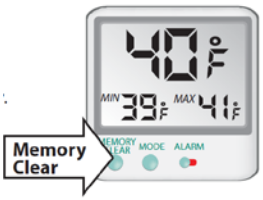
Warmer temperatures are normal if you are taking inventory or stocking vaccine. Temperatures should go back to normal within the hour. If you have a dual refrigerator/freezer unit, warmer temperatures could be a result of the freezer defrost cycle. If temps are **not** in the OK range within one hour, you **must** take the above action steps.

- Document any actions taken on the "Vaccine Storage Troubleshooting Record". Make sure to include your provider name and pin number. Keep this record with your temperature logs and add extra sheets if you need more room.

Date	Time	Current Storage Unit Temp	Max/Min	Incident	Action Taken	Results	Initials
1/31/14	7:30am	5C	6C/1C	Refrig is too cold (Min: 1 degree C)	Put "Don't Use Vaccine" sign on the refrig. Called Chicago VFC + explained excursion. At 8am I changed the thermostat to make temperature warmer. Notified other staff of temp change.	Closely monitored refrig temps Temp stabilized at 5 degrees C	RC

STEP 4

- Press the MEMORY CLEAR button on the thermometer every time you finish logging temperatures.



Note: If you have a DIGITAL DATA LOGGER, your thermometer does not look like the example shown to the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

If Temperature is Out of Range

- Take immediate action when any temperature is outside the recommended range. Refer to the Action Steps in the *Temperature Monitoring Guidelines.* Call the Chicago VFC Program Vaccine Management Unit if indicated in the Action Steps at 312.746.5385.

- Temperature logs and records of responses taken to address out-of-range temperatures should be kept for three (3) years.

- Complete the Vaccine Storage Troubleshooting Record form (pictured below) when a temperature excursion is encountered. This form details the actions taken when temperatures are out of range and the outcome. This form should accompany temperature logs when faxing in a vaccine order.

! Vaccine Storage Troubleshooting Record

Month/Year: _____
Unit and Location: _____
Provider Name: _____
Pin number: _____

Use this page to record the details of any vaccine storage incident, including the date and time of the last known temperature within appropriate vaccine storage range.

	Date	Time	Current Storage Unit Temp	Max/Min	Incident	Action Taken	Results	Initials
Example	1/31/14	7:30am	5C	6C/1C	Refrig is too cold (Min: 1 degree C)	Put "Don't Use Vaccine" sign on the refrig. Called Chicago VFC + explained excursion At 8am I changed the thermostat to make temperature warmer. Notified other staff of temp change.	Closely monitored refrig temps Temp stabilized at 5 degrees C	RC

In the event of a temperature excursion call the VFC Vaccine Management Unit (312-746-5385)

Designate and Train Personnel

Each clinic must designate a primary and back-up vaccine coordinator responsible for training staff who use VFC vaccines in proper vaccine management. Training must include:

1. Elements of routine and emergency vaccine management
2. The vaccine cold chain
3. Appropriate procedures for receiving vaccines
4. Vaccine and thermometer placement
5. Temperature monitoring and documentation
6. Responding to temperatures that are out-of-range
7. Procedures for preventing, reporting and returning expired/wasted/spoiled vaccines

Unless otherwise noted, the vaccine coordinator and/or backup should be the VFC contact person for the clinic.

The primary vaccine coordinator should review temperature logs weekly if daily monitoring is being conducted by a back-up person to ensure proper temperature recording. The back-up staff should monitor the temperature logs if the primary coordinator is recording the daily temperatures.

A simple log sheet with the staff member's name and date of training should be kept as documentation for three (3) years.

Vaccine Storage Practices

VFC providers should follow proper vaccine storage practices. Proper vaccine storage practices are important to ensure that every dose of vaccine given to a child is reliable and effective. It also reduces the amount of vaccine that is expired or wasted due to improper storage.

Location and Placement

1. Store vaccines that require refrigeration in the middle of the refrigerator compartment away from the coils, walls, floor, and cold air vent.
2. Store vaccines that require freezer storage in the middle of the freezer compartment, away from the walls, coils, floor and sides.
3. Store vaccine to allow for cold air circulation around the vaccine.
4. **Do not store vaccine in doors of the storage unit.**

   CDC requires that all stored VFC vaccines must be kept separate from any other type of vaccines (private purchase, S-CHIP or 317).

Vaccines should be stored in the middle of the compartment, away from the vents, walls, coils and off the floor.

Note:
Diluents may be stored in refrigerator door. Vaccines should not be stored in refrigerator door

Labeling

1. Keep vaccines organized. Store vaccines products that have similar packaging in different locations to avoid confusion and vaccine administration errors.

Attach labels directly to shelves or label trays according to the vaccines they contain.

2. Open only one vial, or box, of a particular vaccine at a time to control vaccine usage and allow easier inventory. Use all the vaccine in one multi-dose vial before opening another one.
3. Diluents should be clearly labeled, whether they are stored at room temperature or in the refrigerator. Label the boxes of corresponding vaccines and diluents from the same manufacturer so that they will be used together. Diluents are not interchangeable. Staff should assure that they are using the proper diluent with the chosen vaccine.

Storage Containers

1. To avoid confusion, vaccine boxes should be stored together by type and arranged in rows.
2. Boxes should be stacked according to expiration dates. Vaccines with the shortest expiration dates should be closer to the front of the storage unit compartment for easy access.
3. Store all open and unopened vials of vaccines in their boxes inside the appropriate storage unit so that their contents and expiration dates are easily visible.
4. Use trays and containers to organize vaccine boxes. Each tray or container should only store vaccine of the same type.

Non-Vaccine Products

1. Never store food or beverages in the refrigerator or freezer where vaccines are stored. Frequent opening and closing of the refrigerator or freezer door can lead to marked temperature variations and decrease vaccine efficacy.

Use a Reliable Refrigerator and Freezer

Vaccine storage units must be selected carefully and used properly. Refrigerators or stand-alone freezers used for vaccine storage must comply with the following requirements:

1. Be able to maintain required vaccine storage temperatures year-round;
2. Be large enough to hold the year's largest inventory (e.g. influenza season);
3. Have a working, certified thermometer stored in both stand-alone freezer and refrigerator.
4. Be dedicated to the storage of vaccines. (Food and beverages must not be stored in a vaccine storage unit because this practice results in frequent opening of the door and destabilization of the temperature.)
5. Appliance should be equipped with automatic defrost capabilities. Manual defrost appliances will only be approved if there is another location in which vaccines can be safely stored while defrosting is taking place. Providers are

cautioned that any amount of frost build-up over 1-2 cm will require immediate defrosting.

Three types of storage units are acceptable:

1. A refrigerator that has a separate freezer compartment with a separate exterior door (Note: only refrigerator compartment may be used for VFC vaccine storage).
2. Stand-alone refrigerator
3. Stand-alone freezer

Small single-door (dormitory-style or bar-style) combined refrigerator-freezer units should **not** be used for permanent vaccine storage. The freezer compartment in this type of unit is incapable of maintaining temperatures cold enough to store MMRV, varicella, and zoster vaccines. If attempts are made to cool the freezer compartment to the appropriate temperature, the temperature in the refrigerator compartment will fall below the recommended range, potentially freezing the refrigerated vaccines.

Single-door refrigerators with enclosed freezers are not acceptable for the storage of VFC vaccine.

Refrigerator and freezer compartments must have separate external doors.

Not Suitable Unit

Prepare Vaccine Storage Units

Before any VFC vaccine can be stored in a vaccine storage unit, the temperature must be set and stabilized to the appropriate temperature ranges.

Refrigerator

The refrigerator compartment should maintain temperatures between 35° and 46°F (2° and 8°C). The temperature should never fall below 35°F (2°C) or rise above 46°F (8°C). Therefore, set the temperature mid-range to achieve an average of about 40°F (5°C). This temperature setting will provide the best safety margin.

Freezer

The freezer should maintain an average temperature of 5°F (-15°C) or colder.

Allow 30 days of twice daily refrigerator and freezer temperature recordings before using a newly installed or newly repaired refrigeration unit to store vaccines.

Steps to Stabilize Temperatures

1. Remove all vegetable/storage bins from the refrigerator compartment.
2. Place at least two or three large containers of water at the bottom of the refrigerator.
3. Store the water bottles against the inside walls and in the door racks of the refrigerator.
4. Store frozen ice packs along the walls, back, and bottom of the stand-alone freezer and inside the racks of the freezer door.

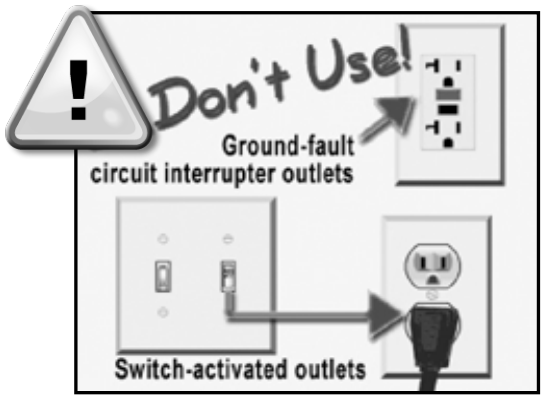
In case of an emergency that causes the vaccines to have to be moved, the ice packs will be needed immediately to keep the vaccine cold inside the cooler(s).

Not only will water bottles and frozen packs help maintain an even temperature in the compartments with frequent opening and closing of the doors, they will also help keep the temperatures stable in the event of a power failure.

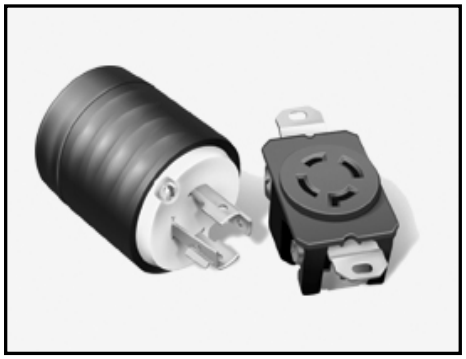
Vaccine Security and Equipment Maintenance

It is important to routinely monitor that the vaccine storage unit is working properly in order to protect the vaccine supply. If the vaccine storage unit is not working properly, providers should refer to their clinic's emergency vaccine storage and handling plan and try to identify the cause of the problem. Below are a few basic ways to maintain the proper functioning of vaccine storage units and protect vaccines.

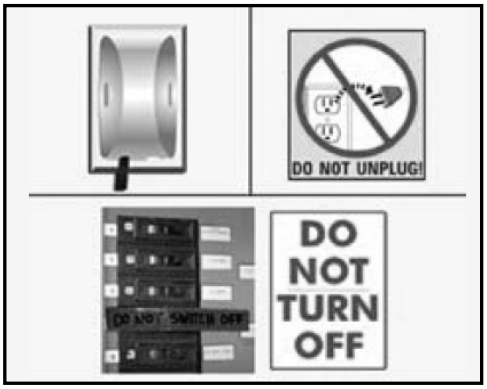
1. Do not use outlets with built-in circuit switches (they have little reset buttons) for refrigerator/ freezers.
2. Avoid wall outlets that can be activated by a wall switch.



3. Use a safety-lock plug or an outlet cover to reduce the chance of the unit becoming inadvertently unplugged.



4. Post a “Do Not Unplug” or “Warning” sign next to the outlet and on the electrical panel to warn people not to unplug or disconnect the refrigerator/freezers. A copy of the sign is available at the end of this section.



5. Limit access to the vaccine supply to authorized personnel only.
6. Check that doors are properly sealed each time the door they are closed.
7. Providers with a large quantity of VFC vaccines should use a back-up generator in case of a major power failure.

Use Certified Thermometers

All refrigerator and freezer units that are used to store VFC vaccine must be equipped with a certified and calibrated thermometer with a current certificate of calibration at all times. The Centers for Disease Control requires use of a certified, calibrated thermometer and a back-up thermometer in each storage unit used to store VFC vaccine. CDC requires that all temperature devices have probes in glycol rather than thermometers that measure air temperatures.

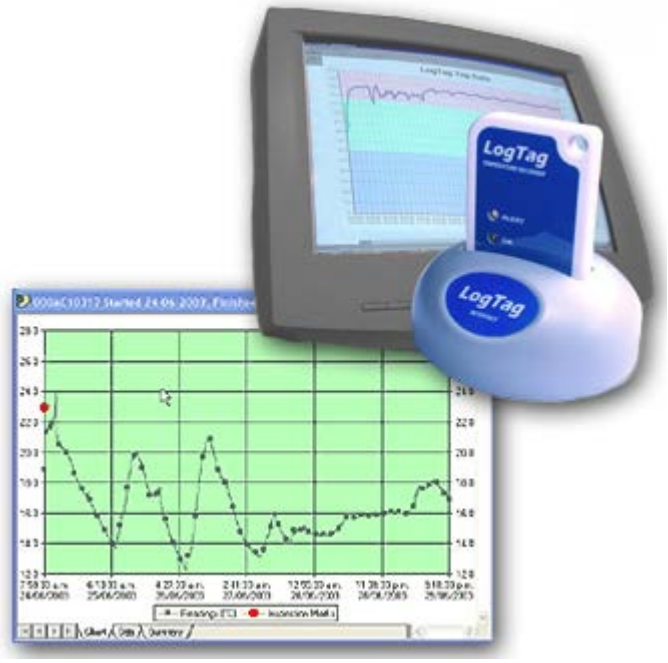
Follow the manufacturer’s recommended schedule for recalibration of the certified thermometers. Be sure that clinic staff understands how to read the thermometer(s) used in the storage units.

Acceptable certified thermometers include the following:

Digital Thermometers

Digital thermometers have an easy-to-read screen on which the temperature is displayed in Fahrenheit and/or Celsius. Some have optional features, including a display of the minimum and maximum temperatures, a temperature alarm that can be set to ring at a specified temperature, and a temperature probe in glycol

Digital Data Loggers



Digital data loggers are small, battery-operated, electronic devices that may be programmed to record temperatures at intervals throughout the day. They are capable of recording hundreds or even thousands of individual temperature readings. Digital data loggers used in vaccine storage are accompanied by special software that is installed in a computer. In order to review the temperature history, the user must download data from the digital data logger to the computer on a regular basis. **When digital data loggers are used in vaccine storage, temperatures must still be manually checked and recorded twice a day.** A second certified thermometer may be used for these manual temperature checks. The CDC and Chicago VFC strongly recommend using digital data loggers for continuous temperature monitoring in vaccine storage units. Even though it is only a recommendation at this time, Chicago VFC anticipates that all VFC providers will soon be required to have digital data loggers.

The data will help to identify if storage temperatures are in proper range. The data includes important information such as minimum and maximum temperatures, alarms, and length of time that vaccines may have been stored in out of range temperatures.

Information technology support technicians (IT/IS) may be needed to assist with this process. Installation and training takes about 1-1½ hours.

With a data logger's continuous temperature monitoring, you will always know if proper storage conditions were maintained overnight and through weekends and holidays. By providing your practice and Chicago VFC detailed temperature excursion measurements, data loggers can prevent unnecessary vaccine loss.

The CDC recommends digital data loggers used for VFC vaccines should have the following features:

- ✓ Temperature measured by a probe in glycol bottle
- ✓ High/low alarm for out-of-range temperatures
- ✓ Current temperature display, as well as minimum and maximum temperatures
- ✓ Reset button
- ✓ Low battery indicator
- ✓ Calibrated with accuracy of +/- 1°F (0.5°C)
- ✓ Memory storage of at least 4000 readings. The device will not rewrite over old data and stops recording when memory is full.
- ✓ User programmable logging interval (or reading rate). Chicago VFC suggests recording in fifteen minute intervals.

The following are suggested websites where certified thermometers can be purchased:

- https://www1.fishersci.com/Coupon?cid=1328&gid=203749&details=Y
- http://www.control3.com/4048p.htm
- http://www.weberscientific.com/
- http://www.control3.com/4127p.htm
- http://www.technika.com/navpage/min.htm
- http://www.dicksonweb.com/products/find/temperature/data-logger

Proper Thermometer Placement

Place a thermometer in the center of each refrigerator and freezer unit.

The thermometer should be placed in the center of the compartment with the stored vaccine and away from the coils, walls, floor, and fan in order to obtain a true reading of the temperatures. Be sure that air can circulate around them.

Refrigerator

In the refrigerator, thermometers should be positioned away from the fan and not too close to the freezer. It should be placed on the middle shelf, adjacent to the vaccine, or hanging down from the upper shelf.

Freezer

In the freezer, the thermometer should be suspended from the ceiling of the compartment or placed on a box (or some other item) so that it is in the middle of the compartment, off the floor. If the thermometer indicates a temperature outside the recommended range, check that the thermometer is appropriately situated.

Receipt of Vaccine Shipments

All staff members who accept vaccine deliveries must be aware of the importance of maintaining the cold chain and of the need to immediately notify the vaccine coordinator or backup person of the arrival of the vaccine shipment so that it can be handled and stored appropriately.

Steps to properly inspect and store vaccine shipments are listed below:

1. Designate one staff member (and a back-up staff member) to receive vaccine shipments. Ideally, these staff members would be the VFC Vaccine Coordinator

and VFC Back-up Vaccine Coordinator, but anyone who would receive vaccine shipments should be trained thoroughly in this process.

2. Upon delivery, **open the shipping box immediately** and inspect the contents for any potential damage that may have occurred during shipment. Ensure the box is not left idle and that vaccines are promptly and properly stored by you or by the appropriate designated staff member.
3. Allow sufficient time to properly unpack the vaccine, review the shipping invoice and inspect the shipment.
4. Inspect the shipment:
    a. Check the vaccine and diluent quantities against the vaccine order invoice to make sure they match. Diluent is shipped with MMR and varicella.
    b. Check the vaccine lot numbers and expiration dates to make sure no expired or short-dated vaccines/diluents are in the shipment.
    c. Report any order discrepancies immediately to the Chicago VFC Program Vaccine Management Unit at 312.746.5385
5. Inspect the vaccine:
    a. Check the temperature indicator that is enclosed in the shipment container to determine if the vaccines were exposed to temperatures outside of the proper range for storage and handling while en route to the clinic.
    b. Make sure that:

REMEMBER: Live vaccines are sensitive to heat and light.

Inactivated vaccines are sensitive to freezing.

- ☐ **Inactivated vaccines are cold, but not frozen.** Refrigerated packs should still be cold.
- ☐ Vaccine is not in direct contact with frozen packs (e.g. crumpled brown packing paper or bubble wrap between the vaccines and the frozen packs).
- ☐ **Measles/mumps/rubella (MMR) vaccine is cold OR frozen.**
- ☐ MMRV, varicella, and zoster vaccines are frozen and that gel packs are present in the shipping container.
- ☐ **Diluent is cool or at room temperature.**
- ☐ Diluent should not be in direct contact with refrigerated/frozen packs (e.g. crumpled brown packing paper or bubble wrap between the diluents and frozen packs).
- ☐ The diluent for varicella vaccine will be shipped with its vaccine but will be located in a separate compartment on the top of the shipping container.

6. Immediately notify the McKesson Specialty Contact Center (MSCC) at 1-877-TEMP123 (1-877-836-7123) if there is any possibility of improper storage and handling during transportation within two (2) hours of receiving the shipment. This

phone number also appears on the temperature monitors included in the vaccine shipments. Any calls received by MSCC after day of delivery will result in CDC liability for vaccine replacement regardless of the cause of the temperature excursion.

7. After inspecting the shipment, place vaccines in proper storage immediately upon receipt.
    a. Varicella and MMR-V vaccine should go immediately in the freezer and all other vaccines in the refrigerator.
    b. Diluent can be stored in the refrigerator or at room temperature, but it must not be frozen.

Vaccine Type		Proper Temperature Range
Refrigerated Vaccines		**35° - 46° F (2° - 8° C)** **Target: 40°F (°C)**
• DTaP-HepB-IPV • DTap-IPV-HIB • DTaP • DT • Hepatitis A • Hepatitis B • HIB vaccines • Hib-HepB • HPV • Inactivated Flu vaccine • IPOL	• Live Attenuated Flu Vaccine (Flumist) • MCV4 • MMR • PCV13 • PPSV23 • Rotavirus • Tdap • Td	
Frozen Vaccines		**5° F (-15° C) or colder**
• MMR* • MMRV • Varicella		

* MMR vaccine remains viable if frozen, but is usually stored in the refrigerator.

8. If there are any discrepancies in the amounts of vaccines shipped or missing product in the shipment or concerns about the shipment, place vaccine in a proper storage unit, but apart from other vaccines.

Immediately contact the Chicago VFC Program Vaccine Management Unit at 312.746.5385.

A copy of ***Vaccine Handling Tips*** and an overview of the ***Vaccine Storage and Handling Toolkit***, which can be found on the CDC website, are contained at the end of this section. The CDC advises providers to consult the **vaccine package inserts** for more detailed information on vaccine storage and handling.

Other Vaccine Handling Tips

- Use only the diluents supplied when reconstituting MMR and varicella.
- Once MMR and varicella are reconstituted, they must be kept cold and protected from light.

  Note: Varicella and combination MMR-V must be kept <u>frozen</u>
- Discard reconstituted MMR if not used within eight (8) hours.
- Discard varicella containing vaccines (Varicella, MMRV) if not used within thirty (30) minutes.
- Discard rotavirus vaccine residue in biohazard container.

Returning Shipment Boxes

Empty shipment containers should be discarded/recycled appropriately. Do not attempt to returned empty shipment containers. to the vaccine manufacturer.

Providers should keep enough boxes and supplies to transport entire inventory in the event of an emergency.

Preventing Vaccine Loss

Vaccine loss can occur due to the following errors:

1. **Spoilage** – vaccine damaged due to improper storage conditions or cold chain failure
2. **Expiration** – vaccine not administered prior to expiration date
3. **Wastage** – vaccine that could not be administered once removed from storage (e.g. parent refused vaccine after the dose was drawn up, varicella vaccine could not be administered within 30 minutes of reconstitution, or vaccine vials/syringes were are damaged/broken and could not be administered).

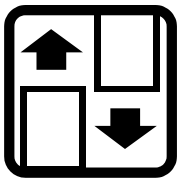
To prevent vaccine loss, the Chicago VFC Program strongly recommends the following practices in all providers' offices.

Maintain the Cold Chain to Prevent Spoilage

- Properly store all vaccine as described above.
- Maintain the cold chain from receipt of shipment to placement in the appropriate vaccine storage units.
- If cold chain failure occurs due to equipment breakdown, providers should transport the vaccines to an appropriate vaccine storage unit as soon as possible and according to their clinic's Emergency Handling Plan.

Providers should NEVER redistribute or transport VFC vaccines to USE in another practice or other outside location.

Rotate Vaccine to Prevent Expiration



- Check expiration dates regularly. Depending upon the clinic volume, this may need to be done daily or weekly.
- Rotate vaccine stock by placing vaccines with shorter expiration dates in front of those with longer expiration dates.
- Use shortest-dated vaccine first.
- When new vaccines arrive, be sure to rotate stock. The vaccines with the longest expiration dates belong in the back of the refrigerator or freezer. Remember the latest received shipment could possibly have the shortest expiration dates**.**
- Order the Right Amount of Vaccines. Use the formula provided in Section 3.

When providers identify vaccines that will expire within three (3) months and do not plan to use it all, fax the Vaccine Management Unit at 312.746.6220 so arrangements can try to be made to find another provider who can use the vaccine prior to its expiration. Please include vaccine name, quantity, and expiration date on this fax, along with your name, clinic, PIN #, and phone number.

Vaccinate within Time to Prevent Waste

- Carefully screen all patients for contraindications and precautions for each scheduled immunization.

- Verify that parents/legal guardians/patients understand and consent to all immunizations to be given.
- Once reconstituted, vaccines must be administered within the time guidelines provided by the manufacturer or discarded.

- Do not pre-draw vaccines into syringes. Pre-drawing vaccine can cause administration errors and vaccine waste. Refer to Section 6: Vaccine Administration and Immunization Schedules for more information.

Reporting Vaccine Loss

As participants of the Vaccines for Children (VFC) Program, all VFC providers are required to report the amount of vaccine in inventory that is expired, spoiled, or wasted on the ***Vaccine Return Form***. Once reported, ALL unopened vaccine vials and syringes that have expired or spoiled are to be returned in their original packaging to the McKesson Specialty Distribution Center. A federal excise tax is issued from vaccine manufactures for all expired and spoiled vaccines.

NOTE: Privately purchased vaccines should **NOT** be reported to the VFC Program.

Spoilage

Spoiled vaccines are identified as products that were improperly stored, affected by an office power failure, affected by a failure of the appliance in which the vaccines were stored, or vaccine that was spoiled during shipment (ex. frozen, or too warm).

What to do if you have SPOILED vaccine:

1. DO NOT discard any spoiled vaccine. Please keep these vaccines refrigerated (or frozen if for MMRV or Varicella), and then,
2. Call the Chicago VFC Vaccine Management Unit immediately at 312.746.5385 for instructions on how to proceed. Depending upon the manufacturer's specifications, there is a possibility that the compromised vaccines are not spoiled.

NOTE: Providers should NOT assume that a temperature excursion outside of the recommended range will automatically cause vaccines to spoil. You must contact the VFC program. Only the VFC management can determine that vaccine is affected.

3. If you are informed by the Chicago VFC Vaccine Management Unit that the vaccine is deemed spoiled, you may then remove it from the

refrigerator/freezer, place them in the green Expired Vaccine bag supplied by VFC labeled.

4. Document all spoiled vaccine on the *Vaccine Return Form*.
5. Document the number of doses of spoiled vaccines in the appropriate spaces on the *Chicago VFC Pediatric Vaccine Order and Accountability Form.* You will be asked to provide a corrective action plan regarding how to prevent the spoilage from occurring in the future. Please fax this corrective action plan to the Vaccine Management Unit at 312.746.6220.

Expiration

Expired vaccines are identified as products that have exceeded the printed expiration date found on the box or on the vial/syringe.

What to do if you have EXPIRED vaccine:

1. DO NOT discard expired vaccines.
2. Remove expired vaccine from the refrigerator/freezer, place in the green Expired Vaccine bag supplied by VFC.

NOTE: Expired vaccines should be kept together in original boxes. Unused loose vials or syringes should be grouped with the boxes of the same vaccine. Expired multi-dose vials from which some doses were removed should be discarded by the provider in an appropriate biohazard disposal container.

3. Document all expired vaccines on the *Vaccine Return Form.*

4. Document the number of expired vaccine doses in the appropriate spaces on the *Chicago VFC Pediatric Vaccine Order and Accountability Form.*

Wastage

Wasted vaccines are described as the following:

- Used syringes, with and without needles
- Broken vials
- A syringe that was drawn up but not used
- Any multi-dose vials from which some doses were removed (including IPV and influenza vaccine)
- Diluent
- Privately Purchased Vaccine: Do NOT return any privately purchased vaccine.

What to do if you have WASTED vaccine:

1. Wasted vaccines are NOT returnable.
2. Individual doses of wasted vaccines should be discarded by the provider using an appropriate biohazard disposal container at the practice/clinic.
3. Document all expired vaccines on the *Vaccine Return Form*.
4. Document the number of wasted vaccine doses on the appropriate spaces on the *Chicago VFC Pediatric Vaccine Order and Accountability Form.*

Returning Expired and Spoiled Vaccine

The Chicago Department of Health VFC Program has outlined the following steps that providers should take to return all expired and spoiled vaccines to the McKesson Specialty Distribution Center:

Step 1: Notify the Chicago VFC Vaccine Management Unit of spoiled/expired vaccines by completing and faxing a copy of the Chicago VFC *Vaccine Return Form* to the Vaccine Management Unit at 312.746.6220.

Step 2: Consolidate all expired/spoiled vaccines into a shipment box(s). The shipment box(s) should NOT be packed with cold gel packs or thermometers.

Step 3: Sign the *Vaccine Return Form* for accuracy. Place a copy of the *Vaccine Return Form* in the shipment box(s) so that it is visible.

NOTE: A copy of the form must be maintained at the provider office for three years following submission.

Step 4: The provider will receive pre-paid vaccine return shipment labels via U.S. Postal Service Mail within two weeks of submitting the Vaccine Return Form.

NOTE: If the pre-paid return shipment labels have not been received within two weeks, please contact the Vaccine Management Unit at 312.746.5385.

Step 5: Once pre-paid vaccine return shipment labels have be received, place one label on the outside of each shipment box in a visible location.

Step 6: If the provider is on a UPS pick up route, hold all shipment box(s) for the next UPS pick up, or bring all shipment box(s) to the nearest UPS store.

Return Shipment Specifications

- The provider must complete the *Vaccine Return Form* for all expired or spoiled vaccine within their designated order period. (Ex. Bi-monthly providers would submit a vaccine return form every two months *if* any vaccine was expired, spoiled, or wasted within a two month period.)
- All returns must be shipped in a suitable cardboard box that is in good condition, free of punctures and clean.
- The weight of the shipment box(s) should be such that it does not break open during shipment as a result of excessive weight.
- The shipment box(s) should be sealed appropriately such that the returned vaccine is not exposed or risks being damaged during shipment.
- The provider must ensure that all old labeling (ex. refrigerate upon receipt, biohazard, keep frozen etc.) on re-used shipment box(s) is crossed out and/or removed with prior to shipment.

For information on the Centers for Disease Control Vaccine Storage and Handling Toolkit, visit:

http://www.cdc.gov/vaccines/recs/storage/toolkit/default.htm

Section 4 Appendix

- Vaccine Return Form
- Sample View of Prepaid Return Shipment Labels
- Refrigerator labels (English)
- Refrigerator labels (Spanish)
- Manufacturer Quality Control Office Telephone Numbers
- Routine and Emergency Vaccine Handling Plan Template
- Routine Temperature Monitoring Guideline (Manual)
- Routine Temperature Monitoring Guideline (Electronic)
- Recording Freezer Temperatures - Celsius (°C)
- Recording Refrigerator Temperatures - Celsius (°C)
- Vaccine Temperature Log (Refrigerator) - Celsius (°C)
- Vaccine Temperature Log (Freezer) - Celsius (°C)
- Recording Freezer Temperatures - Fahrenheit (°F)
- Recording Refrigerator Temperatures - Fahrenheit (°F)
- Vaccine Temperature Log (Refrigerator) - Fahrenheit (°F)
- Vaccine Temperature Log (Freezer) - Fahrenheit (°F)
- Sample Completed Temperature Log
- Vaccine Storage Troubleshooting Record
- Don’t Be Guilty of These Errors in Vaccine Storage and Handling
- Vaccine Handling Tips
- Vaccine Storage and Handling Toolkit Overview

Section

5

Quality Assurance and Quality Improvement

Quality assurance (QA) and quality improvement (QI) activities are used to improve VFC program compliance, immunization coverage and clinical practices. Each VFC Provider is assigned a Public Health Administrator I (PHA I) from the VFC Program Quality Assurance Section and a Public Health Administrator II (PHA II) from the VFC Program Quality Improvement Section. The PHA I from the Quality Assurance Section will review and provide technical assistance to meet the VFC compliance requirements. The PHA II from the Quality Improvement Section will provide immunization resources, guidance on best practices and conduct chart assessments to improve immunization practices.

According to law, providers may disclose patient health records to health officials within the VFC Program without patient permission. For additional guidance, see the HIPAA Factsheet contained at the end of this section. Information obtained from patient records will be kept confidential.

Quality Assurance (VFC Site Visit)

Quality Assurance (QA) involves review and evaluation of VFC provider practices and is a legal requirement of the VFC program. A PHA I from the VFC Program Quality Assurance Section will conduct at least two types of quality assurance visits throughout the year: 1) routine visits and 2) comprehensive quality assurance reviews. The purpose of both types of visits are to monitor compliance with VFC Program requirements and to determine if VFC vaccines are being distributed, handled, and given to patients according to VFC policies.

Routine visits are informal and generally brief. The PHA I from the Quality Assurance Section is required to check the vaccine storage unit(s) at every visit, review temperature logs and may check other areas of program compliance. The quality assurance staff may also share updated VFC information, drop off VFC Program forms, provide training and answer questions related to VFC.

Every year each VFC provider is required to have a comprehensive **quality assurance review (QAR)**. This type of visit requires a thorough evaluation of the provider's compliance with all VFC program requirements including:

- Verification of information in the provider profile;
- Review of VFC eligibility screening and documenting procedures;
- Review of vaccine storage and handling practices (including temperature logs and vaccine storage units);
- Evaluation of provider's written procedures related to temperature monitoring, routine vaccine storage and handling and emergency vaccine storage and handling;
- Review of documentation of VIS given;
- Review of documentation for vaccine administration;
- Review of vaccine ordering and accountability;
- Verification that VFC Program policies are being properly implemented.

If problems are identified during either routine or comprehensive visits, the PHA I from the Quality Assurance Section will work with provider staff to create a corrective action plan. A provider is required to take action to correct any VFC deficiencies within the specified time given. Failure to do so may result in vaccine delivery suspension, termination of the VFC enrollment, or possible prosecution.

Quality Improvement (AFIX Site Visit)

The PHA II from the VFC Program Quality Improvement Section will regularly conduct quality improvement visits, also known as **AFIX. AFIX** is a continuous quality improvement (CQI) process that is used for:

Assessment of immunization levels;

Feedback of immunization information to the provider;

Incentives to motivate/and or recognize performance, and

e**X**change of information on best immunization practices.

AFIX is an effective strategy to improve provider practices and raise immunization coverage rates. VFC providers should expect at least one AFIX visit every two to three years.

During this visit, the PHA II from the VFC Program Quality Improvement Section will:

- Use either patient records at the provider office or electronic records through the electronic medical record system (EMR) or I-CARE (immunization registry);
- Conduct a thorough, objective and systematic review of a selected sample of patient records;
- Administer a brief questionnaire about immunization practices;
- Provide feedback and a report of assessment findings (**see Sample Report**)
- During the feedback session, engage the provider in meaningful dialogue for quality improvement planning;
- Offer incentives for participation in improvement activities;
- Share ideas, resources and best practices related to immunization.

Using Assessment Results to Raise Provider Immunization Coverage

Frequently, the AFIX chart assessment reveals that many children's immunizations are not up-to-date for their age. The CDC's Healthy People 2020 goal is for 80% of children ages 19-35 months to have completed the 4:3:1:3:3:1 series (4 DTaP: 3 Polio: 1 MMR: 3 Hib: 3 Hep B: 1 Varicella) by 24 months of age[1]. However, very few providers meet this goal and rates of 70%, 50%, and even

[1] U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

30% are not uncommon. However, the PHA II from the VFC Program Quality Improvement Section can help clinics raise even the lowest rates.

Adolescent immunization coverage levels are also used to determine if providers are adequately immunizing their adolescent patients with the recommended vaccines.

Providers often are surprised when they are informed that their rate is less than ideal, and desire to know why. The most common reasons for these low rates include missing opportunities to immunize, administering invalid doses, and not routinely identifying inactive patient records.

Missed Opportunities

Missed opportunities occur when a patient received some immunizations on their last visit, but one or more recommended shots were not given, for unknown reasons. For instance, MMR was given but not varicella, and there is no evidence of chickenpox disease documented on the immunization record. Since this vaccine was not given at subsequent visits, this counts as a missed opportunity.

Quality improvement strategies to reduce missed opportunities include:

- **Using a one page immunization summary form** that prompts the provider to identify all missing immunizations;
- **Giving all shots** needed at one visit;
- **Updating the immunization record** (to a newer version) to have room for all vaccines on the CDC's recommended schedule;
- **Implementing use of the state's immunization registry-** "I-CARE" (see the I-CARE flyer at the end of this section for more information).
- **Using Reminder/Recall Techniques:** Sending cards or making phone calls to parents to remind them of upcoming visits or of missed appointments.

Invalid doses

Invalid doses occur when a patient received vaccines at a clinic visit but one (or more) was given before the minimum age or interval that the CDC has determined to be ineffective. For instance, the third dose of hepatitis B vaccine must be given at a minimum of six months of age. If it is given more than four days before the patient's six-month birthday, it is considered an invalid dose. Invalid doses lower the coverage rate, and may contribute to the missed opportunity category (if these doses could have been repeated at a subsequent immunization visit).

When vaccines are given elsewhere, providers may not notice if one or more invalid doses were administered. However, because the chart assessment includes **all** vaccines given, this will lower the provider's coverage rate, even though the invalid shots were not given at his/her clinic.

Quality improvement strategies to reduce invalid doses include:

- **Referring to the current immunization schedule** for clarification of the minimum ages and intervals;
- **Giving shots** at the proper intervals and ages;
- **Obtaining the previous immunization history** from parent or provider;
- **Transcribing past immunization record's dates** to the currently used record;
- **Repeating doses** that were given too early at other clinics.

Inactive patients

This means that patients who have not visited the provider's clinic in over a year were included in the assessment. A patient is considered active unless denoted as "inactive." Evidence of the patient having moved away, or transferred to another clinic, is needed to exclude these patients from the analysis. Attempts should be made to recall the patients before changing their status to inactive.

Quality improvement strategies to identify inactive patients:

- **Placing stickers on the edge of chart** to indicate year of patients' last visit so that inactive patients are not included in the assessments;

- **Labeling patients' charts** as "Inactive" if no visits occurred in the past year, or if correspondence is returned due to "addressee unknown" or "moved."

These activities have been shown to be effective for raising coverage rates and improving record-keeping. The quality improvement staff can explain and assist in implementing these strategies.

Tips to Prepare for Quality Assurance (QA) and Quality Improvement (QI) Visits

1. The primary vaccine coordinator in the clinic should be available for at least two hours to answer questions on the survey and discuss the findings. (Both QA and QI)
2. Before the review, provide a list of 100 children 0-18 years of age who have been immunized at least once during the past year. The VFC provider list must include both VFC and non-VFC eligible children (if applicable). (Both QA and QI)
3. Before the review, locate the circuit breaker(s) for the vaccine storage unit(s) for inspection. (QA only)
4. Provide a space to work. (Both QA and QI)
5. Before the review, assemble all of the most recent vaccine management plans for review. (QA only)
6. The PHA I from the VFC Program Quality Assurance Section will need to review past temperature logs and inspect all vaccine storage units (refrigerators and freezers). Before the review, assemble at least 3 months of temperature logs. If problems are observed, more temperature logs will be required for the review. (QA only)
7. Admitting or billing personnel may be needed to clarify screening and billing processes. (QA only)

8. Current and past vaccine borrowing reports. (QA only)
9. If using electronic medical records (EMR), a provider staff person must be available to help the VFC staff navigate the EMR. (Both QA and QI)
10. Assure that the medical director (or equivalent) is present to hear the results and sign the Acknowledgement of Receipt. (Both QA and QI)

VFC and AFIX site visits are required components of the VFC Program. In general, providers will be notified before a site visit, and a time and date will be agreed upon that is convenient for the provider. However, please note that the VFC Program reserves the right to conduct unscheduled visits in response to incidents of vaccine loss, improper ordering procedures, and problems with temperature(s) in the appliance where VFC vaccine is stored or to conduct a vaccine inventory.

For more information regarding the quality assurance and quality improvement activities outlined in this section, please contact Marcia Levin, VFC Program Manager at 312.746.6050.

Section 5 Appendix

- Sample AFIX Summary Assessment Report
- HIPAA and Public Health Fact Sheet
- HIPAA and Public Health Visits – Access to Patient Records during AFIX and VFC Visits
- I-CARE Fact Sheet (Registry System

Section 6

Vaccine Administration and Immunization Schedules

Vaccine Administration[1]

Appropriate vaccine administration is critical to vaccine effectiveness. The recommended site, route and dosage for each vaccine are based on clinical trials, practical experience and theoretical considerations. The following information provides general guidelines for administration of vaccines for those who administer vaccines, as well as those in training, education and supervisory positions. This information should be used in conjunction with professional standards for medication administration, vaccine manufacturers' product guidelines, CDC's Advisory Committee on Immunization Practices (ACIP) General Recommendations on Immunization, the American Academy of Pediatrics' (AAP) Report of the Committee on Infectious Diseases *Red Book***,** and state/agency-related policies and procedures.

Preparation

- **Patient Preparation** - Patients should be prepared for vaccination with consideration for their age and stage of development. Parents/guardians and patients should be encouraged to take an active role before, during and after the administration of vaccines.

- **Screening** - All patients should be screened for contraindications and precautions for each scheduled

[1] Source: Epidemiology and Prevention of Vaccine-Preventable Diseases (*Pink Book*), February 2008, Appendix D

vaccine. **See sample screening forms and list of Valid Contraindications at the end of this section.**

- **Vaccine Safety & Risk Communication** - Parents/guardians and patients are exposed through the media to information about vaccines, some of which is inaccurate or misleading. Healthcare providers should be prepared to discuss the benefits and risks of vaccines using Vaccine Information Statements (VIS) and other reliable resources. Establishing an open dialogue provides a safe, trust-building environment in which individuals can freely evaluate information, discuss vaccine concerns and make informed decisions regarding immunization.

All administered vaccines should be fully documented in the patient's record as previously described under "Documenting Vaccines".

- **Atraumatic Care** - Vaccine safety issues and the need for multiple injections have increased the concerns and anxiety associated with immunizations. Healthcare providers need to display confidence and establish an environment that promotes a sense of security and trust for the patient and family, utilizing a variety of techniques to minimize the stress and discomfort associated with receiving injections.

- **Positioning & Comforting Restraint** - The healthcare provider must accommodate for the patient's comfort, safety, age, activity level, and the site of administration when considering patient positioning and restraint. For a child, the parent/guardian should be encouraged to hold the child during administration. If the parent is uncomfortable, another person may assist. For more information, refer to ***Comforting Restraints for Immunizations*** at the end of this section.

- **Pain Control** - Pain is a subjective phenomenon influenced by multiple factors, including an individual's age, anxiety level, previous healthcare experiences, and culture. Consideration for these factors is important as the provider develops a planned approach to management of injection pain.

- **Infection Control** - Healthcare providers should follow Standard Precautions to minimize the risks of spreading disease during vaccine administration.

1. **Hand washing** - The single, most effective disease prevention activity is good hand washing. Hands should be washed thoroughly with soap and water or cleansed with an alcohol-based waterless antiseptic between patients, before vaccine preparation or any time hands become soiled.

2. **Gloves** - Gloves are not required to be worn when administering vaccines unless the person administering the vaccine is likely to come into contact with potentially infectious body fluids or has open lesions on the hands. It is important to remember that gloves cannot prevent needle stick injuries.

3. **Needle stick injuries -** should be reported immediately to the site supervisor, with appropriate care and follow-up given as directed by state/local guidelines. Safety needle devices should be used, if available to reduce the risk of injury.

4. **Equipment Disposal** - Used needles should not be detached from syringes, recapped or cut before disposal. All used syringe/needle devices should be placed in puncture proof containers to prevent accidental needle sticks and reuse. Empty or expired vaccine vials are considered medical waste and should be disposed of according to state regulations.

Equipment Selection

1. **Syringe Selection** - A separate needle and syringe should be used for each injection. Syringe devices with safety needles are available, recommended by OSHA to reduce the incidence of needle stick injuries and potential disease transmission. Personnel should be involved in evaluation and selection of these products. Staff should receive training with these devices before using them in the clinical area.

2. N**eedle Selection** - Vaccine must reach the desired tissue site for optimal immune response. Therefore, needle selection should be based upon the prescribed route, size of the individual, volume and viscosity of the vaccine, and injection technique. For more information refer to ***Administering Vaccines: Dose, Route, Site, and Needle Size*** included at the end of this section.

3. **Inspecting Vaccine** - Each vaccine vial should be carefully inspected for damage or contamination prior to use. The expiration date printed on the vial or box should be checked. Vaccine can be used through the last day of the month indicated by the expiration date unless otherwise stated on the package labeling. Expired vaccine should never be used.

4. **Reconstitution** - Some vaccines are prepared in a form that requires reconstitution, which should be done according to manufacturer guidelines. Diluent solutions vary; use only the specific diluent supplied for the vaccine. Once reconstituted, the vaccine must be either administered within the time guidelines provided by the manufacturer or discarded. Changing the needle after reconstitution of the vaccine is not necessary unless the needle has become contaminated or bent. Continue with standard medication preparation guidelines.

5. **Pre-filling Syringes** - CDC strongly discourages filling syringes in advance, because of the increased risk of administration errors. Once the vaccine is in the syringe it is difficult to identify the type or brand of vaccine. Other problems associated with this practice are vaccine wastage, and possible bacterial growth in vaccines that do not contain a preservative. Furthermore, medication administration guidelines state that the individual who administers a medication should be the one to draw up and prepare it. An alternative to pre-filling syringes is to use filled syringes supplied by the vaccine manufacturer. Syringes other than those filled by the manufacturer are designed for immediate administration, not for vaccine storage. In certain circumstances, such as a large influenza clinic, more than one syringe can be filled. One person should pre-fill only a few syringes at a time, and the same person should administer them. Any syringes left at the end of the clinic day should be discarded. Under no circumstances should MMR, varicella, or zoster vaccines ever be reconstituted and drawn prior to the immediate need for them. These live virus vaccines are unstable and begin to deteriorate as soon as they are reconstituted with diluent.

6. **Labeling** - Once a vaccine is drawn into a syringe, the content should be indicated on the syringe. There are a variety of methods for identifying or labeling syringes (e.g.

keep syringes with the appropriate vaccine vials, place the syringes in a labeled partitioned tray, or use color coded or preprinted labels).

Administration Route

Administering a vaccine by the recommended route is imperative. Deviation from the recommended route of administration might reduce vaccine efficacy or increase the risk of local reactions. For detailed illustrations refer to ***Administering Vaccines: Dose, Route, Site, and Needle Size; How to Administer Intramuscular/Subcutaneous Injections; and Comforting Restraint*** included at the end of this section.

1. **Subcutaneous** (Sub-Q or SC) injections are administered at a 45° angle into the fatty tissue found below the dermis and above muscle tissue. Subcutaneous tissue can be found all over the body. The usual sites for vaccine administration are the thigh (for infants <12 months of age) and the upper outer triceps of the arm (for persons >12 months of age). If necessary, the upper outer triceps area can be used to administer subcutaneous injections to infants.
    - **Needle Gauge & Length** - 5/8-inch, 23- to 25-gauge needle
    - **Technique** - Follow standard medication administration guidelines for site assessment/selection and site preparation. To avoid reaching the muscle, pinch up the fatty tissue, insert the needle at a 45° angle and inject the vaccine into the tissue. Withdraw the needle and apply light pressure to the injection site for several seconds with a dry cotton ball or gauze.

2. **Intramuscular** (IM) injections are administered at a 90° Angle into muscle tissue below the dermis and subcutaneous tissue. Although there are several IM injection sites on the body, the recommended IM sites for vaccine administration are the vastus lateralis muscle (anterolateral thigh) and the deltoid muscle (upper arm). The site depends on the age of the individual and the degree of muscle development.
    - **Needle Gauge** - 1-inch 22- to 25-gauge needle
    - **Needle Length** - For all intramuscular injections, the needle should be long enough to reach the muscle mass and prevent vaccine from seeping into subcutaneous tissue, but not so long as to involve underlying nerves, blood vessels, or bone. The vaccinator should be familiar with the anatomy of the

area into which the vaccine will be injected. Decision on needle size and site of injection must be made for each person on the basis of the size of the muscle, the thickness of adipose tissue at the injection site, the volume of the material to be administered, injection technique, and the depth below the muscle surface into which the material is to be injected

For newborn (first 28 days of life) and premature infants, a 5/8 inch needle usually is adequate if the skin is stretched flat between thumb and forefinger and the needle inserted at a 90-degree angle to the skin.

- **Technique** - For the majority of infants (younger than 12 months), the anterolateral aspect of the thigh is the recommended site for injection because it provides a large muscle mass. The muscles of the buttock have not been used for administration of vaccines in infants and children because of concern about potential injury to the sciatic nerve, which is well documented after injection of antimicrobial agents into the buttock. Injection technique is the most important factor to ensure efficient intramuscular vaccine delivery.

3. **Aspiration** - Aspiration is the process of pulling back on the plunger of the syringe prior to injection to ensure that the medication is not injected into a blood vessel. Although this practice is advocated by some experts, the procedure is not required because no large blood vessels exist at the recommended injection sites.

4. **Multiple Vaccinations** - When administering multiple vaccines, NEVER mix vaccines in the same syringe unless approved for mixing by the Food and Drug Administration (FDA). If more than one vaccine must be administered in the same limb, the injection sites should be separated by 1-2 inches so that any local reactions can be differentiated. Vaccine doses range from 0.2 mL to 1 mL. The recommended maximum volume of medication for an IM site, varies among references and depends on the muscle mass of the individual. However, administering two IM vaccines into the same muscle would not exceed any suggested volume ranges for either the vastus lateralis or the deltoid muscle in any age group. The option to also administer a subcutaneous vaccine into the same limb, if necessary, is acceptable since a different tissue site is involved. If a vaccine and an immune globulin preparation are administered simultaneously (e.g., Td/Tdap and tetanus immune globulin [TIG] or hepatitis B vaccine and

hepatitis B immune globulin [HBIG]), a separate anatomic site should be used for each injection. The location of each injection should be documented in the patient's medical record.

5. **Nonstandard Administration** - Deviation from the recommended route, site and dosage of vaccine is strongly discouraged and can result in inadequate protection. In situations where nonstandard administration has occurred, refer to the ACIP General Recommendation on Immunization, *MMWR* 2006; 55 (RR-15 p.18), for specific guidance.

Special Situations

1. **Bleeding Disorders** - Individuals with a bleeding disorder or who are receiving anticoagulant therapy may develop hematomas in IM injection sites. Prior to administration of IM vaccines the patient or family should be instructed about the risk of hematoma formation from the injection. Additionally, a physician familiar with the patient's bleeding disorder or therapy should be consulted regarding the safety of administration by this route. If the patient periodically receives hemophilia replacement factor or other similar therapy, IM vaccine administration should ideally be scheduled shortly after replacement therapy. A 23-gauge or finer needle should be used and firm pressure applied to the site for at least 2 minutes. The site should not be rubbed or massaged.

2. **Latex Allergy** - Administration of a vaccine supplied in a vial or syringe that contains natural rubber (refer to product information) should not be administered to an individual with a history of a severe (anaphylactic) allergy to latex, unless the benefit of vaccination clearly outweighs the risk of an allergic reaction. These situations are rare. Medical consultation and direction should be sought regarding vaccination. A local or contact sensitivity to latex is not a contraindication to vaccination.

3. **Syncopal or Vasovagal Response** ("fainting") may occur during vaccine administration, especially with adolescents and adults. Because individuals may fall and sustain injury as a result, the provider should have the patient sit during injection(s) as well as monitor the patient for 15 minutes after they are vaccinated. A syncopal or vasovagal response is not common and is not an allergic reaction. However, if syncope

develops, the provider should observe and administer supportive care until the patient is recovered.

4. **Anaphylaxis** (a life-threatening acute allergic reaction) - Each facility that administers vaccines should have a protocol, procedures and equipment to provide initial care for suspected anaphylaxis. Facility staff should be prepared to recognize and respond appropriately to this type of emergency situation. All staff should maintain current CPR certification. Emergency protocols, procedures and equipment/supplies should be reviewed periodically. For additional information on medical management of vaccine reactions in children, teens, and adults, see the 2006 ACIP General Recommendations on Immunization (p. 19), the 2006 AAP *Red Book* (pp. 64-66), and Appendix D18-D21 of the 2008 Epidemiology and Prevention of Vaccine Preventable Diseases (*Pink Book)*.

Immunization Schedule

The Advisory Committee on Immunization Practices (ACIP) annually publishes immunization schedules that summarize recommendations for currently licensed vaccines for children aged 18 years and younger. **The current schedule is included in this section.**

Parents often have questions about the immunization schedule and vaccine ingredients. The American Academy of Pediatrics developed two fact sheets that are intended to help providers answer some of the most frequently asked questions. **These fact sheets are included at the end of this section. See Section 9 for more information for parents and patients.**

Section 6 Appendix

- Recommended Immunization Schedule for Persons aged 0 through 18 Years
- Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind
- Guide to Contraindications and Precautions to Commonly Used Vaccines
- Screening Questionnaire for Child and Teen Immunizations (English/Spanish)
- Screening Questionnaire for Injectable Influenza Immunizations (English/Spanish)
- Screening Questionnaire for Intranasal Influenza Immunizations (English/Spanish)
- Administering Vaccines: Dose, Route, Site and Needle Size
- Comforting Restraint for Immunizations
- How to Administer Intramuscular/Subcutaneous Injections
- Injectable Vaccines by Route
- Administering Injectable Vaccines
- Preparing Liquid Vaccines
- Preparing Reconstituted Vaccines
- The Childhood Immunization Schedule: Why Is It Like That? (AAP)
- Questions and Answers about Vaccine Ingredients (AAP)

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Section 7

Public Health Reporting

Certain diseases and events should be routinely reported to local public health agencies. The following section provides information about reporting of infectious diseases to the Chicago Department of Public Health (CDPH) and adverse events following administration of vaccines to CDPH and the federal Vaccine Adverse Events Reporting System (VAERS).

Healthcare Provider Responsibility to Report

It is the responsibility of physicians, physician assistants, nurses, medical assistants or any other person having knowledge of any of the reportable diseases, **confirmed or suspected**, to report the case to the Chicago Department of Public Health (CDPH) within the specified time frame. **A list of reportable infectious diseases and conditions in Illinois is provided at the end of this section.**

To report a case of vaccine preventable disease call:

CDPH Vaccine Preventable Disease Surveillance
312.746.5911

On weekends, holidays, after hours, or if no one is available to take your call, reports may be made by calling 311 and asking for the communicable disease physician on call.

Vaccine Adverse Events Reporting System

What is VAERS?

The Vaccine Adverse Event Reporting System (VAERS) is a national program that monitors the safety of vaccines after they are licensed. VAERS is managed by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). Vaccines prevent serious illnesses

and even death in persons who receive them. Before a vaccine is licensed, FDA takes steps to make sure the vaccine is safe. FDA requires that a vaccine goes through extensive safety testing. After a vaccine is licensed, VAERS is one of the mechanisms used to monitor for any problems, or "adverse events," that happen after vaccination.

Not all events reported to VAERS are caused by the vaccine. Even though careful studies are done before a vaccine is licensed, rare adverse effects may not be found until a vaccine is given to millions of people with different backgrounds and medical histories. By continued monitoring, VAERS helps to make sure that the benefits of vaccines are far greater than the risks.

VAERS does not provide medical advice.

Anyone who receives a vaccine should be informed about both the benefits and risks of vaccination. Any questions or concerns should be discussed with a healthcare provider.

Who Can Report to VAERS?

FDA and CDC encourage anybody who experiences any problems after vaccination to report to VAERS. This includes parents, patients, and healthcare providers. Healthcare providers are required by law to report certain problems. To get a list of these, please call 1-800-822-7967 or go to:
www.vaers.hhs.gov/reportable.htm.

Why Report to VAERS?

- Reporting gives valuable information that helps CDC and FDA make sure that vaccines are safe.
- Reporting strengthens VAERS so it can be used to assess public health response to vaccines.
- Reporting allows for evaluating public health prevention and control measures.
- Remember, no vaccine (or any medicine) is completely free of risk and adverse events are possible. If a patient has an adverse event after a vaccine, please report to VAERS. Each report is important!

How to Report?

Reporting to VAERS is easy. Reports can be made by using any one of the three reporting mechanisms:

Internet: On-line at https://secure.vaers.org

-or-

Fax: Fax the completed report form to 1-877-721-0366 (toll-free)

-or-

Mail: Mail the completed report form to:
VAERS
P.O. Box 1100
Rockville, MD, 20849-1100

In order for the Chicago VFC Program to track and monitor all adverse events, please mail a copy of the completed VAERS form to:

Chicago VFC Vaccine Safety Officer
Lorraine Schoenstadt, MS, RN, BC
Public Health Nurse IV

Lorraine.Schoenstadt@cityofchicago.org
312-746-6226
2160 W. Ogden Ave.
Chicago, IL 60612

Report forms are available for printing at **www.vaers.hhs.gov** or by calling the VAERS Information Line at 1-800-822-7967. Operators are on duty from 9:00 a.m. to 5:00 p.m., Eastern Time, Monday through Friday. After you submit a report, VAERS staff may contact you for additional information. **A blank report form is also included at the end of this section.**

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Section 7 Appendix

- Reportable Infectious Diseases and Conditions in Illinois
- VAERS Reporting Form

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Section 8

Perinatal Hepatitis B

Preventing Hepatitis B in Newborns: What Providers Need to Know

Hepatitis B virus may be transmitted from infected mothers to their infants during the perinatal period. To prevent perinatal transmission, the Advisory Committee for Immunization Practices (ACIP) recommends that infants born to hepatitis B-infected women be administered HBIG and the first dose of the hepatitis B vaccine series within 12 hours of birth and complete the hepatitis B vaccine series on time.

The Chicago Perinatal Hepatitis B Program works with health care providers, mothers and their babies to assure the proper health care is provided to at-risk families. When a baby is born in the city of Chicago to a hepatitis B infected mother, the Perinatal Hepatitis B staff work diligently to coordinate care and delivery of necessary immunizations.

The Illinois State Law has set out specific mandates for identifying, testing, documenting, reporting, and managing perinatal hepatitis B cases. Since 2006 there have been no changes to perinatal hepatitis B prevention protocols. Please contact the Perinatal Hepatitis B Coordinator if you have any questions or concerns about Perinatal Hepatitis B prevention.

Illinois State Law

Title 77 ILL. Adm. Code 690.451: Illinois Department of Public Health, Control of Communicable Diseases:

- Pregnant women shall be tested for HBsAg (Hepatitis B surface antigen) during an early prenatal visit, or when they present to a hospital for delivery if prenatal serologic results are not available. Pregnant women who are at high risk for hepatitis B infection (recent history of sexually transmitted disease, injection drug use, or other possible risks of hepatitis B infection) should be retested upon admission.

- Healthcare providers shall **refer** pregnant women who are hepatitis B surface antigen positive **(HBsAg-positive) within 7days** after receipt of the test results to a local health authority for counseling and recommendations on testing and immunizing contacts.

- Contacts to cases or carriers of hepatitis B should be tested for **"susceptibility**" to hepatitis B virus.

- A person who is a contact to cases or carriers of hepatitis B should be tested for susceptibility and given prophylaxis in accordance with the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP)

- Infants born to mothers who are **HBsAg-positive** should receive hepatitis B vaccine **AND** hepatitis B immune globulin 0.5ml (HBIG) **within 12 hours** of birth

- Non-immune contacts should begin hepatitis B vaccinations as soon as possible.

Prenatal Provider Protocols for Hepatitis B infected Mothers and Their Newborn Infant*

Identifying Mothers and Their Newborn

- Screen pregnant women for **HBsAg** during an early prenatal visit with each pregnancy.

- Re-screen mothers who are at high risk for hepatitis B infection (I.e., those with recent STD, IVDU, changed sexual partner during pregnancy, etc).

- Women who are **HBsAg-positive** should be provided with or referred for appropriate medical counseling and management.

- **HBsAg-positive** women previously identified and for all subsequent pregnancies should be made aware of their status and reported to the Perinatal Hepatitis B program.

Managing Mothers and Their Newborn

- Inform **HBsAg-positive** women with Hepatitis B Virus (HBV) about transmission risks and ways to prevent infection to others.

- Refer **HBsAg-positive** women to the Chicago Department of Public Health Perinatal Hepatitis B Case Management Program at 312.746.6226 to ensure post-exposure prophylaxis and follow-up for their infants.

- A copy of the original **HBsAg-positive** laboratory report should be provided to the health care provider and/or hospital where delivery is planned.

- **HBsAg-positive** pregnant women should receive information concerning hepatitis B discussing:

    - Modes of transmission.

    - Perinatal concerns (e.g., transmission, treatment, breastfeeding).

    - Prevention of hepatitis B transmission to contacts of HBsAg-positive women, including the importance of post-exposure prophylaxis for newborn infant, household, sexual, and needle-sharing contacts.

    - Substance abuse treatment, if appropriate; and

    - Medical evaluation and possible treatment of chronic hepatitis B.

Identifying and Managing Infants Born to Mothers HBsAg Unknown

- Women admitted for delivery without documentation of **HBsAg** test results should have blood drawn and tested as soon as possible after admission.

- While test results are pending, all infants born to women without documentation of HBsAg status should receive the 1st dose of hepatitis B vaccine (without HBIG) <12 hours of birth.

- If the mother is determined to be **HBsAg-positive**, her infant should receive HBIG as soon as possible but no later than age 7 days, and the vaccine series should be completed according to the recommended schedule for infants born to **HBsAg-positive** mothers.

- If the mother is determined to be **HBsAg-negative**, the vaccine series should be completed according to the recommended schedule for infants born to **HBsAg-negative** mothers.

- If the mother has never been tested to determine her HBsAg status, the vaccine series should be completed according to the recommended schedule for infants born to **HBsAg-positive** mothers. However, the administration of HBIG is not necessary for these infants.

Pediatric Provider Protocols for Hepatitis B infected Mothers and Their Infants, Children and Adolescents

*Managing Infants and Children Born to Hepatitis B Infected Mothers**

- All infants born to **HBsAg-positive** women should receive single-antigen hepatitis B vaccine and hepatitis B immune globulin HBIG (0.5ml) within 12 hours of birth, administered at different injection sites.

- Hepatitis B vaccine series should be completed according to the recommended schedule for infants born to **HBsAg-positive** mothers.

- The final dose in the vaccination series should not be administered before 24 weeks (164 days).

  Note: Infants >6 weeks of age born to **HBsAg-positive** mothers, may receive Hepatitis B vaccine containing other antigens (combination vaccines) to complete the vaccine series after the receipt of a birth dose of single-antigen hepatitis B vaccine and HBIG.

- **For Preterm infants weighing <2,000 grams**, the initial vaccine dose (birth dose) should not be counted as part of the vaccine series because potentially reduced immunogenicity of hepatitis B vaccine in the infant; 3 additional doses of vaccine (for a total of 4 doses) should be administered beginning when the infant reaches age 1 month.

- **Post-vaccination** testing for **anti-HBs** and **HBsAg** should be performed after completion of the vaccine series, at age 9-18 months (generally at the next well-child visit).

- Serologic testing should NOT be performed before age 9 months to avoid detection of **anti-HBs** from HBIG administered during infancy and to maximize the likelihood of detecting late hepatitis B viral (HBV) infection.

- **Anti-HBc** testing of infants is not recommended because passively acquired maternal **anti-HBc** might be detected in infants born to HBV infected mothers at age 24 months.

- **HBsAg-negative** infants with anti-HBs levels **>10mlU/ml** are protected and need no further medical management.

- **HBsAg-negative** infants with anti-HBs levels**<10mlU/ml** should be re-vaccinated with a **second 3-dose series** and retested 1-2 months after the final dose of vaccine.

- Infants who continue to be **HBsAg-positive** should receive appropriate medical follow-up for liver management.

Hepatitis B infected Mothers and Their Contacts

*Managing Contacts of Hepatitis B Infected Mothers**

- Contacts to cases or carriers of hepatitis B should be tested for “susceptibility” to hepatitis B virus.

- Non-immune contacts should begin hepatitis B vaccination.

- A person who is a contact to cases or carriers of hepatitis B should be given prophylaxis in accordance with the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).

*Reporting Hepatitis B infected Mothers and Their Contacts**

- Report all **HBsAg-positive** results to the Chicago Department of Public Health (CDPH) within 7 days of determination

- Record all **HBsAg-positive** results on the CDPH Communicable Disease "Viral Hepatitis Worksheet." (A copy of the Viral Hepatitis Worksheet is included in the appendix at the end of this chapter.)

- Fax a copy of the completed worksheet to, including the original **HBsAg-positive** laboratory result to:

  - Perinatal Hepatitis B Coordinator

    Fax: 312.746.6388

*Updated ACIP Recommendations, CDC 2006

Section 8 Appendix

- CDPH Pediatric Provider Protocol
- CDPH Prenatal Provider Protocol
- HIPPA Requirements and Laws for Prenatal Hepatitis B
- CDPH HIPPA Letter
- IDPH Joint Commission Admin Code: Title 77 Section 690 451
- CDPH Viral Hepatitis Reporting Worksheet (revised 09/12)
- Hepatitis B Vaccination Schedule

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Section 9

Resources

Information for Parents and Patients

The following information has been included in the VFC Provider Handbook to assist clinic personnel with meeting VFC Program requirements and to educate parents and patients about immunizations. All materials can be freely copied for distribution. The resources provided are as follows:

Vaccine Information

- Vaccine Information Statements (English/Spanish)
- Your Baby's First Vaccines (English/Spanish)
- After the shots... What to do if your child has discomfort (English/Spanish)

Parent Friendly Immunization Schedules

- When Do Children and Teens Need Vaccinations? (English/Spanish)
- Recommended Immunizations for Children from Birth Through 6 Years Old
- Are You 11 to 19 Years Old? Then You Need to Be Vaccinated (English/Spanish)

Talking with Parents

- Reliable Sources of Immunization Information
- Clear Answers and Smart Advice about Your Baby's Shots – Dr. Ari Brown, MD, FAAP

- Questions Parents Ask about Baby Shots (English/Spanish)
- What If You Don't Immunize Your Child?

To find these and other materials in other languages or with updated information please visit the Immunization Action Coalition website at www.immunize.org.

Additional Online Resources

Illinois Chapter of American Academy of Pediatrics
http://www.illinoisaap.org/

Chicago Area Immunization Campaign
http://ilmaternal.org/CAIC
Immunization Action Coalition
http://www.immunize.org

Centers for Disease Control and Prevention
http://www.cdc.gov/vaccines

Vaccine Adverse Event Reporting System (VAERS)
http://www.vaers.hhs.gov

Every Child by Two (ECBT)
http://www.ecbt.org

Children's Hospital of Philadelphia Vaccine Education Center
http://www.chop.edu/service/vaccine-education-center/home.html

VACCINE INFORMATION STATEMENTS

ENGLISH AND SPANIGH LANGUAGE PUBLICATION DATES

Available at www.immunize.org and www.cdc.gov

Anthrax*	3/10/10	MMRV	5/21/10
Varicella (Chickenpox)	3/13/08	Multi-vaccine*	N/A
DTaP/DT/DTP	5/17/07	PCV	2/27/13
Hepatitis A	10/25/11(E) 10/25/11(S)	PPSV*	10/06/09
Hepatitis B	2/2/2012	Polio	11/08/11 (E) 11/08/11 (S)
Hib	2/4/14	Rabies*	10/06/09
HPV (Gardasil) HPV (Cervarix)	5/17/13 (E) 5/17/13 (S) 5/03/11 (E) 5/03/11 (S)	Rotavirus	08/26/13
Influenza (LAIV)	7/26/13	Shingles*	10/06/09
Influenza (TIV)	7/26/13	Smallpox*	8/31/07
Japanese encephalitis*	1/24/14	Td	2/4/14
Meningococcal	10/14/11	Tdap	5/09/13 (E) 1/24/12 (S)
MMR	4/20/12	Typhoid*	5/29/12
Yellow fever*	3/30/11		

* Not included in VFC manual but available at www.immunize.org

(E): Indicates the date only applies to the English version of the VIS

(S): Indicates the date only applies to the Spanish version of the VIS

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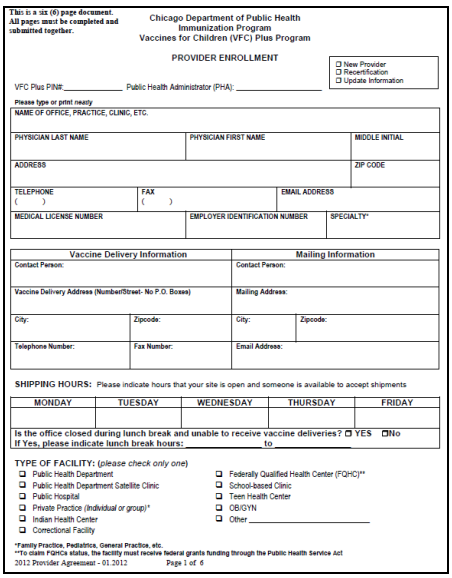
VFC Enrollment and Annual Recertification Forms

Every year providers participating in the Chicago Vaccines for Children (VFC) Program will have to complete and submit VFC Enrollment and Annual Recertification forms. The forms are made available to all VFC participating providers towards the beginning of the year. If you have questions about the enrollment and annual recertification process or need to obtain the forms please contact the VFC Vaccine Management Unit at 312.746.5385 or speak with your assigned Public Health Administrator (PHA).



This is a six (6) page document. All pages must be completed and submitted together.

Chicago Department of Public Health
Immunization Program
Vaccines for Children (VFC) Plus Program

PROVIDER ENROLLMENT

☐ New Provider
☐ Recertification
☐ Update Information

VFC Plus PIN#:_____ Public Health Administrator (PHA): _____

Please type or print neatly

NAME OF OFFICE, PRACTICE, CLINIC, ETC.		
PHYSICIAN LAST NAME	PHYSICIAN FIRST NAME	MIDDLE INITIAL
ADDRESS		ZIP CODE
TELEPHONE ( )	FAX ( )	EMAIL ADDRESS
MEDICAL LICENSE NUMBER	EMPLOYER IDENTIFICATION NUMBER	SPECIALTY*

Vaccine Delivery Information		Mailing Information	
Contact Person:		Contact Person:	
Vaccine Delivery Address (Number/Street- No P.O. Boxes)		Mailing Address:	
City:	Zipcode:	City:	Zipcode:
Telephone Number:	Fax Number:	Email Address:	

SHIPPING HOURS: Please indicate hours that your site is open and someone is available to accept shipments

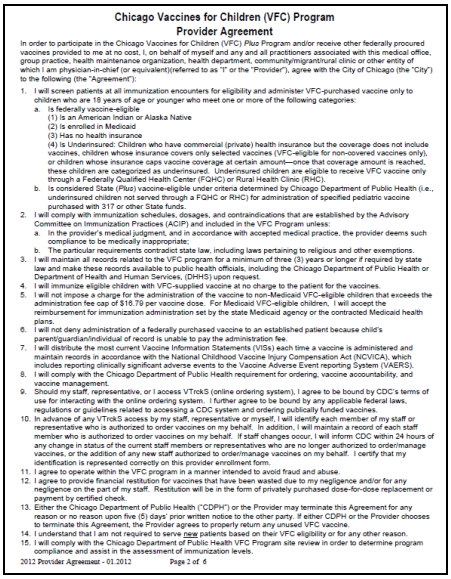
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Is the office closed during lunch break and unable to receive vaccine deliveries? ☐ YES ☐No
If Yes, please indicate lunch break hours: _____ to _____

TYPE OF FACILITY: (*please check only one*)

- ☐ Public Health Department
- ☐ Public Health Department Satellite Clinic
- ☐ Public Hospital
- ☐ Private Practice (*Individual or group*)*
- ☐ Indian Health Center
- ☐ Correctional Facility
- ☐ Federally Qualified Health Center (FQHC)**
- ☐ School-based Clinic
- ☐ Teen Health Center
- ☐ OB/GYN
- ☐ Other _____

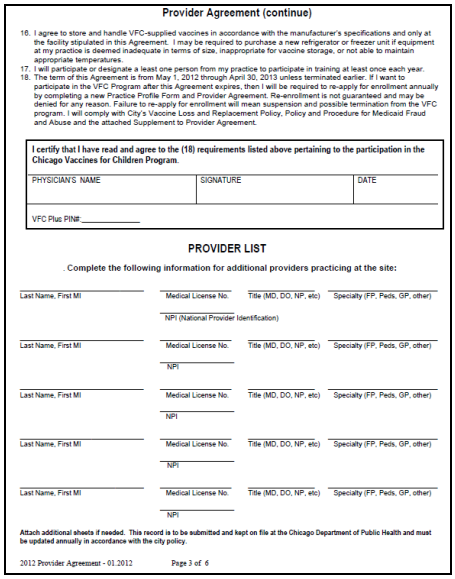
*Family Practice, Pediatrics, General Practice, etc.
**To claim FQHCs status, the facility must receive federal grants funding through the Public Health Service Act



Chicago Vaccines for Children (VFC) Program
Provider Agreement

In order to participate in the Chicago Vaccines for Children (VFC) Plus Program and/or receive other federally procured vaccines provided to me at no cost, I, on behalf of myself and any and all practitioners associated with this medical office, group practice, health maintenance organization, health department, community/migrant/rural clinic or other entity of which I am physician-in-chief (or equivalent)(referred to as "I" or the "Provider"), agree with the City of Chicago (the "City") to the following (the "Agreement"):

1. I will screen patients at all immunization encounters for eligibility and administer VFC-purchased vaccine only to children who are 18 years of age or younger who meet one or more of the following categories:
   a. Is federally vaccine-eligible
      (1) Is an American Indian or Alaska Native
      (2) Is enrolled in Medicaid
      (3) Has no health insurance
      (4) Is Underinsured: Children who have commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or children whose insurance caps vaccine coverage at certain amount—once that coverage amount is reached, these children are categorized as underinsured. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).
   b. Is considered State (*Plus*) vaccine-eligible under criteria determined by Chicago Department of Public Health (i.e., underinsured children not served through a FQHC or RHC) for administration of specified pediatric vaccine purchased with 317 or other State funds.
2. I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC Program unless:
   a. In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate;
   b. The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
3. I will maintain all records related to the VFC program for a minimum of three (3) years or longer if required by state law and make these records available to public health officials, including the Chicago Department of Public Health or Department of Health and Human Services, (DHHS) upon request.
4. I will immunize eligible children with VFC-supplied vaccine at no charge to the patient for the vaccines.
5. I will not impose a charge for the administration of the vaccine to non-Medicaid VFC-eligible children that exceeds the administration fee cap of $16.79 per vaccine dose. For Medicaid VFC-eligible children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
6. I will not deny administration of a federally purchased vaccine to an established patient because child's parent/guardian/individual of record is unable to pay the administration fee.
7. I will distribute the most current Vaccine Information Statements (VISs) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Compensation Act (NCVICA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event reporting System (VAERS).
8. I will comply with the Chicago Department of Public Health requirement for ordering, vaccine accountability, and vaccine management.
9. Should my staff, representative, or I access VTrckS (online ordering system), I agree to be bound by CDC's terms of use for interacting with the online ordering system. I further agree to be bound by any applicable federal laws, regulations or guidelines related to accessing a CDC system and ordering publically funded vaccines.
10. In advance of any VTrckS access by my staff, representative or myself, I will identify each member of my staff or representative who is authorized to order vaccines on my behalf. In addition, I will maintain a record of each staff member who is authorized to order vaccines on my behalf. If staff changes occur, I will inform CDC within 24 hours of any change in status of the current staff members or representatives who are no longer authorized to order/manage vaccines, or the addition of any new staff authorized to order/manage vaccines on my behalf. I certify that my identification is represented correctly on this provider enrollment form.
11. I agree to operate within the VFC program in a manner intended to avoid fraud and abuse.
12. I agree to provide financial restitution for vaccines that have been wasted due to my negligence and/or for any negligence on the part of my staff. Restitution will be in the form of privately purchased dose-for-dose replacement or payment by certified check.
13. Either the Chicago Department of Public Health ("CDPH") or the Provider may terminate this Agreement for any reason or no reason upon five (5) days' prior written notice to the other party. If either CDPH or the Provider chooses to terminate this Agreement, the Provider agrees to properly return any unused VFC vaccine.
14. I understand that I am not required to serve new patients based on their VFC eligibility or for any other reason.
15. I will comply with the Chicago Department of Public Health VFC Program site review in order to determine program compliance and assist in the assessment of immunization levels.



Provider Agreement (continue)

16. I agree to store and handle VFC-supplied vaccines in accordance with the manufacturer's specifications and only at the facility stipulated in this Agreement. I may be required to purchase a new refrigerator or freezer unit if equipment at my practice is deemed inadequate in terms of size, inappropriate for vaccine storage, or not able to maintain appropriate temperatures.
17. I will participate or designate a least one person from my practice to participate in training at least once each year.
18. The term of this Agreement is from May 1, 2012 through April 30, 2013 unless terminated earlier. If I want to participate in the VFC Program after this Agreement expires, then I will be required to re-apply for enrollment annually by completing a new Practice Profile Form and Provider Agreement. Re-enrollment is not guaranteed and may be denied for any reason. Failure to re-apply for enrollment will mean suspension and possible termination from the VFC program. I will comply with City's Vaccine Loss and Replacement Policy, Policy and Procedure for Medicaid Fraud and Abuse and the attached Supplement to Provider Agreement.

I certify that I have read and agree to the (18) requirements listed above pertaining to the participation in the Chicago Vaccines for Children Program.

PHYSICIAN'S NAME	SIGNATURE	DATE

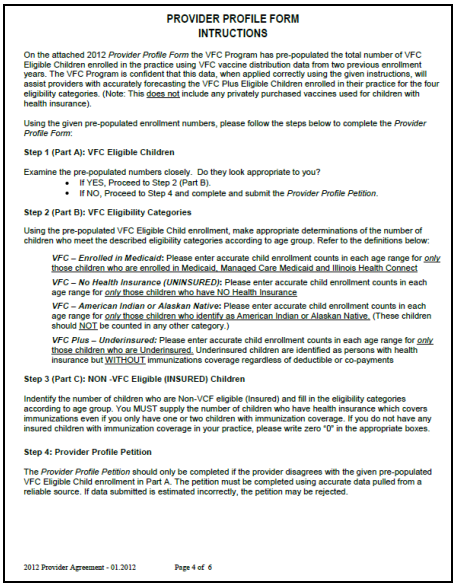
VFC Plus PIN#:_____

PROVIDER LIST

. **Complete the following information for additional providers practicing at the site:**

Last Name, First MI	Medical License No.	Title (MD, DO, NP, etc)	Specialty (FP, Peds, GP, other)
	NPI (National Provider Identification)		
	NPI		
	NPI		
	NPI		

Attach additional sheets if needed. This record is to be submitted and kept on file at the Chicago Department of Public Health and must be updated annually in accordance with the city policy.



PROVIDER PROFILE FORM
INTRUCTIONS

On the attached 2012 *Provider Profile Form* the VFC Program has pre-populated the total number of VFC Eligible Children enrolled in the practice using VFC vaccine distribution data from two previous enrollment years. The VFC Program is confident that this data, when applied correctly using the given instructions, will assist providers with accurately forecasting the VFC Plus Eligible Children enrolled in their practice for the four eligibility categories. (Note: This does not include any privately purchased vaccines used for children with health insurance).

Using the given pre-populated enrollment numbers, please follow the steps below to complete the *Provider Profile Form*:

Step 1 (Part A): VFC Eligible Children

Examine the pre-populated numbers closely. Do they look appropriate to you?

- If YES, Proceed to Step 2 (Part B).
- If NO, Proceed to Step 4 and complete and submit the *Provider Profile Petition*.

Step 2 (Part B): VFC Eligibility Categories

Using the pre-populated VFC Eligible Child enrollment, make appropriate determinations of the number of children who meet the described eligibility categories according to age group. Refer to the definitions below:

VFC – Enrolled in Medicaid: Please enter accurate child enrollment counts in each age range for *only* those children who are enrolled in Medicaid, Managed Care Medicaid and Illinois Health Connect

VFC – No Health Insurance (UNINSURED): Please enter accurate child enrollment counts in each age range for *only* those children who have NO Health Insurance

VFC – American Indian or Alaskan Native: Please enter accurate child enrollment counts in each age range for *only* those children who identify as American Indian or Alaskan Native. (These children should NOT be counted in any other category.)

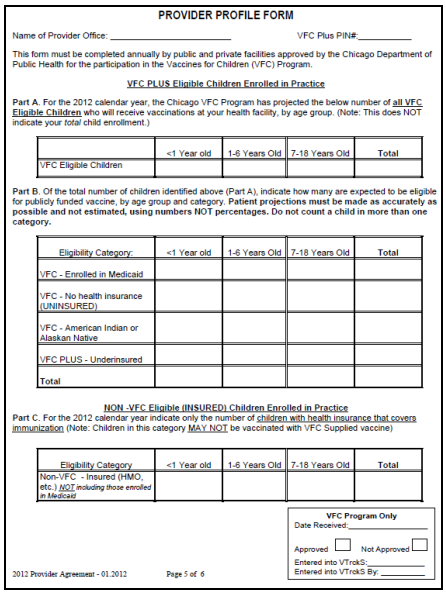
VFC Plus – Underinsured: Please enter accurate child enrollment counts in each age range for *only* those children who are Underinsured. Underinsured children are identified as persons with health insurance but WITHOUT immunizations coverage regardless of deductible or co-payments

Step 3 (Part C): NON -VFC Eligible (INSURED) Children

Indentify the number of children who are Non-VCF eligible (Insured) and fill in the eligibility categories according to age group. You MUST supply the number of children who have health insurance which covers immunizations even if you only have one or two children with immunization coverage. If you do not have any insured children with immunization coverage in your practice, please write zero "0" in the appropriate boxes.

Step 4: Provider Profile Petition

The *Provider Profile Petition* should only be completed if the provider disagrees with the given pre-populated VFC Eligible Child enrollment in Part A. The petition must be completed using accurate data pulled from a reliable source. If data submitted is estimated incorrectly, the petition may be rejected.



PROVIDER PROFILE FORM

Name of Provider Office: _____ VFC Plus PIN#:_____

This form must be completed annually by public and private facilities approved by the Chicago Department of Public Health for the participation in the Vaccines for Children (VFC) Program.

VFC PLUS Eligible Children Enrolled in Practice

Part A. For the 2012 calendar year, the Chicago VFC Program has projected the below number of **all VFC Eligible Children** who will receive vaccinations at your health facility, by age group. (Note: This does NOT indicate your *total* child enrollment.)

	<1 Year old	1-6 Years Old	7-18 Years Old	Total
VFC Eligible Children				

Part B. Of the total number of children identified above (Part A), indicate how many are expected to be eligible for publicly funded vaccine, by age group and category. **Patient projections must be made as accurately as possible and not estimated, using numbers NOT percentages. Do not count a child in more than one category.**

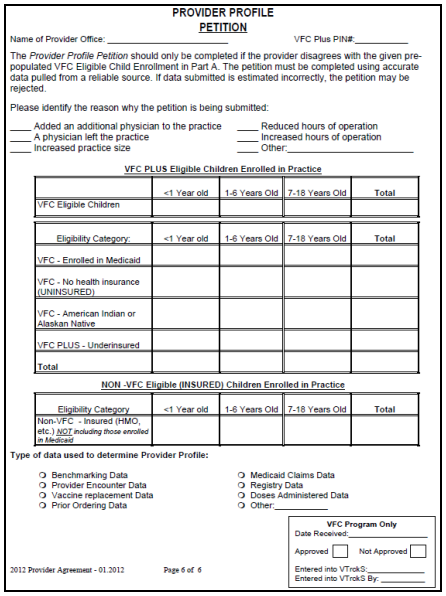
Eligibility Category:	<1 Year old	1-6 Years Old	7-18 Years Old	Total
VFC - Enrolled in Medicaid				
VFC - No health insurance (UNINSURED)				
VFC - American Indian or Alaskan Native				
VFC PLUS - Underinsured				
Total				

NON -VFC Eligible (INSURED) Children Enrolled in Practice

Part C. For the 2012 calendar year indicate only the number of children with health insurance that covers immunization (Note: Children in this category MAY NOT be vaccinated with VFC Supplied vaccine)

Eligibility Category	<1 Year old	1-6 Years Old	7-18 Years Old	Total
Non-VFC - Insured (HMO, etc.) *NOT including those enrolled in Medicaid*				

VFC Program Only
Date Received:_____
Approved ☐ Not Approved ☐
Entered into VTrckS:_____
Entered into VTrckS By: _____



PROVIDER PROFILE
PETITION

Name of Provider Office: _____ VFC Plus PIN#:_____

The *Provider Profile Petition* should only be completed if the provider disagrees with the given pre-populated VFC Eligible Child Enrollment in Part A. The petition must be completed using accurate data pulled from a reliable source. If data submitted is estimated incorrectly, the petition may be rejected.

Please identify the reason why the petition is being submitted:

___ Added an additional physician to the practice
___ A physician left the practice
___ Increased practice size
___ Reduced hours of operation
___ Increased hours of operation
___ Other:_____

VFC PLUS Eligible Children Enrolled in Practice

	<1 Year old	1-6 Years Old	7-18 Years Old	Total
VFC Eligible Children				

Eligibility Category:	<1 Year old	1-6 Years Old	7-18 Years Old	Total
VFC - Enrolled in Medicaid				
VFC - No health insurance (UNINSURED)				
VFC - American Indian or Alaskan Native				
VFC PLUS - Underinsured				
Total				

NON -VFC Eligible (INSURED) Children Enrolled in Practice

Eligibility Category	<1 Year old	1-6 Years Old	7-18 Years Old	Total
Non-VFC - Insured (HMO, etc.) *NOT including those enrolled in Medicaid*				

Type of data used to determine Provider Profile:

- ❍ Benchmarking Data
- ❍ Provider Encounter Data
- ❍ Vaccine replacement Data
- ❍ Prior Ordering Data
- ❍ Medicaid Claims Data
- ❍ Registry Data
- ❍ Doses Administered Data
- ❍ Other:_____

VFC Program Only
Date Received:_____
Approved ☐ Not Approved ☐
Entered into VTrckS:_____
Entered into VTrckS By: _____

Chicago Department of Public Health
Vaccines for Children Program

VARICELLA AUTHORIZATION FORM

Facility Name: _____ VFC *Plus* Pin #: _____

Physician/Provider Name: _____

Type of Practice: FP PED INT DO Other:_____

Shipping Address: _____ Zip Code: _____

Contact Person: _____

Hours for delivery: _____

VARICELLA STORAGE & HANDLING:

- I will store the Varicella vaccine in the **freezer** immediately after arrival. Our freezer has been checked and is able to maintain an average temperature of -15☜C (+ 5☜F) or cooler to ensure potency.

  Type of freezer: (*check one)* *Present temp*: _____ *PHA initials*: _____*Date*: _____
  - ☐ Stand-alone freezer
  - ☐ Freezer/refrigerator combination unit
  - ☐ Other, please explain _____

- Varicella vaccine will be reconstituted just prior to administration.

- If frozen packing material is **not** present in the lower compartment upon receipt of a varicella shipment, I will contact Merck & Company at 1-800-637-2759.

- I will not redistribute Varicella vaccine from our office or agency.

I hereby certify that I will abide by the above guidelines concerning varicella storage and handling.

Provider signature: _____ Date:_____

For Office Use Only

PHA Check-off:_____ Date: _____

Data Entry Check-off: _____ Date: _____

Rev. 2/2014

Chicago Department of Public Health
Vaccines for Children (VFC) Program
PATIENT ELIGIBILITY SCREENING RECORD

Initial Screening Date:	
Child's Name:	Last Name First Name MI
Child's Birth Date:	MM /DD/ YYYY
Parent/Guardian/ Individual of Record:	
Primary Provider:	
Is this facility a Federally Qualified Health Center (FQHC)*?	YES NO Please see *Chicago Vaccine Eligibility Reference Table* for listing of vaccines that can be administered for children at FQHCs and private provider offices.

A record of all children 18 years of age or younger who receive VFC Plus program immunizations must be kept in the health care provider's office. The record may be completed by the parent, guardian, individual of record or by the health care provider. VFC eligibility screening must take place with each immunization visit to ensure the child's eligibility status has not changed. While verification of parent/guardian responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

USE THIS AREA FOR THE FIRST TIME SCREENING:

The parent/guardian or person of record has stated that this child qualifies for vaccination through the federal Vaccines For Children (VFC) Plus program because he or she (*check only one box*):

(a) Is enrolled in Medicaid ☐ OR
(b) Does not have health insurance ☐ OR
(c) Is American Indian or Alaskan Native ☐ OR
(d) FQHC ONLY-Has health insurance that does not pay for vaccines (underinsured) ☐
OR
(e) Does not qualify for VFC ☐

USE THIS AREA FOR DOCUMENTATION OF SCREENING AT ALL SUBSEQUENT IMMUNIZATION VISITS

Eligibility Changes	***Please screen for eligibility at each immunization visit***					
Date	**Enrolled in Medicaid**	**Uninsured**	**Underinsured**	**American Indian or Alaskan Native**	**Does NOT Qualify for VFC**	**Signature**

Departamento De Salud Publica de Chicago

Programa de Vacunas para los Niños

FORMULARIO PARA DETERMINAR LA ELEGIBILIDAD DEL PACIENTE

Fecha:	
Nombre del niño:	Apellido Nombre
Fecha de nacimiento:	mes/dia/ año
Padre/Tutor/ Guardián	
Nombre del proveedor de servicios médicos:	
Es esta facilidad un centro de salud federalmente calificado?	Si No Por favor revise la tabla de Referencia para Elegibilidad de Vacunas en Chicago, para la lista de vacunas que pueden ser administradas en los centros de salud federalmente calificados y proveedores privados.

Este formulario debe mantenerse en la oficina del proveedor de salud para demostrar el estado actual de todos los niños/as de 18 años de edad o menores declarados elegibles para recibir vacunas por medio del programa del VFC Plus. Este formulario puede ser llenado por los padres, guardianes, el propio cliente, o el proveedor. El proveedor no necesita verificar la respuesta del padre o guardian, pero es necesario que mantenga ésta forma en los archivos.

USE ESTA AREA PARA LA VERIFICACION INICIAL:

El padre/ guardian declara que el niño(a) califica para recibir las vacunas atraves del programa de VFC porque (escoja solo uno de los siguientes):

- ☐ (a) Está enlistado en Medicaid, o
- ☐ (b) No tiene seguro de salud particular, o
- ☐ (c) Es Indio Norteamericano o Nativo de Alaska, o
- ☐ (d) FQHC ONLY-Tiene seguro medico que no paga por vacunas o
- ☐ (e) No elegible por medio del programa del VFC.

USE ESTA AREA PARA DOCUMENTAR VERIFICACION EN TODAS LAS SIGUIENTES VISITAS PARA VACUNAS.

Cambios de Eligibilidad		***Favor de verificar elegibilidad en cada visita de vacunas.***				
Fecha	**Enlistado en Medicaid**	**No tiene seguro de salud particular**	**Tiene seguro medico que no paga por vacunas**	**Es Indio Norteamericano o Nativo de Alaska**	**No elegible pos medio del programa del VFC**	**Firma**

VACCINE ADMINISTRATION RECORD & HISTORY

PRACTICE NAME/ADDRESS

PATIENT NAME (Last Name, First Name, Middle Initial)

BIRTHDATE (mm/dd/yy) / /

☐ **MALE** ☐ **FEMALE**

CHART NUMBER

KNOWN REACTIONS TO VACCINES/ALLERGIES

If a combination vaccine (e.g., HepB + Hib, DTaP-HepB-IPV, etc.) is used, record the dose in each section.
NOTE: If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed" and/or name of provider.

VACCINE	DATE VACCINE GIVEN	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	ROUTE / SITE *	DATE ON VIS † / DATE GIVEN
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-HepB-IPV, Td, TdaP)				*IM*	
				IM	
				IM	
				IM	
				IM	
				IM	
				IM	
Polio (e.g., IPV, DTaP-HepB-IPV)				*IM· SC*	
				IM· SC	
				IM· SC	
				IM· SC	
Measles, Mumps, Rubella (MMR)				*SC*	
				SC	
Hepatitis A (Hep A)				*IM*	
				IM	
Rotavirus				*Oral*	
				Oral	
				Oral	
Influenza Give TIV = IM Give LAIV = IN					

VACCINE	DATE VACCINE GIVEN	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	ROUTE / SITE*	DATE ON VIS † / DATE GIVEN
Haemophilus influenzae type b (e.g., Hib, Hib-HepB				*IM*	
				IM	
				IM	
				IM	
Hepatitis B (Hep B)				*IM*	
				IM	
				IM	
				IM	
Varicella				*SC*	
				SC	
☐ Check here if patient had chickenpox and does not need vaccine.					
Pneumococcal Conjugate (PCV13)				IM	
				IM	
				IM	
				IM	
Meningococcal MCV4				*IM*	
Human Papillomavirus (HPV)				*IM*	
				IM	
				IM	
Other					

***Injection Site**: LD=Left Deltoid; LT=Left Thigh; RD=Right Deltoid; RT=Right Thigh. Proper route indicated by italics: IM = intramuscular, SC = subcutaneous
†Record the publication date of each VIS and date given. According to federal law, VISs must be given to patients (or parent/guardian of a minor) before administering each dose of vaccine.

VACCINE ADMINISTRATION RECORD & HISTORY

PRACTICE NAME/ADDRESS
BEST PEDIATRIC CLINIC IN CHICAGO
1234 W. SOME STREET
CHICAGO, IL 60000

PATIENT NAME (Last Name, First Name, Middle Initial)
Doe, Jane A.

BIRTHDATE (mm/dd/yy)
12 / 02 / 04

☐ MALE
☑ FEMALE

CHART NUMBER
2345678

KNOWN REACTIONS TO VACCINES/ALLERGIES
No known allergies

If a combination vaccine (e.g., HepB + Hib, DTaP-HepB-IPV, etc.) is used, record the dose in each section.
NOTE: If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed" and/or name of provider.

VACCINE	DATE GIVEN *	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	ROUTE / SITE **	DATE ON VIS †
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-HepB-IPV, Td, TdaP)	02/02/05	GSK635A2	DCP	IM / RT	07/30/01
	04/02/05	GSK712A2	DCP	IM / RT	07/30/01
	06/02/05	GSK712A2	DLW	IM / RT	07/30/01
	03/02/06	SPIP0897AA	RLV	IM / RA	07/30/01
				IM /	
				IM /	
				IM /	
Polio (e.g., IPV, DTaP-HepB-IPV)	02/02/05	GSK635A2	DCP	IM·SC / RT	01/01/00
	04/02/05	GSK712A2	DCP	IM·SC / RT	01/01/00
	06/02/05	GSK712A2	DLW	IM·SC / RT	01/01/00
				IM·SC /	
Measles, Mumps, Rubella (MMR)	12/02/05	MRK0857M	DLW	SC / RT	01/15/03
				SC /	
Hepatitis A (Hep A)	12/02/05	MRK0524L	DLW	IM / LA	08/04/04
	06/02/06	GSK712A2	MAT	IM / LA	03/21/06
Rotavirus				Oral /	
				Oral /	
				Oral /	
Influenza Give TIV = IM Give LAIV = IN	10/05/05	SPIU097543	JTA	IM / RA	07/18/05
	11/05/05	SPIU097543	DCP	IM / RA	10/20/05
	10/16/06	SPIU106459	MAT	IM / LA	06/30/06
				/	

VACCINE	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	ROUTE / SITE**	DATE ON VIS †
Haemophilus influenzae type b (e.g., Hib, Hib-HepB	02/02/05	SPIUA744AA	DCP	IM / LT	12/16/98
	04/02/05	SPIUA744AA	DCP	IM / LT	12/16/98
	06/02/05	SPIUA744AA	DLW	IM / LT	12/16/98
	03/02/06	SPI71712AA	RLV	IM / RA	12/16/98
Hepatitis B (Hep B)	12/02/04	MRK0651M	JTA	IM / RT	07/01/01
	02/02/05	GSK635A2	DCP	IM / RT	07/01/01
	04/02/05	GSK712A2	DCP	IM / RT	07/01/01
	06/02/05	GSK712A2	DLW	IM / RT	07/01/01
Varicella	12/02/05	MRK0847M	DLW	SC / LA	12/16/98
				SC /	
☐ Check here if patient had chickenpox and does not need vaccine.					
Pneumococcal Conjugate (PCV13)	02/02/05	WYE489-835	DCP	IM / LT	09/30/02
	04/02/05	WYE489-835	DCP	IM / RT	09/30/02
	06/02/05	WYE489-835	DLW	IM / LT	09/30/02
	03/02/06	WYE502-245	RLV	IM / LA	09/30/02
Meningococcal MCV4				*IM* /	
Human Papillomavirus (HPV)				*IM* /	
				IM /	
				IM /	
Other				/	
				/	
				/	

***Date Given** is the date you gave the patient the Vaccine Information Statement (VIS) and you administered the vaccine.
****Injection Site**: LD=Left Deltoid; LT=Left Thigh; RD=Right Deltoid; RT=Right Thigh. Proper route indicated by italics: IM = intramuscular, SC = subcutaneous
†Record the publication date of each VIS. According to federal law, VISs must be given to patients (or parent/guardian of a minor) before administering each dose of vaccine.

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

PRIVATE PROVIDER ACKNOWLEDGEMENT OF VFC INELIGIBLITY FOR *UNDER-INSURED* CHILDREN AT PROVIDERS OFFICES

The ***federal*** VFC Program provides publicly-purchased vaccine for children age birth through 18 years of age who are:

- Medicaid enrolled (including Medicaid managed care)
- Uninsured (have no health insurance)
- American Indian and Alaskan Native
- Under-insured at Federally Qualified Health Centers (FQHC) ONLY (see definition below)

Definition of Under-insured: For the purposes of determining eligibility for VFC, children are considered under-insured if the child has health insurance the does NOT cover vaccines, children whose insurance covers only selected vaccines, or children whose insurance caps vaccine coverage at certain amount—once that coverage amount is reached, these children are categorized as underinsured.

Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

To fully immunize all their patients, VFC providers who are not part of an FQHC must either privately purchase these vaccines or refer patients to FQHCs or the Chicago Department of Public Health (CDPH) Fast Track (Walk-In) Immunization Clinics.

(For more information, please visit the CDC website at www.cdc.gov/vaccines/. For information about the Chicago Department of Public Health Fast Track Clinics, please visit the CDPH website at http://egov.cityofchicago.org/health/infectiousdisease/immunizations/fasttrack.)

DEPARTMENT OF PUBLIC HEALTH

CITY OF CHICAGO

PRIVATE PROVIDERS ONLY

PLEASE RETURN THIS FORM

2013 Acknowledgement of VFC Vaccine Use for *Under-Insured* Children

I acknowledge that I have received this notification regarding the use of specific vaccines for under-insured children. I understand that it is my responsibility to review the policy and share the information with any staff that is involved in administration and management of VFC vaccine.

_____
Signature

_____
Print Name

_____
Title

_____
Practice Name

_____
Date

_____
VFC Pin

PLEASE SIGN THIS FORM AND RETURN

CHICAGO DEPT. OF PUBLIC HEALTH, 2160 W. OGDEN, CHICAGO 60612.

You may Fax the form to 312-746-6220 or return it by way of your PHA

Chicago VFC Program Vaccine Eligibility Reference Table

Directions: 1) Determine the provider/clinic type (e.g. Private, FQHC). 2) Based on patients' eligibility status, find the VFC vaccine(s) that can be given.

VFC Vaccines	Private Health Centers (non-FQHC, non-Public)					Federally Qualified Health Centers				
	VFC Eligibility Categories					VFC Eligibility Categories				
	Medicaid[1]	Uninsured (Self-Pay)	Am. Indian Alaskan Native	Under-Insured[2]	HMO/Private Full Coverage Health Insurance	Medicaid[1]	Uninsured (Self-Pay)	Am. Indian Alaskan Native	Under-Insured[2]	HMO/Private Full Coverage Health Insurance
DTap/Tdap/Td	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
Polio	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
MMR	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
Hib	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
Hepatitis B	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
Any combination vaccine involving antigens above	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
Varicella	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
MMR-V (ProQuad)	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
Hepatitis A	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
Pneumococcal Conjugate Vaccine (Prevnar)	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
Pneumococcal Polysaccharide Vaccine	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
Meningococcal Conjugate (Menactra)	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
Rotavirus Vaccine (RotaTeq, Rotarix)	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
Human Papilloma Virus (Gardasil)	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO
Influenza	YES	YES	YES	NO	NO	YES	YES	YES	YES	NO

[1] Includes Medicaid Managed Care and All Kids (State Children's Health Insurance Program)

[2] Includes patients with insurance that doesn't cover vaccines, that covers only select vaccines, or insurance coverage caps vaccine allowance or cost

Rev. 08/2013

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Clinic Name _____ **Reporting Period** ___/___/_____ **to** ___/___/_____ **Pin #**_____

Post this form on your appliance. Place a tic mark for every dose of VFC vaccine used. Transfer whole numbers to VFC Vaccine Order & Accountability Form.

Vaccine	Brand	Doses Administered by Year of Age								TOTAL
		<1	1	2	3-5	6	7-10	11-12	13-18	
DTaP	Daptacel-Sanofi									Daptacel
	Infanrix-GSK Vial									Infanrix Vial
	Infanrix-GSK Syringe									Infanrix Syringe
DTaP-HepB-IPV	Pediarix									Pediarix
DTaP-IPV-HIB	Pentacel									Pentacel
DTaP-IPV	Kinrix-GSK Vial									Kinrix Vial
	Kinrix-GSK Syringe									Kinrix Syringe
HepA-Peds	Havrix-GSK Vial									Havrix Vial
	Havrix-GSK Syringe									Havrix Syringe
	Vaqta-Merck Vial									Vaqta Vial
HepB	Engerix-GSK Vial									Energix vial
	Engerix-GSK Syringe									Energix Syringe
	Recombivax-Merck Vial									Recombivax Vial
HepB-Hib	Comvax									Comvax
Hib	ActHIB-Sanofi									ActHIB
	PedvaxHIB-Merck									PedvaxHIB
HPV	Gardasil-Merck									Gardasil
	Cervarix-GSK Syringe									Cervarix Syringe

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Vaccine	Brand	Doses Administered by Year of Age								
		<1	1	2	3-5	6	7-10	11-12	13-18	
Meningococcal (MCV4)	Menactra-Sanofi									Menactra
	Menveo-Novartis									Menveo
MMR-V	ProQuad									ProQuad
MMR	MMRII									MMR
Polio (eIPV)	IPOL									Polio
PCV13	Prevnar									Prevnar 13
Rotavirus	Rotateq-Merck (10 pack)									Rotateq 10
	Rotateq-Merck (25 pack)									Rotateq 25
	Rotarix-GSK									Rotarix
TD	Tenivac-Sanofi Vial									Tenivac Vial
	Tenivac-Sanofi Syringe									Tenivac Syringe
Tdap	Adacel-Sanofi Vial									Adacel Vial
	Adacel-Sanofi Syringe									Adacel Syringe
	Boostrix-GSK Vial									Boostrix Vial
	Boostrix-GSK Syringe									Boostrix Syringe
Varicella	Varivax									Varivax
Other										Other
Influenza	Nasal Syringe									Nasal Syringe
Influenza - Multidose	5 mL MDV									MDV
Influenza - 0.5 ml single dose	.50 mL Vial									.5mL SDV
	.50 mL Syringe									.5ml SDS
Influenza	.25 mL Syringe									.25mL SDS

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Chicago VFC Pediatric Vaccine Order & Accountability Form

Date: ___/___/_____ Report Period: start:_____ end:_____ Form Completed By:_____

Practice Name:_____ Phone:_____ Fax:_____ PIN: :

Vaccine Delivery Street Address:_____ ZIP:_____

Office Days & Hours: Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____

Dates Office Closed (next 30 days):_____

Order Freq:Monthly 1☐ 2☐ Bi-Monthly 1 ☐ 2 ☐ 3 ☐ 4 ☐ Quarterly 1☐ 2☐ 3☐ 4☐ 5☐ 6☐

FOR CDPH USE ONLY	
VTrckS Order ID	
Date Entered	
CDPH Representative	

Vaccine	Brand	Doses on Hand	Lot Number / Expiration Date	Doses on Hand	Lot Number / Expiration Date	Doses on Hand	Lot Number / Expiration Date	Doses Wasted or Expired	Doses Administered by Year of Age									DOSES REQUESTED
									<1	1	2	3-5	6	7-10	11-12	13-18	TOTAL	
DTaP	Daptacel-Sanofi																	Daptacel
	Infanrix-GSK Vial																	Infanrix Vial
	Infanrix-GSK Syringe																	Infanrix Syr
DTaP-HepB-IPV	Pediarix -GSK																	Pediarix
DTaP-IPV-HIB	Pentacel - Sanofi																	Pentacel
DTaP-IPV	Kinrix-GSK Vial																	Kinrix Vial
	Kinrix-GSK Syringe																	Kinrix Syr
HepA-Peds	Havrix-GSK Vial																	Havrix Vial
	Havrix-GSK Syringe																	Havrix Syr
	Vaqta-Merck Vial																	Vaqta Vial
HepB	Engerix-GSK Vial																	Energix Vial
	Engerix-GSK Syringe																	Energix Syr
	Recombivax-Merck Vial																	Recombivax -
HepB-Hib	Comvax-Merck																	Comvax
Hib	ActHIB-Sanofi																	ActHIB
	PedvaxHIB-Merck																	PedvaxHIB
HPV	Gardasil-Merck																	Gardasil
	Cervarix-GSK Syringe																	Cervarix Syr

PLEASE INCLUDE TEMPERATURE LOGS WHEN FAXING THIS FORM

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Vaccine	Brand	Doses on Hand	Lot Number / Expiration Date	Doses on Hand	Lot Number / Expiration Date	Doses on Hand	Lot Number / Expiration Date	Doses Wasted or Expired	Doses Administered by Year of Age									DOSES REQUESTED
									<1	1	2	3-5	6	7-10	11-12	13-18	TOTAL	
Meningococcal (MCV4)	Menactra-Sanofi																	**Menactra**
	Menveo-Novartis																	**Menveo**
MMR-V	ProQuad-Merck																	**MMR-V**
MMR	MMRII-Merck																	**MMR**
Polio (eIPV)	IPOL-Sanofi																	**Polio-eIPV**
PCV13	Prevnar-Pfizer																	**Prevnar 13**
Rotavirus	Rotateq-Merck (10 pack)																	**Rotateq 10**
	Rotateq-Merck (25 pack)																	**Rotateq 25**
	Rotarix-GSK																	**Rotarix**
TD	Tenivac - Sanofi Vial																	**Tenivac Vial**
	Tenivac - Sanofi Syringe																	**TenivacSyr**
Tdap	Adacel-Sanofi Vial																	**Adacel Vial**
	Adacel-Sanofi Syringe																	**Adacel Syr**
	Boostrix-GSK Vial																	**Boostrix V**
	Boostrix-GSK Syringe																	**Boostrix S**
Varicella	Varivax -Merck																	**Varicella**
Other																		**Other**
Influenza-LAIV	Nasal syringe																	**Nasal LAIV**
Influenza - Multidose	5 ml MDV																	**MDV**
Influenza - 0.5 ml single dose	.50 ml vial																	**.5ml SDV**
	.50 ml syringe																	**.5ml SDSy**
Influenza	.25 ml syringe																	**.25ml SDSy**

FOR CDPH USE ONLY	
VTrckS Order ID	
Date Entered	
CDPH Representative	

Please provide:

PIN #: _____

Practice Name: _____

Date: ____/____/____

Please Fax orders to 312 746 6220

Revised 1/17/2014

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Economic Order Quantity (EOQ) Descriptions

Each VFC provider is assigned to a specific order time based on the size of the practice and the volume of vaccines being ordered. Providers should adhere to their assigned order times. Providers are encouraged to maintain a five (5) week additional vaccine supply to prevent from running out of needed vaccines. If problems occur, providers should call their PHA or Vaccine Management Unit at 312.746-5385.

Monthly 1 Order vaccines between the 1st of every month and the 12th of every month.

Monthly 2 Order vaccines between the 16th of every month and the 27th of every month.

Bimonthly 1 Order vaccines in January, March, May, July, September, November between the 1st of the month and the 12th of the month.

Bimonthly 2 Order vaccines in January, March, May, July, September, November between the 16th of the month and the 27th of the month.

Bimonthly 3 Order vaccines in February, April, June, August, October, December between the 1st of the month and the 12th of the month.

Bimonthly 4 Order vaccines in February, April, June, August, October, December between the 16th of the month and the 27th of the month.

Quarterly 1 Order vaccines in January, April, July, October between the 1st of the month and the 12th of the month.

Quarterly 2 Order vaccines in January, April, July, October between the 16th of the month and the 27th of the month.

Quarterly 3 Order vaccines in February, May, August, November between the 1st of the month and the 12th of the month.

Quarterly 4 Order vaccines in February, May, August, November between the 16th of the month and the 27th of the month.

Quarterly 5 Order vaccines in March, June, September, December between the 1st of the month and the 12th of the month.

Quarterly 6 Order vaccines in March, June, September, December between the 16th of the month and the 27th of the month.

CHICAGO VFC PROGRAM
MONTHLY (M1) ORDERING SCHEDULE INFORMATION SHEET

YOUR PRACTICE HAS BEEN ASSIGNED A NEW ORDERING FREQUENCY!

Helpful Hint #1: Make sure that you post your VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every refrigerator and freezer in which you keep VFC vaccine. **Have all the staff that uses any VFC doses to enter a "tick" mark in the appropriate boxes provided.**

Helpful Hint #2: Place the date you started and ended on the VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every form posted, e.g. January 1 to January 31. (Larger practices may need to use a new form every week or even every day. Use accurate days or dates for each worksheet.) At the end of the ONE (1) month period, you will need to compile all your information and enter it on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM to receive more VFC vaccine. At the end of your reporting period (1 month), make sure to change the worksheets and start again with a new VFC VACCINE USAGE WORKSHEET/TALLY SHEET.

STEP-BY-STEP INSTRUCTIONS

Step 1
Collect your VFC VACCINE USAGE WORKSHEET/TALLY SHEET(s) at the end of your order cycle (see below). If you are not yet using the VFC VACCINE USAGE WORKSHEET/TALLY SHEET forms, START RIGHT NOW.

STEP 2
Each order cycle (M1, M2) corresponds to a previous vaccine use period (see table below). Your time to order and the period for which you are reporting is below.

Ordering Month	Reporting Period
January (anytime between Jan. 1-12*)	December 1 to December 31
February (anytime between Feb. 1-12*)	January 1 to January 31
March (anytime between March 1-12*)	February 1 to February 28
April (anytime between April 1-12*)	March 1 to March 31
May (anytime between May 1-12*)	April 1 to April 30
June (anytime between June 1-12*)	May 1 to May 31
July (anytime between July 1-12*)	June 1 to June 30
August (anytime between August 1-12*)	July 1 to July 31
September (anytime between Sept. 1-12*)	August 1 to August 31
October (anytime between Oct. 1-12*)	September 1 to September 30
November (anytime between Nov. 1-12*)	September 1 to October 31
December (anytime between Dec. 1-12*)	November 1 to November 30

*Note change: If we receive your order by the 12th of the month, it assures that your order will be processed within your order window.

We have also included a calendar that you can use to remind you and other staff of your ordering time. IT IS IMPORTANT THAT YOU PLACE ORDERS ONLY DURING YOUR ASSIGNED ORDERING MONTHS AND THE ASSIGNED TIMES WITHIN THE MONTHS.

STEP 3
Do your VFC vaccine inventory and enter the amounts of vaccine and their related expiration date(s) on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM. (You no longer need to enter lot numbers for your vaccine inventory.)

STEP 4
Record any wasted or expired vaccine. You must continue to **report any VFC vaccine loss and return wasted and/or expired vaccines**.

STEP 5
Tally up your doses administered from your VFC VACCINE USAGE WORKSHEET/TALLY SHEET for all **VFC vaccines** and place that information in the appropriate columns that reflect the ages of the patients you vaccinated. If you did not use a particular vaccine during the reporting period, write a "0" in that space.

STEP 6
Fill in your VFC vaccines requested.

- Remember to order enough vaccines to get you through ONE month **PLUS AN ADDITIONAL 5 WEEK SUPPLY.** Order enough for your busy seasons and order everything you will need. You may want to refer to your Doses Administered Report from last year at this time to get a good idea of how much and what you need to order. You will order again in 1 month.
- Specify the brand of vaccine and presentation (syringes, vials) you want.

STEP 7
Make a copy of your latest temperature log and include them with your CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM for submission by either fax or mail (NOT BOTH). After this month, you will fax or mail the temperature logs for the same time period that you are reporting your VFC vaccine usage.

STEP 8
Fax your order to Chicago VFC at 312/746-6220. You may fax the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM at anytime of the day or night, **but only within the ordering periods you have been assigned.**

Helpful phone and fax numbers:

VFC Vaccine Order FAX number:	312/746-6220
Forms and procedure questions:	Call your Public Health Administrator (Fill in name and number here)
	_____
All other questions call:	Vaccine Management Unit 312/746-5385

CHICAGO VFC PROGRAM
MONTHLY (M2) ORDERING SCHEDULE INFORMATION SHEET

YOUR PRACTICE HAS BEEN ASSIGNED A NEW ORDERING FREQUENCY!

Helpful Hint #1: Make sure that you post your VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every refrigerator and freezer in which you keep VFC vaccine. **Have all the staff that uses any VFC doses to enter a "tick" mark in the appropriate boxes provided.**

Helpful Hint #2: Place the date you started and ended on the VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every form posted, e.g. March 16 to April 15. (Larger practices may need to use a new form every week or even every day. Use accurate days or dates for each worksheet.) At the end of the ONE (1) month period, you will need to compile all your information and enter it on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM to receive more VFC vaccine. At the end of your reporting period (1 month), make sure to change the worksheets and start again with a new VFC VACCINE USAGE WORKSHEET/TALLY SHEET.

STEP-BY-STEP INSTRUCTIONS

Step 1
Collect your VFC VACCINE USAGE WORKSHEET/TALLY SHEET(s) at the end of your order cycle (see below). If you are not yet using the VFC VACCINE USAGE WORKSHEET/TALLY SHEET forms, START RIGHT NOW.

STEP 2
Each order cycle (M1, M2) corresponds to a previous vaccine use period (see table below). Your time to order and the period for which you are reporting is below.

Ordering Month	Reporting Period
January (anytime between Jan. 16-Jan. 27*)	December 16 to January 15
February (anytime between Feb. 16-Feb. 27*)	January 16 to February 15
March (anytime between Mar. 16-Mar. 27*)	February 16 to March 15
April (anytime between April 16-April 27*)	March 16 to April 15
May (anytime between May 16-May 27*)	April 16 to May 15
June (anytime between June 16-June 27*)	May 16 to June 15
July (anytime between July 16-July 27*)	June 16 to July 15
August (anytime between Aug. 16-Aug. 27*)	July 16 to August 15
September (anytime between Sept. 16-Sept. 27*)	August 16 to September 15
October (anytime between Oct. 16-Oct. 27*)	September 16 to October 15
November (anytime between Nov. 16-27*)	October 16 to November 15
December (anytime between Dec. 16-27*)	November 16 to December 15

*Note change: If we receive your order by the 27th of the month, it assures that your order will be processed within your order window.

We have also included a calendar that you can use to remind you and other staff of your ordering time. IT IS IMPORTANT THAT YOU PLACE ORDERS ONLY DURING YOUR ASSIGNED ORDERING MONTHS AND THE ASSIGNED TIMES WITHIN THE MONTHS.

STEP 3
Do your VFC vaccine inventory and enter the amounts of vaccine and their related expiration date(s) on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM. (You no longer need to enter lot numbers for your vaccine inventory.)

STEP 4
Record any wasted or expired vaccine. You must continue to **report any VFC vaccine loss and return wasted and/or expired vaccines**.

STEP 5
Tally up your doses administered from your VFC VACCINE USAGE WORKSHEET/TALLY SHEET for all **VFC vaccines** and place that information in the appropriate columns that reflect the ages of the patients you vaccinated. If you did not use a particular vaccine during the reporting period, write a "0" in that space.

STEP 6
Fill in your VFC vaccines requested.

- Remember to order enough vaccines to get you through ONE month **PLUS AN ADDITIONAL 5 WEEK SUPPLY.** Order enough for your busy seasons and order everything you will need. You may want to refer to your Doses Administered Report from last year at this time to get a good idea of how much and what you need to order. You will order again in 1 month.
- Specify the brand of vaccine and presentation (syringes, vials) you want.

STEP 7
Make a copy of your latest temperature log and include them with your CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM for submission by either fax or mail (NOT BOTH). After this month, you will fax or mail the temperature logs for the same time period that you are reporting your VFC vaccine usage.

STEP 8
Fax your order to Chicago VFC at 312/746-6220. You may fax the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM at anytime of the day or night, **but only within the ordering periods you have been assigned.**

Helpful phone and fax numbers:

VFC Vaccine Order FAX number:	312/746-6220
Forms and procedure questions:	Call your Public Health Administrator (Fill in name and number here)
	_____
All other questions call:	Vaccine Management Unit 312/746-5385

CHICAGO VFC PROGRAM

Bi-MONTHLY 1 (B1) ORDERING SCHEDULE INFORMATION SHEET

YOUR PRACTICE HAS BEEN ASSIGNED A NEW ORDERING FREQUENCY!

Helpful Hint #1: Make sure that you post your VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every refrigerator and freezer in which you keep VFC vaccine. **Have all the staff that use any VFC doses to enter a "tick" mark in the appropriate boxes provided.**

Helpful Hint #2: Place the date you started and ended on the VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every form posted, e.g. January 1 to February 28. (Larger practices may need to use a new form every week or even every day. Use accurate days or dates for each worksheet.) At the end of the TWO (2) month period, you will need to compile all your information and enter it on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM to receive more VFC vaccine. At the end of your reporting period (2 months), make sure to change the worksheets and start again with a new VFC VACCINE USAGE WORKSHEET/TALLY SHEET.

STEP-BY-STEP INSTRUCTIONS

Step 1
Collect your VFC VACCINE USAGE WORKSHEET/TALLY SHEET(s) at the end of your order cycle (see below). If you are not yet using the VFC VACCINE USAGE WORKSHEET/TALLY SHEET forms, START RIGHT NOW.

STEP 2
Each order cycle (B1, B2) corresponds to a previous vaccine use period (see table below). Your time to order and the period for which you are reporting is below.

Ordering Month	Reporting Period
January (anytime between Jan. 1-12*****)	November 1 to December 31
March (anytime between March 1-12*****)	January 1 to February 28
May (anytime between May 1-12*****)	March 1 to April 30
July (anytime between July 1-12*****)	May 1 to June 30
September (anytime between Sept. 1-12*****)	July 1 to August 31
November (anytime between Nov. 1-12*****)	September 1 to October 31

*****Note change: If we receive your order by the 12th of the month, it assures that your order will be processed within your order window.

We have also included a calendar that you can use to remind you and other staff of your ordering time. IT IS IMPORTANT THAT YOU PLACE ORDERS ONLY DURING YOUR ASSIGNED ORDERING MONTHS AND THE TIMES WITHIN THE ASSIGNED MONTHS.

STEP 3
Do your VFC vaccine inventory and enter the amounts of vaccine and their related expiration date(s) on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM. (You no longer need to enter lot numbers for your vaccine inventory.)

STEP 4
Record any wasted or expired vaccine. You must continue to **report any VFC vaccine loss and return wasted and/or expired vaccines**.

STEP 5
Tally up your doses administered from your VFC VACCINE USAGE WORKSHEET/TALLY SHEET for all **VFC vaccines** and place that information in the appropriate columns that reflect the ages of the patients you vaccinated. If you did not use a particular vaccine during the reporting period, write a "0" in that space.

STEP 6
Fill in your VFC vaccines requested.

- Remember to order enough vaccines to get you through two (2) months **PLUS AN ADDITIONAL 5 WEEK SUPPLY.** Order enough for your busy seasons and order everything you will need. You may want to refer to your Doses Administered Report from last year at this time to get a good idea of how much and what you need to order. You will order again in 2 months.
- Specify the brand of vaccine and presentation (syringes, vials) you want.

STEP 7
Make a copy of your latest temperature log and include them with your CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM for submission by either fax or mail (NOT BOTH). After this month, you will fax or mail the temperature logs for the same time period that you are reporting your VFC vaccine usage. See the table under "Reporting Period."

STEP 8
Fax your order to Chicago VFC at 312/746-6220. You may fax the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM at anytime of the day or night, **but only within the ordering periods you have been assigned.**

Helpful phone and fax numbers:

VFC Vaccine Order FAX number:	312/746-6220
Forms and procedure questions:	Call your Public Health Administrator (Fill in name and number here)
	_____
All other questions call:	Vaccine Management Unit 312/746-5385

CHICAGO VFC PROGRAM

BI-MONTHLY 2 (B2) ORDERING SCHEDULE INFORMATION SHEET

Helpful Hint #1: Make sure that you post your VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every refrigerator and freezer in which you keep VFC vaccine. Have all the staff that use any VFC doses to enter a "tick" mark in the appropriate boxes provided.

Helpful Hint #2: Place the date you started and ended on the VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every form posted, e.g. July 16 to September 15. (Larger practices may need to use a new form every week or even every day. Use accurate dates for each worksheet.) At the end of the TWO (2) month period, you will need to compile all your information and enter it on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM to receive more VFC vaccine. At the end of your reporting period (2 months), make sure to change the worksheets and start again with a new VFC VACCINE USAGE WORKSHEET/TALLY SHEET.

STEP-BY-STEP INSTRUCTIONS

Step 1

Collect your VFC VACCINE USAGE WORKSHEET/TALLY SHEET(s) at the end of your order cycle (see below). If you are not yet using the VFC VACCINE USAGE WORKSHEET/TALLY SHEET forms, START RIGHT NOW. .

STEP 2

Each order cycle (B1, B2, etc.) corresponds to a previous vaccine use period (see table below). Your time to order and the period for which you are reporting is below.

Ordering Month	Reporting Period
January (anytime between Jan. 16-27*****)	November 16 to January 15
March (anytime between March 16-27*****)	January 16 to March 15
May (anytime between May 16-27*****)	March 16 to May 15
July (anytime between July 16-27*****)	May 16 to July 15
September (anytime between September16-27*****)	July 16 to September 15
November (anytime between November 16-27*****)	September 16 to November 15

*****Note change: If we receive your order by the 27th of the month, it assures that your order will be processed within your order window.

We have also included a calendar that you can use to remind you and other staff of your ordering time. IT IS IMPORANT THAT YOU PLACE ORDERS ONLY DURING YOUR ASSIGNED ORDERING MONTHS AND THE TIMES WITHIN THE ASSIGNED MONTHS.

STEP 3

Do your VFC vaccine inventory and enter the amounts of vaccine and their related expiration date(s) on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND

ACCOUNTABILITY FORM. You no longer need to enter lot numbers for your vaccine inventory.

STEP 4
Record any wasted or expired vaccine. You must continue to **report any VFC vaccine loss and return wasted and/or expired vaccines**.

STEP 5
Tally up your doses administered from your VFC VACCINE USAGE WORKSHEET/TALLY SHEET for all **VFC vaccines** and place that information in the appropriate columns that reflect the ages of the patients you vaccinated. If you did not use a particular vaccine during the reporting period, write a "0" in that space.

STEP 6
Fill in your VFC vaccines requested.

- Remember to order enough vaccines to get your through two (2) months PLUS AN ADDITIONAL 5 WEEK SUPPLY. Order enough for your busy seasons and order everything you will need. You may want to refer to your Doses Administered Report from last year at this time to get a good idea of what and how much you need to order. You will order again in 2 months.
- Specify the brand of vaccine and presentation (syringes or vials) you want.

STEP 7
Make a copy of your latest temperature log and include them with your CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM for submission by either fax or mail (NOT BOTH). After this month, you will fax or mail the temperature logs for the same time period that you are reporting your VFC vaccine usage.

STEP 8
Fax your order to Chicago VFC at 312/746-6220. You may fax the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM at anytime of the day or night, but only within the ordering periods you have been assigned.

Helpful phone and fax numbers:

VFC Vaccine Order FAX number:	312/746-6220
Forms and procedure questions:	Call your Public Health Administrator (Fill in name and number here)
	_____
All other questions call:	Vaccine Management Unit 312/746-5385

CHICAGO VFC PROGRAM
BI-MONTHLY (B3) ORDERING SCHEDULE INFORMATION SHEET

YOUR PRACTICE HAS BEEN ASSIGNED A NEW ORDERING FREQUENCY!

Helpful Hint #1: Make sure that you post your VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every refrigerator and freezer in which you keep VFC vaccine. **Have all the staff that use any VFC doses to enter a "tick" mark in the appropriate boxes provided.**

Helpful Hint #2: Place the date you started and ended on the VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every form posted, e.g. June 1 to July 31. (Larger practices may need to use a new form every week or even every day. Use accurate days or dates for each worksheet.) At the end of the TWO (2) month period, you will need to compile all your information and enter it on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM to receive more VFC vaccine. At the end of your reporting period (2 months), make sure to change the worksheets and start again with a new VFC VACCINE USAGE WORKSHEET/TALLY SHEET.

STEP-BY-STEP INSTRUCTIONS

Step 1
Collect your VFC VACCINE USAGE WORKSHEET/TALLY SHEET(s) at the end of your order cycle (see below). If you are not yet using the VFC VACCINE USAGE WORKSHEET/TALLY SHEET forms, START RIGHT NOW.

STEP 2
Each order cycle (B1, B2, etc.) corresponds to a previous vaccine use period (see table below). Your time to order and the period for which you are reporting is below.

Ordering Month	Reporting Period
February (anytime between Feb. 1-12*)	December1 to January 31
April (anytime between April 1-12*)	Feb. 1 to March 30
June (anytime between June 1-12*)	April 1 to May 31
August (anytime between Aug. 1-12*)	June 1 to July 31
October (anytime between Oct. 1-12*)	August 1 to Sept. 30
December (anytime between Dec. 1-12*)	Sept. 1 to Oct. 31

*Note change: If we receive your order by the 12th of the month, it assures that your order will be processed within your order window.

We have also included a calendar that you can use to remind you and other staff of your ordering time. IT IS IMPORTANT THAT YOU PLACE ORDERS ONLY DURING YOUR ASSIGNED ORDERING MONTHS AND THE ASSIGNED TIMES WITHIN THE MONTH.

STEP 3
Do your VFC vaccine inventory and enter the amounts of vaccine and their related expiration date(s) on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM. (You no longer need to enter lot numbers for your vaccine inventory.)

STEP 4
Record any wasted or expired vaccine. You must continue to **report any VFC vaccine loss and return wasted and/or expired vaccines**.

STEP 5
Tally up your doses administered from your VFC VACCINE USAGE WORKSHEET/TALLY SHEET for all **VFC vaccines** and place that information in the appropriate columns that reflect the ages of the patients you vaccinated. If you did not use a particular vaccine during the reporting period, write a "0" in that space.

STEP 6
Fill in your VFC vaccines requested.

- Remember to order enough vaccines to get you through two (2) months **PLUS AN ADDITIONAL 5 WEEK SUPPLY.** Order enough for your busy seasons and order everything you will need. You may want to refer to your Doses Administered Report from last year at this time to get a good idea of how much and what you need to order. You will order again in 2 months.
- Specify the brand of vaccine and presentation (syringes, vials) you want.

STEP 7
Make a copy of your latest temperature log and include them with your CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM for submission by either fax or mail (NOT BOTH). After this month, you will fax or mail the temperature logs for the same time period that you are reporting your VFC vaccine usage.

STEP 8
Fax your order to Chicago VFC at 312/746-6220. You may fax the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM at anytime of the day or night, **but only within the ordering periods you have been assigned.**

Helpful phone and fax numbers:

VFC Vaccine Order FAX number:	312/746-6220
Forms and procedure questions:	Call your Public Health Administrator (Fill in name and number here)
	_____
All other questions call:	Vaccine Management Unit 312/746-5385

CHICAGO VFC PROGRAM

BI-MONTHLY 4 (B4) ORDERING SCHEDULE INFORMATION SHEET

YOUR PRACTICE HAS BEEN ASSIGNED A NEW ORDERING FREQUENCY!

Helpful Hint #1: Make sure that you post your VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every refrigerator and freezer in which you keep VFC vaccine. **Have all the staff that use any VFC doses to enter a "tick" mark in the appropriate boxes provided.**

Helpful Hint #2: Place the date you started and ended on the VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every form posted, e.g. June 16 to August 15. (Larger practices may need to use a new form every week or even every day. Use accurate days or dates for each worksheet.) At the end of the TWO (2) month period, you will need to compile all your information and enter it on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM to receive more VFC vaccine. At the end of your reporting period (2 months), make sure to change the worksheets and start again with a new VFC VACCINE USAGE WORKSHEET/TALLY SHEET.

STEP-BY-STEP INSTRUCTIONS

Step 1
Collect your VFC VACCINE USAGE WORKSHEET/TALLY SHEET(s) at the end of your order cycle (see below). If you are not yet using the VFC VACCINE USAGE WORKSHEET/TALLY SHEET forms, START RIGHT NOW.

STEP 2
Each order cycle (B1, B2, etc.) corresponds to a previous vaccine use period (see table below). Your time to order and the period for which you are reporting is below.

Ordering Month	Reporting Period
February (anytime between Feb. 16-27*)	December16 to Feb. 15
April (anytime between April 16-27*)	Feb. 16 to April 15
June (anytime between June 16-27*)	April 16 to June 15
August (anytime between Aug. 16-27*)	June 16 to August 15
October (anytime between Oct. 16-27*)	August 16 to October 15
December (anytime between Dec. 16-27*)	October 16 to December 15

*Note change: If we receive your order by the 27th of the month, it assures that your order will be processed within your order window.

We have also included a calendar that you can use to remind you and other staff of your ordering time. IT IS IMPORTANT THAT YOU PLACE ORDERS ONLY DURING YOUR ASSIGNED ORDERING MONTHS AND THE ASSIGNED TIMES WITHIN THE MONTH.

STEP 3
Do your VFC vaccine inventory and enter the amounts of vaccine and their related expiration date(s) on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM. (You no longer need to enter lot numbers for your vaccine inventory.)

STEP 4
Record any wasted or expired vaccine. You must continue to **report any VFC vaccine loss and return wasted and/or expired vaccines**.

STEP 5
Tally up your doses administered from your VFC VACCINE USAGE WORKSHEET/TALLY SHEET for all **VFC vaccines** and place that information in the appropriate columns that reflect the ages of the patients you vaccinated. If you did not use a particular vaccine during the reporting period, write a "0" in that space.

STEP 6
Fill in your VFC vaccines requested.

- Remember to order enough vaccines to get you through two (2) months **PLUS AN ADDITIONAL 5 WEEK SUPPLY.** Remember to account for your busy seasons, so do your best to order everything you will need. You may want to refer to your Doses Administered Report from last year at this time to get a good figure or what you need to order. You will order again in 2 months.
- Specify the brand of vaccine and presentation (syringes, vials) you want.

STEP 7
Make a copy of your latest temperature log and include them with your CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM for submission by either fax or mail (NOT BOTH). After this month, you will fax or mail the temperature logs for the same time period that you are reporting your VFC vaccine usage.

STEP 8
Fax your order to Chicago VFC at 312/746-6220. You may fax the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM at anytime of the day or night, **but only within the ordering periods you have been assigned.**

Helpful phone and fax numbers:

VFC Vaccine Order FAX number:	312/746-6220
Forms and procedure questions:	Call your Public Health Administrator (Fill in name and number here)
	_____
All other questions call:	Vaccine Management Unit 312/746-5385

CHICAGO VFC PROGRAM
QUARTERLY 1(Q1) ORDERING SCHEDULE INFORMATION SHEET

YOUR PRACTICE HAS BEEN ASSIGNED A NEW ORDERING FREQUENCY!

Helpful Hint #1: Make sure that you post your VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every refrigerator and freezer in which you keep VFC vaccine. **Have all the staff that uses any VFC doses to enter a "tick" mark in the appropriate boxes provided.**

Helpful Hint #2: Place the date you started and ended on the VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every form posted, e.g. July 1 to Sept. 30. (Larger practices may need to use a new form every week or even every day. Use accurate days or dates for each worksheet.) At the end of the THREE (3) month period, you will need to compile all your information and enter it on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM to receive more VFC vaccine. At the end of your reporting period (3 months), make sure to change the worksheets and start again with a new VFC VACCINE USAGE WORKSHEET/TALLY SHEET.

STEP-BY-STEP INSTRUCTIONS

Step 1
Collect your VFC VACCINE USAGE WORKSHEET/TALLY SHEET(s) at the end of your order cycle (see below). If you are not yet using the VFC VACCINE USAGE WORKSHEET/TALLY SHEET forms, START RIGHT NOW.

STEP 2
Each order cycle (Q1, Q2, etc.) corresponds to a previous vaccine use period (see table below). Your time to order and the period for which you are reporting is below.

Ordering Month	Reporting Period
January (anytime between January 1-12*)	October 1 to December 31
April (anytime between April 1-12*)	January 1 to March 31
July (anytime between July 1-12*)	April 1 to June 30
October (anytime between October 1-12*)	July 1 to September 30

*Note change: If we receive your order by the 12th of the month, it assures that your order will be processed within your order window.

We have also included a calendar that you can use to remind you and other staff of your ordering time. IT IS IMPORTANT THAT YOU PLACE ORDERS ONLY DURING YOUR ASSIGNED ORDERING MONTHS AND THE ASSIGNED TIMES WITHIN THE MONTH.

STEP 3
Do your VFC vaccine inventory and enter the amounts of vaccine and their related expiration date(s) on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM. (You no longer need to enter lot numbers for your vaccine inventory.)

STEP 4
Record any wasted or expired vaccine. You must continue to **report any VFC vaccine loss and return wasted and/or expired vaccines**.

STEP 5
Tally up your doses administered from your VFC VACCINE USAGE WORKSHEET/TALLY SHEET for all **VFC vaccines** and place that information in the appropriate columns that reflect the ages of the patients you vaccinated. If you did not use a particular vaccine during the reporting period, write a "0" in that space.

STEP 6
Fill in your VFC vaccines requested.

- Remember to order enough vaccines to get you through three (3) months **PLUS AN ADDITIONAL 5 WEEK SUPPLY.** Order enough for your busy seasons and order everything you will need. You may want to refer to your Doses Administered Report from last year at this time to get a good idea of how much and what you need to order. You will order again in 3 months.
- Specify the brand of vaccine and presentation (syringes, vials) you want.

STEP 7
Make a copy of your latest temperature log and include them with your CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM for submission by either fax or mail (NOT BOTH). After this month, you will fax or mail the temperature logs for the same time period that you are reporting your VFC vaccine usage.

STEP 8
Fax your order to Chicago VFC at 312/746-6220. You may fax the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM at anytime of the day or night, **but only within the ordering periods you have been assigned.**

Helpful phone and fax numbers:

VFC Vaccine Order FAX number:	312/746-6220
Forms and procedure questions:	Call your Public Health Administrator (Fill in name and number here)
	_____
All other questions call:	Vaccine Management Unit 312/746-5385

CHICAGO VFC PROGRAM
QUARTERLY 2 (Q2) ORDERING SCHEDULE INFORMATION SHEET

YOUR PRACTICE HAS BEEN ASSIGNED A NEW ORDERING FREQUENCY!

Helpful Hint #1: Make sure that you post your VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every refrigerator and freezer in which you keep VFC vaccine. **Have all the staff that uses any VFC doses to enter a "tick" mark in the appropriate boxes provided.**

Helpful Hint #2: Place the date you started and ended on the VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every form posted, e.g. April 16 to July 15. (Larger practices may need to use a new form every week or even every day. Use accurate days or dates for each worksheet.) At the end of the THREE (3) month period, you will need to compile all your information and enter it on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM to receive more VFC vaccine. At the end of your reporting period (3 months), make sure to change the worksheets and start again with a new VFC VACCINE USAGE WORKSHEET/TALLY SHEET.

STEP-BY-STEP INSTRUCTIONS

Step 1
Collect your VFC VACCINE USAGE WORKSHEET/TALLY SHEET(s) at the end of your order cycle (see below). If you are not yet using the VFC VACCINE USAGE WORKSHEET/TALLY SHEET forms, START RIGHT NOW.

STEP 2
Each order cycle (Q1, Q2, etc.) corresponds to a previous vaccine use period (see table below). Your time to order and the period for which you are reporting is below.

Ordering Month	Reporting Period
January (anytime between Jan 16-27*)	October 16 to Jan. 15
April (anytime between April 16-27*)	Jan. 16 to April 15
July (anytime between July 16-27*)	April 16 to July 15
October (anytime between Oct. 16-27*)	July 16 to Oct. 15

*Note change: If we receive your order by the 27th of the month, it assures that your order will be processed within your order window.

We have also included a calendar that you can use to remind you and other staff of your ordering time. IT IS IMPORTANT THAT YOU PLACE ORDERS ONLY DURING YOUR ASSIGNED ORDERING MONTHS AND THE ASSIGNED TIMES WITHIN THE MONTH.

STEP 3
Do your VFC vaccine inventory and enter the amounts of vaccine and their related expiration date(s) on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM. (You no longer need to enter lot numbers for your vaccine inventory.)

STEP 4
Record any wasted or expired vaccine. You must continue to **report any VFC vaccine loss and return wasted and/or expired vaccines**.

STEP 5
Tally up your doses administered from your VFC VACCINE USAGE WORKSHEET/TALLY SHEET for all **VFC vaccines** and place that information in the appropriate columns that reflect the ages of the patients you vaccinated. If you did not use a particular vaccine during the reporting period, write a "0" in that space.

STEP 6
Fill in your VFC vaccines requested.

- Remember to order enough vaccines to get you through three (3) months **PLUS AN ADDITIONAL 5 WEEK SUPPLY.** Order enough for your busy seasons and order everything you will need. You may want to refer to your Doses Administered Report from last year at this time to get a good idea of how much and what you need to order. You will order again in 3 months.
- Specify the brand of vaccine and presentation (syringes, vials) you want.

STEP 7
Make a copy of your latest temperature log and include them with your CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM for submission by either fax or mail (NOT BOTH). After this month, you will fax or mail the temperature logs for the same time period that you are reporting your VFC vaccine usage.

STEP 8
Fax your order to Chicago VFC at 312/746-6220. You may fax the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM at anytime of the day or night, **but only within the ordering periods you have been assigned.**

Helpful phone and fax numbers:

VFC Vaccine Order FAX number:	312/746-6220
Forms and procedure questions:	Call your Public Health Administrator (Fill in name and number here)
	_____
All other questions call:	Vaccine Management Unit 312/746-5385

CHICAGO VFC PROGRAM
QUARTERLY 3 (Q3) ORDERING SCHEDULE INFORMATION SHEET

YOUR PRACTICE HAS BEEN ASSIGNED A NEW ORDERING FREQUENCY!

Helpful Hint #1: Make sure that you post your VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every refrigerator and freezer in which you keep VFC vaccine. **Have all the staff that uses any VFC doses to enter a "tick" mark in the appropriate boxes provided.**

Helpful Hint #2: Place the date you started and ended on the VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every form posted, e.g. Feb. 1 to April 30. (Larger practices may need to use a new form every week or even every day. Use accurate days or dates for each worksheet.) At the end of the THREE (3) month period, you will need to compile all your information and enter it on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM to receive more VFC vaccine. At the end of your reporting period (3 months), make sure to change the worksheets and start again with a new VFC VACCINE USAGE WORKSHEET/TALLY SHEET.

STEP-BY-STEP INSTRUCTIONS

Step 1
Collect your VFC VACCINE USAGE WORKSHEET/TALLY SHEET(s) at the end of your order cycle (see below). If you are not yet using the VFC VACCINE USAGE WORKSHEET/TALLY SHEET forms, START RIGHT NOW.

STEP 2
Each order cycle (Q1, Q2, etc.) corresponds to a previous vaccine use period (see table below). Your time to order and the period for which you are reporting is below.

Ordering Month	Reporting Period
February (anytime between Feb. 1-12*)	November 1-January 31
May (anytime between May 1-12*)	Feb. 1 to April 30
August (anytime between August 1-12*)	May 1 to July 31
November (anytime between Nov. 1-12*)	Aug. 1 to Oct. 31

*Note change: If we receive your order by the 12th of the month, it assures that your order will be processed within your order window.

We have also included a calendar that you can use to remind you and other staff of your ordering time. IT IS IMPORTANT THAT YOU PLACE ORDERS ONLY DURING YOUR ASSIGNED ORDERING MONTHS AND THE ASSIGNED TIMES WITHIN THE MONTH.

STEP 3
Do your VFC vaccine inventory and enter the amounts of vaccine and their related expiration date(s) on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM. (You no longer need to enter lot numbers for your vaccine inventory.)

STEP 4
Record any wasted or expired vaccine. You must continue to **report any VFC vaccine loss and return wasted and/or expired vaccines**.

STEP 5
Tally up your doses administered from your VFC VACCINE USAGE WORKSHEET/TALLY SHEET for all **VFC vaccines** and place that information in the appropriate columns that reflect the ages of the patients you vaccinated. If you did not use a particular vaccine during the reporting period, write a "0" in that space.

STEP 6
Fill in your VFC vaccines requested.

- Remember to order enough vaccines to get you through three (3) months **PLUS AN ADDITIONAL 5 WEEK SUPPLY.** Order enough for your busy seasons and order everything you will need. You may want to refer to your Doses Administered Report from last year at this time to get a good idea of how much and what you need to order. You will order again in 3 months.
- Specify the brand of vaccine and presentation (syringes, vials) you want.

STEP 7
Make a copy of your latest temperature log and include them with your CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM for submission by either fax or mail (NOT BOTH). After this month, you will fax or mail the temperature logs for the same time period that you are reporting your VFC vaccine usage.

STEP 8
Fax your order to Chicago VFC at 312/746-6220. You may fax the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM at anytime of the day or night, **but only within the ordering periods you have been assigned.**

Helpful phone and fax numbers:

VFC Vaccine Order FAX number:	312/746-6220
Forms and procedure questions:	Call your Public Health Administrator (Fill in name and number here)
	_____
All other questions call:	Vaccine Management Unit 312/746-5385

CHICAGO VFC PROGRAM
QUARTERLY 4 (Q4) ORDERING SCHEDULE INFORMATION SHEET

YOUR PRACTICE HAS BEEN ASSIGNED A NEW ORDERING FREQUENCY!

Helpful Hint #1: Make sure that you post your VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every refrigerator and freezer in which you keep VFC vaccine. **Have all the staff that uses any VFC doses to enter a "tick" mark in the appropriate boxes provided.**

Helpful Hint #2: Place the date you started and ended on the VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every form posted, e.g. Feb.16 to May 15. (Larger practices may need to use a new form every week or even every day. Use accurate days or dates for each worksheet.) At the end of the THREE (3) month period, you will need to compile all your information and enter it on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM to receive more VFC vaccine. At the end of your reporting period (3 months), make sure to change the worksheets and start again with a new VFC VACCINE USAGE WORKSHEET/TALLY SHEET.

STEP-BY-STEP INSTRUCTIONS

Step 1
Collect your VFC VACCINE USAGE WORKSHEET/TALLY SHEET(s) at the end of your order cycle (see below). If you are not yet using the VFC VACCINE USAGE WORKSHEET/TALLY SHEET forms, START RIGHT NOW.

STEP 2
Each order cycle (Q1, Q2, etc.) corresponds to a previous vaccine use period (see table below). Your time to order and the period for which you are reporting is below.

Ordering Month	Reporting Period
February (anytime between Feb. 16-27*)	November 16 to Feb. 15
May (anytime between May 16-27*)	Feb. 16 to May 15
August (anytime between August 16-27*)	May 16 to August 15
November (anytime between Nov. 16-27*)	August 16 to Nov. 15

*Note change: If we receive your order by the 27th of the month, it assures that your order will be processed within your order window.

We have also included a calendar that you can use to remind you and other staff of your ordering time. IT IS IMPORTANT THAT YOU PLACE ORDERS ONLY DURING YOUR ASSIGNED ORDERING MONTHS AND THE ASSIGNED TIMES WITHIN THE MONTH.

STEP 3
Do your VFC vaccine inventory and enter the amounts of vaccine and their related expiration date(s) on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM. (You no longer need to enter lot numbers for your vaccine inventory.)

STEP 4
Record any wasted or expired vaccine. You must continue to **report any VFC vaccine loss and return wasted and/or expired vaccines**.

STEP 5
Tally up your doses administered from your VFC VACCINE USAGE WORKSHEET/TALLY SHEET for all **VFC vaccines** and place that information in the appropriate columns that reflect the ages of the patients you vaccinated. If you did not use a particular vaccine during the reporting period, write a "0" in that space.

STEP 6
Fill in your VFC vaccines requested.

- Remember to order enough vaccines to get you through three (3) months **PLUS AN ADDITIONAL 5 WEEK SUPPLY.** Order enough for your busy seasons and order everything you will need. You may want to refer to your Doses Administered Report from last year at this time to get a good idea of how much and what you need to order. You will order again in 3 months.
- Specify the brand of vaccine and presentation (syringes, vials) you want.

STEP 7
Make a copy of your latest temperature log and include them with your CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM for submission by either fax or mail (NOT BOTH). After this month, you will fax or mail the temperature logs for the same time period that you are reporting your VFC vaccine usage.

STEP 8
Fax your order to Chicago VFC at 312/746-6220. You may fax the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM at anytime of the day or night, **but only within the ordering periods you have been assigned.**

Helpful phone and fax numbers:

VFC Vaccine Order FAX number:	312/746-6220
Forms and procedure questions:	Call your Public Health Administrator (Fill in name and number here)
	_____
All other questions call:	Vaccine Management Unit 312/746-5385

CHICAGO VFC PROGRAM
QUARTERLY 5(Q5) ORDERING SCHEDULE INFORMATION SHEET

YOUR PRACTICE HAS BEEN ASSIGNED A NEW ORDERING FREQUENCY!

Helpful Hint #1: Make sure that you post your VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every refrigerator and freezer in which you keep VFC vaccine. **Have all the staff that uses any VFC doses to enter a "tick" mark in the appropriate boxes provided.**

Helpful Hint #2: Place the date you started and ended on the VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every form posted, e.g. June 1 to August 31. (Larger practices may need to use a new form every week or even every day. Use accurate days or dates for each worksheet.) At the end of the THREE (3) month period, you will need to compile all your information and enter it on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM to receive more VFC vaccine. At the end of your reporting period (3 months), make sure to change the worksheets and start again with a new VFC VACCINE USAGE WORKSHEET/TALLY SHEET.

STEP-BY-STEP INSTRUCTIONS

Step 1
Collect your VFC VACCINE USAGE WORKSHEET/TALLY SHEET(s) at the end of your order cycle (see below). If you are not yet using the VFC VACCINE USAGE WORKSHEET/TALLY SHEET forms, START RIGHT NOW.

STEP 2
Each order cycle (Q1, Q2, etc.) corresponds to a previous vaccine use period (see table below). Your time to order and the period for which you are reporting is below.

Ordering Month	Reporting Period
March (anytime between March 1-12*)	December 1 to February 28
June (anytime between June 1-12*)	March 1 to May 31
September (anytime between Sept. 1-12*)	June 1 to August 31
December (anytime between Dec. 1-12*)	Sept. 1 to November 30

*Note change: If we receive your order by the 12th of the month, it assures that your order will be processed within your order window.

We have also included a calendar that you can use to remind you and other staff of your ordering time. IT IS IMPORTANT THAT YOU PLACE ORDERS ONLY DURING YOUR ASSIGNED ORDERING MONTHS AND THE ASSIGNED TIMES WITHIN THE MONTH.

STEP 3
Do your VFC vaccine inventory and enter the amounts of vaccine and their related expiration date(s) on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM. (You no longer need to enter lot numbers for your vaccine inventory.)

STEP 4
Record any wasted or expired vaccine. You must continue to **report any VFC vaccine loss and return wasted and/or expired vaccines**.

STEP 5
Tally up your doses administered from your VFC VACCINE USAGE WORKSHEET/TALLY SHEET for all **VFC vaccines** and place that information in the appropriate columns that reflect the ages of the patients you vaccinated. If you did not use a particular vaccine during the reporting period, write a "0" in that space.

STEP 6
Fill in your VFC vaccines requested.

- Remember to order enough vaccines to get you through three (3) months **PLUS AN ADDITIONAL 5 WEEK SUPPLY.** Order enough for your busy seasons and order everything you will need. You may want to refer to your Doses Administered Report from last year at this time to get a good idea of how much and what you need to order. You will order again in 3 months.
- Specify the brand of vaccine and presentation (syringes, vials) you want.

STEP 7
Make a copy of your latest temperature log and include them with your CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM for submission by either fax or mail (NOT BOTH). After this month, you will fax or mail the temperature logs for the same time period that you are reporting your VFC vaccine usage.

STEP 8
Fax your order to Chicago VFC at 312/746-6220. You may fax the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM at anytime of the day or night, **but only within the ordering periods you have been assigned.**

Helpful phone and fax numbers:

VFC Vaccine Order FAX number:	312/746-6220
Forms and procedure questions:	Call your Public Health Administrator (Fill in name and number here)
	_____
All other questions call:	Vaccine Management Unit 312/746-5385

CHICAGO VFC PROGRAM
QUARTERLY 6 (Q6) ORDERING SCHEDULE INFORMATION SHEET

YOUR PRACTICE HAS BEEN ASSIGNED A NEW ORDERING FREQUENCY!

Helpful Hint #1: Make sure that you post your VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every refrigerator and freezer in which you keep VFC vaccine. **Have all the staff that uses any VFC doses to enter a "tick" mark in the appropriate boxes provided.**

Helpful Hint #2: Place the date you started and ended on the VFC VACCINE USAGE WORKSHEET/TALLY SHEET on every form posted, e.g. September 16 to December 15. (Larger practices may need to use a new form every week or even every day. Use accurate days or dates for each worksheet.) At the end of the THREE (3) month period, you will need to compile all your information and enter it on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM to receive more VFC vaccine. At the end of your reporting period (3 months), make sure to change the worksheets and start again with a new VFC VACCINE USAGE WORKSHEET/TALLY SHEET.

STEP-BY-STEP INSTRUCTIONS

Step 1
Collect your VFC VACCINE USAGE WORKSHEET/TALLY SHEET(s) at the end of your order cycle (see below). If you are not yet using the VFC VACCINE USAGE WORKSHEET/TALLY SHEET forms, START RIGHT NOW.

STEP 2
Each order cycle (Q1, Q2, etc.) corresponds to a previous vaccine use period (see table below). Your time to order and the period for which you are reporting is below.

Ordering Month	Reporting Period
March (anytime between March 16-27*)	December 16 to March 15
June (anytime between June 16-27*)	March 16 to June 15
September (anytime between September 16-27*)	June 16 to September 15
December (anytime between December 16-27*)	September 16 to December 15

*Note change: If we receive your order by the 27th of the month, it assures that your order will be processed within your order window.

We have also included a calendar that you can use to remind you and other staff of your ordering time. IT IS IMPORTANT THAT YOU PLACE ORDERS ONLY DURING YOUR ASSIGNED ORDERING MONTHS AND THE ASSIGNED TIMES WITHIN THE MONTH.

STEP 3
Do your VFC vaccine inventory and enter the amounts of vaccine and their related expiration date(s) on the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM. (You no longer need to enter lot numbers for your vaccine inventory.)

STEP 4
Record any wasted or expired vaccine. You must continue to **report any VFC vaccine loss and return wasted and/or expired vaccines**.

STEP 5
Tally up your doses administered from your VFC VACCINE USAGE WORKSHEET/TALLY SHEET for all **VFC vaccines** and place that information in the appropriate columns that reflect the ages of the patients you vaccinated. If you did not use a particular vaccine during the reporting period, write a "0" in that space.

STEP 6
Fill in your VFC vaccines requested.

- Remember to order enough vaccines to get you through three (3) months **PLUS AN ADDITIONAL 5 WEEK SUPPLY.** Order enough for your busy seasons and order everything you will need. You may want to refer to your Doses Administered Report from last year at this time to get a good idea of how much and what you need to order. You will order again in 3 months.
- Specify the brand of vaccine and presentation (syringes, vials) you want.

STEP 7
Make a copy of your latest temperature log and include them with your CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM for submission by either fax or mail (NOT BOTH). After this month, you will fax or mail the temperature logs for the same time period that you are reporting your VFC vaccine usage.

STEP 8
Fax your order to Chicago VFC at 312/746-6220. You may fax the CHICAGO VFC PEDIATRIC VACCINE ORDER AND ACCOUNTABILITY FORM at anytime of the day or night, **but only within the ordering periods you have been assigned.**

Helpful phone and fax numbers:

VFC Vaccine Order FAX number:	312/746-6220
Forms and procedure questions:	Call your Public Health Administrator (Fill in name and number here)
	_____
All other questions call:	Vaccine Management Unit 312/746-5385

CDC Vaccine Price List

This page is located at: http://www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm

Note: The CDC Vaccine Price Lists posted on this website provide current vaccine contract prices and list the private sector vaccine prices for general information. Contract prices are those for CDC vaccine contracts that are established for the purchase of vaccines by immunization programs that receive CDC immunization grant funds (i.e., state health departments, certain large city immunization projects, and certain current and former U.S. territories). Private providers and private citizens cannot directly purchase vaccines through CDC contracts. Private sector prices are those reported by vaccine manufacturers annually to CDC. All questions regarding the private sector prices should be directed to the manufacturers.

Vaccine Supply Information (for routine vaccines) can be found at:
http://www.cdc.gov/vaccines/vac-gen/shortages/default.htm
Vaccine package insert information can be found at:
http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093830.htm

Note: As of 5-14-10, the CDC Vaccine Price List also shows the NDC code and contract number for each vaccine.

Contents of this page:

Pediatric/VFC Vaccine Price List
Adult Vaccine Price List
Pediatric Influenza Vaccine Price List
Adult Influenza Vaccine Price List

Pediatric/VFC Vaccine Price List

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
DTaP [1]	Daptacel®	49281-0286-10	10 pack - 1 dose vials	$15.38	$25.98	03/31/2014	Sanofi Pasteur	200-2013-54507
DTaP [1]	Infanrix®	58160-0810-11	10 pack - 1 dose vials	$15.76	$20.96	03/31/2014	GlaxoSmithKline	200-2013-54510
		58160-0810-52	10 pack - 1 dose T-L syringes. No Needle	$15.76	$21.44			
DTaP-IPV [2]	Kinrix®	58160-0812-11	10 pack - 1 dose vials	$37.13	$48.00	03/31/2014	GlaxoSmithKline	200-2013-54510
		58160-0812-52	10 pack - 1 dose T-L syringes	$37.13	$48.00			
DTaP-Hep B-IPV [4]	Pediarix®	58160-0811-52	10 pack - 1 dose T-L syringes, No Needle	$52.58	$70.72	03/31/2014	GlaxoSmithKline	200-2013-54510
DTaP-IP-HI [4]	Pentacel®	49281-0510-05	5 pack - 1 dose vials	$56.02	$80.43	03/31/2014	Sanofi Pasteur	200-2013-54507
e-IPV [5]	IPOL®	49281-0860-10	10 dose vial	$12.42	$27.44	03/31/2014	Sanofi Pasteur	200-2013-54507
Hepatitis B-Hib [3]	Comvax®	00006-4898-00	10 pack - 1 dose vial	$30.20	$43.557	03/31/2014	Merck	200-2013-54509
Hepatitis A Pediatric [5]	Vaqta®	00006-4831-41	10 pack - 1 dose vial	$15.25	$30.369	03/31/2014	Merck	200-2013-54509
		00006-4095-09	6 pack - 1 dose syringe	$16.00	$31.12			
Hepatitis A Pediatric [5]	Havrix®	58160-0825-11	10 pack - 1 dose vials	$15.63	$28.74	03/31/2014	GlaxoSmithKline	200-2013-54510
		58160-0825-52	10 pack - 1 dose T-L syringes. No Needle	$15.63	$28.74			

Hepatitis A-Hepatitis B 18 only [3]	**Twinrix®**	**58160-0815-11**	10 pack - 1 dose vials	$50.78	$92.50	03/31/2014	GlaxoSmithKline	200-2013-54510
		58160-0815-52	10 pack - 1 dose T-L syringes, No Needle	$50.78	$92.50			
Hepatitis B [5] Pediatric/Adolescent	**Engerix B®**	**58160-0820-11**	10 pack - 1 dose vials	$10.93	$21.37	03/31/2014	GlaxoSmithKline	200-2013-54510
		58160-0820-52	10 pack - 1 dose T-L syringes, No Needle	$10.93	$21.37			
Hepatitis B [5] Pediatric/Adolescent	**Recombivax HB®**	**00006-4981-00**	10 pack - 1 dose vials	$11.00	$23.204	03/31/2014	Merck	200-2013-54509
		00006-4093-09	6 pack - 1 dose syringe	$11.75	$23.95			
Hib [5]	**PedvaxHIB®**	**00006-4897-00**	10 pack - 1 dose vials	$12.18	$22.769	03/31/2014	Merck	200-2013-54509
Hib [5]	**ActHIB®**	**49281-0545-05**	5 pack - 1 dose vials	$9.33	$26.21	03/31/2014	Sanofi Pasteur	200-2013-54507
HIBMENCY [3]	**MENHIBRIX®**	**58160-0801-11**	10 pack – 1 dose vials	$10.10	$23.60	03/31/2014	GlaxoSmithKline	200-2013-54510
HPV - Quadrivalent Human Papillomavirus Types 6, 11, 16 and 18 Recombinant [5]	**Gardasil®**	**00006-4045-41**	10 pack – 1 dose vials	$107.156	**$141.38**	03/31/2014	Merck	200-2013-54509
HPV -Bivalent Human Papillomavirus Types 16 and 18 [5]	**Cervarix®**	**58160-0830-52**	10 pack-1 dose syringe, No Needle	$100.85	$128.75	03/31/2014	GlaxoSmithKline	200-2013-54510
Meningococcal Conjugate (Groups A, C, Y and W-135) [5]	**Menactra®**	**49281-0589-05**	5 pack - 1 dose vial	$82.12	$112.93	03/31/2014	Sanofi Pasteur	200-2013-54507
Meningococcal Conjugate (Groups A, C, Y and W-135) [5]	**Menveo®**	**46028-0208-01**	5 pack - 1 dose vial	$82.12	**$117.418**	03/31/2014	Novartis	200-2013-54511
Measles, Mumps and Rubella (MMR) [1]	**M-M-R®II**	**00006-4681-00**	10 pack - 1 dose vials	$19.759	$56.139	03/31/2014	Merck	200-2013-54509
MMR/Varicella [2]	**ProQuad®**	**00006-4999-00**	10 pack - 1 dose vials	$95.117	**$157.644**	03/31/2014	Merck	200-2013-54509
Pneumococcal 13-valent [5] (Pediatric)	**Prevnar 13 TM**	**00005-1971-02**	10 pack – 1 dose syringes, No Needle	$107.12	$135.80	03/31/2014	Pfizer	200-2013-54508
Pneumococcal Polysaccharide (23 Valent)	**Pneumovax®23**	**00006-4943-00**	10 pack - 1 dose vials	$39.51	**$68.287**	03/31/2014	Merck	200-2013-54509
Rotavirus, Live, Oral, Pentavalent [5]	**RotaTeq®**	**00006-4047-41**	10 pack - 1 dose 2mL tubes	$63.961	$75.203	03/31/2014	Merck	200-2013-54509
		00006-4047-20	25 pack – 1 dose 2mL tubes	$63.96	$75.203			
Rotavirus, Live, Oral, Oral [5]	**Rotarix®**	**58160-0854-52**	10 pack - 1 dose vials	$92.15	$106.57	03/31/2014	GlaxoSmithKline	200-2013-54510
Tetanus & Diphtheria Toxoids [3]	**Tenivac® Effective Feb 1, 2013**	**49281-0215-15**	10 pack - 1 dose syringes No Needle	$17.57	$21.74	03/31/2014	Sanofi Pasteur	200-2013-54507
		49281-0215-10	10 pack – 1 dose vials	$17.57	$21.74			
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis [1]	**Boostrix®**	**58160-0842-11**	10 pack - 1 dose vials	$30.41	$37.55	03/31/2014	GlaxoSmithKline	200-2013-54510
		58160-0842-52	10 pack - 1 dose syringes	$30.41	$37.55			
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis [1]	**Adacel®**	**49281-0400-10**	10 pack - 1 dose vials	$30.41	$41.06	03/31/2014	Sanofi Pasteur	200-2013-54507
		49281-0400-15	5 pack - 1 dose BD Leur-Lok syringes	$30.41	$41.06			
Varicella [5]	**Varivax®**	**00006-4827-00**	10 pack - 1 dose vials	$75.36	$94.141	03/31/2014	Merck	200-2013-54509

Adult Vaccine Price List

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
Hepatitis A Adult [5]	**Havrix®**	**58160-0826-11**	10 pack - 1 dose vials	$25.00	$63.72	6/30/2014	GlaxoSmithKline	200-2013-55308
		58160-0826-52	10 pack - 1 dose T-L syringes, No Needle	$25.00	$63.10			
Hepatitis A-Adult [5]	**Vaqta®**	**00006-4096-09**	6 pack – 1 dose prefilled syringes	$23.61	$65.03	6/30/2014	Merck	200-2013-55309
		00006-4841-41	10 pack – 1 dose vials	$22.09	$59.988			
Hepatitis A-Hepatitis B Adult [3]	**Twinrix®**	**58160-0815-11**	10 pack - 1 dose vials	$49.75	$92.50	6/30/2014	GlaxoSmithKline	200-2013-55308
		58160-0815-52	10 pack - 1 dose T-L syringes. No Needle	$50.30	$92.50			
Hepatitis B-Adult [5]	**ENGERIX-B®**	**58160-0821-11**	10 pack - 1 dose vials	$24.63	$52.50	6/30/2014	GlaxoSmithKline	200-2013-55308
		58160-0821-52	10 pack - 1 dose T-L syringes, No Needle	$26.95	$52.50			
Hepatitis B-Adult [5]	**Recombivax HB®**	**00006-4995-41**	10 pack - 1 dose vials	$24.238	$59.093	6/30/2014	Merck	200-2013-55309
		00006-4995-00	1 pack- single dose vial	$24.24	$59.70			
		00006-4094-09	6 pack- 1 dose syringe	$25.76	$61.22			
HPV -Quadrivalent Human Papillomavirus Types 6, 11, 16 and 18 Recombinant Adult [5]	**Gardasil®**	**00006-4045-41**	10 pack - 1 dose vials	$90.399	**$141.38**	6/30/2014	Merck	200-2013-55309
HPV-Human Papillomavirus Bivalent Types 16 and 18 [5]	**Cervarix®**	**58160-0830-52**	10 pack - 1 dose T-L syringe, No Needle	$90.40	$128.75	6/30/2014	GlaxoSmithKline	200-2013-55308
Measles, Mumps, & Rubella-Adult [1]	**M-M-R®II**	**00006-4681-00**	10 pack - 1 dose vials	**$37.046**	$56.139	6/30/2014	Merck	200-2013-55309
Pneumococcal Polysaccharide (23 Valent)	**Pneumovax®23**	**00006-4739-00**	1 pack - 5 dose vials	$23.31	**$68.29**	6/30/2014	Merck	200-2013-55309
		00006-4943-00	10 pack – single dose 0.5 mL vials	$26.159	**$68.287**			
Pneumococcal 13-valent [5] (Adult)	**Prevnar 13™**	**00005-1971-02**	10 pack – 1 dose syringes, No Needle	$85.189	$128.16	6/30/2014	Pfizer	200-2013-55312
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis [1]	**Boostrix®**	**58160-0842-11**	10 pack - 1 dose vial	$25.64	$37.55	6/30/2014	GlaxoSmithKline	200-2013-55308
		58160-0842-52	10 pack - 1 dose TL syringes, No Needle	$25.64	$37.55			
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis [1]	**Adacel**	**49281-0400-10**	10 pack - 1 dose vial	**$22.629**	$41.06	6/30/2014	Sanofi	200-2013-55310
		49281-0400-15	5 pack - 1 dose syringe	**$21.322**	$41.06			
Varicella-Adult [5]	**Varivax®**	**00006-4827-00**	10 pack - 1 dose vials	**$60.769**	$94.141	6/30/2014	Merck	200-2013-55309
Zoster Vaccine Live[5]	**Zostavax®**	**00006-4963-41**	10 pack - 1 dose vial	$114.691	$165.691	6/30/2014	Merck	200-2013-55309
Tetanus and Diphtheria Toxoids[3]		**00006-4133-41**	10 pack - 1 dose vial	$13.108	$17.99	6/30/2014	Merck	200-2013-55309
Tetanus and Diphtheria Toxoids[3]	**Tenivac**	**49281-0215-10**	10 pack - 1 dose vial	$13.685	$21.74	6/30/2014	Sanofi	200-2013-55310
		49281-0215-15	10 pack - 1 dose syringe	$13.545	$21.74			

Tetanus and Diphtheria Toxoids[3]		**17478-0131-01**	10 pack - 1 dose vial	$12.599		6/30/2014	Akorn	200-2013-55314
Meningococcal Conjugate [5]	**Menveo®**	**46028-0208-01**	5 pack - 1 dose vial	$69.36	**$117.418**	6/30/2014	Novartis	200-2013-55313
Meningococcal Conjugate [5]	**Menactra**	**49281-0589-05**	5 pack - 1 dose vial	$74.864	$112.93	6/30/2014	Sanofi	200-2013-55310

Pediatric Influenza Vaccine Price List

Note: The table below reflects new contracts for the 2013-2014 Pediatric Flu.

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
Influenza [5, 6] (Age 6 months and older)	**Fluzone®**	**49281-0392-15**	10 dose vial	$8.749	$10.69	2/21/2014	Sanofi Pasteur	200-2013-54015
Influenza [5] (Age 6-35 months)	**Fluzone® Pediatric dose No Preservative**	**49281-0113-25**	10 pack - 1 dose syringe	$12.227	$15.25	2/21/2014	Sanofi Pasteur	200-2013-54015
	Fluzone® Pediatric dose No Preservative Quadrivalent	**49281-0513-25**	10 pack - 1 dose syringe	$17.05	$20.50			
Influenza [5] (Age 36 months and older)	**Fluzone® No-Preservative**	**49281-0013-50**	10 pack - 1 dose syringe	$10.53	$12.49	2/21/2014	Sanofi Pasteur	200-2013-54015
		49281-0013-10	10 pack – 1 dose vial	$10.85	$13.075			
Influenza [5] (Age 36 months and older)	**Fluarix® Preservative Free**	**58160-0880-52**	10 pack- 1 dose TipLok syringe	$9.25	$10.98	2/21/2014	GlaxoSmithKline	200-2013-54020
	Fluarix® Quadrivalent Preservative Free	**58160-0900-52**	10 pack- 1 dose TipLok syringe	13.65	15.90	2/21/2014	GlaxoSmithKline	200-2013-54020
Influenza [5, 6] (Age 4 years and older)	**Fluvirin®**	**66521-0116-10**	10 dose vial	$8.00	$13.25	2/21/2014	Novartis	200-2013-54019
	Fluvirin® Preservative Free	**66521-0116-02**	10 pack -1 dose syringe	$9.00	$14.35			
Influenza [5] Live, Intranasal (Age 2-49 years)	**FluMist® No Preservative Quadrivalent**	**66019-0300-10**	10 pack- 1 dose sprayer (Intranasal)	$17.30	$21.70	2/21/2014	MedImmune	200-2013-54017
Influenza [5] (Age 9 years and older)	**Afluria® No Preservative**	**33332-0013-01**	10 pack-1 dose syringe	$9.00	$11.00	2/21/2014	Merck (CSL product)	200-2013-54016
Influenza [5, 6] (Age 9 years and older)	**Afluria®**	**33332-0113-10**	10 dose vials-1 pack	$8.25	$10.25	2/21/2014	Merck (CSL product)	200-2013-54016

Adult Influenza Vaccine Price List

Note: The table below reflects new contracts for the 2013-2014 Adult Flu.

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer	Contract Number
Influenza [5, 6] (Age 6 months and older)	**Fluzone®**	**49281-0392-15**	10 dose vial	$8.153	$10.69	2/21/2014	Sanofi Pasteur	200-2013-54009
Influenza [5] (Age 18 - 64 years)	**Fluzone®**	**49281-0707-55**	10 pack - 1 dose syringe	$12.644	$16.72	2/21/2014	Sanofi Pasteur	200-2013-54009
Influenza [5] (Age 36 months and older)	**Fluzone® No Preservative**	**49281-0013-50**	10 pack - 1 dose syringe	$9.494	$12.49	2/21/2014	Sanofi Pasteur	200-2013-54009
		49281-0013-10	10 pack - 1 dose vial	$9.93	$13.075			
Influenza [5] (Age 18 years and older)	**Flucelvax® Preservative Free Antibiotic free**	**63851-0612-01**	10 pack - 1 dose syringe	$9.50	$18.25	2/21/2014	Novartis	200-2013-54011
Influenza [5, 6] (Age 4 years and older)	**Fluvirin®**	**66521-0116-10**	10 dose vial	$6.75	$13.25	2/21/2014	Novartis	200-2013-54011

Influenza [5] (Age 4 years and older)	**Fluvirin® Preservative Free**	**66521-0116-02**	10 pack -1 dose syringe	$7.75	$14.35	2/21/2014	Novartis	200-2013-54011
Influenza [5, 6] (Age 18 years and older)	**FluLaval®**	**19515-0890-07**	10 dose vial	$5.89	$9.50	2/21/2014	GlaxoSmithKline	200-2013-54008
Influenza [5] (Age 36 months and older)	**Fluarix® Preservative Free**	**58160-0880-52**	10 pack - 1 dose syringe	$8.08	$10.98	2/21/2014	GlaxoSmithKline	200-2013-54008
	Fluarix® Quadrivalent Preservative Free	**58160-0900-52**	10 pack - 1 dose syringe	12.03	15.90	2/21/2014	GlaxoSmithKline	200-2013-54008
Influenza [5] (Age 9 years and older)	**Afluria® No Preservative**	**33332-0013-01**	10 pack-1 dose syringe	$8.13	$11.00	2/21/2014	Merck (CSL product)	200-2013-54010
Influenza [5, 6] (Age 9 years and older)	**Afluria®**	**33332-0113-10**	10 dose vials-1 pack	$7.819	$10.25	2/21/2014	Merck (CSL product)	200-2013-54010

Footnotes

1. Vaccine cost includes $2.25 dose Federal Excise Tax
2. Vaccine cost includes $3.00 per dose Federal Excise Tax
3. Vaccine cost includes $1.50 per dose Federal Excise Tax
4. Vaccine cost includes $3.75 per dose Federal Excise Tax
5. Vaccine cost includes $0.75 per dose Federal Excise Tax
6. Vaccines which contain Thimerosal as a preservative

Chicago Vaccines for Children (VFC) Program
Vaccine RETURN (Spoiled/Expired) Form

Return This Form To:
Chicago Department of Public Health - Immunization Program
2160 West Ogden Avenue Chicago, IL 60612
FAX: 312-746-6220

Date: _____ VFC Plus PIN #: _____ Name of Clinic/Practice: _____PHA: _____

Street Address: _____ Suite/Room:_____ Zip Code: _____

Contact Person: _____ Phone: ( ) _____ FAX: ( )_____

Provider Signature:_____ Date:_____

Vaccine/Manufacturer	Return Doses	NDC	Expiration Date	Lot Number	Unusable Spoiled/Expired
e.g. Infanrix / GSK	10	58160-0810-11	6/30/2013	U4147BA	A - J

Vaccine Manufacture	Abbreviations
Novartis	Nov
MedImmune	Med
SanofiPasteur/AventisPasteur	SP or AVP
Merck	Mer
Glaxo-SmithKline	GSK
Pfizer	Pzr

Use the key below to identify the reason for returning vaccine

A Expired Vaccine
B Failure to store properly upon receipt
C Mechanical Failure (refrigerator broke)
D Natural Disaster/Power Outage
E Spoiled (Describe reason for spoilage)
F Other (Describe)
G Vaccine Recalled by Manufacture/VFC
H Refrigerator too Cold
I Refrigerator too Warm
J Vaccine spoiled in transit (frozen/warm)

Steps to Return Spolied/Expired Vaccine

1. Complete this form and **FAX** it to the VFC Immunization Program at **(312) 746-6220.**
2. You will receive a return shipping label(s) from McKesson Specialty Distribution via U.S. Postal Service. (Contact 312-746-5385 if not received)
3. Pack non-viable (spoiled/expired) vaccine in a box(s) (The vaccine should not be packed with ice packs or thermometers).
4. Enclose the original copy of this Return Form in the box(s) with the spoiled/expired vaccine.
5. Hand the labeled box(s) of expired vaccine to the UPS driver or drop the box(s) off at your nearest UPS store.
6. If you have any questions, call the VFC Immunization Program at 312-746-5385.

Updated 1/9/2014

Chicago Department of Public Health
Vaccines for Children Program (VFC)

Return of Nonviable (Spoiled/Expired) Vaccine to McKesson: Prepaid Shipping Labels

Upon submission of the VFC Vaccine Return form to the Chicago VFC Vaccine Management Unit, the provider will receive a prepaid shipping label(s) in the following postal envelop:

The provider should complete the "FROM" information at the top of the label(s) then place the label(s) on the box(es) containing the vaccine that is to be returned.

Complete the "FROM" section with the appropriate information.

WARNING

Do not unplug the refrigerator/ freezer or break circuit. Expensive vaccine in storage.

In event of electrical problem, immediately contact:

WARNING

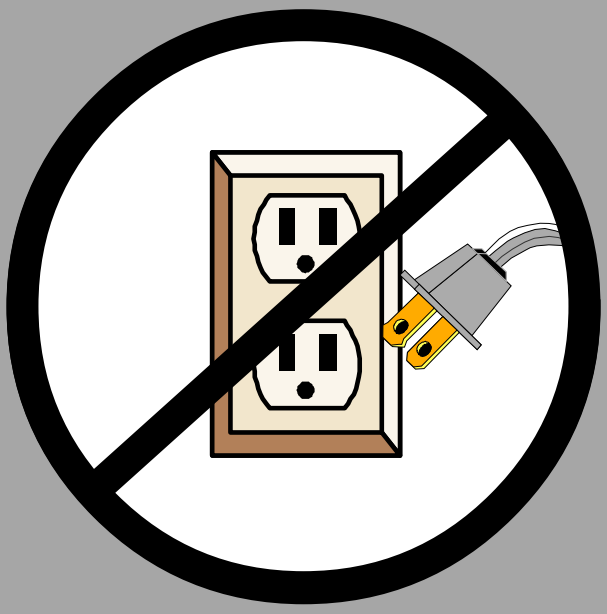
Do not unplug the refrigerator/ freezer or break circuit. Expensive vaccine in storage.

In event of electrical problem, immediately contact:

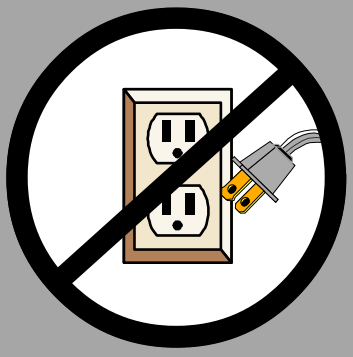
WARNING

Do not unplug the refrigerator/ freezer or break circuit. Expensive vaccine in storage.

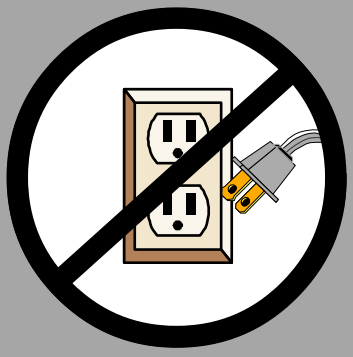
In event of electrical problem, immediately contact:



¡No desconecte el refrigerador!



¡No desconecte el refrigerador!



¡No desconecte el refrigerador!

¡AVISO!

No desconecte el refrigerador / congelador ni corte el circuito. ¡Contiene vacunas caras!

Si hay un problema con la electricidad, comuníquese inmediatamente con:

¡AVISO!

No desconecte el refrigerador / congelador ni corte el circuito. ¡Contiene vacunas caras!

Si hay un problema con la electricidad, comuníquese inmediatamente con:

¡AVISO!

No desconecte el refrigerador / congelador ni corte el circuito. ¡Contiene vacunas caras!

Si hay un problema con la electricidad, comuníquese inmediatamente con:

Manufacturer Quality Control Office Telephone Numbers

(Source: Page 76 of the Oct. 2011 Vaccine Storage and Handling Guide)

Manufacturer / Distributor Websites	Telephone Number/E-mail	Products
Centers for Disease Control and Prevention www.cdc.gov/ncidod/srp/drugs/drug-service.html http://www.cdc.gov/laboratory/drugservice/index.html	404-639-3670/ drugservice@cdc.gov	Distributor for diphtheria antitoxin, VIG, smallpox vaccine
GlaxoSmithKline (GSK) http://www.gskvaccines.com/	866-475-8222	DTaP, DTaP-HepB-IPV, DTaP-IPV, HepA, HepB, HepA-HepB, HPV2, RV1, Tdap, TIV
Massachusetts Biological Labs http://www.umassmed.edu/massbiolabs/index.aspx	617-474-3000	IGIM, Td, TT
MedImmune http://www.medimmune.com/	877-633-4411 medinfo@medimmune.com	LAIV
Merck & Co., Inc https://www.merckvaccines.com/	800-637-2590	HepA, HepB, Hib, Hib-HepB, HPV4, MMR, MMRV, PPSV23, Td, TIV, VAR, ZOS
Biotest Pharmaceuticals http://www.biotestpharma.com/products/nabiHB.html	800 458-4244 ma@biotestpharma.com	HBIG
Novartis http://www.novartisvaccines.com/us/index.shtml	877 683-4732 Vaccineinfo.us@novartis.com	TIV
Pfizer/Wyeth http://pfizerpro.com/	800-438-1985	PCV13
Sanofi Pasteur https://www.vaccineshoppe.com/	800-822-2463	DT, DTaP, DTaP-IPV/Hib, Hib, IPV, MCV4, MPSV4, Rabies, RIG, Td, Tdap, TIV, TT
Talecris Biotherapeutics http://www.talecris.com/talecris-biotherapeutics-us-home.htm	800-520-2807 talecris@medcomsol.com	HBIG, IGIM, RIG, TIG

ROUTINE VACCINE STORAGE AND HANDLING PLAN TEMPLATE

Practice Name	Pin
Effective Date	Annual Review Date
Approved by (MD)	Reviewed by (PHA)

These are guidelines to follow in developing routine and emergency vaccine handling plans. Each practice should consider the items in this template below and make them specific to your practice.* The completed plan should be posted near your vaccine storage unit or where they can be easily accessed and in case of an emergency. All office staff, including the janitor and security guard, should know the standard procedure to follow and where/how the individual vaccines are to be stored.

- **Designate two people responsible for the routine vaccine storage and security.**
- **This MUST be kept current as staff changes.**
- **Providers must contact VFC Program when Vaccine Coordinator changes.**

Vaccine Coordinator (name)	Title
Secondary (back-up) person (name)	Title
Contact VFC when staff changes (name)	Title

- Vaccine ordering and inventory will be done every_____ on the _____ of the month.
- Maintain proper temperature for storage of vaccine:

Storage Unit	Fahrenheit (F)	Celsius (C)
Refrigerator	35-46° F (aim for 40° F)	2-8° C (aim for 5° C)
Freezer	5° F or colder	-15° C or colder

- Have a completed Temperature Monitoring protocol for the daily management of temperatures in the vaccine storage appliances. (New in 2014)
- Unpack all vaccine shipments immediately and check the temperature monitoring readings.
- Inspect the vaccine and packaging for damage
- Compare the vaccine received with the vaccine products that appear on the packing list
- Contact McKesson immediately if vaccine shipment has been compromised or if there is a problem with temperature monitors 1-877-TEMP123 (1-877-836-7123)
- Label VFC vaccine and store separately from private stock.
- Conduct MONTHLY vaccine inventory counts.
- Store and rotate vaccines according to the expiration date and use vaccines with the soonest expiration day FIRST. THIS IS MANDATORY.
- Contact the Chicago VFC Program if vaccines will expire within 90 days if you think that you will not be able to use them.
- Check the unit doors to ensure they are closed and, if possible, locked.
- Place DO NOT UNPLUG stickers next to outlet and circuit breakers.
- Advise maintenance and cleaning personnel not to unplug refrigerator/freezer units.
- Provide monthly cleaning of appliances. Coils should be vacuumed rountinely.
- Immediately remove all expired vaccine from the vaccine storage unit.
- If VFC vaccine is expired, wasted or spoiled, contact the Chicago VFC Program, complete the VACCINE RETURN FORM and fax to Chicago VFC to receive shipping label. Return all expired, unused vaccines within 6 months of date of expiration.

- **PROVIDER STAFF TRAINING REQUIREMENT**

Provider Staff Trainer (name)	Title

  - **Above named provider staff will be responsible for training any new staff in vaccine storage and handling immediately after the hire date.**
  - **Providers must keep a log of those trained by name and date as well as topics covered in the training. This log will be reviewed by VFC staff at visits. Give location of where log will be kept for review by VFC: _____**
  - Chicago VFC will assist with training whenever possible.

***PLEASE SEE *VFC PROVIDER HANDBOOK* FOR DETAILED INFORMATION ON ALL REQUIRED PLAN ITEMS ABOVE WITH PROCEDURES.**

EMERGENCY VACCINE STORAGE AND HANDLING PLAN TEMPLATE

Practice Name	Pin
Effective Date	Annual Review Date
Approved by (MD)	Reviewed by (PHA)

- **Designate two persons responsible for emergency vaccine storage and security.**
- **This MUST be kept current as staff changes.**

Vaccine Coordinator	Title
Secondary (back-up) person	Title

- How will designated personnel be contacted in a vaccine storage emergency? (i.e. phone, alarm, etc.)
- People listed below will have 24 hour access to vaccine storage unit:

Name	Title	Contact Information

- Steps to follow for proper handling and moving of vaccines to protect them from becoming spoiled.
  1. _____
  2. _____
  3. _____
- Designate alternative storage units and facilities (back up refrigerator, fire department, hospital, another provider)

Alternate Location	Contact Person	Address and Phone

- Procedures that the designated personnel (above) should follow to access alternative units and facilities.
  1. How to enter your building_____
  2. Packing Materials_____
  3. Transportation_____
- Record the following information on each refrigerator and freezer unit

Type of Unit (Refrigerator or Freezer)	Brand	Model Number	Serial Number

- **Emergency Resources Contact List**

Emergency Resource	**Contact Person**	**Phone Number (home, cell, pager)**	**E-mail Address**
Chicago Department of Public Health VFC Program	(Insert your PHA name here)		
VFC Vaccine Manager	Kevin Hansen	312/746-9330	kevin.hansen@cityofchicago.org
VFC Program Manager	Marcia Levin	312/746-6050	marcia.levin@cityofchicago.org
Electric Company	Commonwealth Edison	1-800-EDISON1	www.comed.com
Refrigerator Repair			
Freezer Repair			
Temperature Alarm			
Security or Perimeter Alarm Company			
Weather Service	Chicago Weather Service	Not available	www.crh.noaa.gov/lot/

TEMPERATURE MONITORING PROCEDURES

Manual Recording

These are guidelines for routine temperature monitoring. Providers need to have an established protocol for reviewing and recording temperature readings twice daily.

Completion of this document with the addition of the "Recording Refrigerator/Freezer Temperatures" documents will constitute a protocol for temperature monitoring. These documents must be reviewed by all provider staff every year. All new staff must be trained according to these protocols.

Practice Name	Pin
Effective Date	Annual Review Date
Approved by (MD)	Reviewed by (PHA)

Temperature monitoring is the primary responsibility of the vaccine coordinator and back-up coordinator. Designated staff listed (below) will review temperatures within each vaccine storage unit two times each day (beginning and end). This review will be documented and any actions that are taken if the temperatures readings are out of acceptable range.

The two people responsible for the routine temperature monitoring are named here. This MUST be kept current as staff changes. Providers must contact VFC Program anytime the Vaccine Coordinator changes.

Vaccine Coordinator	Title
Secondary (back-up) person	Title

Manual recording of temperatures on a paper temperature log. The following requirements apply:

- Above named staff will record findings using a paper temperature log twice daily, preferably in the early morning and late afternoon.
- Staff will post the Temperature log _____ (*provide location for posted temperature log*).
- Attached are protocols for training provider staff on proper assessment and interpretation of data as well as proper documentation of findings.
- Staff is required to:
    - Take immediate action to correct improper vaccine storage conditions, including inappropriate exposure to storage temperatures outside the recommended ranges and inappropriate exposure to light.
    - Document out-of-range temperature incidents and all actions taken on the Vaccine Storage Troubleshooting Record
    - Maintain an ongoing file of paper temperature logs
    - Store completed temperature logs for a minimum of three years.

CDC Temperature Monitoring Recommendations:

- CDC recommends reviewing and recoding minimum and maximum temperature readings at the beginning of the work day. This helps to ensure that out-of-range temperatures are identified quickly and corrections are made to prevent vaccine loss.
- CDC recommends that temperature logs also contain the time at which the reading was recorded and the name or initials of the person who assesses and recorded the temperature.

Please Note: Capturing the time and name/initials of the staff doing the temperature readings will become a requirement beginning January 1, 2015.

TEMPERATURE MONITORING PROTOCOLS
Electronic Recording

These are guidelines for routine temperature monitoring. Providers need to have an established protocol for reviewing and recording temperature readings twice daily.

Completion of this document with the addition of the "Recording Refrigerator/Freezer Temperatures" documents will constitute a protocol for temperature monitoring. These documents must be reviewed by all provider staff every year. All new staff must be trained according to these protocols.

Practice Name	Pin
Effective Date	Annual Review Date
Approved by (MD)	Reviewed by (PHA)

Temperature monitoring is the primary responsibility of the vaccine coordinator and back-up coordinator. Designated staff listed (below) will review temperatures within each vaccine storage unit two times each day (beginning and end). This review will be documented and any actions that are taken if the temperatures readings are out of acceptable range.

The two people responsible for the routine temperature monitoring are named here. This MUST be kept current as staff changes. Providers must contact VFC Program anytime the Vaccine Coordinator changes.

Vaccine Coordinator	Title
Secondary (back-up) person	Title

Electronic recording of temperature monitoring (Digital data logger or other temperature/monitoring/recording system) Providers must have data logger approved by Chicago VFC.

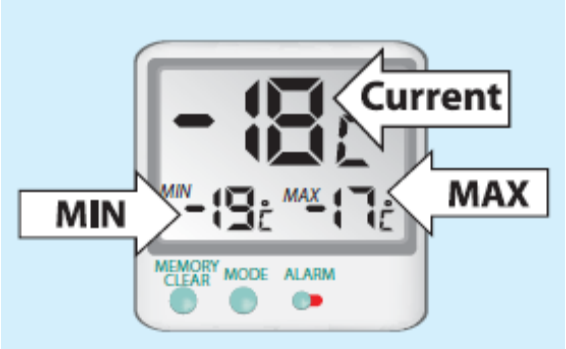
- Above named staff will record findings using a paper temperature log twice daily, preferably in the early morning and late afternoon.
- Staff will post the Temperature log _____ (*provide location for posted temperature log*).
- Attached are protocols for training provider staff on proper assessment and interpretation of data as well as proper documentation of findings.
- Staff is required to:
    - Take immediate action to correct improper vaccine storage conditions, including inappropriate exposure to storage temperatures outside the recommended ranges and inappropriate exposure to light.
    - Document out-of-range temperature incidents and all actions taken on the Vaccine Storage Troubleshooting Record
    - Maintain an ongoing file of paper temperature logs
    - Store completed temperature logs for a minimum of three years.

CDC Temperature Monitoring Recommendations:

- CDC recommends reviewing and recoding minimum and maximum temperature readings at the beginning of the work day. This helps to ensure that out-of-range temperatures are identified quickly and corrections are made to prevent vaccine loss.
- CDC recommends that temperature logs also contain the time at which the reading was recorded and the name or initials of the person who assesses and recorded the temperature.

Please Note: Capturing the time and name/initials of the staff doing the temperature readings will become a requirement beginning January 1, 2015.

Recording Freezer Temperatures (C°)



Temperature monitoring is the primary responsibility of the vaccine coordinator and back-up coordinator. Designated staff must review temperatures within each vaccine storage unit two times each day. **Record CURRENT, MIN, and MAX temperatures twice a day. Keep temperature logs for 3 years.**

The **CURRENT** temp is the temperature **now**. The **MIN** (minimum) shows the **coldest** temperature in the refrigerator since the memory was last cleared. The **MAX** (maximum) shows the **warmest** temperature since the memory was last cleared. The MIN/MAX temperatures are important because they will tell you if temperatures were ever in the DANGER Zone since you last checked them.

Temperatures below -15°C are OK. Temperatures above -15°C are in DANGER.

Follow the steps below to correctly record temperatures on your temperature log. These steps correspond to the steps listed on the temperature log.

Step 1

- **A.** Start a new log at the beginning of every month. Write the month, year , and location of refrigerator if you have more than one

Month/Year _____
(Days 1-15)
Refrigerator Location _____

- **B.** Write your initials and the am or pm time

Staff Initials	RC		
Day of Month	31	1	
Time	7:30		
	am	am	pm

Step 2

- **A.** Read the **CURRENT, MIN, and MAX** temperatures on the thermometer display and record them on the temperature log.

Current	-20
MIN	-25
MAX	-13

- **B.** Check if the temperatures you recorded are OK or in the DANGER Zone. (Arrows correspond to recorded temperatures)

-27° & lower -26° -25° -24° -23° -22° -21° -20° -19° -18° -17° -16° -15°
These temperatures are OK. Go to Step 4.

-14° -13° -12° -11° -10° -9° -8° -7° -6° -5° -4° & higher
DANGER Zone- Too Hot! Go to Step 3

- **C.** If **ANY** temp is in the DANGER Zone, follow the **Action Steps** in Step 3.
If **ALL** temps are OK, got to step 4.

Step 3

ACTION STEPS

- **A.** if temps are in the DANGER Zone, IMMEDIATELY take these ***ACTION STEPS*** (also listed on the temp log)

-14°	-13°	-12°	-11°	-10°	-9°	-8°	-7°	-6°	-5°	-4° & higher
DANGER Zone- Too Hot! Go to Step 3										

If you ever see temps in the Danger Zone (above -15°C):

- Alert your supervisor Immediately
- Press the MEMORY CLEAR button. Check the temperatures again in 1 hour. If temps are still in the Danger Zone, call Chicago VFC Vaccine Management Unit (312-746-5385) and store vaccines at proper temperature (transfer to another appliance, if possible)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Warmer temperatures are normal if you are taking inventory or stocking vaccine. Temperatures should go back to normal within the hour.

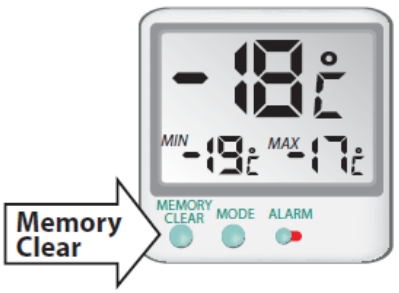
If your freezer has an automatic defrost cycle, warmer temperatures could be a result of the freezer defrost cycle. If temps are **not** in the OK range within one hour, you **must** take the above action steps.

- **B.** Document any actions taken on the "Vaccine Storage Troubleshooting Record". Make sure to include your provider name and pin number. Keep this record with your temperature logs and add extra sheets if you need more room.

Date	Time	Current Storage Unit Temp	Max/Min	Incident	Action Taken	Results	Initials
1/31/14	7:30am	5C	6C/1C	Refrig is too cold (Min: 1 degree C)	Put "Don't Use Vaccine" sign on the refrig. Called Chicago VFC + explained excursion At 8am I changed the thermostat to make temperature warmer. Notified other staff of temp change.	Closely monitored refrig temps Temp stabilized at 5 degrees C	RC

Step 4

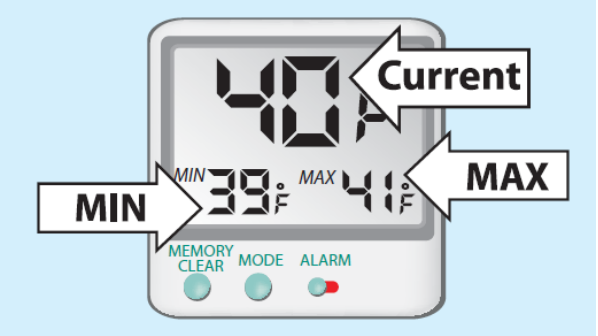
Press the MEMORY CLEAR button on the thermometer **every time** you finish logging temperatures.



Note: If you have a **DIGITAL DATA LOGGER**, your thermometer does not look like the example shown to the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Recording Refrigerator Temperatures (C°)

Temperature monitoring is the primary responsibility of the vaccine coordinator and back-up coordinator. Designated staff must review temperatures within each vaccine storage unit two times each day. **Record CURRENT, MIN, and MAX temperatures twice a day. Keep temperature logs for 3 years.**



The **CURRENT** temp is the temperature **now**. The **MIN** (minimum) shows the **coldest** temperature in the refrigerator since the memory was last cleared. The **MAX** (maximum) shows the **warmest** temperature since the memory was last cleared. The MIN/MAX temperatures are important because they will tell you if temperatures were ever in the DANGER Zone since you last checked them.

Temperatures between 2°C to 8°C are OK. Temperatures below 2°C and above 8°C are in DANGER.

Follow the steps below to correctly record temperatures on your temperature log. These steps correspond to the steps listed on the temperature log.

Step 1

- **A.** Start a new log at the beginning of every month. Write the month, year , and location of refrigerator if you have more than one

  Month/Year _____
  (Days 1-15)
  Refrigerator Location _____

- **B.** Write your initials and the am or pm time

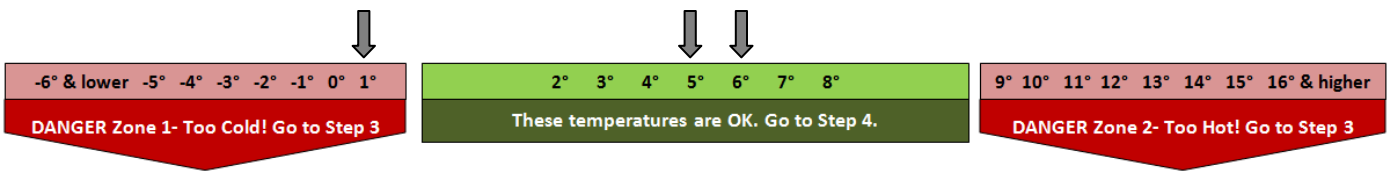
Staff Initials	RC		
Day of Month	31	1	
Time	7:30		
	am	am	pm

Step 2

- **A.** Read the **CURRENT, MIN, and MAX** temperatures on the thermometer display and record them on the temperature log.

Current	5
MIN	1
MAX	6

- **B.** Check if the temperatures you recorded are OK or in the DANGER Zone. (Arrows correspond to recorded temperatures)



- **C.** If **ANY** temp is in the DANGER Zone, follow the **Action Steps** in Step 3. If **ALL** temps are OK, got to step 4.

Step 3

ACTION STEPS

- **A.** if temps are in the DANGER Zone, IMMEDIATELY take these ***ACTION STEPS*** (also listed on the temp log)

-6° & lower -5° -4° -3° -2° -1° 0° 1°

DANGER Zone 1- Too Cold! Go to Step 3

If you ever see temps in Danger Zone 1 (below 2°C), even for a short time:

- Put a " Do Not Use Vaccine" sign on the refrigerator
- Alert your supervisor immediately and call the VFC Vaccine Management Unit (312-746-5385)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Freezing of refrigerated vaccines affects vaccine potency more than any other exposure problem. **It is extremely important to monitor your refrigerator for temperatures that are too cold.** ALWAYS take the above action steps if your refrigerator is below **2°C.**

9° 10° 11° 12° 13° 14° 15° 16° & higher

DANGER Zone 2- Too Hot! Go to Step 3

If you ever see temps in Danger Zone 2 (above 8°C):

- Alert your supervisor immediately.
- Do **not** adjust the thermostat. Press the MEMORY CLEAR button. Check the temps again in 1 hour. If temps are still in DANGER Zone 2, Call Chicago VFC Vaccine Management Unit (312-746-5385)

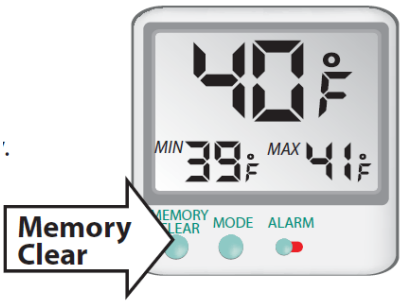
Warmer temperatures are normal if you are taking inventory or stocking vaccine. Temperatures should go back to normal within the hour. If you have a dual refrigerator/freezer unit, warmer temperatures could be a result of the freezer defrost cycle. If temps are **not** in the OK range within one hour, you **must** take the above action steps.

- **B.** Document any actions taken on the "Vaccine Storage Troubleshooting Record". Make sure to include your provider name and pin number. Keep this record with your temperature logs and add extra sheets if you need more room.

Date	Time	Current Storage Unit Temp	Max/Min	Incident	Action Taken	Results	Initials
1/31/14	7:30am	5C	6C/1C	Refrig is too cold (Min: 1 degree C)	Put "Don't Use Vaccine" sign on the refrig. Called Chicago VFC + explained excursion At 8am I changed the thermostat to make temperature warmer. Notified other staff of temp change.	Closely monitored refrig temps Temp stabilized at 5 degrees C	RC

Step 4

Press the MEMORY CLEAR button on the thermometer **every time** you finish logging temperatures.



Note: If you have a **DIGITAL DATA LOGGER**, your thermometer does not look like the example shown to the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Refrigerator Temperature Log

Record CURRENT, MIN, and MAX temperatures twice a day. Complete steps 1-4

Month/Year (Days 1-15)_____

Refrigerator Location _____

Provider Name:_____

Pin number:_____

File this log at the end of the month and keep it for 3 years

Step 1 **Write your initials and time of day.**

	Example																													
Staff Initials	RC																													
Day of Month	31	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Time	7:30																													
	am	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

Step 2 **Read the thermometer display. (See example at bottom right.) Write the temperature below.**
If temperatures are in the DANGER zone (See zones below), go to step 3.
If ALL temperatures are OK, go to step 4.

	Example																													
Current	5																													
MIN	1																													
MAX	6																													

-6° & lower -5° -4° -3° -2° -1° 0° 1°	2° 3° 4° 5° 6° 7° 8°	9° 10° 11° 12° 13° 14° 15° 16° & higher
DANGER Zone 1- Too Cold! Go to Step 3	**These temperatures are OK. Go to Step 4.**	**DANGER Zone 2- Too Hot! Go to Step 3**

Step 3

If you ever see temps in Danger Zone 1 (below 2°C), even for a short time:

- Put a " Do Not Use Vaccine" sign on the refrigerator
- Store vaccines at proper temperature (transfer to another appliance, if possible.)
- Alert your supervisor immediately and call the VFC Vaccine Management Unit (312-746-5385)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

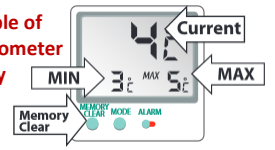
If temperatures are in Danger Zone 2 (above 8°C):

- Alert your supervisor immediately.
- Do not adjust the thermostat. Press the MEMORY CLEAR button*. Check the temps again in 1 hour. If temps are still in DANGER Zone 2, Call Chicago VFC Vaccine Management Unit (312-746-5385)

Step 4 **Press the MEMORY CLEAR button on the thermometer every time you finish logging temperatures.**

*Note: If you have a DIGITAL DATA LOGGER, your thermometer does not look like the example shown on the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Example of thermometer display



Chicago Department of Public Health-VFC Program
Chicago VFC temperature adopted from California Department of Public Health

Refrigerator Temperature Log

Record CURRENT, MIN, and MAX temperatures twice a day. Complete steps 1-4

Month/Year (Days 16-31)_____

Refrigerator Location _____

Provider Name:_____

Pin number:_____

File this log at the end of the month and keep it for 3 years

Step 1 **Write your initials and time of day.**

	Example																													
Staff Initials	RC																													
Day of Month	15	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Time	7:30																														
	am	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

Step 2 **Read the thermometer display. (See example at bottom right.) Write the temperature below.**
If temperatures are in the DANGER zone (See zones below), go to step 3.
If ALL temperatures are OK, go to step 4.

	Example																													
Current	5																													
MIN	1																													
MAX	6																													

-6° & lower -5° -4° -3° -2° -1° 0° 1°
DANGER Zone 1- Too Cold! Go to Step 3

2° 3° 4° 5° 6° 7° 8°
These temperatures are OK. Go to Step 4.

9° 10° 11° 12° 13° 14° 15° 16° & higher
DANGER Zone 2- Too Hot! Go to Step 3

Step 3

If you ever see temps in Danger Zone 1 (below 2°C), even for a short time:

- Put a " Do Not Use Vaccine" sign on the refrigerator
- Store vaccines at proper temperature (transfer to another appliance, if possible.)
- Alert your supervisor immediately and call the VFC Vaccine Management Unit (312-746-5385)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

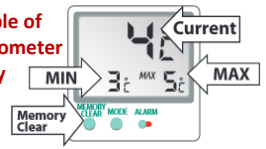
If temperatures are in Danger Zone 2 (above 8°C):

- Alert your supervisor immediately.
- Do not adjust the thermostat. Press the MEMORY CLEAR button*. Check the temps again in 1 hour. If temps are still in DANGER Zone 2, Call Chicago VFC Vaccine Management Unit (312-746-5385)

Step 4 **Press the MEMORY CLEAR button on the thermometer every time you finish logging temperatures.**

*Note: If you have a DIGITAL DATA LOGGER, your thermometer does not look like the example shown on the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Example of thermometer display



Chicago Department of Public Health-VFC Program
Chicago VFC temperature logs adopted from California Department of Public Health

Freezer Temperature Log

Record CURRENT, MIN, and MAX temperatures twice a day. Complete steps 1-4

Month/Year (Days 1-15)_____

Refrigerator Location _____

Provider Name:_____

Pin number:_____

File this log at the end of the month and keep it for 3 years

Step 1 **Write your initials and time of day.**

	Example																													
Staff Initials	RC																													
Day of Month	31	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Time	7:30																													
	am	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

Step 2 **Read the thermometer display. (See example at bottom right.) Write the temperature below.**
If temperatures are in the DANGER zone (See zones below), go to step 3.
If ALL temperatures are OK, go to step 4.

	Example																													
Current	-20																													
MIN	-25																													
MAX	-13																													

-27° & lower -26° -25° - 24° -23° -22° -21° -20° -19° -18° -17° -16° -15°

These temperatures are OK. Go to Step 4.

-14° -13° -12° -11° -10° -9° -8° -7° -6° -5° -4° & higher

DANGER Zone- Too Hot! Go to Step 3

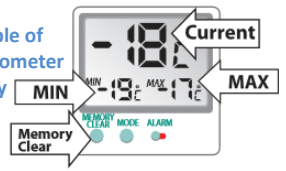
Step 3 **If you ever see temps in Danger Zone (above -15°C), even for a short time:**

- Alert your supervisor Immediately
- Press the MEMORY CLEAR button. Check the temperatures again in 1 hour. If temps are still in the Danger Zone, call Chicago VFC Vaccine Management Unit (312-746-5385) and store vaccines at proper temperature (transfer to another appliance, if possible)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Step 4 **Press the MEMORY CLEAR button on the thermometer every time you finish logging temperatures.**

*Note: If you have a DIGITAL DATA LOGGER, your thermometer does not look like the example shown on the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Example of thermometer display



Chicago Department of Public Health-VFC Program
Chicago VFC temperature log adopted from California Department of Public Health

Freezer Temperature Log

Record CURRENT, MIN, and MAX temperatures twice a day. Complete steps 1-4

Month/Year (Days 16-31)_____

Refrigerator Location _____

Provider Name:_____

Pin number:_____

File this log at the end of the month and keep it for 3 years

Step 1 **Write your initials and time of day.**

	Example																													
Staff Initials	RC																													
Day of Month	15	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Time	7:30																														
	am	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

Step 2 **Read the thermometer display. (See example at bottom right.) Write the temperature below.**
If temperatures are in the DANGER zone (See zones below), go to step 3.
If ALL temperatures are OK, go to step 4.

	Example																													
Current	-20																													
MIN	-25																													
MAX	-13																													

-27° & lower -26° -25° - 24° -23° -22° -21° -20° -19° -18° -17° -16° -15°

These temperatures are OK. Go to Step 4.

-14° -13° -12° -11° -10° -9° -8° -7° -6° -5° -4° & higher

DANGER Zone - Too Hot! Go to Step 3

Step 3 **If you ever see temps in Danger Zone (above -15°C), even for a short time:**

- Alert your supervisor Immediately
- Press the MEMORY CLEAR button. Check the temperatures again in 1 hour. If temps are still in the Danger Zone, call Chicago VFC Vaccine Management Unit (312-746-5385) and store vaccines at proper temperature (transfer to another appliance, if possible)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Step 4 **Press the MEMORY CLEAR button on the thermometer every time you finish logging temperatures.**

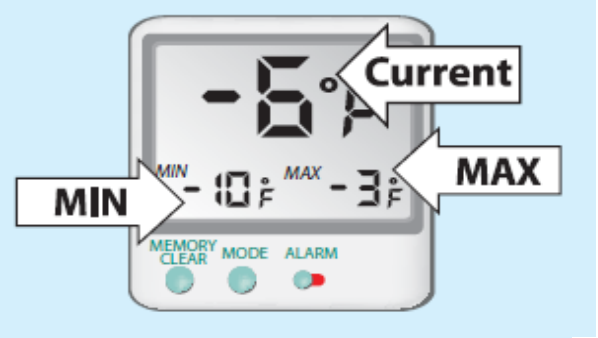
*Note: If you have a DIGITAL DATA LOGGER, your thermometer does not look like the example shown on the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Example of thermometer display

Chicago Department of Public Health-VFC Program
Chicago VFC temperature log adopted from California Department of Public Health

Recording Freezer Temperatures (F°)

Temperature monitoring is the primary responsibility of the vaccine coordinator and back-up coordinator. Designated staff must review temperatures within each vaccine storage unit two times each day. **Record CURRENT, MIN, and MAX temperatures twice a day. Keep temperature logs for 3 years.**



The **CURRENT** temp is the temperature **now**. The **MIN** (minimum) shows the **coldest** temperature in the refrigerator since the memory was last cleared. The **MAX** (maximum) shows the **warmest** temperature since the memory was last cleared. The MIN/MAX temperatures are important because they will tell you if temperatures were ever in the DANGER Zone since you last checked them.

Temperatures below 5°F are OK. Temperatures above 5°F are in DANGER.

Follow the steps below to correctly record temperatures on your temperature log. These steps correspond to the steps listed on the temperature log.

Step 1

- **A.** Start a new log at the beginning of every month. Write the month, year , and location of refrigerator if you have more than one

  Month/Year _____
  (Days 1-15)
  Refrigerator Location _____

- **B.** Write your initials and the am or pm time

Staff Initials	RC		
Day of Month	31	1	
Time	7:30		
	am	am	pm

Step 2

- **A.** Read the **CURRENT, MIN, and MAX** temperatures on the thermometer display and record them on the temperature log.

Current	-10
MIN	-15
MAX	7

- **B.** Check if the temperatures you recorded are OK or in the DANGER Zone. (Arrows correspond to recorded temperatures)

-20s° & lower -10s° -9° - 8° -7° -6° -5° -4° -3° -2° -1° 0° 1° 2° 3° 4° 5°

These temperatures are OK. Go to Step 4.

6° 7° 8° 9° 10° 11° 12° 13° 14° 15° 16° 17° 18°& higher

DANGER Zone- Too Hot! Go to Step 3

- **C.** If **ANY** temp is in the DANGER Zone, follow the **Action Steps** in Step 3. If **ALL** temps are OK, got to step 4.

Step 3

ACTION STEPS

- **A.** if temps are in the DANGER Zone, IMMEDIATELY take these ***ACTION STEPS*** (also listed on the temp log)

6° 7° 8° 9° 10° 11° 12° 13° 14° 15° 16° 17° 18°& higher

DANGER Zone- Too Hot! Go to Step 3

If you ever see temps in the Danger Zone (above 5°F):

- Alert your supervisor Immediately
- Press the MEMORY CLEAR button. Check the temperatures again in 1 hour. If temps are still in the Danger Zone, call Chicago VFC Vaccine Management Unit (312-746-5385) and store vaccines at proper temperature (transfer to another appliance, if possible)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Warmer temperatures are normal if you are taking inventory or stocking vaccine. Temperatures should go back to normal within the hour.

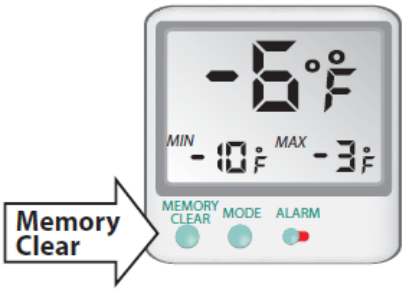
If your freezer has an automatic defrost cycle, warmer temperatures could be a result of the freezer defrost cycle. If temps are **not** in the OK range within one hour, you **must** take the above action steps.

- **B.** Document any actions taken on the "Vaccine Storage Troubleshooting Record". Make sure to include your provider name and pin number. Keep this record with your temperature logs and add extra sheets if you need more room.

Date	Time	Current Storage Unit Temp	Max/Min	Incident	Action Taken	Results	Initials
1/31/14	7:30am	5C	6C/1C	Refrig is too cold (Min: 1 degree C)	Put "Don't Use Vaccine" sign on the refrig. Called Chicago VFC + explained excursion At 8am I changed the thermostat to make temperature warmer. Notified other staff of temp change.	Closely monitored refrig temps Temp stabilized at 5 degrees C	RC

Step 4

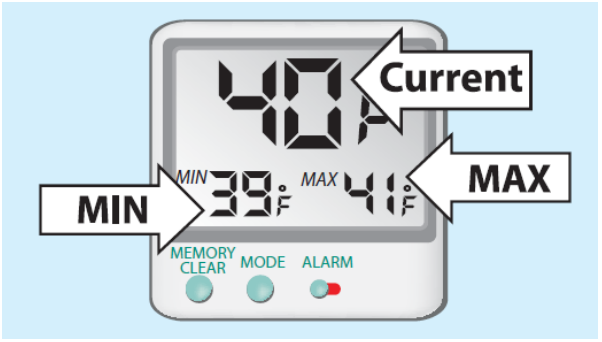
Press the MEMORY CLEAR button on the thermometer **every time** you finish logging temperatures.



Note: If you have a **DIGITAL DATA LOGGER**, your thermometer does not look like the example shown to the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Recording Refrigerator Temperatures (F°)

Temperature monitoring is the primary responsibility of the vaccine coordinator and back-up coordinator. Designated staff must review temperatures within each vaccine storage unit two times each day. **Record CURRENT, MIN, and MAX temperatures twice a day. Keep temperature logs for 3 years.**



The **CURRENT** temp is the temperature **now**. The **MIN** (minimum) shows the **coldest** temperature in the refrigerator since the memory was last cleared. The **MAX** (maximum) shows the **warmest** temperature since the memory was last cleared. The MIN/MAX temperatures are important because they will tell you if temperatures were ever in the DANGER Zone since you last checked them.

Temperatures between 35°F to 46°F are OK. Temperatures below 35°F and above 46°F are in DANGER.

Follow the steps below to correctly record temperatures on your temperature log. These steps correspond to the steps listed on the temperature log.

Step 1

- **A.** Start a new log at the beginning of every month. Write the month, year , and location of refrigerator if you have more than one

Month/Year _____
(Days 1-15)
Refrigerator Location _____

- **B.** Write your initials and the am or pm time

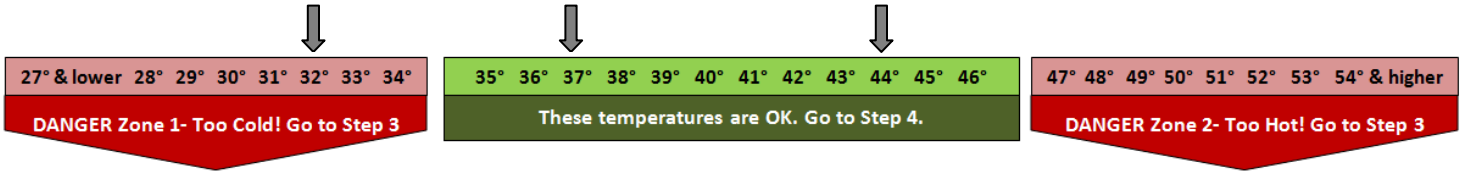
Staff Initials	RC		
Day of Month	31	1	
Time	7:30		
	am	am	pm

Step 2

- **A.** Read the **CURRENT, MIN, and MAX** temperatures on the thermometer display and record them on the temperature log.

Current	37
MIN	32
MAX	44

- **B.** Check if the temperatures you recorded are OK or in the DANGER Zone. (Arrows correspond to recorded temperatures)



- **C.** If **ANY** temp is in the DANGER Zone, follow the **Action Steps** in Step 3. If **ALL** temps are OK, got to step 4.

Step 3

ACTION STEPS

- **A.** if temps are in the DANGER Zone, IMMEDIATELY take these ***ACTION STEPS*** (also listed on the temp log)

27° & lower 28° 29° 30° 31° 32° 33° 34°

DANGER Zone 1- Too Cold! Go to Step 3

If you ever see temps in Danger Zone 1 (below 35°F), even for a short time:

- Put a " Do Not Use Vaccine" sign on the refrigerator
- Alert your supervisor immediately and call the VFC Vaccine Management Unit (312-746-5385)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Freezing of refrigerated vaccines affects vaccine potency more than any other exposure problem. **It is extremely important to monitor your refrigerator for temperatures that are too cold.** ALWAYS take the above action steps if your refrigerator is below 35°F.

47° 48° 49° 50° 51° 52° 53° 54° & higher

DANGER Zone 2- Too Hot! Go to Step 3

If you ever see temps in Danger Zone 2 (above 46°F):

- Alert your supervisor immediately.
- Do **not** adjust the thermostat. Press the MEMORY CLEAR button. Check the temps again in 1 hour. If temps are still in DANGER Zone 2, Call Chicago VFC Vaccine Management Unit (312-746-5385)

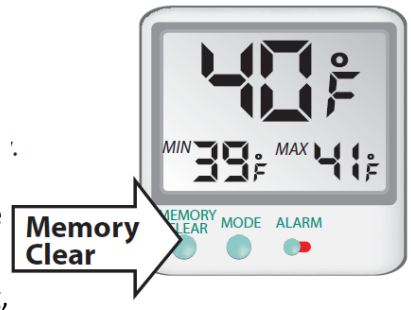
Warmer temperatures are normal if you are taking inventory or stocking vaccine. Temperatures should go back to normal within the hour. If you have a dual refrigerator/freezer unit, warmer temperatures could be a result of the freezer defrost cycle. If temps are **not** in the OK range within one hour, you **must** take the above action steps.

- **B.** Document any actions taken on the "Vaccine Storage Troubleshooting Record". Make sure to include your provider name and pin number. Keep this record with your temperature logs and add extra sheets if you need more room.

Date	Time	Current Storage Unit Temp	Max/Min	Incident	Action Taken	Results	Initials
1/31/14	7:30am	5C	6C/1C	Refrig is too cold (Min: 1 degree C)	Put "Don't Use Vaccine" sign on the refrig. Called Chicago VFC + explained excursion At 8am I changed the thermostat to make temperature warmer. Notified other staff of temp change.	Closely monitored refrig temps Temp stabilized at 5 degrees C	RC

Step 4

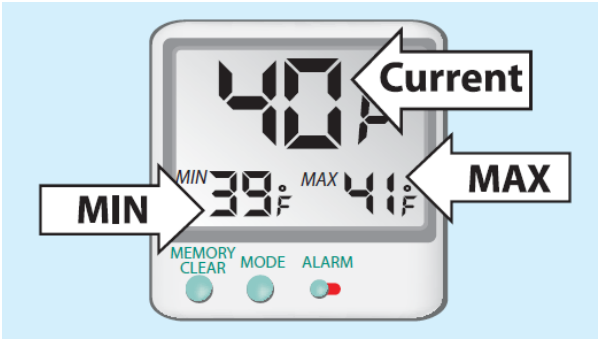
Press the MEMORY CLEAR button on the thermometer **every time** you finish logging temperatures.



Note: If you have a **DIGITAL DATA LOGGER**, your thermometer does not look like the example shown to the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Recording Refrigerator Temperatures (F°)

Temperature monitoring is the primary responsibility of the vaccine coordinator and back-up coordinator. Designated staff must review temperatures within each vaccine storage unit two times each day. **Record CURRENT, MIN, and MAX temperatures twice a day. Keep temperature logs for 3 years.**



The **CURRENT** temp is the temperature **now**. The **MIN** (minimum) shows the **coldest** temperature in the refrigerator since the memory was last cleared. The **MAX** (maximum) shows the **warmest** temperature since the memory was last cleared. The MIN/MAX temperatures are important because they will tell you if temperatures were ever in the DANGER Zone since you last checked them.

Temperatures between 35°F to 46°F are OK. Temperatures below 35°F and above 46°F are in DANGER.

Follow the steps below to correctly record temperatures on your temperature log. These steps correspond to the steps listed on the temperature log.

Step 1

- **A.** Start a new log at the beginning of every month. Write the month, year , and location of refrigerator if you have more than one

Month/Year _____
(Days 1-15)
Refrigerator Location _____

- **B.** Write your initials and the am or pm time

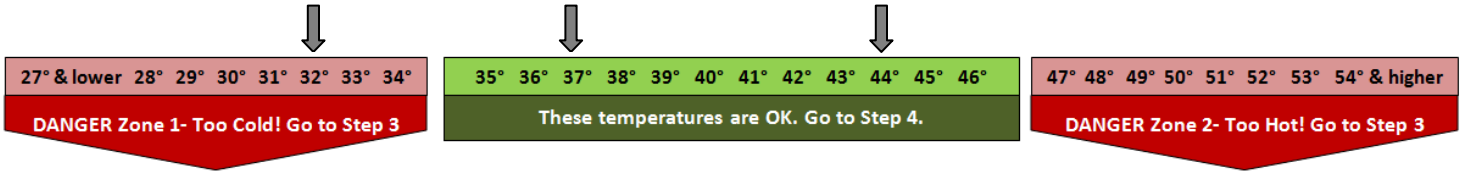
Staff Initials	RC		
Day of Month	31	1	
Time	7:30		
	am	am	pm

Step 2

- **A.** Read the **CURRENT, MIN, and MAX** temperatures on the thermometer display and record them on the temperature log.

Current	37
MIN	32
MAX	44

- **B.** Check if the temperatures you recorded are OK or in the DANGER Zone. (Arrows correspond to recorded temperatures)



- **C.** If **ANY** temp is in the DANGER Zone, follow the **Action Steps** in Step 3. If **ALL** temps are OK, got to step 4.

Step 3

ACTION STEPS

- **A.** if temps are in the DANGER Zone, IMMEDIATELY take these ***ACTION STEPS*** (also listed on the temp log)

27° & lower 28° 29° 30° 31° 32° 33° 34°

DANGER Zone 1- Too Cold! Go to Step 3

If you ever see temps in Danger Zone 1 (below 35°F), even for a short time:

- Put a " Do Not Use Vaccine" sign on the refrigerator
- Alert your supervisor immediately and call the VFC Vaccine Management Unit (312-746-5385)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Freezing of refrigerated vaccines affects vaccine potency more than any other exposure problem. **It is extremely important to monitor your refrigerator for temperatures that are too cold.** ALWAYS take the above action steps if your refrigerator is below 35°F.

47° 48° 49° 50° 51° 52° 53° 54° & higher

DANGER Zone 2- Too Hot! Go to Step 3

If you ever see temps in Danger Zone 2 (above 46°F):

- Alert your supervisor immediately.
- Do **not** adjust the thermostat. Press the MEMORY CLEAR button. Check the temps again in 1 hour. If temps are still in DANGER Zone 2, Call Chicago VFC Vaccine Management Unit (312-746-5385)

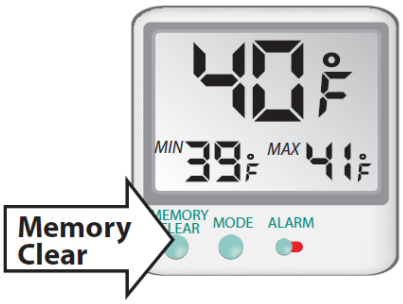
Warmer temperatures are normal if you are taking inventory or stocking vaccine. Temperatures should go back to normal within the hour. If you have a dual refrigerator/freezer unit, warmer temperatures could be a result of the freezer defrost cycle. If temps are **not** in the OK range within one hour, you **must** take the above action steps.

- **B.** Document any actions taken on the "Vaccine Storage Troubleshooting Record". Make sure to include your provider name and pin number. Keep this record with your temperature logs and add extra sheets if you need more room.

Date	Time	Current Storage Unit Temp	Max/Min	Incident	Action Taken	Results	Initials
1/31/14	7:30am	5C	6C/1C	Refrig is too cold (Min: 1 degree C)	Put "Don't Use Vaccine" sign on the refrig. Called Chicago VFC + explained excursion At 8am I changed the thermostat to make temperature warmer. Notified other staff of temp change.	Closely monitored refrig temps Temp stabilized at 5 degrees C	RC

Step 4

Press the MEMORY CLEAR button on the thermometer **every time** you finish logging temperatures.



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Freezer Temperature Log

Record CURRENT, MIN, and MAX temperatures twice a day. Complete steps 1-4

Month/Year (Days 1-15)_____

Refrigerator Location _____

Provider Name:_____

Pin number:_____

File this log at the end of the month and keep it for 3 years

Step 1 **Write your initials and time of day.**

	Example																													
Staff Initials	RC																													
Day of Month	31	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Time	7:30																													
	am	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

Step 2 **Read the thermometer display. (See example at bottom right.) Write the temperature below.**
If temperatures are in the DANGER zone (See zones below), go to step 3.
If ALL temperatures are OK, go to step 4.

	Example																													
Current	-10																													
MIN	-15																													
MAX	7																													

-20s° & lower -10s° -9° - 8° -7° -6° -5° -4° -3° -2° -1° 0° 1° 2° 3° 4° 5°

These temperatures are OK. Go to Step 4.

6° 7° 8° 9° 10° 11° 12° 13° 14° 15° 16° 17° 18°& higher

DANGER Zone- Too Hot! Go to Step 3

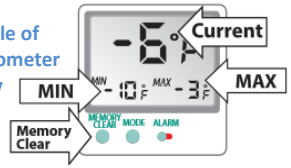
Step 3 **If you ever see temps in Danger Zone (above 5°F), even for a short time:**

- Alert your supervisor Immediately
- Press the MEMORY CLEAR button. Check the temperatures again in 1 hour. If temps are still in the Danger Zone, call Chicago VFC Vaccine Management Unit (312-746-5385) and store vaccines at proper temperature (transfer to another appliance, if possible)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Step 4 **Press the MEMORY CLEAR button on the thermometer every time you finish logging temperatures.**

*Note: If you have a DIGITAL DATA LOGGER, your thermometer does not look like the example shown on the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Example of thermometer display



Chicago Department of Public Health-VFC Program
Chicago VFC temperature log adopted from California Department of Public Health

Freezer Temperature Log

Record CURRENT, MIN, and MAX temperatures twice a day. Complete steps 1-4

Month/Year (Days 16-31)_____

Refrigerator Location _____

Provider Name:_____

Pin number:_____

File this log at the end of the month and keep it for 3 years

Step 1 **Write your initials and time of day.**

	Example																													
Staff Initials	RC																													
Day of Month	15	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Time	7:30																														
	am	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

Step 2 **Read the thermometer display. (See example at bottom right.) Write the temperature below.**
If temperatures are in the DANGER zone (See zones below), go to step 3.
If ALL temperatures are OK, go to step 4.

	Example																													
Current	-10																													
MIN	-15																													
MAX	7																													

-20s° & lower -10s° -9° -8° -7° -6° -5° -4° -3° -2° -1° 0° 1° 2° 3° 4° 5°

These temperatures are OK. Go to Step 4.

6° 7° 8° 9° 10° 11° 12° 13° 14° 15° 16° 17° 18°&

DANGER Zone - Too Hot! Go to Step 3

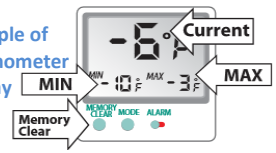
Step 3 **If you ever see temps in Danger Zone (above 5°F), even for a short time:**

- Alert your supervisor Immediately
- Press the MEMORY CLEAR button. Check the temperatures again in 1 hour. If temps are still in the Danger Zone, call Chicago VFC Vaccine Management Unit (312-746-5385) and store vaccines at proper temperature (transfer to another appliance, if possible)
- Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Step 4 **Press the MEMORY CLEAR button on the thermometer every time you finish logging temperatures.**

*Note: If you have a DIGITAL DATA LOGGER, your thermometer does not look like the example shown on the right. SKIP STEP 4; you do not need to clear the memory. To review MIN/MAX on the data loggers press the review button. When done reviewing, press the start/stop button once to go back to the original screen.

Example of thermometer display



Chicago Department of Public Health-VFC Program
Chicago VFC temperature log adopted from California Department of Public Health

Vaccine Storage Troubleshooting Record

Month/Year: _____
Unit and Location: _____
Provider Name: _____
Pin number: _____

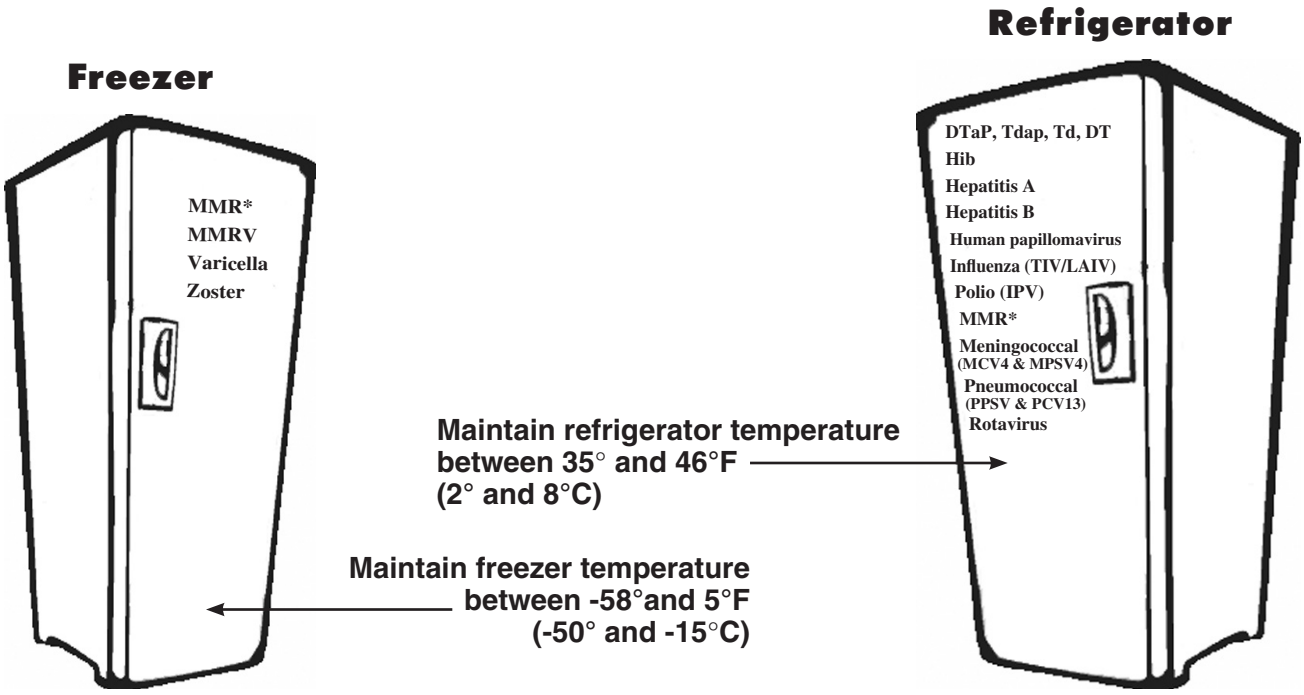
Use this page to record the details of any vaccine storage incident, including the date and time of the last known temperature within appropriate vaccine storage range.

	Date	Time	Current Storage Unit Temp	Max/Min	Incident	Action Taken	Results	Initials
Example	1/31/14	7:30am	5C	6C/1C	Refrig is too cold (Min: 1 degree C)	Put "Don't Use Vaccine" sign on the refrig. Called Chicago VFC + explained excursion At 8am I changed the thermostat to make temperature warmer. Notified other staff of temp change.	Closely monitored refrig temps Temp stabilized at 5 degrees C	RC

In the event of a temperature excursion call the VFC Vaccine Management Unit (312-746-5385)

Vaccine Handling Tips

Outdated or improperly stored vaccines won't protect patients!



Manage vaccine inventories.

Inventory your vaccine supplies at least monthly and before placing an order. Expired vaccine must never be used and is money wasted!

Always use the vaccine with the soonest expiration date first.

Move vaccine with the soonest expiration date to the front of the storage unit and mark it to be used first. Keep vaccine vials in their original boxes.

Store vaccine appropriately.†

Place vaccines in refrigerator or freezer immediately upon receiving shipment. Keep vaccine vials in their original packaging. Place vaccine in clearly labeled wire baskets or other open containers with a 2–3" separation between baskets and from wall of unit. Separate vaccines that have been supplied from your state's Vaccines for Children program from vaccines that are privately purchased. Do not store vaccines in the door or on the floor of the unit.

Stabilize temperatures.

Store ice packs in the freezer and large jugs of water in the refrigerator along with the vaccines. This will help maintain a stable, cold temperature in case of a power failure or if the refrigerator or freezer doors are opened frequently or left open. Frequent opening of either the refrigerator or freezer door can lead to temperature variations inside, which could affect vaccine efficacy. For this reason you should not store food or beverages in the refrigerator or freezer.

Safeguard the electrical supply to the refrigerator.

Make sure the refrigerator and freezer are plugged into outlets in a protected area where they cannot be disconnected accidentally. Label the refrigerator, freezer, electrical outlets, fuses, and circuit breakers on the power circuit with information that clearly identifies the perishable nature of vaccines and the immediate steps to be taken in case of interruption of power. If your building has auxiliary power, use the outlet supplied by that system.

---

*MMR may be stored in either the freezer or the refrigerator.

†Refer to package insert for specific instructions on the storage of each vaccine. If you have questions about the condition of the vaccine upon arrival, you should immediately place the vaccine in recommended storage, mark it "do not use," and then call your state health department or the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected. For other questions, call the immunization program at your state or local health department.

Record your health department's phone number here: _____

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

www.immunize.org/catg.d/p3048.pdf • Item #P3048 (12/11)

Vaccine Storage and Handling Toolkit

As of November 2012, the Centers for Disease Control and Prevention (CDC) is providing updated guidance on appropriate vaccine storage and handling practices. The Vaccine Storage and Handling Toolkit is a comprehensive resource for providers on vaccine storage and handling recommendations and best practice strategies. It covers the following topics:

1. **Vaccine Cold Chain**
2. **Storage and Handling Plans**
3. **Vaccine Personnel**
4. **Vaccine Storage Equipment**
5. **Vaccine Storage Practices**
6. **Temperature Monitoring**
7. **Storage Troubleshooting**
8. **Vaccine Inventory Management**
9. **Vaccine Shipments**
10. **Vaccine Transport**
11. **Vaccine Preparation and Disposal**

Please read this document and implement these best practices as soon as possible at your clinic. To see the full toolkit, visit:

http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf

COMPREHENSIVE CASA

Report Title: **SUMMARY REPORT**

Date Generated: 12/19/2008

REPORT CRITERIA

Assessment date: 10/2/2008

Provider site name: SAMPLE PEDIATRIC CLINIC (C99999)

Age range: From 12 to 35 months as of 12/31/2007

Selected series/antigens: 4:3:1:3:3:1 (4DTaP, 3Polio, 1MMR, 3HIB, 3HepB, 1Var)

Compliance: ☑ By age: 24 months ☐ By date:

Additional criteria: ☑ Apply ACIP Recommendations (valid doses only) ☑ Apply four-day grace period ☐ Limited by

Missed opportunities are defined as: On LAST immunization visit

IMMUNIZATION STATUS (based on user-selected criteria)

Note: For a report listing specific patients, choose Lists under the Standard Reports tab.

	25	# of patient records selected
(minus)	0	# of patients moved or gone elsewhere (MOGE)
	25	Total # of Patient Records Assessed

Total # of Patient Records Assessed 25

Immunizations Complete

Immunization Status		# of patients	% of patients
Received immunizations by assessment date:	10/02/2008	10	40%
Late up-to-date - received immunizations but NOT by:	24 months of age	2	8%
Up-to-date and complete by:	24 months of age	8	32%

Immunizations NOT Complete

Immunization Status	# of patients	% of patients
Missed opportunities to administer vaccine (as defined in report criteria)	11	44%
No missed opportunities but NOT eligible for immunization as of assessment date	0	0%
No missed opportunities; eligible; last visit <12 months ago	0	0%
No missed opportunities; eligible; last visit >= 12 months ago	4	16%
Total patients not complete by assessment date	15	60%

Bring Patients Up-To-Date

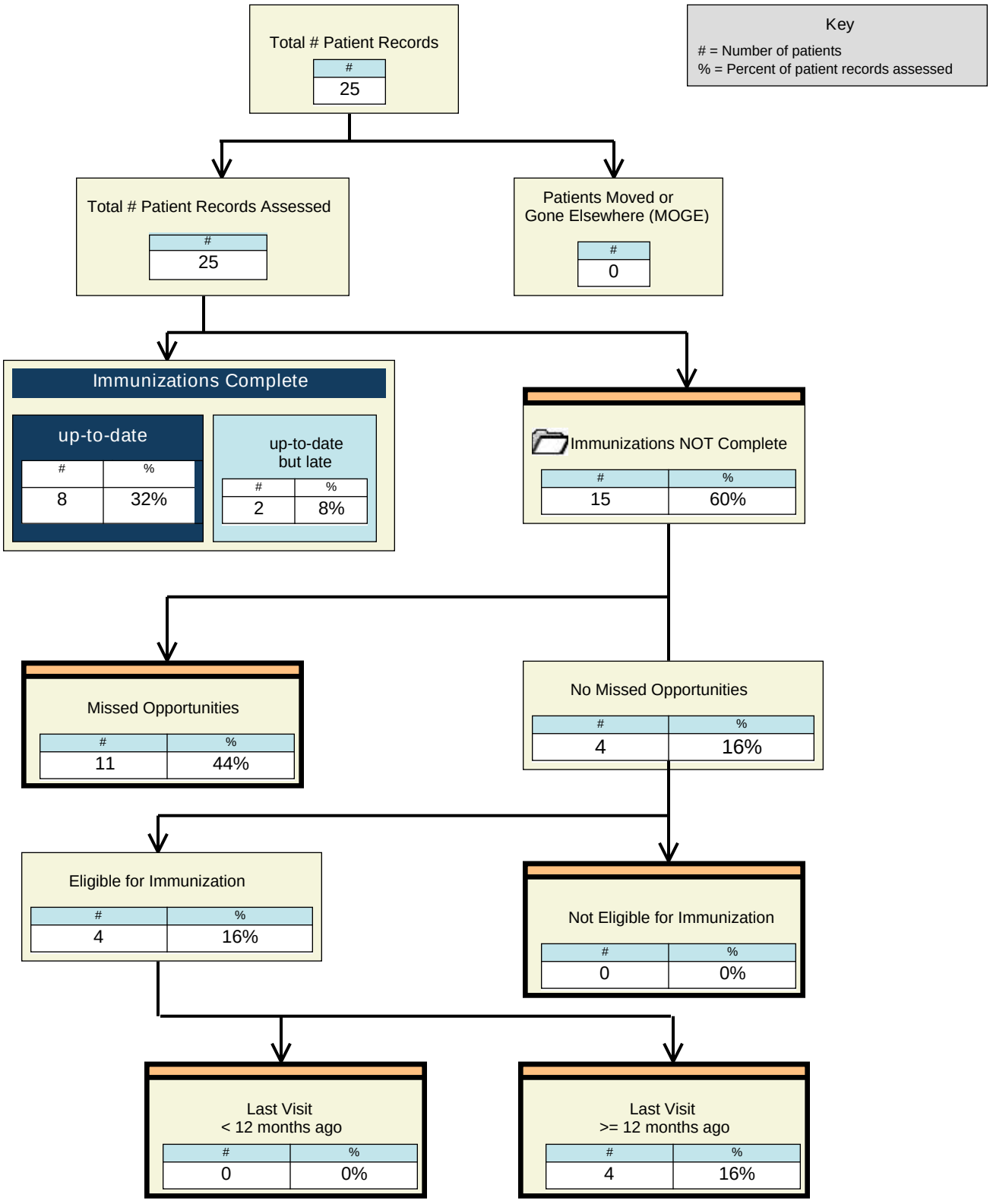
Of patients NOT complete, # of patients who could be brought up-to-date with 1 additional visit: 15 of 15

Immunizations Needed	# of patients	% of patients
1	9	36%
2	3	12%
3	1	4%
4+	2	8%
Total patients up-to-date with one additional visit	15	60%

Provider Site Name: SAMPLE PEDIATRIC CLINIC

Series: 4:3:1:3:3:1 (4DTaP, 3Polio, 1MMR, 3HIB, 3HepB, 1Var)

Compliance: months 24 months

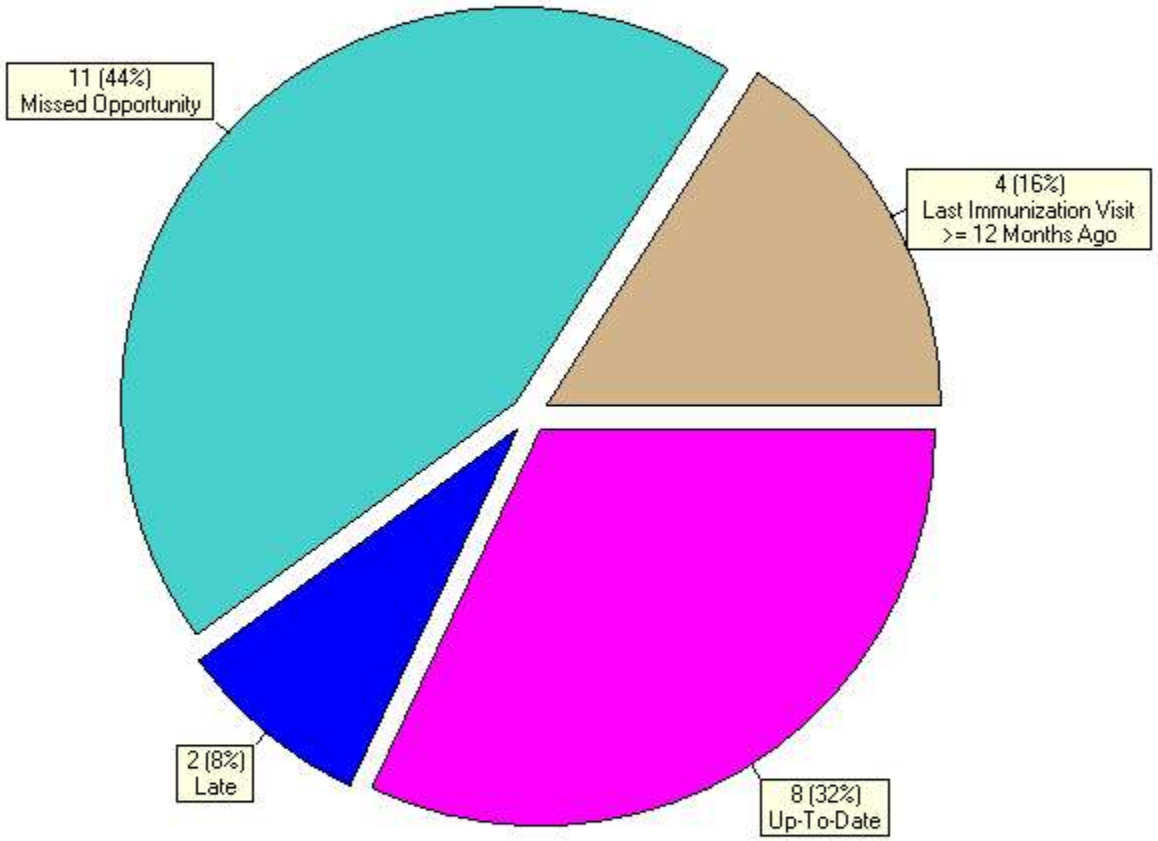


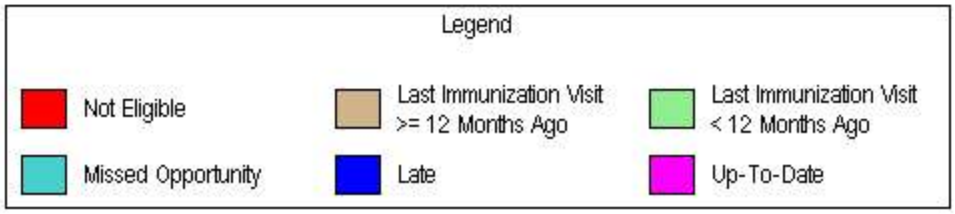
Provider Site Name: SAMPLE PEDIATRIC CLINIC

4:3:1:3:3:1 (4DTaP, 3Polio, 1MMR, 3HIB, 3HepB, 1Var)

Compliance: months 24 months

Immunization Results





Centers for Disease Control and Prevention
National Center for Infectious and Respiratory Diseases
Immunization Services Division

Health Insurance Portability and Accountability Act and Public Health

Fact Sheet

What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) established a national floor of consumer privacy protection and marketplace reform. Some key provisions include: insurance reforms, privacy and security, administrative simplification, and cost savings.

What is the HIPAA Privacy Rule?

HIPAA required Congress to enact privacy legislation by August 1999 or the Secretary of DHHS was to develop regulations protecting privacy. The HIPAA Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) sets national minimal standards for protected health information.

Implications for Public Health

The Privacy Rule strikes a balance between protecting patient information and allowing traditional public health activities to continue. Disclosure of patient health information without the authorization of the individual is permitted for purposes including but not limited to: disclosures required by law (45 CFR § 164.512(a)) or for "public health activities and purposes." This includes disclosure to "a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to, the reporting of disease, injury, vital events..., and the conduct of public health surveillance,... investigations, and... interventions." (45 CFR § 164.512(b)(i))

Definition of Public Health Authority

Defined as "an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandates." (45 CFR § 164.501)

For more information regarding HIPAA and vaccines, visit the CDC website at:
http://www.cdc.gov/vaccines/vac-gen/policies/hipaa/default.htm

(Rev. August 11, 2003)

Centers for Disease Control and Prevention
National Center for Infectious and Respiratory Diseases
Immunization Services Division

Health Insurance Portability and Accountability Act and Public Health Visits Access to Patient Records during AFIX and VFC Visits

Responses to Frequently Asked Questions about AFIX and VFC

This guidance is intended to give health care providers and public health agencies specific information regarding the HIPAA Privacy Rule and access to patient records during Assessment, Feedback, Incentives, Exchange (AFIX) and Vaccines for Children (VFC) site visits. Several frequently asked questions posed to the CDC legal counsel for interpretation are presented below. Additional sources of information and reference materials available on the internet are also included.

Can patient records be reviewed by health department staff, or their contractual agents such as the American Academy of Pediatrics (AAP) or the Visiting Nurses Association (VNA), for the purpose of conducting AFIX provider site visits?

Yes. Under 45 CFR § 164.512(b) of the HIPAA Privacy Rule, covered entities may disclose protected health information without authorization to public health authorities that are authorized by law to collect such information for public health purposes. AFIX, authorized under section 317 of the Public Health Service Act, is a public health strategy to raise immunization coverage levels and improve standards of practices at the provider level. AFIX providers, as covered entities, may share patient records with health department staff or their contractors because a health department is a public health authority authorized by law to review patient records for AFIX purposes, or because health department contractors are acting under a grant of authority from a public health authority. In addition, state health departments may have authority under applicable state law to collect this information.

Can patient records be reviewed by health officials or their agents for the purpose of conducting VFC provider site visits?

Yes. As explained in the answer to question 1 above, under 45 CFR § 164.512(b) of the HIPAA Privacy Rule, covered entities may disclose protected health information without authorization to public health authorities that are authorized by law to collect such information for public health purposes. VFC is a public health program that provides vaccines for children in certain eligibility groups. The VFC program was authorized under Section 1928 of the Social Security Act and has been delegated to CDC to administer. VFC providers, as covered entities, may share patient records with health officials or their agents because a health department is a public health authority authorized by law to review patient records for VFC purposes, or because contractors are acting under a grant of authority from a public health authority.

Responses to Frequently Asked Questions about AFIX and VFC

Are VFC providers required to allow health officials access to the immunization records of children in their practice to determine compliance with VFC requirements?

The HIPAA Privacy Rule permits providers to share immunization records with public health officials for public health purposes as otherwise authorized by law. Under the VFC statute, at 42 U.S.C. 1396s(c)(2), as a condition of participation in the VFC program providers must share immunization records with health officials to verify compliance with VFC program requirements, including:

1. screening of all children in their practice to determine VFC eligibility;
2. to determine provider compliance with the VFC immunization schedule regarding the appropriate periodicity, dosage and contraindications applicable to the vaccines;
3. to determine provider compliance with applicable State law, including any such law relating to any religious or other exemption;
4. to verify that VFC vaccine-eligible children are not being charged for the cost of the vaccine;
5. to verify that any administration fees being charged do not exceed the caps established by CMS;
6. to verify that the provider does not deny administration of vaccine to vaccine-eligible children due to the inability of the child's parent to pay an administration fee.

Can health care providers, daycare operators, Head Start and school officials share immunization information with another provider or school to update missing immunization history or bring children into compliance with daycare, Head Start and school requirements?

Health care providers (or other covered entities) may share immunization information with other health care providers as needed to make treatment decisions, such as to give further immunizations. Providers may also disclose immunization information to schools, without authorization, if permitted or required by State law. These State laws would not be preempted by the Privacy Rule. (45 CFR 160.203(c)). In the absence of such a State law, it appears that such disclosures to schools will require individual authorization. Immunization records held by day care centers and schools are not protected health information under the Privacy Rule. Disclosures of immunization information by schools is covered by the Family Educational Rights and Privacy Act (FERPA). (45 CFR 164.501).

Responses to Frequently Asked Questions about AFIX and VFC

Can patient identifiers, including name and birthdate, be collected and stored electronically, incidental to AFIX or VFC visits?

Yes. Under 45 CFR § 164.512(b) of the HIPAA Privacy Rule, covered entities may disclose protected health information--including name, birthdate, and other individually identifiable health information--to public health authorities that are authorized by law to collect such information for public health purposes. However, other requirements of the Privacy Rule (including minimum necessary, verification of identity, and accounting requirements) may apply to covered entities making these disclosures. For a full explanation of these requirements, see the website of the Office for Civil Rights (www.hhs.gov/ocr/hipaa) (responsible for enforcing the Privacy Rule), or CDC/DHHS guidance on the Privacy Rule and Public Health, in the MMWR, HIPAA Privacy Rule and Public Health (printable version is available at www.cdc.gov/mmwr/pdf/other/m2e411.pdf).

Once protected health information has been disclosed to a public health authority for a public health activity pursuant to section 164.512(b) of the Privacy Rule, the information may be stored in whatever way is reasonable for conducting the public health activity, including electronically, so long as the storage is consistent with other applicable State and Federal law.

Links to additional sources of information may be found on the CDC website at www.cdc.gov/vaccines/programs/iis/ or by returning to the HIPAA Policies page.

(Source: http://www.idph.state.il.us/health/vaccine/icarefs.html)

What is I-CARE?

I-CARE, or Illinois Comprehensive Automated Immunization Registry Exchange is an immunization record-sharing computer program developed by the Illinois Department of Public Health. The program allows public and private health care providers to share the immunization records of Illinois residents. Currently, the program contains more than 37 million immunization records.

Besides keeping track of the immunizations a child has already received, I-CARE forecasts immunization due dates based on the nationally recognized "Recommended Childhood Immunization Schedule." These recommendations are approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians.

What is the purpose of I-CARE?

I-CARE is designed to help health care providers record, track and report their patients' immunizations. Participation is voluntary. The registry allows physicians to access patient records for information about immunizations administered outside their practices.

What is the goal of I-CARE?

The primary goal of I-CARE is to increase the immunization coverage level of Illinois' 2-year-olds to 90 percent. In 2008, approximately 77 percent of Illinois' 2-year-olds were properly immunized, according to a National Immunization Survey.

While this goal focuses on 2-year-olds, keep in mind that patients of all ages can be included in the I-CARE program.

How does I-CARE work?

I-CARE users can exchange data with the statewide registry in one of two ways:

- Electronic Data Interchange (coming soon)
- I-CARE Web-based computer program

Electronic Data Interchange allows the sharing of electronic data in a structured HL7 (Health Level 7 standard) compatible format between computer programs. It allows health care facilities with their own HL7 compatible immunization tracking programs to share information with I-CARE.

The I-CARE computer program is robust, allowing health care providers to collect, store, analyze and report immunization data at individual sites.

Here are the main features of the computer program:

- Calculation of immunization due dates
- Print option for school physical form and patient immunization history report

- Remind/Recall feature to track and notify patients of due dates
- Vaccine inventory feature to track usage by lot number
- Record of patient contraindications, adverse reactions or immunities
- Assessment of immunization coverage levels for a practice
- Appointment feature to log and notify patients due for shots
- Refrigerator/Freezer Temperature Log feature to track and report vaccine storage appliances
- Report creation feature for several required forms and reports
- Vaccine Information Statement module to update and print VIS forms and report

What about security and patient confidentiality?

I-CARE is designed to protect patient confidentiality while providing access to statewide registry information. Confidentiality is maintained through several security controls.

Open access to the statewide registry is not allowed. Only registered I-CARE users have access to the data and information is available only on a need-to-know basis. In other words, an I-CARE user cannot browse through patient records. Specific name or ID search criteria must be used to access information in the statewide registry.

An audit log at the statewide registry tracks all updates to patient records and which I-CARE user made each update. In addition, a site can only produce reports for patients seen at its clinic site.

What kind of equipment is needed to operate I-CARE?

A high-speed Internet connection is needed to access the I-CARE Web site and Adobe Reader is used to open and print reports and forms.

What if a patient does not want to participate in I-CARE?

As of July 1, 2011, I-CARE switched from an opt-in to an opt-out registry. This change to the registry now requires health care providers using I-CARE to provide a new patient or the patient's parent/guardian with a printed immunization data exemption form only once, prior to entering immunization records into I-CARE. The new "opt-out" registry will improve immunization data reporting by allowing physicians and health departments to enter all patient immunization data into the registry unless the patient or parent chooses to opt-out.

A fact sheet is available to provide parents/patients with information about the benefits of including their immunization records on the statewide database. This form should supplement the "opt-out" form when a provider is adding a new patient. This will provide the parent/patient with the necessary information about I-CARE and hopefully prevent them from reflectively signing the "opt-out" form without reading it first.

Keep in mind that any patient, of any age, can be included in your local I-CARE clinic, thereby allowing you to use the program's tracking and reporting capabilities for all of your patients.

(Source: http://illinoisaap.org/2011/09/i-care-now-an-opt-out-registry/)

How do I register to use I-CARE?

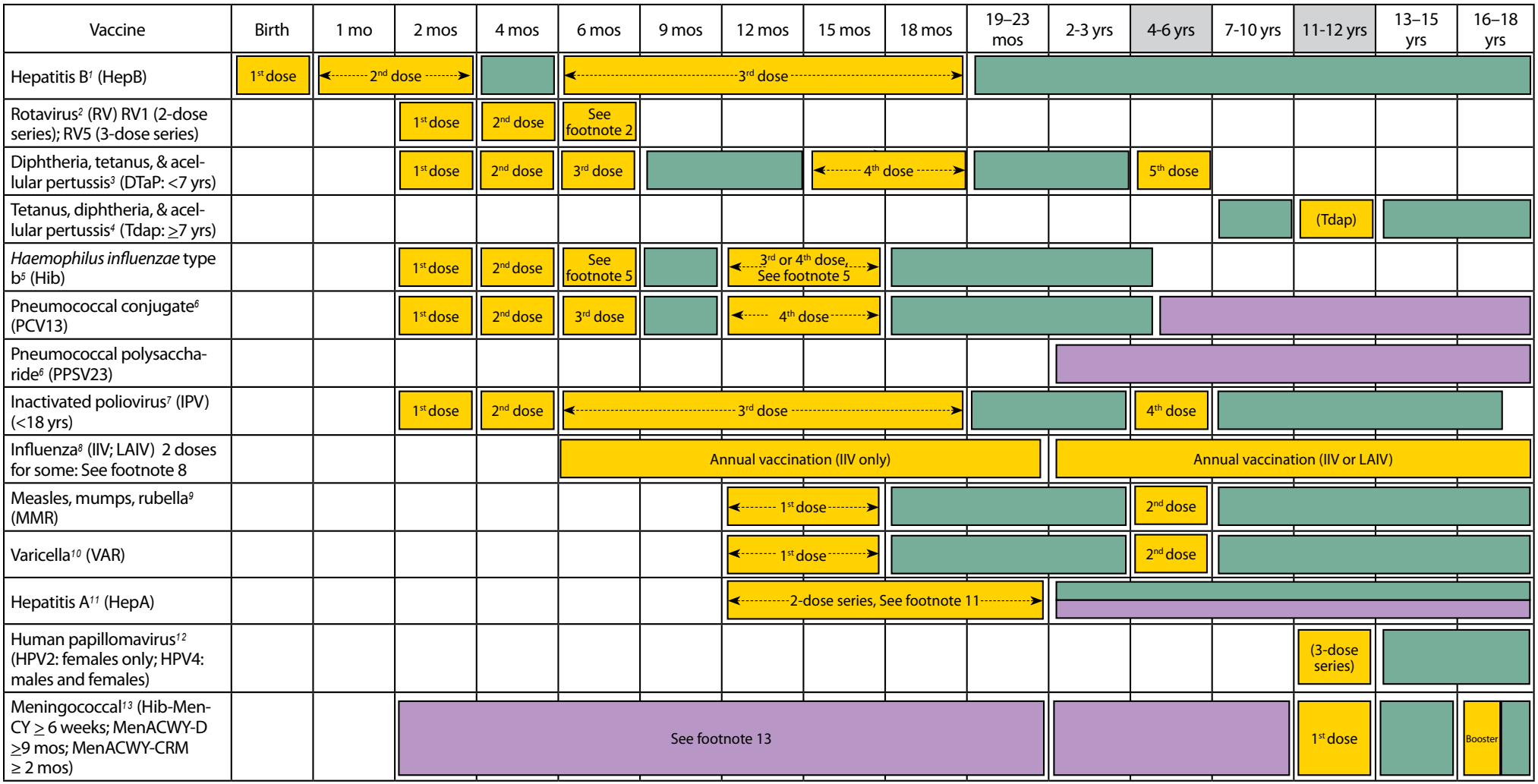
Contact the Illinois Department of Public Health if you would like to register for the I-CARE program. License agreements and other registration materials will be sent to you to complete and return. The department will then send you instructions to create a Web portal (Internet) account to access I-CARE.

If you would like to register for I-CARE or if you have questions, please call the Department's Immunization Registry staff at 800-526-4372 Staff are available 8 a.m. to 5 p.m., Monday through Friday.

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2014.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold.



Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Range of recommended ages during which catch-up is encouraged and for certain high-risk groups

Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2014. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (http://www.vaers.hhs.gov) or by telephone (800-822-7967).Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (http//www.cdc.gov/vaccines/acip), the American Academy of Pediatrics (http://www.aap.org), the American Academy of Family Physicians (http://www.aafp.org), and the American College of Obstetricians and Gynecologists (http://www.acog.org).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2014

For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
For vaccine recommendations for persons 19 years of age and older, see the adult immunization schedule.

Additional information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Vaccine doses administered 4 days or less before the minimum interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see *MMWR, General Recommendations on Immunization and Reports* / Vol. 60 / No. 2; Table 1. *Recommended and minimum ages and intervals between vaccine doses* available online at http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.
- Information on travel vaccine requirements and recommendations is available at http://wwwnc.cdc.gov/travel/destinations/list.
- For vaccination of persons with primary and secondary immunodeficiencies, see Table 13, "*Vaccination of persons with primary and secondary immunodeficiencies*," in General Recommendations on Immunization (ACIP), available at http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.; and American Academy of Pediatrics. Immunization in Special Clinical Circumstances, in Pickering LK, Baker CJ, Kimberlin DW, Long SS eds. *Red Book: 2012 report of the Committee on Infectious Diseases. 29th ed.* Elk Grove Village, IL: American Academy of Pediatrics.

1. Hepatitis B (HepB) vaccine. (Minimum age: birth)

Routine vaccination:

At birth:

- Administer monovalent HepB vaccine to all newborns before hospital discharge.
- For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
- If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG for infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

Doses following the birth dose:

- The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
- Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the **first** dose. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks.
- Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.

Catch-up vaccination:

- Unvaccinated persons should complete a 3-dose series.
- A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
- For other catch-up guidance, see Figure 2.

2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV1 [Rotarix] and RV5 [RotaTeq])

Routine vaccination:

Administer a series of RV vaccine to all infants as follows:

1. If Rotarix is used, administer a 2-dose series at 2 and 4 months of age.
2. If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
3. If any dose in the series was RotaTeq or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

Catch-up vaccination:

- The maximum age for the first dose in the series is 14 weeks, 6 days; vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
- The maximum age for the final dose in the series is 8 months, 0 days.
- For other catch-up guidance, see Figure 2.

3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks. Exception: DTaP-IPV [Kinrix]: 4 years)

Routine vaccination:

- Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

Catch-up vaccination:

- The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
- For other catch-up guidance, see Figure 2.

4. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix, 11 years for Adacel)

Routine vaccination:

- Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
- Tdap may be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of time since prior Td or Tdap vaccination.

Catch-up vaccination:

- Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should NOT be administered. Td should be administered instead 10 years after the Tdap dose.
- Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
- Inadvertent doses of DTaP vaccine:
  - If administered inadvertently to a child aged 7 through 10 years may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11 through 12 years.
  - If administered inadvertently to an adolescent aged 11 through 18 years, the dose should be counted as the adolescent Tdap booster.
- For other catch-up guidance, see Figure 2.

5. *Haemophilus influenzae* type b (Hib) conjugate vaccine. (Minimum age: 6 weeks for PRP-T [ACTHIB, DTaP-IPV/Hib (Pentacel) and Hib-MenCY (MenHibrix)], PRP-OMP [PedvaxHIB or COMVAX], 12 months for PRP-T [Hiberix])

Routine vaccination:

- Administer a 2- or 3-dose Hib vaccine primary series and a booster dose (dose 3 or 4 depending on vaccine used in primary series) at age 12 through 15 months to complete a full Hib vaccine series.
- The primary series with ActHIB, MenHibrix, or Pentacel consists of 3 doses and should be administered at 2, 4, and 6 months of age. The primary series with PedvaxHib or COMVAX consists of 2 doses and should be administered at 2 and 4 months of age; a dose at age 6 months is not indicated.
- One booster dose (dose 3 or 4 depending on vaccine used in primary series) of any Hib vaccine should be administered at age 12 through 15 months. An exception is Hiberix vaccine. Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years who have received at least 1 prior dose of Hib-containing vaccine.

For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

5. ***Haemophilus influenzae*** **type b (Hib) conjugate vaccine (cont'd)**
   - For recommendations on the use of MenHibrix in patients at increased risk for meningococcal disease, please refer to the meningococcal vaccine footnotes and also to *MMWR* March 22, 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

   Catch-up vaccination:
   - If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
   - If the first 2 doses were PRP-OMP (PedvaxHIB or COMVAX), and were administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
   - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later, regardless of Hib vaccine used for first dose.
   - If first dose is administered at younger than 12 months of age and second dose is given between 12 through 14 months of age, a third (and final) dose should be given 8 weeks later.
   - For unvaccinated children aged 15 months or older, administer only 1 dose.
   - For other catch-up guidance, see Figure 2. For catch-up guidance related to MenHibrix, please see the meningococcal vaccine footnotes and also *MMWR* March 22, 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

   Vaccination of persons with high-risk conditions:
   - Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.
   - For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.
   - Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.
   - A single dose of any Hib-containing vaccine should be administered to unimmunized* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.
   - Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized* persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons 5 through 18 years of age with human immunodeficiency virus (HIV) infection.

   ** Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.*

6. **Pneumococcal vaccines. (Minimum age: 6 weeks for PCV13, 2 years for PPSV23)**

   Routine vaccination with PCV13:
   - Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.
   - For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).

   Catch-up vaccination with PCV13:
   - Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
   - For other catch-up guidance, see Figure 2.

   Vaccination of persons with high-risk conditions with PCV13 and PPSV23:
   - All recommended PCV13 doses should be administered prior to PPSV23 vaccination if possible.
   - For children 2 through 5 years of age with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; solid organ transplantation; or congenital immunodeficiency:
     1. Administer 1 dose of PCV13 if 3 doses of PCV (PCV7 and/or PCV13) were received previously.
     2. Administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV (PCV7 and/or PCV13) were received previously.
     3. Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.
     4. The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.
     5. For children with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.
   - For children aged 6 through 18 years who have cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma:
     1. If neither PCV13 nor PPSV23 has been received previously, administer 1 dose of PCV13 now and 1 dose of PPSV23 at least 8 weeks later.
     2. If PCV13 has been received previously but PPSV23 has not, administer 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13.
     3. If PPSV23 has been received but PCV13 has not, administer 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.
   - For children aged 6 through 18 years with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus, alcoholism, or chronic liver disease, who have not received PPSV23, administer 1 dose of PPSV23. If PCV13 has been received previously, then PPSV23 should be administered at least 8 weeks after any prior PCV13 dose.
   - A single revaccination with PPSV23 should be administered 5 years after the first dose to children with sickle cell disease or other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma.

7. **Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)**

   Routine vaccination:
   - Administer a 4-dose series of IPV at ages 2, 4, 6 through 18 months, and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

   Catch-up vaccination:
   - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
   - If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
   - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
   - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age. IPV is not routinely recommended for U.S. residents aged 18 years or older.
   - For other catch-up guidance, see Figure 2.

8. **Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine [IIV], 2 years for live, attenuated influenza vaccine [LAIV])**

   Routine vaccination:
   - Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) those with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) those who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV, see *MMWR* 2013; 62 (No. RR-7):1-43, available at http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf.

   For children aged 6 months through 8 years:
   - For the 2013–14 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. Some children in this age group who have been vaccinated previously will also need 2 doses. For additional guidance, follow dosing guidelines in the 2013-14 ACIP influenza vaccine recommendations, *MMWR* 2013; 62 (No. RR-7):1-43, available at http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf.
   - For the 2014–15 season, follow dosing guidelines in the 2014 ACIP influenza vaccine recommendations.

   For persons aged 9 years and older:
   - Administer 1 dose.

For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

9. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)

Routine vaccination:

- Administer a 2-dose series of MMR vaccine at ages12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
- Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.
- Administer 2 doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.

Catch-up vaccination:

- Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.

10. Varicella (VAR) vaccine. (Minimum age: 12 months)

Routine vaccination:

- Administer a 2-dose series of VAR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

Catch-up vaccination:

- Ensure that all persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007; 56 [No. RR-4], available at http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2 doses of varicella vaccine. For children aged 7 through 12 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.

11. Hepatitis A (HepA) vaccine. (Minimum age: 12 months)

Routine vaccination:

- Initiate the 2-dose HepA vaccine series at 12 through 23 months; separate the 2 doses by 6 to 18 months.
- Children who have received 1 dose of HepA vaccine before age 24 months should receive a second dose 6 to 18 months after the first dose.
- For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.

Catch-up vaccination:

- The minimum interval between the two doses is 6 months.

Special populations:

- Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection. This includes persons traveling to or working in countries that have high or intermediate endemicity of infection; men having sex with men; users of injection and non-injection illicit drugs; persons who work with HAV-infected primates or with HAV in a research laboratory; persons with clotting-factor disorders; persons with chronic liver disease; and persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. The first dose should be administered as soon as the adoption is planned, ideally 2 or more weeks before the arrival of the adoptee.

12. Human papillomavirus (HPV) vaccines. (Minimum age: 9 years for HPV2 [Cervarix] and HPV4 [Gardisil])

Routine vaccination:

- Administer a 3-dose series of HPV vaccine on a schedule of 0, 1-2, and 6 months to all adolescents aged 11 through 12 years. Either HPV4 or HPV2 may be used for females, and only HPV4 may be used for males.
- The vaccine series may be started at age 9 years.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose 24 weeks after the first dose and 16 weeks after the second dose (minimum interval of 12 weeks).

Catch-up vaccination:

- Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals (see above) for vaccine series catch-up.

13. Meningococcal conjugate vaccines. (Minimum age: 6 weeks for Hib-MenCY [MenHibrix], 9 months for MenACWY-D [Menactra], 2 months for MenACWY-CRM [Menveo])

Routine vaccination:

- Administer a single dose of Menactra or Menveo vaccine at age 11 through 12 years, with a booster dose at age 16 years.
- Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of Menactra or Menveo with at least 8 weeks between doses.
- For children aged 2 months through 18 years with high-risk conditions, see below.

Catch-up vaccination:

- Administer Menactra or Menveo vaccine at age 13 through 18 years if not previously vaccinated.
- If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
- If the first dose is administered at age 16 years or older, a booster dose is not needed.
- For other catch-up guidance, see Figure 2.

Vaccination of persons with high-risk conditions and other persons at increased risk of disease:

- Children with anatomic or functional asplenia (including sickle cell disease):
  1. For children younger than 19 months of age, administer a 4-dose infant series of MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
  2. For children aged 19 through 23 months who have not completed a series of MenHibrix or Menveo, administer 2 primary doses of Menveo at least 3 months apart.
  3. For children aged 24 months and older who have not received a complete series of MenHibrix or Menveo or Menactra, administer 2 primary doses of either Menactra or Menveo at least 2 months apart. If Menactra is administered to a child with asplenia (including sickle cell disease), do not administer Menactra until 2 years of age and at least 4 weeks after the completion of all PCV13 doses.
- Children with persistent complement component deficiency:
  1. For children younger than 19 months of age, administer a 4-dose infant series of either MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
  2. For children 7 through 23 months who have not initiated vaccination, two options exist depending on age and vaccine brand:
     a. For children who initiate vaccination with Menveo at 7 months through 23 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.
     b. For children who initiate vaccination with Menactra at 9 months through 23 months of age, a 2-dose series of Menactra should be administered at least 3 months apart.
     c. For children aged 24 months and older who have not received a complete series of MenHibrix, Menveo, or Menactra, administer 2 primary doses of either Menactra or Menveo at least 2 months apart.
- For children who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or the Hajj, administer an age-appropriate formulation and series of Menactra or Menveo for protection against serogroups A and W meningococcal disease. Prior receipt of MenHibrix is not sufficient for children traveling to the meningitis belt or the Hajj because it does not contain serogroups A or W.
- For children at risk during a community outbreak attributable to a vaccine serogroup, administer or complete an age- and formulation-appropriate series of MenHibrix, Menactra, or Menveo.
- For booster doses among persons with high-risk conditions, refer to *MMWR* 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm.

Catch-up recommendations for persons with high-risk conditions:

1. If MenHibrix is administered to achieve protection against meningococcal disease, a complete age-appropriate series of MenHibrix should be administered.
2. If the first dose of MenHibrix is given at or after 12 months of age, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.
3. For children who initiate vaccination with Menveo at 7 months through 9 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.
4. For other catch-up recommendations for these persons, refer to *MMWR* 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm.

For complete information on use of meningococcal vaccines, including guidance related to vaccination of persons at increased risk of infection, see *MMWR* March 22, 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States, 2014.

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Persons aged 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5
Hepatitis B[1]	Birth	4 weeks	8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks		
Rotavirus[2]	6 weeks	4 weeks	4 weeks[2]		
Diphtheria, tetanus, & acellular pertussis [3]	6 weeks	4 weeks	4 weeks	6 months	6 months[3]
Haemophilus influenzae type b[5]	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12 through 14 months No further doses needed if first dose administered at age 15 months or older	4 weeks[5] if current age is younger than 12 months and first dose administered at < 7 months old 8 weeks and age 12 months through 59 months (as final dose)[5] if current age is younger than 12 months and first dose administered between 7 through 11 months (regardless of Hib vaccine [PRP-T or PRP-OMP] used for first dose); OR if current age is 12 through 59 months and first dose administered at younger than age 12 months; OR first 2 doses were PRP-OMP and administered at younger than 12 months. No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 (PRP-T) doses before age 12 months and started the primary series before age 7 months	
Pneumococcal[6]	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	
Inactivated poliovirus[7]	6 weeks	4 weeks[7]	4 weeks[7]	6 months[7] minimum age 4 years for final dose	
Meningococcal[13]	6 weeks	8 weeks[13]	See footnote 13	See footnote 13	
Measles, mumps, rubella[9]	12 months	4 weeks			
Varicella[10]	12 months	3 months			
Hepatitis A[11]	12 months	6 months			
Persons aged 7 through 18 years					
Tetanus, diphtheria; tetanus, diphtheria, & acellular pertussis[4]	7 years[4]	4 weeks	4 weeks if first dose of DTaP/DT administered at younger than age 12 months 6 months if first dose of DTaP/DT administered at age 12 months or older and then no further doses needed for catch-up	6 months if first dose of DTaP/DT administered at younger than age 12 months	
Human papillomavirus[12]	9 years	Routine dosing intervals are recommended[12]			
Hepatitis A[11]	12 months	6 months			
Hepatitis B[1]	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated poliovirus[7]	6 weeks	4 weeks	4 weeks[7]	6 months[7]	
Meningococcal[13]	6 weeks	8 weeks[13]			
Measles, mumps, rubella[9]	12 months	4 weeks			
Varicella[10]	12 months	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2014

For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
For vaccine recommendations for persons 19 years of age and older, see the adult immunization schedule.

Additional information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Vaccine doses administered 4 days or less before the minimum interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see *MMWR, General Recommendations on Immunization and Reports* / Vol. 60 / No. 2; Table 1. *Recommended and minimum ages and intervals between vaccine doses* available online at http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.
- Information on travel vaccine requirements and recommendations is available at http://wwwnc.cdc.gov/travel/destinations/list.
- For vaccination of persons with primary and secondary immunodeficiencies, see Table 13, "*Vaccination of persons with primary and secondary immunodeficiencies*," in General Recommendations on Immunization (ACIP), available at http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.; and American Academy of Pediatrics. Immunization in Special Clinical Circumstances, in Pickering LK, Baker CJ, Kimberlin DW, Long SS eds. *Red Book: 2012 report of the Committee on Infectious Diseases. 29th ed.* Elk Grove Village, IL: American Academy of Pediatrics.

1. Hepatitis B (HepB) vaccine. (Minimum age: birth)

Routine vaccination:

At birth:

- Administer monovalent HepB vaccine to all newborns before hospital discharge.
- For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
- If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG for infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

Doses following the birth dose:

- The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
- Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the **first** dose. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks.
- Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.

Catch-up vaccination:

- Unvaccinated persons should complete a 3-dose series.
- A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
- For other catch-up guidance, see Figure 2.

2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV1 [Rotarix] and RV5 [RotaTeq])

Routine vaccination:

Administer a series of RV vaccine to all infants as follows:

1. If Rotarix is used, administer a 2-dose series at 2 and 4 months of age.
2. If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
3. If any dose in the series was RotaTeq or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

Catch-up vaccination:

- The maximum age for the first dose in the series is 14 weeks, 6 days; vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
- The maximum age for the final dose in the series is 8 months, 0 days.
- For other catch-up guidance, see Figure 2.

3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks. Exception: DTaP-IPV [Kinrix]: 4 years)

Routine vaccination:

- Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

Catch-up vaccination:

- The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
- For other catch-up guidance, see Figure 2.

4. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix, 11 years for Adacel)

Routine vaccination:

- Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
- Tdap may be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of time since prior Td or Tdap vaccination.

Catch-up vaccination:

- Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should NOT be administered. Td should be administered instead 10 years after the Tdap dose.
- Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
- Inadvertent doses of DTaP vaccine:
  - If administered inadvertently to a child aged 7 through 10 years may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11 through 12 years.
  - If administered inadvertently to an adolescent aged 11 through 18 years, the dose should be counted as the adolescent Tdap booster.
- For other catch-up guidance, see Figure 2.

5. *Haemophilus influenzae* type b (Hib) conjugate vaccine. (Minimum age: 6 weeks for PRP-T [ACTHIB, DTaP-IPV/Hib (Pentacel) and Hib-MenCY (MenHibrix)], PRP-OMP [PedvaxHIB or COMVAX], 12 months for PRP-T [Hiberix])

Routine vaccination:

- Administer a 2- or 3-dose Hib vaccine primary series and a booster dose (dose 3 or 4 depending on vaccine used in primary series) at age 12 through 15 months to complete a full Hib vaccine series.
- The primary series with ActHIB, MenHibrix, or Pentacel consists of 3 doses and should be administered at 2, 4, and 6 months of age. The primary series with PedvaxHib or COMVAX consists of 2 doses and should be administered at 2 and 4 months of age; a dose at age 6 months is not indicated.
- One booster dose (dose 3 or 4 depending on vaccine used in primary series) of any Hib vaccine should be administered at age 12 through 15 months. An exception is Hiberix vaccine. Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years who have received at least 1 prior dose of Hib-containing vaccine.

For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

5. ***Haemophilus influenzae*** **type b (Hib) conjugate vaccine (cont'd)**
   - For recommendations on the use of MenHibrix in patients at increased risk for meningococcal disease, please refer to the meningococcal vaccine footnotes and also to *MMWR* March 22, 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

   Catch-up vaccination:
   - If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
   - If the first 2 doses were PRP-OMP (PedvaxHIB or COMVAX), and were administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
   - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later, regardless of Hib vaccine used for first dose.
   - If first dose is administered at younger than 12 months of age and second dose is given between 12 through 14 months of age, a third (and final) dose should be given 8 weeks later.
   - For unvaccinated children aged 15 months or older, administer only 1 dose.
   - For other catch-up guidance, see Figure 2. For catch-up guidance related to MenHibrix, please see the meningococcal vaccine footnotes and also *MMWR* March 22, 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

   Vaccination of persons with high-risk conditions:
   - Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.
   - For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.
   - Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.
   - A single dose of any Hib-containing vaccine should be administered to unimmunized* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.
   - Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized* persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons 5 through 18 years of age with human immunodeficiency virus (HIV) infection.

   ** Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.*

6. **Pneumococcal vaccines. (Minimum age: 6 weeks for PCV13, 2 years for PPSV23)**

   Routine vaccination with PCV13:
   - Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.
   - For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).

   Catch-up vaccination with PCV13:
   - Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
   - For other catch-up guidance, see Figure 2.

   Vaccination of persons with high-risk conditions with PCV13 and PPSV23:
   - All recommended PCV13 doses should be administered prior to PPSV23 vaccination if possible.
   - For children 2 through 5 years of age with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; solid organ transplantation; or congenital immunodeficiency:
     1. Administer 1 dose of PCV13 if 3 doses of PCV (PCV7 and/or PCV13) were received previously.
     2. Administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV (PCV7 and/or PCV13) were received previously.
     3. Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.
     4. The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.
     5. For children with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.
   - For children aged 6 through 18 years who have cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma:
     1. If neither PCV13 nor PPSV23 has been received previously, administer 1 dose of PCV13 now and 1 dose of PPSV23 at least 8 weeks later.
     2. If PCV13 has been received previously but PPSV23 has not, administer 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13.
     3. If PPSV23 has been received but PCV13 has not, administer 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.
   - For children aged 6 through 18 years with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus, alcoholism, or chronic liver disease, who have not received PPSV23, administer 1 dose of PPSV23. If PCV13 has been received previously, then PPSV23 should be administered at least 8 weeks after any prior PCV13 dose.
   - A single revaccination with PPSV23 should be administered 5 years after the first dose to children with sickle cell disease or other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma.

7. **Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)**

   Routine vaccination:
   - Administer a 4-dose series of IPV at ages 2, 4, 6 through 18 months, and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

   Catch-up vaccination:
   - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
   - If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
   - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
   - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age. IPV is not routinely recommended for U.S. residents aged 18 years or older.
   - For other catch-up guidance, see Figure 2.

8. **Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine [IIV], 2 years for live, attenuated influenza vaccine [LAIV])**

   Routine vaccination:
   - Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) those with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) those who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV, see *MMWR* 2013; 62 (No. RR-7):1-43, available at http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf.

   For children aged 6 months through 8 years:
   - For the 2013–14 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. Some children in this age group who have been vaccinated previously will also need 2 doses. For additional guidance, follow dosing guidelines in the 2013-14 ACIP influenza vaccine recommendations, *MMWR* 2013; 62 (No. RR-7):1-43, available at http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf.
   - For the 2014–15 season, follow dosing guidelines in the 2014 ACIP influenza vaccine recommendations.

   For persons aged 9 years and older:
   - Administer 1 dose.

For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

9. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)

Routine vaccination:

- Administer a 2-dose series of MMR vaccine at ages12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
- Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.
- Administer 2 doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.

Catch-up vaccination:

- Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.

10. Varicella (VAR) vaccine. (Minimum age: 12 months)

Routine vaccination:

- Administer a 2-dose series of VAR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

Catch-up vaccination:

- Ensure that all persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007; 56 [No. RR-4], available at http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2 doses of varicella vaccine. For children aged 7 through 12 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.

11. Hepatitis A (HepA) vaccine. (Minimum age: 12 months)

Routine vaccination:

- Initiate the 2-dose HepA vaccine series at 12 through 23 months; separate the 2 doses by 6 to 18 months.
- Children who have received 1 dose of HepA vaccine before age 24 months should receive a second dose 6 to 18 months after the first dose.
- For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.

Catch-up vaccination:

- The minimum interval between the two doses is 6 months.

Special populations:

- Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection. This includes persons traveling to or working in countries that have high or intermediate endemicity of infection; men having sex with men; users of injection and non-injection illicit drugs; persons who work with HAV-infected primates or with HAV in a research laboratory; persons with clotting-factor disorders; persons with chronic liver disease; and persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. The first dose should be administered as soon as the adoption is planned, ideally 2 or more weeks before the arrival of the adoptee.

12. Human papillomavirus (HPV) vaccines. (Minimum age: 9 years for HPV2 [Cervarix] and HPV4 [Gardisil])

Routine vaccination:

- Administer a 3-dose series of HPV vaccine on a schedule of 0, 1-2, and 6 months to all adolescents aged 11 through 12 years. Either HPV4 or HPV2 may be used for females, and only HPV4 may be used for males.
- The vaccine series may be started at age 9 years.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose 24 weeks after the first dose and 16 weeks after the second dose (minimum interval of 12 weeks).

Catch-up vaccination:

- Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals (see above) for vaccine series catch-up.

13. Meningococcal conjugate vaccines. (Minimum age: 6 weeks for Hib-MenCY [MenHibrix], 9 months for MenACWY-D [Menactra], 2 months for MenACWY-CRM [Menveo])

Routine vaccination:

- Administer a single dose of Menactra or Menveo vaccine at age 11 through 12 years, with a booster dose at age 16 years.
- Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of Menactra or Menveo with at least 8 weeks between doses.
- For children aged 2 months through 18 years with high-risk conditions, see below.

Catch-up vaccination:

- Administer Menactra or Menveo vaccine at age 13 through 18 years if not previously vaccinated.
- If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
- If the first dose is administered at age 16 years or older, a booster dose is not needed.
- For other catch-up guidance, see Figure 2.

Vaccination of persons with high-risk conditions and other persons at increased risk of disease:

- Children with anatomic or functional asplenia (including sickle cell disease):
  1. For children younger than 19 months of age, administer a 4-dose infant series of MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
  2. For children aged 19 through 23 months who have not completed a series of MenHibrix or Menveo, administer 2 primary doses of Menveo at least 3 months apart.
  3. For children aged 24 months and older who have not received a complete series of MenHibrix or Menveo or Menactra, administer 2 primary doses of either Menactra or Menveo at least 2 months apart. If Menactra is administered to a child with asplenia (including sickle cell disease), do not administer Menactra until 2 years of age and at least 4 weeks after the completion of all PCV13 doses.
- Children with persistent complement component deficiency:
  1. For children younger than 19 months of age, administer a 4-dose infant series of either MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
  2. For children 7 through 23 months who have not initiated vaccination, two options exist depending on age and vaccine brand:
     a. For children who initiate vaccination with Menveo at 7 months through 23 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.
     b. For children who initiate vaccination with Menactra at 9 months through 23 months of age, a 2-dose series of Menactra should be administered at least 3 months apart.
     c. For children aged 24 months and older who have not received a complete series of MenHibrix, Menveo, or Menactra, administer 2 primary doses of either Menactra or Menveo at least 2 months apart.
- For children who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or the Hajj, administer an age-appropriate formulation and series of Menactra or Menveo for protection against serogroups A and W meningococcal disease. Prior receipt of MenHibrix is not sufficient for children traveling to the meningitis belt or the Hajj because it does not contain serogroups A or W.
- For children at risk during a community outbreak attributable to a vaccine serogroup, administer or complete an age- and formulation-appropriate series of MenHibrix, Menactra, or Menveo.
- For booster doses among persons with high-risk conditions, refer to *MMWR* 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm.

Catch-up recommendations for persons with high-risk conditions:

1. If MenHibrix is administered to achieve protection against meningococcal disease, a complete age-appropriate series of MenHibrix should be administered.
2. If the first dose of MenHibrix is given at or after 12 months of age, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.
3. For children who initiate vaccination with Menveo at 7 months through 9 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.
4. For other catch-up recommendations for these persons, refer to *MMWR* 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm.

For complete information on use of meningococcal vaccines, including guidance related to vaccination of persons at increased risk of infection, see *MMWR* March 22, 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

Guide to Contraindications and Precautions to Commonly Used Vaccines[1,*,†] (Page 1 of 2)

Vaccine	Contraindications	Precautions
Hepatitis B (HepB)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Infant weighing less than 2000 grams (4 lbs, 6.4 oz)[2]
Rotavirus (RV5 [RotaTeq], RV1 [Rotarix])	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Severe combined immunodeficiency (SCID) • History of intussusception	• Moderate or severe acute illness with or without fever • Altered immunocompetence other than SCID • Chronic gastrointestinal disease[3] • Spina bifida or bladder exstrophy[3]
Diphtheria, tetanus, pertussis (DTaP) **Tetanus, diphtheria, pertussis (Tdap)** **Tetanus, diphtheria (DT, Td)**	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • For pertussis-containing vaccines: encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of DTP or DTaP (for DTaP); or of previous dose of DTP, DTaP, or Tdap (for Tdap)	• Moderate or severe acute illness with or without fever • Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine • History of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine • For pertussis-containing vaccines: progressive or unstable neurologic disorder (including infantile spasms for DTaP), uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized **For DTaP only:** • Temperature of 105° F or higher (40.5° C or higher) within 48 hours after vaccination with a previous dose of DTP/DTaP • Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP • Seizure within 3 days after receiving a previous dose of DTP/DTaP • Persistent, inconsolable crying lasting 3 or more hours within 48 hours after receiving a previous dose of DTP/DTaP
***Haemophilus influenzae* type b (Hib)**	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Age younger than 6 weeks	• Moderate or severe acute illness with or without fever
Inactivated poliovirus vaccine (IPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Pregnancy
Pneumococcal (PCV13 or PPSV23)	• For PCV13, severe allergic reaction (e.g., anaphylaxis) after a previous dose of PCV7 or PCV13 or to a vaccine component, including to any vaccine containing diphtheria toxoid • For PPSV23, severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR)[4]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy[5] or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised)[6] • Pregnancy	• Moderate or severe acute illness with or without fever • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[7] • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing[8]
Varicella (Var)[4]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, primary or acquired immunodeficiency, or long-term immunosuppressive therapy[5] or patients with HIV infection who are severely immunocompromised)[6] • Pregnancy	• Moderate or severe acute illness with or without fever • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[7] • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination.

(continued on page 2)

Technical content reviewed by the Centers for Disease Control and Prevention

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Guide to Contraindications and Precautions to Commonly Used Vaccines[1,*,†] (continued)

Vaccine	Contraindication	Precautions
Hepatitis A (HepA)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Influenza, inactivated injectable (IIV)[9]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose of any IIV or LAIV or to a vaccine component, including egg protein	• Moderate or severe acute illness with or without fever • History of GBS within 6 weeks of previous influenza vaccination • Persons who experience only hives with exposure to eggs may receive RIV (if age 18–49) or, with additional safety precautions, IIV.[9]
Influenza, recombinant (RIV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose of RIV or to a vaccine component. RIV does not contain any egg protein.[9]	• Moderate or severe acute illness with or without fever • History of GBS within 6 weeks of previous influenza vaccination
Influenza, live attenuated (LAIV)[4,9]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose of IIV or LAIV or to a vaccine component, including egg protein • Conditions for which the ACIP recommends against use, but which are not contraindications in vaccine package insert: immune suppression, certain chronic medical conditions such as asthma, diabetes, heart or kidney disease, and pregnancy[4,9]	• Moderate or severe acute illness with or without fever • History of GBS within 6 weeks of previous influenza vaccination • Receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48 hours before vaccination. Avoid use of these antiviral drugs for 14 days after vaccination.
Human papillomavirus (HPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Pregnancy
Meningococcal: conjugate (MCV4), polysaccharide (MPSV4)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Zoster (HZV)[4]	• Severe allergic reaction (e.g., anaphylaxis) to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppressive therapy[5] or patients with HIV infection who are severely immunocompromised). • Pregnancy	• Moderate or severe acute illness with or without fever • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination.

Footnotes

1. Vaccine package inserts and the full ACIP recommendations for these vaccines should be consulted for additional information on vaccine-related contraindications and precautions and for more information on vaccine excipients. Events or conditions listed as precautions should be reviewed carefully. Benefits of and risks for administering a specific vaccine to a person under these circumstances should be considered. If the risk from the vaccine is believed to outweigh the benefit, the vaccine should not be administered. If the benefit of vaccination is believed to outweigh the risk, the vaccine should be administered. A contraindication is a condition in a recipient that increases the chance of a serious adverse reaction. Therefore, a vaccine should not be administered when a contraindication is present. Whether and when to administer DTaP to children with proven or suspected underlying neurologic disorders should be decided on a case-by-case basis.
2. Hepatitis B vaccination should be deferred for preterm infants and infants weighing less than 2000 g if the mother is documented to be hepatitis B surface antigen (HBsAg)-negative at the time of the infant's birth. Vaccination can commence at chronological age 1 month or at hospital discharge. For infants born to women who are HBsAg-positive, hepatitis B immunoglobulin and hepatitis B vaccine should be administered within 12 hours of birth, regardless of weight.
3. For details, see CDC. "Prevention of Rotavirus Gastroenteritis among Infants and Children: Recommendations of the Advisory Committee on Immunization Practices. (ACIP)" *MMWR* 2009;58(No. RR–2), available at www.cdc.gov/vaccines/pubs/acip-list.htm.
4. LAIV, MMR, varicella, and zoster vaccines can be administered on the same day. If not administered on the same day, these live vaccines should be separated by at least 28 days.
5. Immunosuppressive steroid dose is considered to be 2 or more weeks of daily receipt of 20 mg prednisone or equivalent. Vaccination should be deferred for at least 1 month after discontinuation of such therapy. Providers should consult ACIP recommendations for complete information on the use of specific live vaccines among persons on immune-suppressing medications or with immune suppression because of other reasons.
6. HIV-infected children may receive varicella and measles vaccine if CD4+ T-lymphocyte count is >15%. (Source: Adapted from American Academy of Pediatrics. Immunization in Special Clinical Circumstances. In: Pickering LK, ed. *Red Book: 2012 Report of the Committee on Infectious Diseases*. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics: 2012.)
7. Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered (see "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" *MMWR* 2011;60(No. RR-2) available at www.cdc.gov/vaccines/pubs/acip-list.htm.)
8. Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine may be administered on the same day as tuberculin skin testing. If testing cannot be performed until after the day of MMR vaccination, the test should be postponed for at least 4 weeks after the vaccination. If an urgent need exists to skin test, do so with the understanding that reactivity might be reduced by the vaccine.
9. For more information on use of influenza vaccines among persons with egg allergies and a complete list of conditions that CDC considers to be reasons to avoid getting LAIV, see CDC "Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2013–14. *MMWR* 2013;62(No. RR07):1–43, available at www.cdc.gov/vaccines/pubs/acip-list.htm.

* Adapted from "Table 6. Contraindications and Precautions to Commonly Used Vaccines" found in: CDC. "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)." *MMWR* 2011; 60(No. RR-2), p. 40–41, and from Atkinson W, Wolfe S, Hamborsky J, eds. Appendix A. *Epidemiology and Prevention of Vaccine-Preventable Diseases* (www.cdc.gov/vaccines/pubs/pinkbook/index.html).

† Regarding latex allergy: some types of prefilled syringes contain natural rubber latex or dry natural latex rubber. Consult the package insert for any vaccine given.

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

Screening Checklist for Contraindications to Vaccines for Children and Teens

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

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

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

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

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

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p4060.pdf • Item #P4060 (2/14)

Information for Health Professionals about the Screening Checklist for Contraindications (Children & Teens)

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 even more, consult the references listed at the bottom of this page.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9. In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments? *[LAIV, MMR, MMRV, VAR]*

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

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

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

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

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

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

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

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

References:

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

Nombre del paciente: _____ Fecha de nacimiento: ____/____/____
(mes) (día) (año)

Cuestionario de contraindicaciones para vacunación de niños y adolescentes

A los padres/tutores: Las siguientes preguntas nos ayudarán a determinar cuáles vacunas le podremos dar hoy a su hijo. Si contesta "sí" a alguna pregunta, eso no siempre quiere decir que no deben vacunar a su hijo. Simplemente quiere decir que hay que hacerle más preguntas. Si alguna pregunta no está clara, pida a su profesional de la salud que se la explique.

	Sí	No	No sabe
1. ¿Está enfermo hoy el niño?	☐	☐	☐
2. ¿Es alérgico el niño a algún medicamento, alimento, a algún componente de las vacunas o al látex?	☐	☐	☐
3. ¿Tuvo alguna vez el niño alguna reacción seria a una vacuna en el pasado?	☐	☐	☐
4. ¿Ha tenido el niño algún problema de salud como enfermedad de los pulmones, del corazón, de los riñones o metabólica (como diabetes), asma o un trastorno de la sangre? ¿Está en terapia de aspirina a largo plazo?	☐	☐	☐
5. Si el niño que va a ser vacunado tiene entre 2 y 4 años de edad, ¿le dijo algún profesional de la salud en los últimos 12 meses que el niño tuvo sibilancias o asma?	☐	☐	☐
6. Si el niño es bebé, ¿le dijeron alguna vez que tuvo intususcepción?	☐	☐	☐
7. ¿El niño, uno de sus hermanos o padres, ha tenido convulsiones; ha tenido el niño problemas del cerebro o algún otro problema del sistema nervioso?	☐	☐	☐
8. ¿Tiene el niño cáncer, leucemia, VIH/SIDA o algún otro problema del sistema inmunológico?	☐	☐	☐
9. En los últimos 3 meses, ¿ha tomado el niño medicamento que debiliten su sistema inmunológico, tales como cortisona, prednisona, otros esteroides o medicamentos contra el cáncer, o le han hecho tratamientos de radiación?	☐	☐	☐
10. Durante el año pasado, ¿le hicieron al niño una transfusión de sangre o de productos de la sangre, o le dieron inmunoglobulina o gamaglobulina o algún medicamento antiviral?	☐	☐	☐
11. ¿Está la niña/adolescente embarazada o hay alguna posibilidad de que quede embarazada durante el próximo mes?	☐	☐	☐
12. ¿Le aplicaron alguna vacuna al niño en las últimas 4 semanas?	☐	☐	☐

Formulario llenado por: _____ Fecha: _____

Formulario revisado por: _____ Fecha: _____

¿Trajo el comprobante de vacunación de su hijo? **sí** ☐ **no** ☐

Es importante que tenga un comprobante de vacunación personal de las vacunas de su hijo. Si no lo tiene, pídale al profesional de la salud de su hijo que le dé uno con todas las vacunas de a su hijo. Guárdelo en un lugar seguro y llévelo todas las veces que su hijo reciba atención médica. Su hijo necesitará este documento importante por el resto de su vida para ingresar a la guardería o a la escuela, para empleos o para viajar al extranjero.

Translation by Transcend, Davis, CA

www.immunize.org/catg.d/p4060-01.pdf • Item #P4060-01 Spanish (10/12)

Information for Health Professionals about the Screening Checklist for Contraindications (Children & Teens)

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 even more, consult the references listed at the bottom of this page.

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

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

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

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

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

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

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

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

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

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

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

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

7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem? *[DTaP, Td, Tdap, TIV, LAIV, MMRV]* DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap, and a progressive neurologic disorder in a teen is a precaution to the use of Td. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (*exception:* children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). A history of Guillain-Barré syndrome (GBS) is a consideration with the following:

1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give age-appropriate Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (TIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with TIV if at high risk for severe influenza complications.

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

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

9. In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments? *[LAIV, MMR, MMRV, VAR]*

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

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

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

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

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

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

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

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

References:

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

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

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	☐	☐	☐
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	☐	☐	☐

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p4066.pdf • Item#P4066 (9/13)

Information for Health Professionals about the Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

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 even more, consult the sources listed at the bottom of this page.

1. Is the person to be vaccinated sick today?
There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?
Allergic reactions to any vaccine component can occur. The majority of reactions probably are caused by residual egg protein. Although most current influenza vaccines contain only a limited quantity of egg protein, this protein can induce immediate allergic reactions among people who have severe egg allergy.

An egg-free recombinant hemagglutinin vaccine (RIV) may be used in people age 18 through 49 years with egg allergy of any severity who have no other contraindications. People who do not meet the age criteria for RIV who have experienced a serious systemic or anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs should consult a specialist for appropriate evaluation to help determine if vaccine should be administered. People who have documented immunoglobulin E (IgE)-mediated hypersensitivity to eggs, including those who have had occupational asthma or other allergic responses to egg protein, might also be at increased risk for allergic reactions to influenza vaccine. Protocols have been published for safely administering influenza vaccine to people with egg allergies (see source 3).

Some people who report allergy to egg might not be egg-allergic. If a person can eat lightly cooked eggs (e.g., scrambled eggs), they are unlikely to have an egg allergy. However, people who can tolerate egg in baked products (e.g., cake) might still have an egg allergy. If the person develops hives only after ingesting eggs, CDC recommends they receive either inactivated influenza vaccine (IIV) or, if age-eligible, RIV (not LAIV). If IIV is to be administered, CDC further recommends 1) the vaccine be administered by a healthcare provider familiar with the potential manifestations of egg allergy and 2) the vaccine recipient be observed for at least 30 minutes after receipt of the vaccine for signs of a reaction.

Fluzone (sanofi pasteur) contains gelatin as a stabilizer; therefore a history of anaphylactic reaction to gelatin is a contraindication. Some inactivated influenza vaccines contain thimerosal as a preservative. Most people who had sensitivity to thimerosal when it was used in contact lens solution do not have reactions to thimerosal when it is used in vaccines. Check the package insert at www.immunize.org/packageinserts for a list of the vaccine components (i.e., excipients and culture media) used in the production of the vaccine, or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Some vaccines also contain latex in the prefilled syringe cap which may cause allergic reactions in latex sensitive people. Check the package inserts at www.immunize.org/packageinserts for information on which vaccines are affected, or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf.

3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?
Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination against influenza.

Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination. Also, red eyes or mild upper facial swelling following vaccination with inactivated injectable influenza vaccine is most likely a coincidental event and not related to the vaccine; these people can receive injectable vaccine without further evaluation.

4. Has the person to be vaccinated ever had Guillain-Barré syndrome?
It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications (see source 3) but who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these people. Although data are limited, the established benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

Sources:

1. CDC. *Epidemiology & Prevention of Vaccine-Preventable Diseases,* WL Atkinson et al., editors, at www.cdc.gov/vaccines/pubs/pinkbook/index.html.
2. CDC. *General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)* at www.cdc.gov/vaccines/hcp/acip-recs.
3. CDC. Summary* Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of ACIP—United States, 2013-14: at www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm.

Nombre del paciente: _____ Fecha de nacimiento: ____/____/____
(mes) (día) (año)

Cuestionario de contraindicaciones para la vacuna inyectable contra la gripe

Para pacientes adultos y para los padres de niños a los que se van a vacunar: Las siguientes preguntas nos ayudarán a determinar si hay algún motivo por el cual no deberíamos aplicar hoy la vacuna inyectable contra la influenza (la gripe) a usted o a su hijo. Si contesta "sí" a alguna de las preguntas, eso no siempre quiere decir que usted (o su hijo) no se debe vacunar. Simplemente quiere decir que hay que hacerles más preguntas. Si alguna pregunta no está clara, pida a su profesional de la salud que se la explique.

	Sí	No	No sabe
1. La persona que se va a vacunar, ¿está enferma hoy?	☐	☐	☐
2. La persona que se va a vacunar, ¿es alérgica a los huevos o a algún componente de la vacuna?	☐	☐	☐
3. La persona que se va a vacunar, ¿tuvo alguna vez una reacción seria a la vacuna contra la influenza (gripe)?	☐	☐	☐
4. La persona que se va a vacunar, ¿tuvo alguna vez el síndrome de Guillain-Barré?	☐	☐	☐

Formulario llenado por: _____ Fecha: _____

Formulario revisado por: _____ Fecha: _____

www.immunize.org/catg.d/p4066-01.pdf • Item#P4066-01 Spanish (9/13)

Information for Health Professionals about the Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

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 even more, consult the sources listed at the bottom of this page.

1. Is the person to be vaccinated sick today?
There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?
Allergic reactions to any vaccine component can occur. The majority of reactions probably are caused by residual egg protein. Although most current influenza vaccines contain only a limited quantity of egg protein, this protein can induce immediate allergic reactions among people who have severe egg allergy.

An egg-free recombinant hemagglutinin vaccine (RIV) may be used in people age 18 through 49 years with egg allergy of any severity who have no other contraindications. People who do not meet the age criteria for RIV who have experienced a serious systemic or anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs should consult a specialist for appropriate evaluation to help determine if vaccine should be administered. People who have documented immunoglobulin E (IgE)-mediated hypersensitivity to eggs, including those who have had occupational asthma or other allergic responses to egg protein, might also be at increased risk for allergic reactions to influenza vaccine. Protocols have been published for safely administering influenza vaccine to people with egg allergies (see source 3).

Some people who report allergy to egg might not be egg-allergic. If a person can eat lightly cooked eggs (e.g., scrambled eggs), they are unlikely to have an egg allergy. However, people who can tolerate egg in baked products (e.g., cake) might still have an egg allergy. If the person develops hives only after ingesting eggs, CDC recommends they receive either inactivated influenza vaccine (IIV) or, if age-eligible, RIV (not LAIV). If IIV is to be administered, CDC further recommends 1) the vaccine be administered by a healthcare provider familiar with the potential manifestations of egg allergy and 2) the vaccine recipient be observed for at least 30 minutes after receipt of the vaccine for signs of a reaction.

Fluzone (sanofi pasteur) contains gelatin as a stabilizer; therefore a history of anaphylactic reaction to gelatin is a contraindication. Some inactivated influenza vaccines contain thimerosal as a preservative. Most people who had sensitivity to thimerosal when it was used in contact lens solution do not have reactions to thimerosal when it is used in vaccines. Check the package insert at www.immunize.org/packageinserts for a list of the vaccine components (i.e., excipients and culture media) used in the production of the vaccine, or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Some vaccines also contain latex in the prefilled syringe cap which may cause allergic reactions in latex sensitive people. Check the package inserts at www.immunize.org/packageinserts for information on which vaccines are affected, or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf.

3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?
Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination against influenza.

Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination. Also, red eyes or mild upper facial swelling following vaccination with inactivated injectable influenza vaccine is most likely a coincidental event and not related to the vaccine; these people can receive injectable vaccine without further evaluation.

4. Has the person to be vaccinated ever had Guillain-Barré syndrome?
It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications (see source 3) but who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these people. Although data are limited, the established benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

Sources:

1. CDC. *Epidemiology & Prevention of Vaccine-Preventable Diseases,* WL Atkinson et al., editors, at www.cdc.gov/vaccines/pubs/pinkbook/index.html.
2. CDC. *General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)* at www.cdc.gov/vaccines/hcp/acip-recs.
3. CDC. Summary* Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of ACIP—United States, 2013-14: at www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm.

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

Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

For use with people age 2 through 49 years: The following questions will help us determine if there is any reason we should not give you or your child live attenuated intranasal influenza vaccine (FluMist) today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to intranasal influenza vaccine (FluMist) in the past?	☐	☐	☐
4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?	☐	☐	☐
5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?	☐	☐	☐
6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider told you the child had wheezing or asthma?	☐	☐	☐
7. Does the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem; or, in the past 3 months, have they taken medications that weaken the immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; or have they had radiation treatments?	☐	☐	☐
8. Is the person to be vaccinated receiving antiviral medications?	☐	☐	☐
9. Is the child or teen to be vaccinated receiving aspirin therapy or aspirin-containing therapy?	☐	☐	☐
10. Is the person to be vaccinated pregnant or could she become pregnant within the next month?	☐	☐	☐
11. Has the person to be vaccinated ever had Guillain-Barré syndrome?	☐	☐	☐
12. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?	☐	☐	☐
13. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?	☐	☐	☐

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p4067.pdf • Item #P4067 (9/13)

Information for Health Professionals about the Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

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 even more, consult the sources listed at the bottom of this page.

1. Is the person to be vaccinated sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

2. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza vaccine?

A history of anaphylactic or non-anaphylactic reaction—such as hives, wheezing, or difficulty breathing, or circulatory collapse or shock (not fainting)—after eating eggs or receiving any component of the intranasal live attenuated influenza vaccine (LAIV; tradename FluMist) is usually a contraindication for further doses. An egg-free recombinant hemagglutinin vaccine (RIV) may be used in people age 18 through 49 years with egg allergy of any severity who have no other contraindications. People with egg allergies who do not meet the age criteria for RIV can usually be vaccinated with inactivated influenza vaccine (IIV); consult ACIP recommendations (see source 3). For a complete list of vaccine components (i.e., excipients and culture media) used in the production of the vaccine, check the package insert (at www. immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf.

3. Has the person to be vaccinated ever had a serious reaction to intranasal influenza vaccine (FluMist) in the past?

Patients reporting a serious reaction to a previous dose of LAIV should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination with LAIV.

4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?

LAIV is not licensed for use in people younger than age 2 years or older than age 49 years.

5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?

People with any of these health conditions should not be given LAIV. Instead, they should be vaccinated with the inactivated injectable influenza vaccine.

6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider told you that the child had wheezing or asthma?

LAIV is not recommended for a child this age if their parent or guardian answers yes to this question or if the child has a history of asthma or recurrent wheezing. Instead, the child should be given the inactivated injectable influenza vaccine.

7. Does the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem; or, in the past 3 months, have they taken medications that weaken the immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; or have they had radiation treatments?

People with weakened immune systems should not be given LAIV. Instead, they should be given the inactivated injectable influenza vaccine.

8. Is the person to be vaccinated receiving antiviral medications?

Receipt of certain influenza antivirals (e.g., amantadine, rimantadine, zanamivir, oseltamivir) could reduce LAIV vaccine efficacy; therefore, providers may want to defer vaccination with LAIV in people who took these antivirals within the previous 48 hours and to advise avoiding use of these antivirals for 14 days after vaccination, if feasible.

9. Is the child or teen to be vaccinated receiving aspirin therapy or aspirin-containing therapy?

Because of the theoretical risk of Reye's syndrome, children and teens on aspirin therapy should not be given LAIV. Instead they should be vaccinated with the inactivated injectable influenza vaccine.

10. Is the person to be vaccinated pregnant or could she become pregnant within the next month?

Pregnant women or women planning to become pregnant within a month should not be given LAIV. All pregnant women should, however, be vaccinated with the inactivated injectable influenza vaccine.

11. Has the person to be vaccinated ever had Guillain-Barré syndrome?

It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications but who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these people. Although data are limited, the established benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

12. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?

Inactivated injectable influenza vaccine is preferred for people who anticipate close contact with a severely immunosuppressed person during periods in which the immunosuppressed person requires care in protective isolation (e.g., in a specialized patient-care area with a positive airflow relative to the corridor, high-efficiency particulate air filtration, and frequent air changes). Either the inactivated injectable influenza vaccine or LAIV may be used in people who have close contact with people having lesser degrees of immunosuppression.

13. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?

People who were given an injectable live virus vaccine (e.g., MMR, MMRV, varicella, zoster, yellow fever) in the past 4 weeks should wait 28 days before receiving LAIV. There is no reason to defer giving LAIV if people were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (e.g., IG).

Sources:

1. CDC. *Epidemiology & Prevention of Vaccine-Preventable Diseases*, WL Atkinson et al., editors, at www.cdc.gov/vaccines/pubs/pinkbook/index.html.
2. CDC. *General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)* at www.cdc.gov/vaccines/hcp/acip-recs.
3. CDC. "Summary* Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of the ACIP—United States, 2013–14" at www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm.

Nombre del paciente: _____ Fecha de nacimiento: ____/____/____
(mes) (día) (año)

Cuestionario de contraindicaciones para la vacuna intranasal viva atenuada contra la influenza

Para pacientes de 2 a 49 años: Las siguientes preguntas nos ayudarán a determinar si hay algún motivo por el cual no deberíamos aplicar hoy la vacuna intranasal viva atenuada contra la influenza (o gripe) (FluMist) a usted o a su hijo. Si contesta "sí" a alguna de las preguntas, eso no siempre quiere decir que usted (o su hijo) no se debe vacunar. Simplemente quiere decir que hay que hacerles más preguntas. Si alguna pregunta no está clara, pida a su profesional de la salud que se la explique.

	Sí	No	No sabe
1. La persona que se va a vacunar, ¿está enferma el día de hoy?	☐	☐	☐
2. La persona que se va a vacunar, ¿tiene alergia a los huevos o a algún componente de la vacuna contra la influenza?	☐	☐	☐
3. La persona que se va a vacunar, ¿tuvo en el pasado alguna reacción seria a la vacuna intranasal contra la influenza (FluMist)?	☐	☐	☐
4. La persona que se va a vacunar, ¿tiene menos de 2 años or más de 49 años?	☐	☐	☐
5. La persona que se va a vacunar, ¿tiene algún problema de salud a largo plazo de enfermedad del corazón, enfermedad de los pulmones, asma, enfermedad de los riñones, enfermedad neurológica o neuromuscular, enfermedad del hígado, alguna enfermedad metabólica (por ejemplo, diabetes), anemia o alguna otra enfermedad de la sangre?	☐	☐	☐
6. Si la persona que se va a vacunar es un niño de 2 a 4 años, en los últimos 12 meses, ¿algún profesional de la salud le dijo que el niño tenía sibilancias o asma?	☐	☐	☐
7. La persona que se va a vacunar, ¿tiene el sistema inmunológico débil debido al VIH/SIDA o a otra enfermedad que afecta el sistema inmunológico, o en los últimos 3 meses, ¿ha tomado medicamentos que debiliten su sistema inmunológico, tales como cortisona, prednisona, otros esteroides o medicamentos contra el cáncer, o le han hecho tratamientos de radiación?	☐	☐	☐
8. La persona que se va a vacunar, ¿recibe medicamentos antivirales?	☐	☐	☐
9. El niño o adolescente que se va a vacunar, ¿recibe terapia con aspirina o terapia que contenga aspirina?	☐	☐	☐
10. La persona que se va a vacunar, ¿está embarazada o podría quedar embarazada en el próximo mes?	☐	☐	☐
11. La persona que se va a vacunar, ¿ha tenido alguna vez el síndrome de Guillain-Barré?	☐	☐	☐
12. La persona que se va a vacunar, ¿vive, o espera tener contacto cercano, con una persona con el sistema inmunológico gravemente afectado y que tiene que estar en un ambiente protegido y aislado (por ejemplo, una habitación de aislamiento de una unidad de trasplante de médula ósea)?	☐	☐	☐
13. La persona que se va a vacunar, ¿ha recibido alguna otra vacuna en las últimas 4 semanas?	☐	☐	☐

Formulario llenado por: _____ Fecha: _____

Formulario revisado por: _____ Fecha: _____

www.immunize.org/catg.d/P4067-01.pdf • Item #P4067-01 Spanish (9/13)

Information for Health Professionals about the Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

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 even more, consult the sources listed at the bottom of this page.

1. Is the person to be vaccinated sick today?
There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

2. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza vaccine?
A history of anaphylactic or non-anaphylactic reaction—such as hives, wheezing, or difficulty breathing, or circulatory collapse or shock (not fainting)—after eating eggs or receiving any component of the intranasal live attenuated influenza vaccine (LAIV; tradename FluMist) is usually a contraindication for further doses. An egg-free recombinant hemagglutinin vaccine (RIV) may be used in people age 18 through 49 years with egg allergy of any severity who have no other contraindications. People with egg allergies who do not meet the age criteria for RIV can usually be vaccinated with inactivated influenza vaccine (IIV); consult ACIP recommendations (see source 3). For a complete list of vaccine components (i.e., excipients and culture media) used in the production of the vaccine, check the package insert (at www. immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf.

3. Has the person to be vaccinated ever had a serious reaction to intranasal influenza vaccine (FluMist) in the past?
Patients reporting a serious reaction to a previous dose of LAIV should be asked to describe their symptoms. Immediate—presumably allergic—reactions are usually a contraindication to further vaccination with LAIV.

4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?
LAIV is not licensed for use in people younger than age 2 years or older than age 49 years.

5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?
People with any of these health conditions should not be given LAIV. Instead, they should be vaccinated with the inactivated injectable influenza vaccine.

6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider told you that the child had wheezing or asthma?
LAIV is not recommended for a child this age if their parent or guardian answers yes to this question or if the child has a history of asthma or recurrent wheezing. Instead, the child should be given the inactivated injectable influenza vaccine.

7. Does the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem; or, in the past 3 months, have they taken medications that weaken the immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; or have they had radiation treatments?
People with weakened immune systems should not be given LAIV. Instead, they should be given the inactivated injectable influenza vaccine.

8. Is the person to be vaccinated receiving antiviral medications?
Receipt of certain influenza antivirals (e.g., amantadine, rimantadine, zanamivir, oseltamivir) could reduce LAIV vaccine efficacy; therefore, providers may want to defer vaccination with LAIV in people who took these antivirals within the previous 48 hours and to advise avoiding use of these antivirals for 14 days after vaccination, if feasible.

9. Is the child or teen to be vaccinated receiving aspirin therapy or aspirin-containing therapy?
Because of the theoretical risk of Reye's syndrome, children and teens on aspirin therapy should not be given LAIV. Instead they should be vaccinated with the inactivated injectable influenza vaccine.

10. Is the person to be vaccinated pregnant or could she become pregnant within the next month?
Pregnant women or women planning to become pregnant within a month should not be given LAIV. All pregnant women should, however, be vaccinated with the inactivated injectable influenza vaccine.

11. Has the person to be vaccinated ever had Guillain-Barré syndrome?
It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications but who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these people. Although data are limited, the established benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

12. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?
Inactivated injectable influenza vaccine is preferred for people who anticipate close contact with a severely immunosuppressed person during periods in which the immunosuppressed person requires care in protective isolation (e.g., in a specialized patient-care area with a positive airflow relative to the corridor, high-efficiency particulate air filtration, and frequent air changes). Either the inactivated injectable influenza vaccine or LAIV may be used in people who have close contact with people having lesser degrees of immunosuppression.

13. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?
People who were given an injectable live virus vaccine (e.g., MMR, MMRV, varicella, zoster, yellow fever) in the past 4 weeks should wait 28 days before receiving LAIV. There is no reason to defer giving LAIV if people were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (e.g., IG).

Sources:

1. CDC. *Epidemiology & Prevention of Vaccine-Preventable Diseases,* WL Atkinson et al., editors, at www.cdc.gov/vaccines/pubs/pinkbook/index.html.
2. CDC. *General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)* at www.cdc.gov/vaccines/hcp/acip-recs.
3. CDC. "Summary* Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of the ACIP—United States, 2013–14" at www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm.

Administering Vaccines: Dose, Route, Site, and Needle Size

Vaccine	Dose	Route
Diphtheria, Tetanus, Pertussis (DTaP, DT, Tdap, Td)	0.5 mL	IM
***Haemophilus influenzae* type b** (Hib)	0.5 mL	IM
Hepatitis A (HepA)	≤18 yrs; 0.5 mL	IM
	≥19 yrs; 1.0 mL	
Hepatitis B (HepB) **Persons 11–15 yrs may be given Recombivax HB (Merck) 1.0 mL adult formulation on a 2-dose schedule.*	<19yrs: 0.5 mL ≥20 yrs: 1.0 mL	IM
Human papillomavirus (HPV)	0.5 mL	IM
Influenza, live attenuated (LAIV)	0.2 mL	Intranasal spray
Influenza, trivalent inactivated (TIV)	6-35 mos: 0.25 mL	IM
	≥3 yrs: 0.5 mL	
TIV: Fluzone intradermal (18–64 yrs)	0.1 mL	ID
Measles, Mumps, Rubella (MMR)	0.5 mL	SC
Meningococcal – conjugate (MCV)	0.5 mL	IM
Meningococcal – polysaccharide (MPSV)	0.5 mL	SC
Pneumococcal conjugate (PCV)	0.5 mL	IM
Pneumococcal polysaccharide (PPSV)	0.5 mL	IM or SC
Polio, inactivated (IPV)	0.5 mL	IM or SC
Rotavirus (RV)	Rotarix: 1.0 mL	Oral
	Rotateq: 2.0 mL	
Varicella (Var)	0.5 mL	SC
Zoster (Zos)	0.65 mL	SC
Combination Vaccines		
DTaP-HepB-IPV (Pediarix) DTaP-IPV/Hib (Pentacel) DTaP-IPV (Kinrix) Hib-HepB (Comvax)	0.5 mL	IM
MMRV (ProQuad)	≤12 yrs: 0.5 mL	SC
HepA-HepB (Twinrix)	≥18 yrs: 1.0 mL	IM

Injection Site and Needle Size

Subcutaneous (SC) injection

Use a 23–25 gauge needle. Choose the injection site that is appropriate to the person's age and body mass.

Age	Needle Length	Injection Site
Infants (1–12 mos)	5/8"	Fatty tissue over anterolateral thigh muscle
Children 12 mos or older, adolescents, and adults	5/8"	Fatty tissue over anterolateral thigh muscle or fatty tissue over triceps

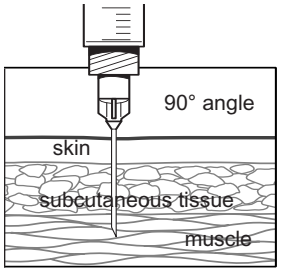
Intramuscular (IM) injection

Use a 22–25 gauge needle. Choose the injection site and needle length appropriate to the person's age and body mass.

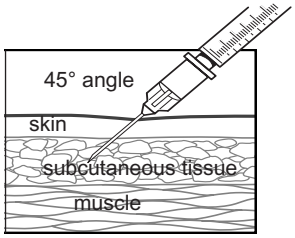
Age	Needle Length	Injection Site
Newborns (1st 28 days)	5/8"*	Anterolateral thigh muscle
Infants (1–12 mos)	1"	Anterolateral thigh muscle
Toddlers (1–2 yrs)	1–1¼" 5/8–1"*	Anterolateral thigh muscle or deltoid muscle of arm
Children & teens (3–18 years)	5/8–1"* 1"–1¼"	Deltoid muscle of arm or anterolateral thigh muscle
Adults 19 yrs or older		
Male or female less than 130 lbs	5/8–1"*	Deltoid muscle of arm
Female 130–200 lbs Male 130–260 lbs	1–1½"	Deltoid muscle of arm
Female 200+ lbs Male 260+ lbs	1½"	Deltoid muscle of arm

**A 5/8" needle may be used for patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.*

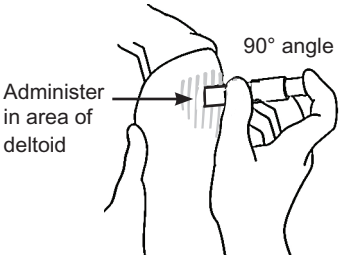
Intramuscular (IM) injection



Subcutaneous (SC) injection



Intradermal (ID) administration of Fluzone ID vaccine



Intranasal (IN) administration of FluMist (LAIV) vaccine

Please note: Always refer to the package insert included with each biologic for complete vaccine administration information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well (see www.immunize.org/acip).

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p3085.pdf • Item #P3085 (7/12)

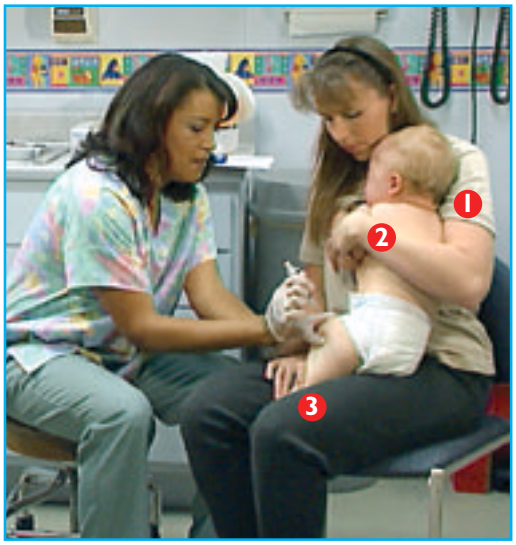
COMFORTING RESTRAINT

FOR IMMUNIZATIONS

• The method:

This method involves the parent in embracing the child and controlling all four limbs. It avoids "holding down" or overpowering the child, but it helps you steady and control the limb of the injection site.

• For infants and toddlers:



Have parent hold the child on parent's lap.

1. One of the child's arms embraces the parent's back and is held under the parent's arm.

2. The other arm is controlled by the parent's arm and hand. For infants, the parent can control both arms with one hand.

3. Both legs are anchored with the child's feet held firmly between the parent's thighs, and controlled by the parent's other arm.

• For kindergarten and older children:

Hold the child on parent's lap or have the child stand in front of the seated parent.

1. Parent's arms embrace the child during the process.

2. Both legs are firmly between parent's legs.

IMMUNIZATION TECHNIQUES
Safe • Effective • Caring

Gray Davis, Governor—State of California
Grantland Johnson, Secretary—Health and Human Services Agency
Diana M. Bontá, R.N., Dr.P.H., Director—Department of Health Services
Immunization Branch • 2151 Berkeley Way • Berkeley, CA 94704

IMM-720 (12/01)

How to Administer Intramuscular (IM) Injections

Administer these vaccines via intramuscular (IM) route: Diphtheria-tetanus (DT, Td) with pertussis (DTaP, Tdap); Hib; hepatitis A; hepatitis B; human papillomavirus (HPV); inactivated influenza; meningococcal conjugate (MCV4); and pneumococcal conjugate (PCV). Administer inactivated polio (IPV) and pneumococcal polysaccharide (PPV) either IM or SC.

Patient age	Site	Needle size
Birth to 12 mos.	Anterolateral thigh muscle	5/8"* needle (newborns only), 1" (older infants), 22–25 gauge
12 mos. to 10 yrs.	Thickest portion of deltoid muscle—above level of axilla and below acromion (if adequate muscle mass). The anterolateral thigh may also be used.	5/8"*† to 1" needle, 22–25 gauge
Children and adults 11 yrs. and older	Thickest portion of deltoid muscle—above level of axilla and below acromion	1"–1½"*† needle, 22–25 gauge

*A 5/8" needle can be used if the skin is stretched tight and the subcutaneous tissue is not bunched.
†A 5/8" needle may be used in the deltoid muscle in children ages 12 mos. or older and in adults weighing less than 130 lbs.

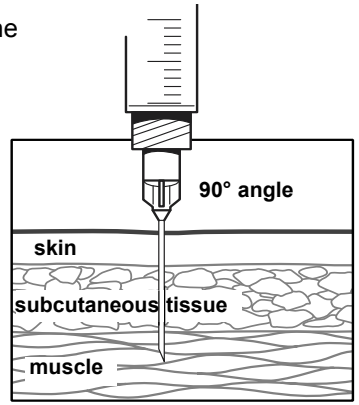
Needle insertion

Use a needle long enough to reach deep into the muscle.

Insert needle at a 90° angle to the skin with a quick thrust.

(Before administering an injection, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.¶)

Multiple injections given in the same extremity should be separated by a minimum of 1", if possible.

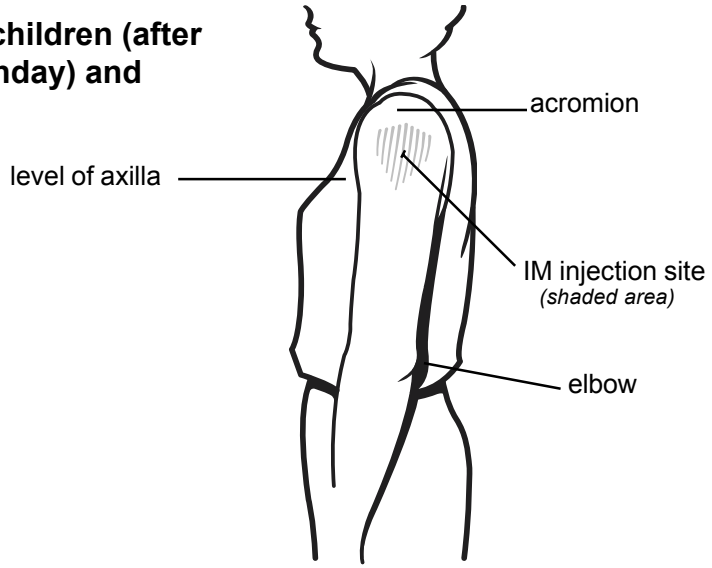


¶CDC. "ACIP General Recommendations on Immunization" at www.cdc.gov/nip/publications/ACIP-list.htm.

IM site for infants

Insert needle at a 90° angle into the anterolateral thigh muscle.

IM site for children (after the 1st birthday) and adults



Insert needle at a 90° angle into thickest portion of deltoid muscle—above the level of the axilla and below the acromion.

Technical content reviewed by the Centers for Disease Control and Prevention, Jan. 2007.

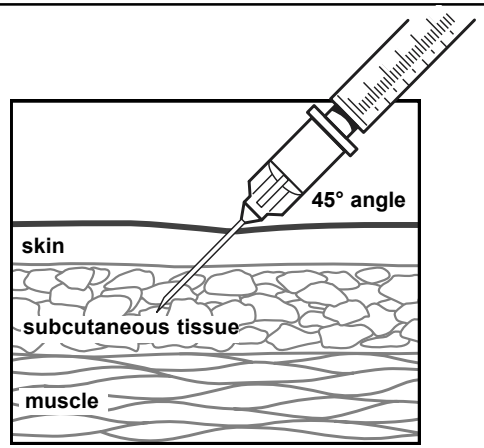
www.immunize.org/catg.d/p2020.pdf • Item #P2020 (1/07)

How to Administer Subcutaneous (SC) Injections

Administer these vaccines via subcutaneous (SC) route: MMR, varicella, meningococcal polysaccharide (MPSV), and zoster (shingles). Administer inactivated polio (IPV) and pneumococcal polysaccharide (PPV) vaccines either SC or IM.

Patient age	Site	Needle size	Needle insertion
Birth to 12 mos.	Fatty tissue over the anterolateral thigh	5/8" needle, 23–25 gauge	Pinch up on SC tissue to prevent injection into muscle. Insert needle at 45° angle to the skin. (Before administering an injection, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.*) Multiple injections given in the same extremity should be separated by a minimum of 1".
12 mos. and older	Fatty tissue over the triceps	5/8" needle, 23–25 gauge	

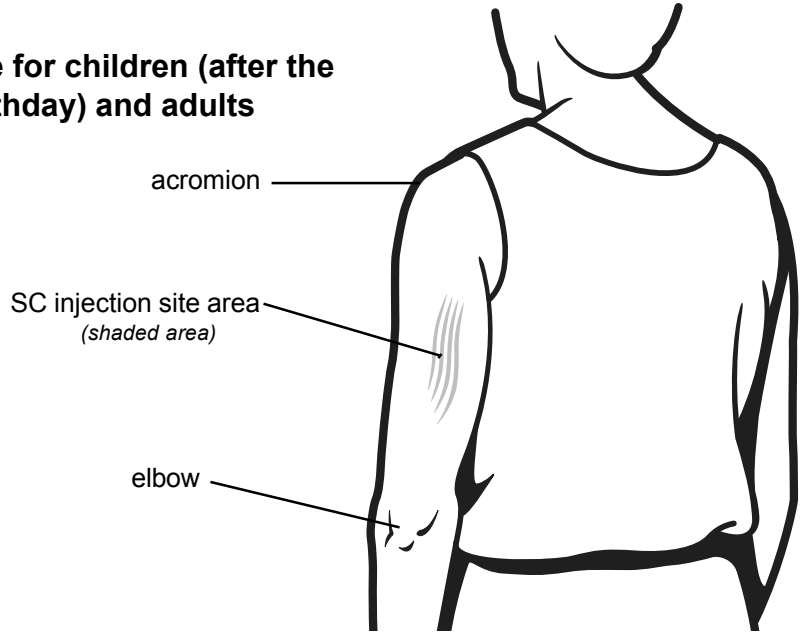
*CDC. "ACIP General Recommendations on Immunization" at www.cdc.gov/nip/publications/ACIP-list.htm.



SC site for infants

Insert needle at a 45° angle into fatty tissue of the anterolateral thigh. Make sure you pinch up on SC tissue to prevent injection into the muscle.

SC site for children (after the 1st birthday) and adults



Insert needle at a 45° angle into the fatty tissue over the triceps muscle. Make sure you pinch up on the SC tissue to prevent injection into the muscle.

Technical content reviewed by the Centers for Disease Control and Prevention, Jan. 2007.

www.immunize.org/catg.d/p2020.pdf • Item #P2020 (1/07)

Immunization Action Coalition • 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • www.immunize.org • www.vaccineinformation.org • admin@immunize.org

Injectable Vaccines by Route

Use this reference to help you to select the recommended needles by administration route.

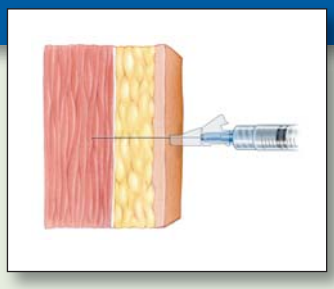
Vaccines Given by Intramuscular (IM) Route

- Diphtheria-Tetanus-Pertussis (DTaP), (DT), (Tdap), (Td)
- *Haemophilus influenzae*, type b (Hib)
- Hepatitis A (Hep A)
- Hepatitis B (Hep B)
- Influenza (TIV)
- Meningococcal Conjugate (MCV4)
- Pneumococcal Conjugate (PCV)
- Pneumococcal Polysaccharide (PPV)*
- Human papillomavirus (HPV)

*Can also be given SC

Combination vaccines

- DTaP+HepB+IPV (Pediarix™)
- DTaP+Hib (Trihibit™)
- Hib+HepB (Comvax™)
- HepA+HepB (Twinrix®)



1-inch,
23- or 25-gauge needle
For heavier or larger patients you may need to use a 1-1 1/2" needle

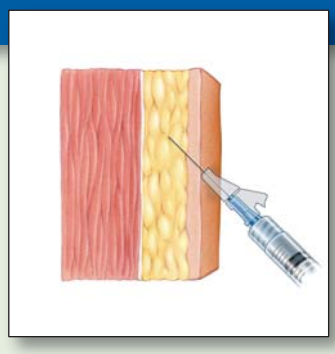
Vaccines Given by Subcutaneous (SC) Route

- Inactivated Polio Vaccine (IPV)*
- Measles-Mumps-Rubella (MMR)
- Varicella (Chickenpox vaccine) (Var)
- Herpes Zoster (Shingles vaccine)

*Can also be given IM

Combination vaccines

- MMR+Var (ProQuad®)



5/8-inch,
25-gauge needle

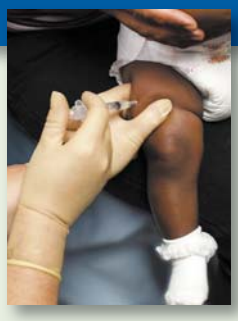
California Department of Public Health, Immunization Branch IMM-899 (3/08)

Administering Injectable Vaccines

Cleaning the Injection Site

1. Wash your hands.
2. Clean the injection site with an alcohol pad or a cotton ball soaked with alcohol. Using a circular motion, wipe from the center of the injection site out about two inches in a spiral pattern.
3. Allow the alcohol to dry for several seconds. (Alcohol stings if it gets into the injection.)
4. Throw away the cotton ball.

Giving an Intramuscular (IM) Injection



1. Clean the injection site. (See above.)
2. With your left hand*, bunch up the muscle.
3. With your right hand*, insert the needle at a 90-degree angle to the muscle.
4. Push down on the plunger and inject the entire contents of the syringe. Do not aspirate.
5. Remove the needle and simultaneously apply light pressure to the injection site with a dry cotton ball or gauze. Hold it in place for several seconds.
6. If there is any bleeding, cover the injection site with a bandage.
7. Put the used syringe in a sharps container.

* Use opposite hand if you are left-handed.

Giving a Subcutaneous (SC) Injection

1. Clean the injection site. (See above.)
2. With the thumb and index finger of your left hand*, pinch up the fatty tissue of the injection site.
3. With your right hand*, insert the needle at a 45-degree angle to the skin. Insert the entire needle.
4. Push down on the plunger and inject the entire contents of the syringe. Do not aspirate.
5. Remove the needle and simultaneously apply light pressure with a dry cotton ball or gauze on the injection site. Hold it in place for several seconds.
6. If there is any bleeding, cover the injection site with a bandage.
7. Put the used syringe in a sharps container.

Important! Dispose of used needles immediately after use. Never re-cap a used needle or try to separate it from the syringe.

Preparing Liquid Vaccines

Before You Start

- Wash your hands.
- Gather alcohol pads, appropriate needle, and, as needed, syringe.
- Get the vial or syringe of vaccine.
- Check vaccine against physician's written order.
- Check that today's date is sooner than vaccine's expiration date.

Drawing Up Liquid Vaccine

Single-dose vials

- Remove plastic cap.
- Shake vial.
- Cleanse stopper with alcohol pad and **let it dry**.
- Assemble needle and syringe.
- Uncap needle.
- Hold vial steady on counter.
- Insert needle straight into center of vial stopper.
- Invert vial and pull needle back so the tip is in the liquid.
- Pull back on plunger and draw up entire contents of vial.
- Withdraw needle.
- Tap syringe and push out air.
- Recap the clean needle.

Multi-dose vials

- Remove plastic cap.
- Shake vial.
- Cleanse stopper with alcohol pad and **let it dry**.
- Assemble needle and syringe.
- Uncap needle.
- Pull back syringe plunger equal to one dose of vaccine, usually 0.5 cc.
- Hold vial steady on counter.
- Insert needle straight into center of stopper and inject air into vial.
- Invert vial so needle tip is in liquid.
- Withdraw one dose.
- Return needle and vial to counter top.
- Withdraw needle.
- Tap syringe and push out air.
- Recap the clean needle.

Pre-filled syringes

- Shake syringe thoroughly.
- Remove syringe tip cover.
- Attach needle to syringe.

Preparing Reconstituted Vaccines

Before You Start

- Wash your hands.
- Gather alcohol pads, appropriate needle, and syringe.
- Get one dose each of vaccine and diluent.
- Check vaccine against physician's written order.
- Check that today's date is sooner than vaccine's and diluent's expiration dates.

Mixing the Vaccine

- Remove plastic caps.
- Cleanse stoppers with alcohol pad and **let dry**.*
- Assemble needle and syringe.
- Uncap needle.
- Hold diluent vial steady on the counter.
- Insert needle straight into the center of the vial stopper.
- Invert vial and pull needle back so the tip is in the liquid.
- Draw up all diluent into syringe and then withdraw needle.
- Hold vaccine vial steady on the counter.
- Insert needle into center of stopper.
- Inject diluent
- Holding vial and syringe together, shake to mix.

*Be sure that MMR, Varicella and MMRV stoppers are thoroughly dry before drawing up doses. Alcohol may damage these live vaccines.

Drawing Up the Vaccine

- Invert vial and pull needle back so the tip is in the liquid.
- Pull back on plunger and draw up **entire contents** of vial.
- Withdraw needle.
- Tap syringe and push out air.
- Recap the clean needle.
- Use reconstituted vaccine promptly.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

The Childhood Immunization Schedule: Why Is It Like That?

Q1: Who decides what immunizations children need ?

A: Each year, top disease experts and doctors who care for children work together to decide what to recommend that will best protect U.S. children from diseases. The schedule is evaluated each year based on the most recent scientific data available. Changes are announced in January, if needed. The schedule is approved by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the American Academy of Family Physicians.

Q2: How are the timing and spacing of the shots determined?

A: Each vaccine dose is scheduled using 2 factors. First, it is scheduled for the age when the body's immune system will work the best. Second, it is balanced with the need to provide protection to infants and children at the earliest possible age.

Q3: Why are there so many doses?

A: Researchers are always studying how well vaccines work. For many vaccines three or four doses are needed to fully protect your child. The doses need to be spaced out a certain amount to work the best.

Q4: Why is the schedule "one size fits all?" Aren't there some children who shouldn't receive some vaccines?

A: Your child's health and safety are very important to your child's doctor. The schedule is considered the ideal schedule for healthy children but there may be exceptions. For example, your child might not receive certain vaccines if she has allergies to an ingredient in the vaccine, or if she has a weakened immune system due to illness, a chronic condition, or another medical treatment. Sometimes a shot needs to be delayed for a short time, and sometimes not given at all.

Your pediatrician stays updated about new exceptions to the immunization schedule. This is one reason your child's complete medical history is taken at the pediatrician's office, and why it is important for your child's health care providers to be familiar with your child's medical history.

Q5: Why can't the shots be spread out over a longer period of time? There are 25 shots recommended in the first 15 months of life; why not spread these out over 2 or 3 years?

A: First, you would not want your child to go unprotected that long. Babies are hospitalized and die more often from some diseases, so it is important to vaccinate them as soon as it is safe. Second, the recommended schedule is designed to work best with a child's immune system at certain ages and at specific times. There is no research to show that a child would be equally protected against diseases with a very different schedule. Also, there is no

scientific reason why spreading out the shots would be safer. But we do know that any length of time without immunizations is a time without protection.

Q6: I've seen another schedule in a magazine that allows the shots to be spread out. It was developed by a pediatrician. Why can't I follow that schedule? My child would still get his immunizations in time for school.

A: There is no scientific basis for such a schedule. No one knows how well it would work to protect your child from diseases. And if many parents in any community decided to follow such a schedule, diseases will be able to spread much more quickly. Also, people who are too sick or too young to receive vaccines are placed at risk when they are around unvaccinated children.

For example, following one alternative schedule would leave children without full polio protection until age 4. Yet it would take only one case of polio to be brought into the U.S. for the disease to take hold again in this country. This schedule also delays the measles vaccine until age 3. We have already seen outbreaks of measles in some parts of the country because children were not immunized. This is a highly infectious disease that can cause serious harm--even death. The reason we recommend vaccines when we do is because young children are more vulnerable to these diseases.

Pediatricians want parents to have reliable, complete, and science-based information, so that they can make the best decision for their child about vaccination.

Q7: Isn't it possible that my child has natural immunity to one or more diseases? If he does, can't he skip the shot?

A: Tests that check for immunity to certain diseases do not work well in young children.

Q8: Isn't it overwhelming to a child's immune system to give so many shots in one visit?

A: Infants and children are exposed to many germs every day just by playing, eating, and breathing. Their immune systems fight those germs, also called antigens, to keep the body healthy. The amount of antigens that children fight every day is much more than the antigens in any combination of vaccines on the current schedule. So children's immune systems are not overwhelmed by vaccines.

Q9: There are no shots given at 9 months, other than maybe flu vaccine or catch-up vaccines. Why not give some at that visit instead of at 6 months or 12 months?

A: Waiting until 9 months would leave the child unprotected from some diseases, but 9 months is too early for some of the 12-18 month vaccines. For example, it is too early for the live measles, mumps, rubella and varicella vaccines, since some infants might have a bit of protection left from their mother during the pregnancy, and that protection could make the vaccine less effective.

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Questions and Answers about Vaccine Ingredients

Q. What ingredients are in vaccines?
A. All vaccines contain antigens. Antigens make vaccines work. They prompt the body to create the immune response needed to protect against infection. Antigens come in several forms. The form used in a vaccine is chosen because studies show it is the best way to protect against a particular infection.

Antigen forms include:

- **Weakened live viruses.** They are too weak to cause disease but can still prompt and immune response. Measles, mumps, rubella, rotavirus, chickenpox, and one type of influenza vaccines contain weakened live viruses.
- **Inactivated (or killed) viruses.** These viruses cannot cause even a mild form of the disease, but the body still recognizes the virus and creates and immune response to protect itself. In the United States, the polio, hepatitis A, influenza and rabies vaccines contain inactivated viruses.
- **Partial viruses.** These are made up of the specific part of the dead virus that will prompt a protective immune response. Some vaccines are made this way including the hepatitis B and HPV vaccines.
- **Partial bacteria.** These are made up of the specific part of the dead bacteria that will prompt a protective immune response. Some vaccines are made this way including the Hib, pneumococcal, meningococcal, diphtheria, tetanus, and pertussis (whooping cough) vaccines.

Vaccines also contain other ingredients, which help make them safer and more effective. They include:

- **Preservatives.** They keep the vials from getting contaminated with germs.
- **Adjuvants.** They help the body create a better immune response. These are aluminum salts.
- **Additives.** They help the vaccine stay effective while being stored. Additives include gelatin, albumin, sucrose, lactose, MSG, and glycine.
- **Residuals of the vaccine production process.** Some ingredients are needed to make the vaccine. Although these ingredients are removed, tiny (residual) amounts are left in the final product. Depending on how the vaccine is made, it may include tiny amounts of antibiotics (neomycin), egg protein, or yeast protein.

Q. Are these other ingredients in vaccines safe?
A. Yes.

Q. Why are these other ingredients in vaccines?
A. Each ingredient has a specific function in a vaccine. These ingredients have been studied and are safe for humans in the amount used in vaccines. This amount is much less than children encounter in their environment, food and water.

- **Aluminum salts.** Aluminum salts help your body create a better immune response to vaccines. Aluminum salts are necessary to make some of the vaccines we use more effective. Without an adjuvant like aluminum, people could need more doses of shots to be protected. Everyone is exposed to aluminum because there is much aluminum in the earth's crust. It's present in our food, air and water, including breast milk and formula. The amount of aluminum in vaccines is similar to that found in 33 ounces of infant formula. Aluminum has been used and studied in vaccines for 75 years and is safe.

- **Formaldehyde.** Formaldehyde is used to detoxify diphtheria and tetanus toxins or to inactivate a virus. The tiny amount which may be left in these vaccines is safe. Vaccines are not the only source of formaldehyde your baby is exposed to. Formaldehyde is also in products like paper towels, mascara and carpeting. Our bodies normally have formaldehyde in the blood stream and at levels higher than in vaccines.
- **Antibiotics.** Antibiotics, such as neomycin, are present in some vaccines to prevent bacterial contamination when the vaccine is made. Trace amounts of antibiotics in vaccines rarely, if ever, cause allergic reactions.
- **Egg protein.** Influenza and yellow fever vaccines are produced in eggs, so egg proteins are present in the final product and can cause allergic reaction**.** Measles and mumps vaccines are made in chick embryo cells in culture, not in eggs. The much smaller amount of remaining egg proteins found in the MMR (measles, mumps, rubella) vaccine does not usually cause a reaction in egg allergic children.
- **Gelatin.** Some vaccines contain gelatin to protect them against freeze-drying or heat. People with severe allergies to gelatin should avoid getting gelatin-containing vaccines.

Q. Do vaccines contain antifreeze?
A: No. Antifreeze is typically made of ethylene glycol, which is unsafe. Confusion has arisen, because polyethylene glycol (a chemical used personal care products like skin creams and toothpaste) is used in vaccines and is safe. It is used to inactivate the influenza virus in some influenza vaccines. It is also used to purify other vaccines.

Q. Do vaccines contain mercury?
A: Almost all childhood vaccines do NOT contain any mercury. Methylmercury, which is found in fish and other animals (including humans) can be toxic and lead to adverse effects in humans. Thimerosal, a mercury-based preservative, was removed from most childhood vaccines in 2001. Thimerosal contains a different form of mercury called ethylmercury, which is processed by the body very differently than methylmercury, and is not associated with the same adverse effects. It is still present in some influenza vaccines. Thimerosal is still used in the manufacture of some vaccines to prevent contamination. The thimerosal is removed at the end of the manufacturing process. In some cases, a tiny amount of thimerosal remains. The remaining amount is so small, that it is not possible for it to have any effect. Valid scientific studies have shown there is no link between thimerosal and autism. In fact, autism rates have actually increased since thimerosal was removed from childhood vaccines. The American Academy of Pediatrics (AAP), the American Medical Association (AMA), the Centers for Disease Control and Prevention CDC, and the Institute of Medicine (IOM) agree that science does not support a link between thimerosal in vaccines and autism. For the IOM report, go to http://www.iom.edu/CMS/3793/4705/4717.aspx.

Q. Do vaccines contain fetal tissue?
A. No. A few vaccines involve growing the viruses in human cell culture. Two cell lines provide the cultures needed for producing vaccines. These lines were developed from two fetuses in the 1960s. The fetuses were aborted for medical reasons, not for the purpose of producing vaccines. These cell lines have an indefinite life span, meaning that no new aborted fetuses are ever used. No fetal tissue is included in the vaccines, either, so children are not injected with any part of an aborted fetus.

Q. Should vaccines be "greener"?
A. The amount of each additive used in vaccines is very small. In fact, we are exposed to much higher levels of these chemicals in our everyday lives. In vaccines, these ingredients are used to make the vaccine safer and more effective. Each vaccine is tested many times to make sure it is safe and works. Taking ingredients out might affect the ability of the vaccine to protect a child. Research is always being done to make sure that the ingredients in vaccines continue to be the safest and best available for children.

Reportable Infectious Diseases and Conditions in Illinois

Stop and Report: It is the responsibility of physicians, physician assistants, nurses, nurse aides or any other person having knowledge of any of the following diseases, **confirmed or suspected,** to report the case to the Chicago Department of Public Health (CDPH) within the specified time frame via INEDSS **(Illinois National Electronic Disease Surveillance System)**†

[1-6] = indicates that a phone call should made to specified program (see below) in conjunction with an INEDSS report.

‡ = indicates conditions for which IDPH currently requires an isolate or clinical materials to be submitted to the IDPH Laboratory.*

Report Immediately:
(within 3 hours)
Class I(a)

Any unusual case or cluster of cases that may indicate a public health hazard[1,7]

Any suspected bioterrorism threat or event[1,7]
Anthrax[1,7,‡]
Botulism, foodborne[1,7]
Influenza A, Novel Virus[4,7]
Plague[1,7,‡]
Brucellosis[1,7,‡](if suspected to be a bioterrorist event or part of an outbreak)
Q-fever[1,7,‡](if suspected to be a bioterrorist event or part of an outbreak)
Smallpox[1,7]
Severe Acute Respiratory Synrome[1,7]
Tularemia[1,7,‡] (if suspected to be a bioterrorist event or part of an outbreak)

Report Within 24 hours:
Class I(b)

Botulism: intestinal, wound, and other[1]
Chickenpox (varicella)
Cholera (*Vibrio cholera* O1 or O139)[1,‡]
Diphtheria[4,‡]
Enteric *Escherichia coli* infections (O157:H7, STEC, EHEC, EPEC, ETEC)[‡]
Foodborne or waterborne illness[1]
Haemophilus influenza, meningitis and other invasive disease[‡]
Hantavirus pulmonary syndrome[1]
Hemolytic uremic syndrome, post diarrheal[1,‡]
Hepatitis A[2]
Influenza-associated intensive care unit hospitalization[4]
Measles[4,7]
Mumps
Neisseria meningitidis , meningitis and invasive disease[1,7,‡]
Pertussis (or whooping cough)[4,‡]
Poliomyelitis[4]
Rabies, human[1,7]
Rabies, potential human exposure[1,7]
Rubella
Smallpox vaccination, complications of[1,7]
Staphylococcus aureus, Methicillin resistant (MRSA) clusters of 2 or more cases in a community setting[1]
Staphylococcus aureus, Methicillin resistant (MRSA) occurring in infants under 61 days of age
Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin[1,7,‡]
Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections
Typhoid fever[1,‡]
Typhus[1]

Report Within 7 Days:
Class II

AIDS
Arboviral Infection (including, but not limited to, Dengue fever, California encephalitis, St. Louis encephalitis and West Nile Virus)[‡]
Brucellosis[‡]
Chancroid
Chlamydia
Creutzfeldt-Jakob Disease (CJD)
Cryptosporidiosis
Cyclosporiasis
Giardiasis
Gonorrhea
Hepatitis B and Hepatitis D
Hepatitis C
Histoplasmosis
HIV infection
Influenza, Deaths in persons less than 18 years of age
Legionellosis[‡]
Leprosy
Leptospirosis[‡]
Listeriosis[‡]
Malaria[‡]
Ophthalmia neonatorum (gonococcal)
Psittacosis
Q-fever[‡]
Salmonellosis (other than typhoid)[‡]
Shigellosis[‡]
Streptococcus pneumoniae, invasive disease in children less than 5 years
Syphilis
Tetanus
Tickborne Disease, including ehrlichiosis, anaplasmosis, Lyme disease, and Rocky Mountain spotted fever
Toxic shock syndrome, due to staphylococcus aureus infection
Trichinosis
Tuberculosis
Tularemia[‡]
Vibriosis (Non-cholera Vibrio infections)[‡]
Yersiniosis

† **https://www.idphnet.com;** * **IDPH Chicago Laboratory, 2121 W. Taylor St, Chicago, IL. 60612, (P) 312-793-1322**

1. Communicable Disease Surveillance: (312) 746-5925 or (312) 746-5377
2. Communicable Disease Hepatitis Surveillance: (312) 746-6197
3. Sexually Transmitted Infection Surveillance: (312) 413-8047
4. Vaccine Preventable Disease Surveillance: (312) 746-5911
5. Tuberculosis Surveillance: (312) 746-5380
6. HIV/AIDS Surveillance: (312) 747-9614
7. During normal business hours, cases may be reported by calling the corresponding program. On weekends, holidays,after hours, or if no one is available to take your call, reports may be made by calling 311 and asking for the communicable disease physician on call.

All reports are confidential and should include the reportable disease, physician contact information and patient demographics.
Information reportable by law and allowed by HIPAA CFR §164 512(b)

West Side Center for Disease Control, 2160 W. Ogden Ave, Chicago, IL 60612 Phone: (312) 746-5380 Fax: (312) 746-6388

as of 5/31/2011

WEBSITE: www.vaers.hhs.gov E-MAIL: info@vaers.org FAX: 1-877-721-0366

VACCINE ADVERSE EVENT REPORTING SYSTEM

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

For CDC/FDA Use Only

VAERS Number _____

Date Received _____

Patient Name:

Last First M.I.

Address

City State Zip

Telephone no. (____) _____

Vaccine administered by (Name):

Responsible Physician _____

Facility Name/Address

City State Zip

Telephone no. (____) _____

Form completed by (Name):

Relation to Patient ☐ Vaccine Provider ☐ Patient/Parent ☐ Manufacturer ☐ Other

Address *(if different from patient or provider)*

City State Zip

Telephone no. (____) _____

1. State	2. County where administered	3. Date of birth mm / dd / yy	4. Patient age	5. Sex ☐ M ☐ F	6. Date form completed mm / dd / yy

7. Describe adverse events(s) (symptoms, signs, time course) and treatment, if any

8. Check all appropriate:
- ☐ Patient died (date mm / dd / yy)
- ☐ Life threatening illness
- ☐ Required emergency room/doctor visit
- ☐ Required hospitalization (_____days)
- ☐ Resulted in prolongation of hospitalization
- ☐ Resulted in permanent disability
- ☐ None of the above

9. Patient recovered ☐ YES ☐ NO ☐ UNKNOWN

12. Relevant diagnostic tests/laboratory data

10. Date of vaccination mm / dd / yy Time _____ AM PM

11. Adverse event onset mm / dd / yy Time _____ AM PM

13. Enter all vaccines given on date listed in no. 10

	Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous Doses
a.					
b.					
c.					
d.					

14. Any other vaccinations within 4 weeks prior to the date listed in no. 10

	Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses	Date given
a.						
b.						

15. Vaccinated at:
- ☐ Private doctor's office/hospital
- ☐ Public health clinic/hospital
- ☐ Military clinic/hospital
- ☐ Other/unknown

16. Vaccine purchased with:
- ☐ Private funds
- ☐ Public funds
- ☐ Military funds
- ☐ Other/unknown

17. Other medications

18. Illness at time of vaccination (specify)

19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)

20. Have you reported this adverse event previously?
- ☐ No
- ☐ To health department
- ☐ To doctor
- ☐ To manufacturer

Only for children 5 and under

22. Birth weight _____ lb. _____ oz.

23. No. of brothers and sisters

21. Adverse event following prior vaccination (check all applicable, specify)

	Adverse Event	Onset Age	Type Vaccine	Dose no. in series
☐ In patient				
☐ In brother or sister				

Only for reports submitted by manufacturer/immunization project

24. Mfr./imm. proj. report no.

25. Date received by mfr./imm.proj.

26. 15 day report? ☐ Yes ☐ No

27. Report type ☐ Initial ☐ Follow-Up

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

"Fold in thirds, tape & mail — DO NOT STAPLE FORM"

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

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

POSTAGE WILL BE PAID BY ADDRESSEE

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

DIRECTIONS FOR COMPLETING FORM

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

GENERAL

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

SPECIFIC INSTRUCTIONS

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

Item 7: Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, duration of symptoms, diagnosis, treatment and recovery should be noted.

Item 9: Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if the patient has not returned to the pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.

Item 10 and 11: Give dates and times as specifically as you can remember. If you do not know the exact time, please indicate "AM" or "PM" when possible if this information is known. If more than one adverse event, give the onset date and time for the most serious event.

Item 12: Include "negative" or "normal" results of any relevant tests performed as well as abnormal findings.

Item 13: List ONLY those vaccines given on the day listed in Item 10.

Item 14: List any other vaccines that the patient received within 4 weeks prior to the date listed in Item 10.

Item 16: This section refers to how the person who gave the vaccine purchased it, not to the patient's insurance.

Item 17: List any prescription or non-prescription medications the patient was taking when the vaccine(s) was given.

Item 18: List any short term illnesses the patient had on the date the vaccine(s) was given (i.e., cold, flu, ear infection).

Item 19: List any pre-existing physician-diagnosed allergies, birth defects, medical conditions (including developmental and/or neurologic disorders) for the patient.

Item 21: List any suspected adverse events the patient, or the patient's brothers or sisters, may have had to previous vaccinations. If more than one brother or sister, or if the patient has reacted to more than one prior vaccine, use additional pages to explain completely. For the onset age of a patient, provide the age in months if less than two years old.

Item 26: This space is for manufacturers' use only.

Pediatric Providers Protocol for Management of Infants, Children, and Adolescents Born to Hepatitis B Infected Mothers

Illinois State Laws (Title 77 ILL. Adm. Code 690.451); the Illinois Department of Public Health, Control of Communicable Diseases:

a) Infants born to mothers who are hepatitis B surface antigen (HBsAg) positive should receive hepatitis B vaccine and hepatitis B immune globulin (0.5 mL) within 12 hours of birth, both by intramuscular injection, but at different sites.

b) Contacts to cases or carriers of hepatitis B should be tested for "susceptibility" to hepatitis B virus.

c) Non-immune contacts should begin hepatitis B vaccination.

d) A person who is a contact to cases or carriers of hepatitis B should be given prophylaxis in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).

Management of Infants Born to Women who are HBsAg Positive:

- All infants born to HBsAg-positive women should receive single-antigen hepatitis B vaccine and HBIG (0.5ml) <12 hours of birth, administered at different injection sites. The vaccine series should be completed according to a recommended schedule for infants born to HBsAg-positive mothers (see table below). The final dose in the vaccination series should not be administered before 24 weeks (164 days).

- For preterm infants weighing <2,000 g, the initial vaccine dose (birth dose) should not be counted as part of the vaccine series because of the potentially reduced immunogenicity of hepatitis B vaccine in the infants; 3 additional doses of vaccine (for a total of 4 doses) should be administered beginning when the infant reaches age 1 month (see below).

- Postvaccination testing for anti-HBs and HBsAg should be performed after completion of the vaccine series, at age 9-18 months (generally at the next well-child visit). Testing should not be performed before age nine months to avoid detection of anti-HBs from HBIG administered during infancy and to maximize the likelihood of detecting late HBV infection. Anti-HBc testing of infants is not recommended because passively acquired maternal anti-HBc might be detected in infants born to HBV-infected mothers to age 24 months.

    1. HBsAg-negative infants with anti-HBs levels **>10mlU/ml** are protected and need no further medical management

2. HBsAg-negative infants with anti-HBs levels **<10mlU/ml** should be revaccinated with a second 3-dose series and retested 1-2 months after the final dose of vaccine.

3. Infants who are HBsAg-positive should receive appropriate follow-up (Appendix A).

- Infants of HBsAg-positive mothers may be breast fed beginning immediately after birth.

- Although not indicated in the manufacture's package labeling, HBsAg-positive containing combination vaccines may be used for infants age >6 weeks born to HBsAg-positive mothers to complete the vaccine series after receipt of a birth dose of single-antigen hepatitis b vaccine and HBIG.

Management of Infants Born to Women of "Unknown" HBsAg Status:

- Women admitted for delivery without documentation of HBsAg test results should have blood drawn and tested as soon as possible after admission

- While test results are pending, all infants born to women without documentation of HBsAg tests, should receive the first dose of hepatitis B vaccine (without HBIG) <12 hours of birth (Tables 2 and 3)
  1. If the mother is determined to be HBsAg-positive, her infant should receive HBIG as soon as possible but no later than age 7 days, and the vaccine series should be completed according to a recommended schedule for infants born to HBsAg-positive mothers (Table 3)
  2. If the mother is determined to be HBsAg-negative, the vaccine series should be completed according to a recommended schedule for infants born to HBsAg-negative mothers (Table 3)
  3. If the mother has never been tested to determine her HBsAg status, the vaccine series should be completed according to a recommended schedule for infants born to HBsAg-positive mothers (Table 3). Administration of HBIG is not necessary for these infants.

- All infants born to HBsAg-positive women should receive single-antigen hepatitis B vaccine and HBIG (0.5ml) <12 hours of birth, administered at different injection sites. The vaccine series should be completed according to a recommended schedule for infants born to HBsAg-positive mothers (see table below). The final dose in the vaccination series should not be administered before 24 weeks (164 days).

- For preterm infants weighing <2,000 g, the initial vaccine dose (birth dose) should not be counted as part of the vaccine series because of the potentially reduced immunogenicity of hepatitis B vaccine in the infants; 3 additional doses

of vaccine (for a total of 4 doses) should be administered beginning when the infant reaches age 1 month (see below).

- Postvaccination testing for anti-HBs and HBsAg should be performed after completion of the vaccine series, at age 9-18 months (generally at the next well-child visit). Testing should not be performed before age nine months to avoid detection of anti-HBs from HBIG administered during infancy and to maximize the likelihood of detecting late HBV infection. Anti-HBc testing of infants is not recommended because passively acquired maternal anti-HBc might be detected in infants born to HBV-infected mothers to age 24 months.
    1. HBsAg-negative infants with anti-HBs levels >10mlU/ml are protected and need no further medical management
    2. HBsAg-negative infants with anti-HBs levels <10mlU/ml should be revaccinated with a second 3-dose series and retested 1-2 months after the final dose of vaccine.
    3. Infants who are HBsAg-positive should receive appropriate follow-up (Appendix A).
- Infants of HBsAg-positive mothers may be breast fed beginning immediately after birth.

- Although not indicated in the manufacture's package labeling, hepatitis B containing combination vaccines may be used for infants age >6 weeks born to HBsAg-positive mothers to complete the vaccine series after receipt of a birth dose of single-antigen hepatitis B vaccine and HBIG.

Reporting HBsAg-positive Pregnant Women and Their Contacts:

- Report all HBsAg-positive results to the local health department within 7days of determination

- For Chicago residents:

    - Record all HBsAg-positive results on the CDPH Communicable Disease "Viral Hepatitis Worksheet" (See Appendix A)

    - Fax a copy of the completed worksheet, including a copy of the original HBsAg-positive laboratory result to **312-746-6144.**

For additional information concerning perinatal hepatitis B prevention protocols for prenatal providers, contact:

Perinatal Hepatitis B Coordinator
West Side Centers for Disease Control and Prevention
2160 W. Ogden, Chicago Illinois, 60612

TABLE 3. Hepatitis B vaccine schedules for newborn infants, by maternal hepatitis B surface antigen (HBsAg) status*

Maternal HBsAg status	Single-antigen vaccine		Single antigen + combination vaccine	
	Dose	Age	Dose	Age
Positive	1†	Birth (≤12 hrs)	1†	Birth (≤12 hrs)
	HBIG§	Birth (≤12 hrs)	HBIG	Birth (≤12 hrs)
	2	1–2 mos	2	2 mos
	3¶	6 mos	3	4 mos
			4¶	6 mos (Pediarix) or 12–15 mos (Comvax)
Unknown**	1†	Birth (≤12 hrs)	1†	Birth (≤12 hrs)
	2	1–2 mos	2	2 mos
	3¶	6 mos	3	4 mos
			4¶	6 mos (Pediarix) or 12–15 mos (Comvax)
Negative	1†,††	Birth (before discharge)	1†,††	Birth (before discharge)
	2	1–2 mos	2	2 mos
	3¶	6–18 mos	3	4 mos
			4¶	6 mos (Pediarix) or 12–15 mos (Comvax)

* See Table 4 for vaccine schedules for preterm infants weighing <2,000 g.
† Recombivax HB or Engerix-B should be used for the birth dose. Comvax and Pediarix cannot be administered at birth or before age 6 weeks.
§ Hepatitis B immune globulin (0.5 mL) administered intramuscularly in a separate site from vaccine.
¶ The final dose in the vaccine series should not be administered before age 24 weeks (164 days).
** Mothers should have blood drawn and tested for HBsAg as soon as possible after admission for delivery; if the mother is found to be HBsAg positive, the infant should receive HBIG as soon as possible but no later than age 7 days.
†† On a case-by-case basis and only in rare circumstances, the first dose may be delayed until after hospital discharge for an infant who weighs ≥2,000 g and whose mother is HBsAg negative, but only if a physician's order to withhold the birth dose and a copy of the mother's original HBsAg-negative laboratory report are documented in the infant's medical record.

TABLE 4. Hepatitis B immunization management of preterm infants weighing <2,000 g, by maternal hepatitis B surface antigen (HBsAg) status

Maternal HBsAg status	Recommendation
Positive	• HBIG* + hepatitis B vaccine (≤12 hrs of birth) • Continue vaccine series beginning at age 1–2 mos according to recommended schedule for infants born to HBsAg-positive mothers (see Table 3). • Do not count birth dose as part of the vaccine series. • Test for HBsAg and antibody to HBsAg after completion of the vaccine series at age 9–18 mos (i.e., next well-child visit).
Unknown	• HBIG + hepatitis B vaccine (≤12 hrs of birth) • Test mother for HBsAg. • Continue vaccine series beginning at age 1–2 mos according to recommended schedule based on the mother's HBsAg result (see Table 3). • Do not count birth dose as part of the vaccine series.
Negative	• Delay first dose of hepatitis B vaccine until age 1 mo or hospital discharge. • Complete the vaccine series (see Table 3).

* Hepatitis B immune globulin.

Prenatal Providers Protocol for Identifying, Reporting and Managing Hepatitis B Infected Mothers and Their Newborn Infant

Illinois State Law (Title 77 ILL. Adm. Code 690.451); Illinois Department of Public Health, Control of Communicable Diseases:

a) Health care providers shall refer pregnant women who are HBsAg positive within 7 days after receipt of the test result to a local health authority for counseling and recommendations on testing and immunizing contacts.

b) Contacts to cases or carriers of hepatitis B should be tested for "susceptibility" to hepatitis B virus.

c) A person who is a contact to cases or carriers of hepatitis B should be given prophylaxis in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).

d) Infants born to mothers who are hepatitis B surface antigen (HBsAg) positive should receive hepatitis B vaccine and hepatitis B immune globulin (0.5 mL) within 12 hours of birth, both by intramuscular injection, but at different sites.

e) Non-immune contacts should begin hepatitis B vaccination.

Management of Pregnant Women who are HBsAg Positive

- All pregnant women should be tested routinely for HBsAg during an early prenatal visit (e.g., first trimester) in each pregnancy, even if they have been previously vaccinated or tested.

- Women who were not screened prenatally, those who engage in behaviors that put them at "high risk" for infection (e.g., injection drug use, having had more than one sex partner in the last six months, HBsAg-positive sex partner, evaluation or treatment for a sexually transmitted disease [STD], or recent or current history of injection-drug use) and those with clinical hepatitis should be tested at the time of admission to the hospital for delivery.

- Women who are HBsAg-positive should be referred to the Chicago Department of Public Health Perinatal Hepatitis B Program to ensure that their infants receive timely post-exposure prophylaxis and follow-up. In addition, a copy of the original laboratory report indicating the pregnant women's HBsAg status should be provided to the hospital where delivery is planned and to the health-care provider who will care for the newborn.

- Women who are HBsAg-positive should be provided with or referred for appropriate counseling and medical management. HBsAg-positive pregnant women should receive information concerning hepatitis B that discusses:
    1. Modes of transmission;
    2. preinatal concerns (e.g., infants born to HBsAg-positive mothers may be breast fed);

3. prevention of hepatitis B transmission to contacts, including the importance of post-exposure prophylaxis for the newborn infant and hepatitis B vaccination for household, sexual, and needle-sharing contacts;
4. substance abuse treatment, if appropriate; and
5. medical evaluation and possible treatment of chronic hepatitis B.

- Women who are HBsAg-positive should be informed of the importance of their newborn receiving hepatitis B immune globulin (HBIG) and single antigen hepatitis B vaccination within 12 hours of delivery, completing the three (3) dose series after hospital discharge, and receiving serologic screening to confirm immunity (Table 3).

- Women who are HBsAg-positive should be advised that all household, sexual, or needle-sharing contacts should be tested for hepatitis B virus and vaccinated if susceptible.

Reporting HBsAg-positive Pregnant Women and Their Contacts:

- Report all HBsAg-positive results to the local health department within 7days of determination

- Record all HBsAg-positive results on the CDPH Communicable Disease "Viral Hepatitis Worksheet" (See Appendix A)

- Fax a copy of the completed worksheet, including a copy of the original HBsAg-positive laboratory result to:

  Chicago Department of Public Health
  Communicable Disease,
  Perinatal Hepatitis B Program
  312-746-6144

- For additional information concerning perinatal hepatitis B prevention protocols for prenatal providers, contact

  Perinatal Hepatitis B Coordinator
  West Side Centers for Disease Control and Prevention
  2160 W. Ogden, Chicago Illinois, 60612

TABLE 3. Hepatitis B vaccine schedules for newborn infants, by maternal hepatitis B surface antigen (HBsAg) status*

Maternal HBsAg status	Single-antigen vaccine		Single antigen + combination vaccine	
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	HBIG§	Birth (≤12 hrs)	HBIG	Birth (≤12 hrs)
	2	1–2 mos	2	2 mos
	3¶	6 mos	3	4 mos
			4¶	6 mos (Pediarix) or 12–15 mos (Comvax)
Unknown**	1†	Birth (≤12 hrs)	1†	Birth (≤12 hrs)
	2	1–2 mos	2	2 mos
	3¶	6 mos	3	4 mos
			4¶	6 mos (Pediarix) or 12–15 mos (Comvax)
Negative	1†,††	Birth (before discharge)	1†,††	Birth (before discharge)
	2	1–2 mos	2	2 mos
	3¶	6–18 mos	3	4 mos
			4¶	6 mos (Pediarix) or 12–15 mos (Comvax)

* See Table 4 for vaccine schedules for preterm infants weighing <2,000 g.
† Recombivax HB or Engerix-B should be used for the birth dose. Comvax and Pediarix cannot be administered at birth or before age 6 weeks.
§ Hepatitis B immune globulin (0.5 mL) administered intramuscularly in a separate site from vaccine.
¶ The final dose in the vaccine series should not be administered before age 24 weeks (164 days).
** Mothers should have blood drawn and tested for HBsAg as soon as possible after admission for delivery; if the mother is found to be HBsAg positive, the infant should receive HBIG as soon as possible but no later than age 7 days.
†† On a case-by-case basis and only in rare circumstances, the first dose may be delayed until after hospital discharge for an infant who weighs ≥2,000 g and whose mother is HBsAg negative, but only if a physician's order to withhold the birth dose and a copy of the mother's original HBsAg-negative laboratory report are documented in the infant's medical record.

Requirements and Laws

HIPAA and Perinatal Hepatitis B Prevention

Health Insurance Portability and Accountability Act of 1996
July 1, 2005

HIPAA permit providers, hospitals, and laboratories to report HBsAg-positive women to state and local health departments (including local health agencies and local boards of health) without the authorization of the individual, regardless of whether the state has a reporting law (i.e., Under 45 CFR §164.512(b)(1)(i) of the HIPAA Privacy Rule, covered entities may disclose protected health information without authorization to public health authorities that are authorized by law to collect such information for public health purposes. In addition, under 45 CFR §164.512(a), covered entities may disclose protected health information to public health authorities if the disclosure is required by law. A specific mandate to report is not required for disclosure. In states that do not have a law that specifically mandates the reporting of maternal HBsAg status, notifiable disease reporting laws mandate reporting of hepatitis B.)

HIPAA permit providers and hospitals to disclose patient information to state and local health departments (including local health agencies and local boards of health) without the authorization of the individual, for perinatal case management (e.g. immunization, prophylaxis, and post vaccination serology) (i.e., Under 45 CFR §164.512(b)(1)(i) of the HIPAA Privacy Rule, covered entities may disclose protected health information without authorization to public health authorities that are authorized by law to collect such information for public health purposes including disease prevention or control.)

Patient records can be reviewed by state and local health department staff and their contractual agents when conducting quality assurance activities (e.g. chart reviews to assess HBsAg screening rates and appropriate prophylaxis), case investigations and/or disease outbreak activities (i.e., **As explained above, under 45 CFR §164.512(b)(1)(i) of the HIPAA Privacy Rule, covered entities may disclose protected health information without authorization to public health authorities that are authorized by law to collect such information for public health purposes.)**

HIPAA Privacy Rule apply to Indian Health Services and tribal clinics (i.e., The HIPAA Privacy Rule governs the use and disclosure of protected health information by covered entities (health plans, clearinghouses, and providers who transmit specified transactions electronically). The definition of health plans (45 CFR §160.103) includes the indian Health Service (IHS) and programs under the Indian Health Care Improvement Act, 25 U.S.C. 1601 et seq. (45 CFR 160.103(1)(xii)).

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

29 August 2012

To Whom it May Concern:

The Chicago Department of Public Health is an agency of the City of Chicago and is conducting the activity described here in its capacity as a public health authority as defined by the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information; Final Rule (Privacy Rule) [45 CFR §164.501]. Pursuant to 45 CFR §164.512(b) of the Privacy Rule, covered entities such as your organization may disclose, without individual authorization, protected health information to public health authorities "…authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions…"

The Chicago Department of Public Health is conducting a public health investigation, a public health activity as described by 45 CFR §164.512(b), and is authorized by the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and the Municipal Code of Chicago (7-20-020). The information being requested represents the minimum necessary to carry out the public health purposes of this investigation pursuant to 45 CFR §164.514(d) of the Privacy Rule.

All Information requested will be kept strictly confidential.

Please feel free contact me with any questions regarding this information

Sincerely,

Julie Morita M.D.

Julie Morita, M.D.
Medical Director
Immunization Program
Chicago Department of Public Health

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS
PART 690 CONTROL OF COMMUNICABLE DISEASES CODE
SECTION 690.451 HEPATITIS B AND HEPATITIS D (REPORTABLE BY MAIL, TELEPHONE, FACSIMILE OR ELECTRONICALLY, WITHIN 7 DAYS)

Section 690.451 Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Control of Cases and Carriers. Standard Precautions shall be followed. Terminal cleaning is not required.

b) Control of Contacts.

1) No restrictions.

2) Contacts to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus.

3) A person who is a contact to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus and given prophylaxis in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).

4) Infants born to mothers who are hepatitis B surface antigen (HBsAg) positive should receive hepatitis B vaccine and hepatitis B immune globulin (0.5 mL) within 12 hours of birth, both by intramuscular injection, but at different sites.

5) Non-immune contacts who have been exposed in such a manner to allow for transmission of hepatitis B or hepatitis D should receive hepatitis B immune globulin (HBIG) as early as possible following exposure, preferably within 24 hours but not more than 14 days after exposure.

6) Non-immune contacts should begin hepatitis B vaccination.

c) General Measures.

1) Pregnant women shall be tested for HBsAg during an early prenatal visit, or when they present to a hospital for delivery if prenatal serologic results are not available. Pregnant women who are at high risk for hepatitis B infection

(recent history of sexually transmitted disease, injection drug use, or other possible risks of hepatitis B infection) should be re-tested upon admission.

2) Health care providers shall refer pregnant women who are HBsAg positive within 7 days after receipt of the test result to a local health authority for counseling and recommendations on testing and immunizing contacts.

3) Persons previously known to test positive for HBsAg shall not donate blood.

4) "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States – Part 1: Immunization of Infants, Children, and Adolescents" (see Section 690.1010(a)(8)), the "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 690.1010(a)(1)) and the "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis" (see Section 690.1010(a)(2)) shall be followed.

d) Laboratory Reporting. Laboratories shall report to the local health authority patients who:

1) Are pregnant with evidence of acute or chronic hepatitis B infection (surface antigen positive).

2) Have a positive result on any laboratory test indicative of and specific for detecting hepatitis B and/or hepatitis D infection.

3) Have results of alanine aminotranferase and/or aspartate aminotransferase testing within 30 days after the positive test for hepatitis B and/or hepatitis D. These results should be reported concurrently with the positive assay.

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)
(Internet Source:
http://www.ilga.gov/commission/jcar/admincode/077/077006900C04510R.html)

Viral Hepatitis Reporting Worksheet - Chicago Department of Public Health

Westside Center for Disease Control | 2160 W. Ogden Ave., Chicago, IL 60612 | 312-746-6197-phone | 312-746-6144-fax

ATTACH LABORATORY REPORT

Suspected Condition

- ☐ Acute, Symptomatic Hepatitis A Case
- ☐ Acute, Symptomatic Hepatitis B Case
- ☐ Acute, Symptomatic Hepatitis C Case
- ☐ Hepatitis B Carrier
- ☐ Hepatitis C Carrier
- ☐ Other Hepatitis _____

Patient Doctor (last) _____ (first) _____ **Doctor's Phone** _____

Patient Name (last) _____ (first) _____

Address (street) _____ (apt) _____ (city) _____ (state) _____ (zip) _____

Telephone # (home) _____ (work) _____ (emergency) _____

Date of Birth _____ / _____ / _____ **Age** _____ (years) if age not in years, specify: ☐ Months ☐ Days

Parent's Name (if patient is a child) (last) _____ (first) _____

Sex ☐ Male ☐ Female ☐ Unknown

If **female**, is patient **Pregnant**? ☐ Yes ☐ No **EDC Date:** _____ / _____ / _____

Race ☐ Am. Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ White ☐ Unknown

Ethnicity ☐ Hispanic ☐ Non-Hispanic → **Country of Origin:** _____

Occupation, **residential institution, and/or day care** (name, address) _____ (for Hep A cases only)

Number of Household Contacts: _____ **Number of Household Contacts who Received IG**: _____(for Hep A cases only)

Date of Onset of Symptoms: _____ / _____ / _____ OR ☐ **No Symptoms**

Jaundiced ☐ Yes ☐ No ☐ Unknown

Hospitalized because of Hepatitis? ☐ Yes ☐ No ☐ Unknown

Date Blood Drawn: ____ / _____ / _____

Reason for Test: ☐ Suspected Viral Hepatitis ☐ Screening ☐ Other _____ ☐ Unknown

HAV Test	Positive	Negative
IgM anti-HAV	☐	☐
Anti-HAV	☐	☐

Please attach a copy of the patient's hepatitis laboratory test results to this case report form.

HBV Test	Positive	Negative
HBsAg	☐	☐
IgM anti-HBc only	☐	☐
IgM & IgG anti-HBc	☐	☐
anti-HBs	☐	☐
HBV PCR	☐	☐
HBeAg	☐	☐

HCV Test	Positive	Negative
ELISA	☐	☐
HCV PCR	☐	☐
RIBA	☐	☐
Signal to cut-off ratio	☐	☐
Numeric Signal-to-cut-off ratio:_____		
Other hepatitis tests & results (anti--HDV, anti-HEV, etc.):		

Liver Function Tests: ALT (SGPT)_____ AST (SGOT) _____ Total Bili _____

Reporting Facility: _____ **Today's Date** ____ / _____ / _____

Reporting Physician: (if other than patient's) (last)_____ (first) _____ **Phone**_____

Informant: (last)_____(first)_____**Phone**_____

(Revised 09/12)

Adult Vaccine Schedules

	Hepatitis B Vaccines		HBV + HAV vaccine
	Engerix-B	**Recombivax HB**	**Twinrix[i,ii]**
Adults (≥20 yrs)	0 mo: 1st dose 1 mo: 2nd dose 6 mo: 3rd dose	0 mo: 1st dose 1 mo: 2nd dose 6 mo: 3rd dose	0 mo: 1st dose 1 mo: 2nd dose 6 mo: 3rd dose
Immunocompromised[iii] Adults (≥20 yrs)	0 mo: 1st dose 1 mo: 2nd dose 2 mo: 3rd dose 6 mo: 4th dose 7-8 mo: Test for anti-HBs	0 mo: 1st dose 1 mo: 2nd dose 6 mo: 3rd dose 7-8 mo: Test for anti-HBs	--

[i] Twinrix may be given to adults ≥18 years old.
[ii] An alternative schedule can also be used at 0, 7, 21-30 days, and a booster at 12 months.
[iii] E.g., patients undergoing hemodialysis or chemotherapy, or HIV-infected persons. Higher doses are recommended for predialysis and hemodialysis patients, and can be used to revaccinate non-responders (Engerix-B: 40µg/2.0mL, Recombivax HB: 40µg/1.0mL).

Pediatric Vaccine Schedules

	Hepatitis B Vaccines	Combination Vaccines	
	Engerix-B or Recombivax HB	**Pediarix**	**Comvax**
Infants (0-1yr) with HBsAg(–) mother	Birth[iv]: 1st dose 1-2 mo: 2nd dose 6 mo: 3rd dose	Birth[iv]: Eng/Rec[v] 2 mo: Pediarix 4 mo: Pediarix 6 mo: Pediarix	Birth[iv]: Eng/Rec[v] 2 mo: Comvax 4 mo: Comvax 12-15 mo: Comvax
Infants (0-1yr) with HBsAg(+) mother	Birth[iv]: 1st dose + HBIG[vi] 1-2 mo: 2nd dose 6 mo: 3rd dose 9-18 mo: Test for HBsAg, antiHBs	Birth[iv]: Eng/Rec[v] + HBIG[vi] 2 mo: Pediarix 4 mo: Pediarix 6 mo: Pediarix 9-18 mo: Test for HBsAg, anti-HBs	Birth[iv]: Eng/Rec[v] + HBIG[vi] 2 mo: Comvax 4 mo: Comvax 12-15 mo: Comvax 18 mo: Test for HBsAg, anti-HBs
Children and Adolescents[vii] (1-19 yrs)	0 mo: 1st dose 1 mo: 2nd dose 6 mo: 3rd dose	--	--

[iv] **Within 12 hours of birth.**
[v] Either Engerix-B (Eng) or Recombivax HB (Rec) should be used for the birth dose or any second dose given before 6 weeks of age.
[vi] Hepatitis B immune globulin (0.5mL) administered intramuscularly in a separate site from vaccine.
[vii] For adolescents (11–15 yrs), an alternative 2-dose Recombivax HB regimen may be given at 0 and 4–6 months.

Notes regarding infants weighing less than 2000 grams:

- For infants < 2000 grams born to HBsAg-positive mothers: Give the HBIG shot and HBV vaccine within 12 hours of birth, and then restart the vaccine series beginning at age 1–2 months (do not count birth dose as part of the vaccine series).
- For infants < 2000 grams born to HBsAg-negative mothers: Delay administration of the vaccine series until age 1 month or hospital discharge (whichever comes first), and then resume the series according to the schedule.

Modified from Centers for Disease Control and Prevention. A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States.[23,24]

DIPHTHERIA TETANUS & PERTUSSIS VACCINES

WHAT YOU NEED TO KNOW

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

1 Why get vaccinated?

Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.

DIPHTHERIA causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

TETANUS (Lockjaw) causes painful tightening of the muscles, usually all over the body.

- It can lead to "locking" of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 out of 10 cases.

PERTUSSIS (Whooping Cough) causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These spells can last for weeks.

- It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

Diphtheria, tetanus, and pertussis vaccine (DTaP) can help prevent these diseases. Most children who are vaccinated with DTaP will be protected throughout childhood. Many more children would get these diseases if we stopped vaccinating.

DTaP is a safer version of an older vaccine called DTP. DTP is no longer used in the United States.

2 Who should get DTaP vaccine and when?

Children should get 5 doses of DTaP vaccine, one dose at each of the following ages:

✓ 2 months ✓ 4 months ✓ 6 months
✓15-18 months ✓ 4-6 years

DTaP may be given at the same time as other vaccines.

3 Some children should not get DTaP vaccine or should wait

- Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.

- Any child who had a life-threatening allergic reaction after a dose of DTaP should not get another dose.

- Any child who suffered a brain or nervous system disease within 7 days after a dose of DTaP should not get another dose.

- Talk with your doctor if your child:
  - had a seizure or collapsed after a dose of DTaP,
  - cried non-stop for 3 hours or more after a dose of DTaP,
  - had a fever over 105°F after a dose of DTaP.

Ask your health care provider for more information. Some of these children should not get another dose of pertussis vaccine, but may get a vaccine without pertussis, called **DT**.

4 Older children and adults

DTaP is not licensed for adolescents, adults, or children 7 years of age and older.

But older people still need protection. A vaccine called **Tdap** is similar to DTaP. A single dose of Tdap is recommended for people 11 through 64 years of age. Another vaccine, called **Td**, protects against tetanus and diphtheria, but not pertussis. It is recommended every 10 years. There are separate Vaccine Information Statements for these vaccines.

5 What are the risks from DTaP vaccine?

Getting diphtheria, tetanus, or pertussis disease is much riskier than getting DTaP vaccine.

However, a vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of DTaP vaccine causing serious harm, or death, is extremely small.

Mild Problems (Common)

- Fever (up to about 1 child in 4)
- Redness or swelling where the shot was given (up to about 1 child in 4)
- Soreness or tenderness where the shot was given (up to about 1 child in 4)

These problems occur more often after the 4th and 5th doses of the DTaP series than after earlier doses. Sometimes the 4th or 5th dose of DTaP vaccine is followed by swelling of the entire arm or leg in which the shot was given, lasting 1-7 days (up to about 1 child in 30).

Other mild problems include:

- Fussiness (up to about 1 child in 3)
- Tiredness or poor appetite (up to about 1 child in 10)
- Vomiting (up to about 1 child in 50)

These problems generally occur 1-3 days after the shot.

Moderate Problems (Uncommon)

- Seizure (jerking or staring) (about 1 child out of 14,000)
- Non-stop crying, for 3 hours or more (up to about 1 child out of 1,000)
- High fever, over 105°F (about 1 child out of 16,000)

Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after DTaP vaccine. These include:
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage.

  These are so rare it is hard to tell if they are caused by the vaccine.

Controlling fever is especially important for children who have had seizures, for any reason. It is also important if another family member has had seizures. You can reduce fever and pain by giving your child an *aspirin-free* pain reliever when the shot is given, and for the next 24 hours, following the package instructions.

6 What if there is a moderate or severe reaction?

What should I look for?

Any unusual conditions, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would most likely be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. If a high fever or seizure were to occur, it would usually be within a week after the shot.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

  Or you can file this report through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.
  VAERS does not provide medical advice

7 The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit the program's website at **www.hrsa.gov/vaccinecompensation.**

8 How can I learn more?

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

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention

VACUNAS DIFTERIA TÉTANO Y TOS FERINA

LO QUE USTED NECESITA SABER

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

1 ¿Por qué vacunarse?

La difteria, el tétano y la tos ferina son enfermedades graves causadas por bacterias. La difteria y la tos ferina pasan de una persona a otra. El tétano entra al cuerpo por cortadas o heridas.

LA DIFTERIA causa un recubrimiento espeso en la parte posterior de la garganta.

- Esto puede causar problemas respiratorios, parálisis, fallo cardíaco y hasta la muerte.

EL TÉTANO causa espasmos dolorosos de los músculos, por lo general en todo el cuerpo.

- Puede causar "trabadura" de la mandíbula, de modo que la víctima no puede abrir la boca ni tragar. El tétano es mortal en hasta 2 de cada 10 casos.

LA TOS FERINA (Pertusis) produce ataques de tos tan intensos que a los bebés les resulta difícil comer, beber o respirar. Estos ataques pueden durar semanas.

- Puede causar neumonía, convulsiones (ataques de sacudidas del cuerpo y fijación de la mirada), daño al cerebro y la muerte.

La vacuna contra la difteria, el tétano y la tos ferina (DTaP) puede ayudar a prevenir estas enfermedades. La mayoría de los niños que reciben la vacuna DTaP estarán protegidos durante toda la niñez. Si dejáramos de vacunarlos, muchos más niños tendrían estas enfermedades.

La vacuna DTaP es una versión más segura de una vacuna más vieja llamada DTP. La DTP se ha dejado de usar en los Estados Unidos.

2 ¿Quiénes deben vacunarse contra la DTaP, y cuándo?

Los niños deben recibir 5 dosis de la vacuna contra DTaP, una dosis en cada una de las siguientes edades. A los:

✓ 2 meses ✓ 4 meses ✓ 6 meses
✓ 15-18 meses ✓ 4-6 años

La DTaP se puede dar al mismo tiempo que otras vacunas.

3 Algunas personas no deben recibir la DTaP, o deben esperar

- Los niños con enfermedades leves, como un resfrío, se pueden vacunar. Pero los niños que están moderadamente o muy enfermos por lo general deben esperar hasta recuperarse para vacunarse.
- Todos los niños que tuvieron una reacción alérgica que puso en peligro su vida después de una dosis de la DTaP no deben recibir otra.
- Todos los niños que sufrieron una enfermedad del cerebro o del sistema nervioso dentro de los 7 días de haber recibido una dosis de la DTaP no deben recibir otra.
- Hable con su doctor si su hijo:
  - tuvo convulsiones o sufrió un colapso después de una dosis de la DTaP
  - lloró sin parar 3 horas o más después de una dosis de la DTaP
  - tuvo fiebre de más de 105ºF después de una dosis de la DTaP.

Pida más información a su profesional de la salud. Algunos de estos niños no deben recibir otra dosis de la vacuna contra la tos ferina, pero pueden recibir una vacuna sin tos ferina llamada **DT**.

4 Niños de mayor edad y adultos

La vacuna DTaP no está autorizada para adolescentes, adultos ni niños de 7 años de edad y mayores.

Pero las personas mayores también necesitan protección. Existe una vacuna llamada **Tdap**, que es similar a la DTaP. Se recomienda una sola dosis de la vacuna Tdap para las personas de 11 a 64 años de edad. Otra vacuna, llamada **Td**, protege contra el tétano y la difteria, pero no contra la tos ferina. Se recomienda cada 10 años. Cada una de estas vacunas tiene su propia Hoja de Información sobre la Vacuna.

5 ¿Cuáles son los riesgos de la vacuna DTaP?

Enfermarse de la difteria, tétano o tos ferina es mucho más peligroso que recibir la vacuna contra DTaP.

Diphtheria/Tetanus/Pertussis - Spanish 5/17/2007

Sin embargo, una vacuna, como cualquier otro medicamento, puede causar problemas serios, como reacciones alérgicas graves. El riesgo de que la vacuna DTaP cause daños graves o la muerte es extremadamente pequeño.

Problemas leves (comunes)

- Fiebre (aproximadamente 1 de cada 4 niños)
- Enrojecimiento o hinchazón en el sitio de inyección (aproximadamente 1 de cada 4 niños)
- Dolor en el sitio de inyección (aproximadamente 1 de cada 4 niños)

Estos problemas ocurren con más frecuencia después de la 4ª y 5ª dosis de la serie de DTaP que en dosis anteriores. A veces después de la 4ª o 5ª dosis de la DTaP se hincha todo el brazo o la pierna en que se puso la vacuna y esa hinchazón dura entre 1 y 7 días (aproximadamente 1 de cada 30 niños).

Otros problemas leves incluyen:

- Sentirse molesto (aproximadamente 1 de cada 3 niños)
- Cansancio o sin ganas de comer (aproximadamente 1 de cada 10 niños)
- Vómitos (aproximadamente 1 de cada 50 niños)

Estos problemas ocurren generalmente 1 a 3 días después de la inyección.

Problemas moderados (poco comunes)

- Convulsiones (sacudidas del cuerpo o fijación de la mirada) (aproximadamente 1 de cada 14,000 niños)
- Llanto sin parar por 3 horas o más (hasta aproximadamente 1 de cada 1,000 niños)
- Fiebre alta, de más de 105ºF (aproximadamente 1 de cada 16,000 niños)

Problemas serios (muy raros)

- Reacción alérgica seria (menos de 1 por millón de dosis)
- Varios otros problemas graves han ocurrido después de recibir la vacuna DTaP. Éstos incluyen:
  - Convulsiones a largo plazo, coma o reducción de la conciencia.
  - Daño permanente al cerebro.

  Estos son tan raros que es difícil saber si fueron causados por la vacuna.

Controlar la fiebre es especialmente importante para los niños que tuvieron convulsiones, por cualquier motivo. También es importante si algún otro miembro de la familia tuvo convulsiones. Puede reducir la fiebre y el dolor dando a su hijo un calmante del dolor *sin aspirina* en el momento de recibir la vacuna y durante las próximas 24 horas, siguiendo las instrucciones del paquete del medicamento.

6 ¿Qué pasa si hay una reacción moderada a seria?

¿A qué debo prestar atención?

A cualquier cosa fuera de lo común, como una reacción alérgica seria, fiebre alta o comportamiento fuera de lo normal. Las reacciones alérgicas serias son muy raras en el caso de todas las vacunas. Si ocurriera una reacción seria, sería dentro de los pocos minutos hasta varias horas después de la inyección.

Las señales pueden incluir dificultad para respirar, ronquera o ruidos al respirar, ronchas, palidez, debilidad o latidos rápidos del corazón o mareos. Si ocurrieran fiebre o convulsiones, por lo general sería dentro de una semana después de la inyección.

¿Qué debo hacer?

- **Llame** a un doctor o lleve la persona inmediatamente a un doctor.
- **Diga** a su doctor lo que ocurrió, la fecha y la hora en que ocurrió y cuándo recibió la vacuna.
- **Pida** a su doctor, enfermera o departamento de salud que informe la reacción presentando un formulario del Sistema de Información Sobre Eventos Adversos a una Vacuna (Vaccine Adverse Event Reporting, VAERS).

O puede presentar este informe mediante el sitio Web de VAERS, en: **www.vaers.hhs.gov**, o puede llamar al: **1-800-822-7967**.
VAERS no proporciona consejos médicos.

7 El Programa Nacional de Compensación por Lesiones Causadas por Vacunas

En el raro evento en que usted o su hijo tengan una reacción grave a una vacuna, se ha creado un programa federal para ayudarlo a pagar la atención de los lesionados.

Para mayores detalles sobre el Programa Nacional de Compensación por Lesiones Causadas por Vacunas (National Vaccine Injury Compensation Program), llame al **1-800-338-2382** o visite el sitio web del programa en **www.hrsa.gov/vaccinecompensation.**

8 ¿Cómo puedo obtener más información?

- Hable con su profesional de la salud. Le pueden dar el folleto de información que viene con la vacuna o sugerirle otras fuentes de información.
- Llame al programa de vacunación del departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (CDC):
  - Llame al **1-800-232-4636 (1-800-CDC-INFO)**
  - Visite el sitio web del Programa Nacional de Vacunación, en **www.cdc.gov/nip**

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention

Vaccine Information Statement
DTaP IMM-509S - Spanish (5/17/07) 42 U.S.C. § 300aa-26
Translated by Transcend Translations, Davis, CA www.transcend.net

VACCINE INFORMATION STATEMENT

Hepatitis A Vaccine

What You Need to Know

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

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

1 What is hepatitis A?

Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of people with hepatitis A.

It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV. A person who has hepatitis A can easily pass the disease to others within the same household.

Hepatitis A can cause:

- "flu-like" illness
- jaundice (yellow skin or eyes, dark urine)
- severe stomach pains and diarrhea (children)

People with hepatitis A often have to be hospitalized (up to about 1 person in 5).

Adults with hepatitis A are often too ill to work for up to a month.

Sometimes, people die as a result of hepatitis A (about 3-6 deaths per 1,000 cases).

Hepatitis A vaccine can prevent hepatitis A.

2 Who should get hepatitis A vaccine and when?

WHO?

Some people should be routinely vaccinated with hepatitis A vaccine:

- All children between their first and second birthdays (12 through 23 months of age).
- Anyone 1 year of age and older traveling to or working in countries with high or intermediate prevalence of hepatitis A, such as those located in Central or South America, Mexico, Asia (except Japan), Africa, and eastern Europe. For more information see www.cdc.gov/travel.
- Children and adolescents 2 through 18 years of age who live in states or communities where routine vaccination has been implemented because of high disease incidence.
- Men who have sex with men.
- People who use street drugs.
- People with chronic liver disease.
- People who are treated with clotting factor concentrates.
- People who work with HAV-infected primates or who work with HAV in research laboratories.
- Members of households planning to adopt a child, or care for a newly arriving adopted child, from a country where hepatitis A is common.

Other people might get hepatitis A vaccine in certain situations (ask your doctor for more details):

- Unvaccinated children or adolescents in communities where outbreaks of hepatitis A are occurring.
- Unvaccinated people who have been exposed to hepatitis A virus.
- Anyone 1 year of age or older who wants protection from hepatitis A.

Hepatitis A vaccine is not licensed for children younger than 1 year of age.

WHEN?

For children, the first dose should be given at 12 through 23 months of age. Children who are not vaccinated by 2 years of age can be vaccinated at later visits.

For others at risk, the hepatitis A vaccine series may be started whenever a person wishes to be protected or is at risk of infection.

For travelers, it is best to start the vaccine series at least one month before traveling. (Some protection may still result if the vaccine is given on or closer to the travel date.)

Some people who cannot get the vaccine before traveling, or for whom the vaccine might not be effective, can get a shot called immune globulin (IG). IG gives immediate, temporary protection.

Two doses of the vaccine are needed for lasting protection. These doses should be given at least 6 months apart.

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

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

3 Some people should not get hepatitis A vaccine or should wait.

- Anyone who has ever had a severe (life threatening) allergic reaction to a previous dose of hepatitis A vaccine should not get another dose.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. **Tell your doctor if you have any severe allergies,** including a severe allergy to latex. All hepatitis A vaccines contain alum, and some hepatitis A vaccines contain 2-phenoxyethanol.
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Tell your doctor if you are pregnant. Because hepatitis A vaccine is inactivated (killed), the risk to a pregnant woman or her unborn baby is believed to be very low. But your doctor can weigh any theoretical risk from the vaccine against the need for protection.

4 What are the risks from hepatitis A vaccine?

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

Getting hepatitis A vaccine is much safer than getting the disease.

Mild problems

- soreness where the shot was given *(about 1 out of 2 adults, and up to 1 out of 6 children)*
- headache *(about 1 out of 6 adults and 1 out of 25 children)*
- loss of appetite *(about 1 out of 12 children)*
- tiredness *(about 1 out of 14 adults)*

If these problems occur, they usually last 1 or 2 days.

Severe problems

- serious allergic reaction, within a few minutes to a few hours after the shot *(very rare)*.

5 What if there is a moderate or severe reaction?

What should I look for?

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

What should I do?

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

VAERS does not provide medical advice.

6 The National Vaccine Injury Compensation Program

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

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

7 How can I learn more?

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

Vaccine Information Statement (Interim)

Hepatitis A Vaccine

10/25/2011

42 U.S.C. § 300aa-26

DECLARACIÓN DE INFORMACIÓN SOBRE VACUNAS

Vacuna contra la hepatitis A

Lo que usted necesita saber

Las hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite http://www.immunize.org/vis.

1 ¿Qué es la hepatitis A?

La hepatitis A es una enfermedad hepática grave provocada por el virus de la hepatitis A (VHA). El VHA se encuentra en las heces de las personas infectadas con hepatitis A.

Normalmente se contagia por contacto personal cercano y, a veces, al ingerir alimentos o agua que contienen el VHA. Una persona que tiene hepatitis A puede contagiar fácilmente la enfermedad a otras personas que conviven con ella en la misma casa.

La hepatitis A puede provocar:

- enfermedad "similar a la gripe"
- ictericia (coloración amarilla en la piel o los ojos, orina de color oscuro)
- dolores de estómago y diarrea severos (niños)

Las personas con hepatitis A a menudo deben ser hospitalizadas (alrededor de 1 de cada 5 personas).

Los adultos con hepatitis A a menudo se sienten demasiado enfermos como para trabajar durante hasta un mes.

A veces, las personas mueren como resultado de la hepatitis A (alrededor de 3 a 6 muertes cada 1000 casos).

La vacuna contra la hepatitis A puede prevenir la hepatitis A.

2 ¿Quién debe vacunarse contra la hepatitis A y cuándo?

¿QUIÉN?

Algunas personas deberían ponerse sistemáticamente la vacuna contra la hepatitis A:

- Todos los niños entre su primer y segundo año de vida (de 12 a 23 meses).
- Cualquier persona de 1 año en adelante que viaje a o trabaje en países con prevalencia alta o intermedia de hepatitis A, tales como aquellos ubicados en América Central o América del Sur, México, Asia (excepto Japón), África y Europa Oriental. Para obtener más información, consulte www.cdc.gov/travel.
- Niños y adolescentes de 2 a 18 años que viven en estados o comunidades en los cuales se ha implementado la vacunación de rutina debido a la alta incidencia de la enfermedad.
- Los hombres que tienen relaciones sexuales con hombres.
- Las personas que consumen drogas callejeras.
- Las personas con una enfermedad hepática crónica.
- Las personas tratadas con concentrados de factor de coagulación.
- Las personas que trabajan con primates infectados con el VHA o que trabajan con el VHA en laboratorios de investigación.
- Los miembros de hogares que planean adoptar a un niño o que cuidan a un niño adoptado que ha llegado recientemente al hogar de un país en el cual es común la hepatitis A.

Otras personas podrían vacunarse contra la hepatitis A en determinadas situaciones (consulte a su médico para obtener más detalles):

- Niños o adolescentes que no están vacunados, en comunidades en las que haya brotes de hepatitis A.
- Personas que no estén vacunadas y que hayan estado expuestas al virus de la hepatitis A.
- Cualquier persona de 1 año en adelante que quiera protegerse contra la hepatitis A.

La vacuna contra la hepatitis A no está autorizada para niños menores de 1 año.

¿CUÁNDO?

Para los niños, la primera dosis debe ponerse entre los 12 y los 23 meses. Los niños que no estén vacunados a los 2 años pueden vacunarse en visitas posteriores.

Para otras personas en riesgo, podrá comenzarse la serie de vacunas contra la hepatitis A cuando una persona desee protegerse contra la enfermedad o se encuentre en riesgo de infectarse.

Para las personas que viajan, es mejor comenzar la serie de vacunas al menos un mes antes de comenzar el viaje. (De todos modos, puede obtenerse alguna protección si la vacuna se pone el día del viaje o más próximo a dicha fecha).

Algunas personas que no pueden vacunarse antes de viajar o para las cuales la vacuna puede no resultar efectiva pueden ponerse una inyección llamada inmunoglobulina (IG). La IG les proporciona una protección temporal inmediata.

Se necesitan dos dosis de la vacuna para obtener una protección duradera. Estas dosis deberían darse con un intervalo de, al menos, 6 meses.

La vacuna contra la hepatitis A puede aplicarse simultáneamente con otras vacunas.

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

3 Algunas personas no deberían vacunarse contra la hepatitis A o deberían esperar.

- Cualquier persona que haya tenido una reacción alérgica severa (que haya puesto en riesgo su vida) a una dosis anterior de la vacuna contra la hepatitis A no debería ponerse otra dosis.
- Cualquier persona que haya tenido una reacción alérgica severa (que haya puesto en riesgo su vida) a algún componente de la vacuna no debería vacunarse. **Informe a su médico si ha tenido alguna alergia severa,** incluida una alergia severa al látex. Todas las vacunas contra la hepatitis A contienen alumbre y algunas vacunas contra la hepatitis A contienen 2-fenoxietanol.
- Cualquier persona con una enfermedad moderada o severa en el momento de ponerse la inyección probablemente deba esperar hasta que se recupere. Pregúntele a su médico. Las personas con una enfermedad leve pueden, por lo general, recibir la vacuna.
- Informe a su médico si está embarazada. Como la vacuna contra la hepatitis A está inactivada (elaborada con virus muerto), se cree que el riesgo para una mujer embarazada o su hijo por nacer es muy bajo. Pero su médico puede evaluar cualquier riesgo teórico de la vacuna en relación con la necesidad de protección.

4 ¿Cuáles son los riesgos de la vacuna contra la hepatitis A?

Una vacuna, como cualquier medicamento, puede provocar problemas graves, como reacciones alérgicas severas. Sin embargo, el riesgo de que la vacuna contra la hepatitis A ocasione un daño grave, o la muerte, es casi insignificante.

Vacunarse contra la hepatitis A es mucho más seguro que contraer la enfermedad.

Problemas leves

- dolor en el lugar donde se puso la inyección *(alrededor de 1 de cada 2 adultos, y hasta 1 de cada 6 niños)*
- dolor de cabeza *(alrededor de 1 de cada 6 adultos y 1 de cada 25 niños)*
- pérdida del apetito *(alrededor de 1 de cada 12 niños)*
- cansancio (alrededor de 1 de cada 14 adultos)

Si estos problemas ocurren, normalmente duran entre 1 y 2 días.

Problemas severos

- reacción alérgica grave, en el término de unos pocos minutos a unas pocas horas luego de la inyección *(muy poco frecuente)*.

5 ¿Qué hago si ocurre una reacción moderada o severa?

¿De qué debo estar pendiente?

- De todo signo inusual, como fiebre alta o cambios inusuales en la conducta. Los signos de una reacción alérgica grave pueden incluir dificultades para respirar, ronquera o sibilancia, urticaria, palidez, debilidad, pulso acelerado o mareos.

¿Qué debo hacer?

- **Llame** a un médico o lleve a la persona al médico de inmediato.
- **Dígale** al médico lo que ocurrió, la fecha y la hora en la que ocurrió, y cuándo le pusieron la vacuna.
- **Pida** al médico, al personal de enfermería o al departamento de salud que informen la reacción presentando un formulario del Sistema de notificación de eventos adversos derivados de las vacunas (Vaccine Adverse Event Reporting System, VAERS). O puede presentar este informe a través del sitio web de VAERS: **www.vaers.hhs.gov** o llamando al **1-800-822-7967**.

El VAERS no ofrece consejos médicos.

6 Programa Nacional de Compensación por Lesiones ocasionadas por Vacunas

En 1986 se creó el Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas (National Vaccine Injury Compensation Program, VICP).

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

7 ¿Cómo puedo informarme más?

- Pregúntele a su médico. El médico puede darle el prospecto de la vacuna o sugerirle otras fuentes de información.
- Llame a su departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC):
  - Llame al **1-800-232-4636 (1-800-CDC-INFO)** o
  - Visite el sitio web de los CDC en **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)

Hepatitis A Vaccine

10/25/2011 Spanish

42 U.S.C. § 300aa-26§

Office Use Only

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HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

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

1 What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

Acute (short-term) illness. This can lead to:
- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness is more common among adults. Children who become infected usually do not have acute illness.

Chronic (long-term) infection. Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:
- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don't appear sick.

- In 2005, about 51,000 people became infected with hepatitis B.
- About 1.25 million people in the United States have chronic HBV infection.
- Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:
- contact with a mother's blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% – and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as **a series of 3 or 4 shots**. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and Adolescents

- All children should get their first dose of hepatitis B vaccine **at birth** and should have completed the vaccine series by 6-18 months of age.
- Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults **at risk for HBV infection** should be vaccinated. This includes:
  - sex partners of people infected with HBV,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people with jobs that expose them to human blood,
  - household contacts of people infected with HBV,
  - residents and staff in institutions for the developmentally disabled,
  - kidney dialysis patients,

- people who travel to countries where hepatitis B is common,
- people with HIV infection.

- Anyone else who wants to be protected from HBV infection may be vaccinated.

4 Who should NOT get hepatitis B vaccine?

- Anyone with a life-threatening allergy to **baker's yeast**, or to **any other component of the vaccine,** should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a **previous dose of hepatitis B vaccine** should not get another dose.
- Anyone who is **moderately or severely ill** when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your provider can give you more information about these precautions.

Pregnant women who need protection from HBV infection may be vaccinated.

5 Hepatitis B vaccine risks

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The following **mild problems** have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, ***could*** cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

6 What if there is a moderate or severe reaction?

What should I look for?

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

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

  Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

  VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at **www.hrsa.gov/vaccinecompensation**.

8 How can I learn more?

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

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

Vaccine Information Statement (Interim)
Hepatitis B (7/18/07) 42 U.S.C. § 300aa-26

LA VACUNA CONTRA LA HEPATITIS B

LO QUE USTED NECESITA SABER

1 ¿Qué es la hepatitis B?

La hepatitis B es una enfermedad seria que afecta el hígado. Es causada por el virus de la hepatitis B (HBV). El HBV puede causar:

Una enfermedad aguda (a corto plazo) que puede causar:
- pérdida del apetito
- diarrea y vómitos
- cansancio
- ictericia (piel u ojos amarillos)
- dolores en los músculos, en las articulaciones y el estómago

La enfermedad aguda es más común entre los adultos. Los niños infectados por lo general no tienen una enfermedad aguda.

Infección crónica (a largo plazo). Algunas personas contraen una infección crónica por el HBV. Esto puede ser muy serio y a menudo causa:
- daño al hígado (cirrosis)
- cáncer del hígado
- la muerte

La infección crónica es más común entre los bebés y los niños que entre los adultos. Las personas infectadas pueden transmitir el HBV a otras personas, incluso si no parecen estar enfermas.

- En 2005, unas 51,000 personas se infectaron con la hepatitis B.
- Unos 1.25 millones de personas en Estados Unidos tienen una infección crónica por el HBV.
- Todos los años entre 3,000 y 5,000 personas mueren de cirrosis o de cáncer del hígado causados por el HBV.

El virus de la hepatitis B se transmite por el contacto con la sangre u otros fluidos del cuerpo de una persona infectada. Una persona se puede infectar mediante:
- el contacto con la sangre y los fluidos del cuerpo de una mujer durante el parto;
- el contacto con la sangre y los fluidos del cuerpo por heridas en la piel, como las picaduras, cortadas o llagas;
- el contacto con objetos que pueden contener sangre o fluidos del cuerpo, como los cepillos de dientes o las navajas de afeitar;
- tener relaciones sexuales sin protección con una persona infectada;
- compartir agujas al inyectarse drogas;
- punzarse en el trabajo con una aguja usada.

2 La vacuna contra la hepatitis B: ¿Por qué vacunarse?

La vacuna contra la hepatitis B puede prevenir la hepatitis B y las serias consecuencias de la infección por el HBV, incluyendo el cáncer del hígado y la cirrosis.

En Estados Unidos se empezó a vacunar rutinariamente a los niños contra la hepatitis B en 1991. Desde entonces, la incidencia que se informó de la hepatitis B aguda entre los niños y los adolescentes ha bajado por más de un 95%, y por un 75% entre todas las edades.

La vacuna contra la hepatitis B es hecha con una parte del virus de la hepatitis B. No puede causar la infección por el HBV.

La vacuna contra la hepatitis B por lo general se aplica como **una serie de 3 ó 4 inyecciones.** Esta serie de vacunas da protección contra la infección por el HBV a largo plazo, y posiblemente para toda la vida.

3 ¿Quiénes deben recibir la vacuna contra la hepatitis B y cuándo?

Niños y adolescentes

- Se debe aplicar la primera dosis de la vacuna contra la hepatitis B a todos los niños **al nacer** y deben haber completado la serie de dosis de la vacuna entre los 6 y 18 meses de edad.
- Los niños y los adolescentes de hasta 18 años que no fueron vacunados anteriormente también se deben vacunar.

Adultos

- Todos los adultos no vacunados **en riesgo de infectarse por el HBV** se deben vacunar. Esto incluye:
  - parejas sexuales de personas infectadas con el HBV,
  - hombres que tienen relaciones sexuales con hombres,
  - personas que se inyectan drogas de la calle,
  - personas con más de una pareja sexual,
  - personas con enfermedades crónicas del hígado o de los riñones,
  - personas con trabajos que los exponen a la sangre humana,
  - contactos en el hogar con personas infectadas por el HBV,
  - residentes y personal de instalaciones para personas con discapacidades del desarrollo,
  - pacientes de diálisis del riñón,

- personas que viajan a países donde la hepatitis B es común,
- personas infectadas con el VIH.

- Todas las demás personas que deseen estar protegidas contra la infección por el HBV se pueden vacunar.

4 ¿Quiénes NO deben recibir la vacuna contra la hepatitis B?

- Las personas que tengan una reacción alérgica a la **levadura de panadería** o a **cualquier otro componente de la vacuna,** que pone en riesgo su vida, no se deben vacunar contra la hepatitis B. Diga a su médico si tiene alergias graves.
- Las personas que tuvieron una reacción alérgica a una **dosis anterior de la vacuna contra la hepatitis B,** que puso en riesgo su vida, no deben recibir otra dosis de la vacuna.
- Las personas que tengan una **enfermedad moderada o grave** el día de la vacuna por lo general deben esperar hasta recuperarse antes de vacunarse.

Su médico le puede dar más información sobre estas precauciones.

Las mujeres embarazadas que necesitan protección contra la infección por el HBV se pueden vacunar.

5 Los riesgos de la vacuna contra la hepatitis B

La vacuna contra la hepatitis B es muy segura. La mayoría de las personas no tienen ningún problema con ella.

Se han informado los siguientes **problemas leves**:

- Dolor en el lugar donde se aplicó la vacuna (hasta 1 persona de cada 4).
- Temperatura de 99.9ºF o más (hasta 1 persona de cada 15).

Los **problemas graves** ocurren muy rara vez.
Se cree que las reacciones alérgicas graves ocurren aproximadamente en 1 de cada 1.1 millones de dosis.

Una vacuna, como cualquier medicamento, ***podría*** causar una reacción seria. Pero el riesgo de que una vacuna cause un daño serio, o la muerte, es sumamente pequeño. Más de 100 millones de personas en Estados Unidos han recibido la vacuna contra la hepatitis B.

6 ¿Qué pasa si hay una reacción moderada o grave?

¿A qué debo prestar atención?

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

¿Qué debo hacer?

- **Llame** a un médico o lleve a la persona inmediatamente a un médico.
- **Diga** al médico lo que ocurrió, la fecha y la hora en que ocurrió y cuándo recibió la vacuna.
- **Pida** a su médico, enfermera o departamento de salud que informe la reacción presentando un formulario del Sistema de Información sobre Eventos Adversos a una Vacuna (VAERS).

  O puede presentar este informe mediante el sitio Web de VAERS, en: www.vaers.hhs.gov o puede llamar al: 1-800-822-7967.

  VAERS no proporciona consejos médicos.

7 El Programa Nacional de Compensación por Lesiones Causadas por las Vacunas

En el caso de que usted o su hijo tuviera una reacción seria a una vacuna, puede pedir ayuda al programa federal que ayuda a pagar la atención de las personas a quienes les haya hecho daño la vacuna.

Para obtener detalles sobre el Programa Nacional de Compensación por Lesiones Causadas por las Vacunas, llame al 1-800-338-2382 ó visite su sitio Web, en **www.hrsa.gov/vaccinecompensation**.

8 ¿Cómo puedo obtener más información?

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

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

Vaccine Information Statement (Interim)
Hepatitis B IMM-212S – Spanish (7/18/07) 42 U.S.C. § 300aa-26
Translated by Transcend Translations, Davis, CA www.transcend.net

Haemophilus Influenzae Type b (Hib) Vaccine

W H A T Y O U N E E D T O K N O W

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

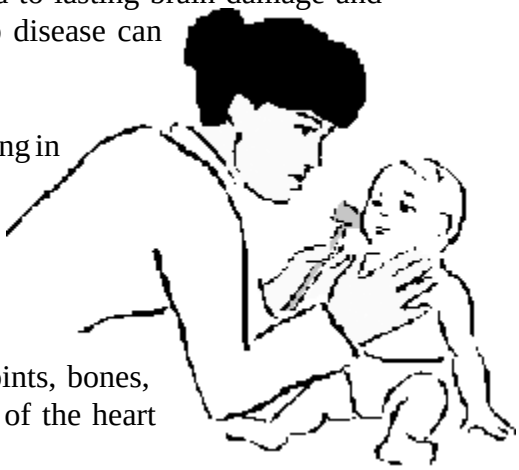
1 What is Hib disease?

***Haemophilus influenzae* type b (Hib) disease is a serious disease caused by a bacteria.** It usually strikes children under 5 years old.

Your child can get Hib disease by being around other children or adults who may have the bacteria and not know it. The germs spread from person to person. If the germs stay in the child's nose and throat, the child probably will not get sick. But sometimes the germs spread into the lungs or the bloodstream, and then Hib can cause serious problems.

Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States. Meningitis is an infection of the brain and spinal cord coverings, which can lead to lasting brain damage and deafness. Hib disease can also cause:

- pneumonia
- severe swelling in the throat, making it hard to breathe
- infections of the blood, joints, bones, and covering of the heart
- death



Before Hib vaccine, about 20,000 children in the United States under 5 years old got severe Hib disease each year and nearly 1,000 people died.

Hib vaccine can prevent Hib disease.
Many more children would get Hib disease if we stopped vaccinating.

2 Who should get Hib vaccine and when?

Children should get Hib vaccine at:

- ✓ 2 months of age
- ✓ 4 months of age
- ✓ 6 months of age*
- ✓ 12-15 months of age

* Depending on what brand of Hib vaccine is used, your child might not need the dose at 6 months of age. Your doctor or nurse will tell you if this dose is needed.

If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

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

Older Children and Adults

Children over 5 years old usually do not need Hib vaccine. But some older children or adults with special health conditions should get it. These conditions include sickle cell disease, HIV/AIDS, removal of the spleen, bone marrow transplant, or cancer treatment with drugs. Ask your doctor or nurse for details.

3 Some people should not get Hib vaccine or should wait

- People who have ever had a life-threatening allergic reaction to a previous dose of Hib vaccine should not get another dose.
- Children less than 6 weeks of age should not get Hib vaccine.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting Hib vaccine.

Ask your doctor or nurse for more information.

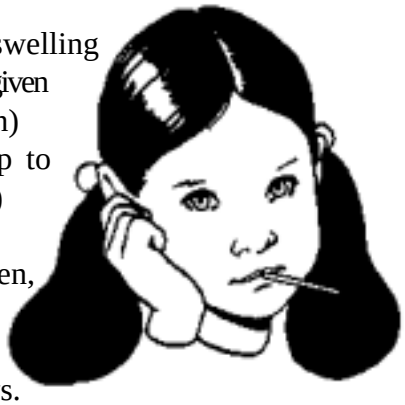
4 What are the risks from Hib vaccine?

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

Most people who get Hib vaccine do not have any problems with it.

Mild Problems

- Redness, warmth, or swelling where the shot was given (up to 1/4 of children)
- Fever over 101ºF (up to 1 out of 20 children)



If these problems happen, they usually start within a day of vaccination. They may last 2-3 days.

5 What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat, or dizziness within a few minutes to a few hours after the shot.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.

- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.

- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

  Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

  VAERS does not provide medical advice

6 The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit the program's website at **www.hrsa.gov/vaccinecompensation**

7 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.

- Call your local or state health department's immunization program.

- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)**
  - Visit the National Immunization Program's website at **www.cdc.gov/vaccines**

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

Vaccine Information Statement
Hib (12/16/98) 42 U.S.C. § 300aa-26

Vacuna contra *Influenzae Haemophilus* tipo B (Hib)

LO QUE USTED NECESITA SABER

1 ¿Qué es la enfermedad Hib?

La enfermedad *Haemophilus influenzae* tipo b (Hib) es una enfermedad grave causada por una bacteria. En general ataca a los niños menores de 5 años.

Su hijo se puede contagiar la enfermedad Hib al estar cerca de otros niños y adultos que tengan la bacteria sin saberlo. Los gérmenes pasan de una persona a otra. Si los gérmenes permanecen en la nariz y en la garganta del niño, lo más probable es que el niño no se enferme. Pero a veces los gérmenes pasan a los pulmones o al torrente sanguíneo, y en ese caso el Hib puede causar problemas serios.

Antes de la vacuna Hib, la enfermedad Hib era la principal causa de meningitis bacteriana entre los niños menores de cinco años de edad en Estados Unidos. La meningitis es una enfermedad de las membranas del cerebro y de la columna que puede causar daños cerebrales permanentes y sordera. La enfermedad Hib también puede causar:

- neumonía
- mucha hinchazón de la garganta, lo cual dificulta la respiración
- infecciones de la sangre, de las articulaciones, de los huesos y del recubrimiento del corazón
- la muerte

Antes de la vacuna Hib, todos los años unos 20,000 niños en EE. UU. menores de 5 años de edad contraían una forma grave de la enfermedad Hib y unos 1,000 de ellos morían.

La vacuna Hib puede prevenir la enfermedad Hib. Si dejáramos de vacunarlos, muchos más niños contraerían la enfermedad Hib.

2 ¿Quiénes deben vacunarse contra Hib y cuándo?

Los niños deben vacunarse contra Hib a las siguientes edades:

- ✔ 2 meses
- ✔ 4 meses
- ✔ 6 meses *
- ✔ 12 a 15 meses

* Dependiendo de la marca de vacuna Hib que se utilice, su hijo puede o no necesitar la dosis a los seis meses de edad. Su médico o su enfermera le indicarán si esa dosis es necesaria.

Si pierde una dosis o se atrasa, obtenga la próxima dosis lo antes posible. No hay necesidad de volver a empezar.

La vacuna Hib se puede dar junto con otras vacunas.

Niños de mayor edad y adultos

En general, los niños mayores de 5 años de edad no necesitan la vacuna Hib. Pero algunos niños de mayor edad, y algunos adultos con ciertos problemas de salud, la deben recibir. Estos problemas especiales incluyen la anemia de células falciformes, el VIH y el sida, la extracción del bazo, el transplante de médula o el tratamiento del cáncer con fármacos. Pida mayores detalles a su médico o a su enfermera.

3 Algunas personas no deben vacunarse contra Hib o deben esperar

- Las personas que han tenido una reacción alérgica a una dosis anterior de la vacuna Hib que puso su vida en peligro no deben recibir otra dosis.
- Los niños menores de 6 semanas de edad no deben vacunarse contra Hib.
- Las personas que en el día en que se vayan a vacunar estén moderadamente o muy enfermas, en general no deben recibir la vacuna Hib hasta que se recuperen.

Para más información, hable con su médico o enfermera.

4 ¿Cuáles son los riesgos de la vacuna contra Hib?

Como todos los medicamentos, las vacunas pueden causar problemas serios como reacciones alérgicas graves. El riesgo de que la vacuna Hib cause daños graves o la muerte es extremadamente pequeño.

La mayoría de las personas que reciben la vacuna Hib no tienen ningún problema relacionado con la vacuna.

Problemas leves

- Enrojecimiento, calor o hinchazón en el sitio de la inyección (hasta la cuarta parte de los niños)
- Fiebre de más de 101° F (hasta 1 de cada 20 niños)

Si estos problemas ocurren, en general comienzan dentro de un día después de recibir la vacuna. Pueden durar 2 a 3 días.

5 ¿Qué pasa si hay una reacción moderada o grave?

¿A qué debo prestar atención?

A cualquier cosa fuera de lo común, como una reacción alérgica seria, fiebre elevada o cambios en el comportamiento. Los signos de una reacción alérgica seria pueden incluir dificultad para respirar, ronquera o ruidos al respirar, ronchas, palidez, debilidad, latidos rápidos del corazón o mareos dentro de los pocos minutos hasta varias horas después de la inyección.

¿Qué debo hacer?

- Llame inmediatamente al médico o lleve inmediatamente al médico a la persona afectada.
- Dígale al médico lo que ocurrió, la fecha y la hora en que ocurrió y cuándo fue vacunado.
- Pida a su médico, enfermera o departamento de salud que llenen un formulario del Sistema de Información Sobre Eventos Adversos de Vacunas (VAERS), o llame usted mismo a VAERS, al **1-800-822-7967.**

6 El Programa Nacional de Compensación por Lesiones Causadas por Vacunas

En el raro caso en que usted o su hijo tenga una reacción grave a una vacuna, se ha creado un programa federal para ayudarlo a pagar la atención de los lesionados.

Para mayores detalles sobre el Programa Nacional de Compensación por Lesiones Causadas por Vacunas, llame al **1-800-338-2382** o visite el website del programa, en **http://www.hrsa.gov/osp/vicp/**

7 ¿ En dónde puedo obtener más información?

- Pregunte a su médico o enfermera. Le pueden dar el instructivo que viene con la vacuna o sugerirle otras fuentes de información.
- Llame al programa de vacunación del departamento de salud local o estatal.
- Póngase en contacto con los Centros para el Control y la Prevención de las Enfermedades (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visite el website del Programa Nacional de Vacunación, en **http://www.cdc.gov/nip**

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

Vaccine Information Statement
Hib IMM-664S-Spanish (12/16/98) 42 U.S.C. § 300aa-26

Translation provided by the Minnesota Department of Health

HPV (HUMAN PAPILLOMAVIRUS) VACCINE

Gardasil® WHAT YOU NEED TO KNOW

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

1 What is HPV?

Genital human papillomavirus (HPV) is the most common sexually transmitted virus in the United States. More than half of sexually active men and women are infected with HPV at some time in their lives.

About 20 million Americans are currently infected, and about 6 million more get infected each year. HPV is usually spread through sexual contact.

Most HPV infections don't cause any symptoms, and go away on their own. But HPV can cause **cervical cancer** in women. Cervical cancer is the 2nd leading cause of cancer deaths among women around the world. In the United States, about 10,000 women get cervical cancer every year and about 4,000 are expected to die from it.

HPV is also associated with several less common cancers, such as vaginal and vulvar cancers in women and other types of cancer in both men and women. It can also cause genital warts and warts in the throat.

There is no cure for HPV infection, but some of the problems it causes can be treated.

2 HPV vaccine - Why get vaccinated?

HPV vaccine is important because **it can prevent most cases of cervical cancer** in females, if it is given before a person is exposed to the virus.

Protection from HPV vaccine is expected to be long-lasting. But vaccination is not a substitute for cervical cancer screening. Women should still get regular Pap tests.

The vaccine you are getting is one of **two vaccines that can be given to prevent HPV**. It may be given to both males and females. In addition to preventing cervical cancer, it can also prevent **vaginal and vulvar cancer** in females, and **genital warts** and **anal cancer** in both males and females.

The other vaccine is given to females only for prevention of cervical cancer.

3 Who should get this HPV vaccine and when?

Females: *Routine Vaccination*

- HPV vaccine is recommended for girls **11 or 12 years of age**. It may be given to girls starting at age 9.

  Why is HPV vaccine given to girls at this age? It is important for girls to get HPV vaccine **before** their first sexual contact – because they won't have been exposed to human papillomavirus.

  Once a girl or woman has been infected with the virus, the vaccine might not work as well or might not work at all.

Females: *Catch-Up Vaccination*

- The vaccine is also recommended for girls and women **13 through 26 years of age** who did not get all 3 doses when they were younger.

Males

Males **9 through 26 years** of age may get HPV vaccine. As with females, it is best to be vaccinated before the first sexual contact.

HPV vaccine is given as a 3-dose series

1st Dose	Now
2nd Dose	1 to 2 months after Dose 1
3rd Dose	6 months after Dose 1

Additional (booster) doses are not recommended.

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

4 Some people should not get HPV vaccine or should wait

- Anyone who has ever had a life-threatening allergic reaction to any component of HPV vaccine, or to a previous dose of HPV vaccine, should not get the vaccine. Tell your doctor if the person getting vaccinated has any severe allergies, including an allergy to yeast.

- HPV vaccine is not recommended for **pregnant women**. However, receiving HPV vaccine when pregnant is not a reason to consider terminating the pregnancy. Women who are breast feeding may get the vaccine.

  Any woman who learns she was pregnant when she got this HPV vaccine is encouraged to contact the manufacturer's **HPV in pregnancy registry** at 800-986-8999. This will help us learn how pregnant women respond to the vaccine.

- People who are mildly ill when a dose of HPV vaccine is planned can still be vaccinated. People with a **moderate or severe illness** should wait until they are better.

5 What are the risks from this vaccine?

This HPV vaccine has been used in the U.S. and around the world for several years and has been very safe.

However, any medicine could possibly cause a serious problem, such as a severe allergic reaction. The risk of any vaccine causing a serious injury, or death, is extremely small.

Life-threatening allergic reactions from vaccines are very rare. If they do occur, it would be within a few minutes to a few hours after the vaccination.

Several **mild to moderate problems** are known to occur with HPV vaccine. These do not last long and go away on their own.

- Reactions in the arm where the shot was given:
  - Pain (about 8 people in 10)
  - Redness or swelling (about 1 person in 4)
- Fever:
  - Mild (100° F) (about 1 person in 10)
  - Moderate (102° F) (about 1 person in 65)
- Other problems:
  - Headache (about 1 person in 3)
  - Fainting. Brief fainting spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. **Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls.** Tell your doctor if the patient feels dizzy or light-headed, or has vision changes or ringing in the ears.

Like all vaccines, HPV vaccines will continue to be monitored for unusual or severe problems.

6 What if there is a severe reaction?

What should I look for?

Serious allergic reactions including rash; swelling of the hands and feet, face, or lips; and breathing difficulty.

What should I do?

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

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

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

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

8 How can I learn more?

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

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

VACUNA CONTRA EL HPV (VIRUS DEL PAPILOMA HUMANO)

Gardasil® LO QUE USTED NECESITA SABER

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

1 ¿Qué es el HPV?

El virus del papiloma humano (**HPV,** por sus siglas en inglés) **genital** es el virus de transmisión sexual más común en los Estados Unidos. Más de la mitad de los hombres y las mujeres sexualmente activos son infectados por el HPV en algún momento de sus vidas.

En la actualidad, unos 20 millones de estadounidenses están infectados y todos los años se infectan cerca de 6 millones más. Por lo general, el HPV se transmite por medio del contacto sexual.

La mayoría de las infecciones por el HPV no causan ningún síntoma y desaparecen solas. Pero el HPV puede causar **cáncer del cuello del útero** en las mujeres. El cáncer del cuello del útero es la segunda causa principal de muertes por cáncer entre las mujeres del mundo. En Estados Unidos, cerca de 10,000 mujeres contraen cáncer del cuello del útero todos los años y se espera que unas 4,000 mueran a causa de él.

El HPV también está asociado a varios cánceres menos comunes, como el cáncer de la vagina y de la vulva en las mujeres y a otros tipos de cánceres en hombres y mujeres. También puede causar verrugas genitales y verrugas en la garganta.

La infección por el HPV no tiene cura, pero algunos de los problemas que causa se pueden tratar.

2 La vacuna contra el HPV, ¿por qué vacunarse?

La vacuna contra el HPV es importante porque **puede prevenir la mayoría de los casos de cáncer del cuello del útero** en mujeres, si se aplica antes de que la persona esté expuesta al virus.

Se espera que la protección de la vacuna contra el HPV dure mucho tiempo. Pero la vacuna no es un sustituto de una prueba de detección del cáncer del cuello del útero. Las mujeres se deben seguir haciendo regularmente la prueba de Papanicolaou.

La vacuna que le van a dar es una de **dos vacunas que se pueden aplicar para prevenir el HPV.** Se puede dar a hombres y mujeres. Además de prevenir el cáncer del cuello del útero, también puede prevenir el **cáncer de la vagina y de la vulva** en las mujeres y las **verrugas genitales** en los hombres y mujeres.

La otra vacuna se da únicamente a mujeres y sólo para la prevención del cáncer del cuello del útero.

3 ¿Quiénes deben vacunarse contra el HPV y cuándo?

Mujeres: *Vacunación de rutina*

- La vacuna contra el HPV se recomienda para las niñas de **11 ó 12 años de edad.** Se puede dar a niñas a partir de los 9 años de edad.

¿Por qué se aplica la vacuna contra el HPV a niñas a estas edades?
Es importante que las niñas se vacunen contra el HPV **antes** de su primer contacto sexual, porque no habrán estado expuestas al virus del papiloma humano.

Una vez que una niña o una mujer ha sido infectada por el virus es posible que la vacuna no funcione tan bien o que no funcione en absoluto.

Mujeres: *Vacunación para ponerse al día*

- La vacuna también se recomienda para niñas y mujeres de **13 a 26 años de edad** que no recibieron las 3 dosis completas cuando eran más jóvenes.

Varones y Hombres

Los varones y hombres de **9 a 26 años** de edad pueden vacunarse contra el HPV para prevenir verrugas genitales. Al igual que en las mujeres, es mejor vacunarse antes del primer contacto sexual.

La vacuna contra el HPV se da en una serie de 3 dosis

1ª dosis	Ahora
2ª dosis	1 a 2 meses después de la 1ª dosis
3ª dosis	6 meses después de la 1ª dosis

No se recomiendan dosis adicionales (de refuerzo).

La vacuna contra el HPV se puede dar al mismo tiempo que otras vacunas.

4 Algunas personas no deben vacunarse contra el HPV o deben esperar

- Las personas que alguna vez tuvieron una reacción alérgica a algún componente de la vacuna contra el HPV, o a una dosis anterior de la vacuna contra el HPV, que puso en peligro su vida no se deben vacunar. Diga a su doctor si la persona que va a ser vacunada tiene alergias graves, incluyendo alergia a la levadura.

- La vacuna contra el HPV no se recomienda para **mujeres embarazadas.** Sin embargo, vacunarse contra el HPV estando embarazada no es un motivo para considerar terminar el embarazo. Las mujeres que están dando pecho pueden vacunarse.

  Animamos a todas las mujeres que se enteren que estaban embarazadas cuando recibieron esta vacuna contra el HPV a comunicarse con el **Registro de vacunación contra el HPV durante el embarazo** del fabricante de la vacuna, llamando al 800-986-8999. Esto nos ayudará a aprender cómo responden las mujeres embarazadas a la vacuna.

- Las personas levemente enfermas el día de la aplicación de una dosis de la vacuna contra el HPV se pueden vacunar. Las personas con una **enfermedad moderada o grave** deben esperar hasta mejorarse.

5 ¿Cuáles son los riesgos de esta vacuna?

Esta vacuna contra el HPV ha sido usada en Estados Unidos y en el mundo entero por varios años y ha demostrado ser muy segura.

Sin embargo, todos los medicamentos podrían causar un problema serio, como una reacción alérgica grave. El riesgo de que una vacuna cause un daño serio, o la muerte, es sumamente pequeño.

Las reacciones alérgicas a las vacunas que ponen en peligro la vida son muy poco comunes. Si ocurren, es a los pocos minutos o a las pocas horas de haberse vacunado.

Se sabe que ocurren **problemas leves a moderados** con la vacuna contra el HPV. Éstos no duran mucho tiempo y desaparecen solos.

- Reacciones en el brazo donde se aplicó la vacuna:
  - Malestar (cerca de 8 personas de cada 10)
  - Enrojecimiento o hinchazón (cerca de 1 persona de cada 4)
- Fiebre:
  - Leve (100° F) (cerca de 1 persona de cada 10)
  - Moderada (102° F) (cerca de 1 persona de cada 65)
- Otras problemas:
  - Dolor de cabeza (cerca de 1 persona de cada 3)
  - Desmayos. Desmayos que duran poco tiempo y síntomas asociados (como sacudidas) pueden ocurrir después de cualquier intervención médica, incluyendo la vacunación. **Sentarse o acostarse por unos 15 minutos después de vacunarse puede ayudar a prevenir desmayos y lesiones causadas por caídas.** Diga a su profesional de la salud si el paciente se siente mareado o débil, tiene cambios en la visión o le zumban los oídos.

Como en el caso de todas vacunas, se seguirá prestando atención a las vacunas contra el HPV para determinar si surgen problemas inusuales o graves.

6 ¿Qué pasa si hay una reacción grave?

¿A qué debo prestar atención?

Preste atención a las reacciones alérgicas graves, incluyendo ronchas, hinchazón de las manos y de los pies, de la cara o de los labios y dificultad para respirar.

¿Qué debo hacer?

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

VAERS no proporciona consejos médicos.

7 El Programa Nacional de Compensación por Lesiones Causadas por las Vacunas

El Programa Nacional de Compensación por Lesiones Causadas por las Vacunas (National Vaccine Injury Compensation Program, VICP) fue creado en 1986.

Las personas que creen que pudieron haber sido lesionadas por una vacuna pueden presentar un reclamo ante el VICP, llamando al 1-800-338-2382 ó visitando su sitio Web (en inglés) en www.hrsa.gov/vaccinecompensation.

8 ¿Cómo puedo obtener más información?

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

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

Vaccine Information Statement (Interim)
Human Papillomavirus (HPV) *Gardasil* IMM-866S – Spanish (3/30/2010) 42 U.S.C. §300aa-26
Translated by Transcend Translations, Davis, CA www.transcend.net

HPV (HUMAN PAPILLOMAVIRUS) VACCINE

Cervarix® WHAT YOU NEED TO KNOW

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1 What is HPV?

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About 20 million Americans are currently infected, and about 6 million more get infected each year. HPV is usually spread through sexual contact.

Most HPV infections don't cause any symptoms, and go away on their own. But HPV can cause **cervical cancer** in women. Cervical cancer is the 2nd leading cause of cancer deaths among women around the world. In the United States, about 10,000 women get cervical cancer every year and about 4,000 are expected to die from it.

HPV is also associated with several less common cancers, such as vaginal and vulvar cancers in women and other types of cancer in both men and women. It can also cause genital warts and warts in the throat.

There is no cure for HPV infection, but some of the problems it causes can be treated.

2 HPV vaccine - Why get vaccinated?

HPV vaccine is important because **it can prevent most cases of cervical cancer** in females, if it is given before a person is exposed to the virus.

Protection from HPV vaccine is expected to be long-lasting. But vaccination is not a substitute for cervical cancer screening. Women should still get regular Pap tests.

The vaccine you are getting is one of **two HPV vaccines that can be given to prevent cervial cancer**. It is given to females only.

The other vaccine may be given to both males and females. It can also prevent most genital warts. It has also been shown to prevent some vaginal, vulvar and anal cancers.

3 Who should get this HPV vaccine and when?

Routine Vaccination

- HPV vaccine is recommended for girls **11 or 12 years of age**. It may be given to girls starting at age 9.

  Why is HPV vaccine given to girls at this age? It is important for girls to get HPV vaccine **before** their first sexual contact – because they won't have been exposed to human papillomavirus.

  Once a girl or woman has been infected with the virus, the vaccine might not work as well or might not work at all.

Catch-Up Vaccination

- The vaccine is also recommended for girls and women **13 through 26 years of age** who did not get all 3 doses when they were younger.

HPV vaccine is given as a 3-dose series

1st Dose	Now
2nd Dose	1 to 2 months after Dose 1
3rd Dose	6 months after Dose 1

Additional (booster) doses are not recommended.

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

4 Some people should not get HPV vaccine or should wait

- Anyone who has ever had a life-threatening allergic reaction to any component of HPV vaccine, or to a previous dose of HPV vaccine, should not get the vaccine. Tell your doctor if the person getting vaccinated has any severe allergies, including an allergy to latex.
- HPV vaccine is not recommended for **pregnant women**. However, receiving HPV vaccine when pregnant is not a reason to consider terminating the pregnancy. Women who are breast feeding may get the vaccine.

Any woman who learns she was pregnant when she got this HPV vaccine is encouraged to contact the manufacturer's **HPV in pregnancy registry** at 888-452-9622. This will help us learn how pregnant women respond to the vaccine.

- People who are mildly ill when a dose of HPV vaccine is planned can still be vaccinated. People with a **moderate or severe illness** should wait until they are better.

5 What are the risks from this vaccine?

This HPV vaccine has been in use around the world for several years and has been very safe.

However, any medicine could possibly cause a serious problem, such as a severe allergic reaction. The risk of any vaccine causing a serious injury, or death, is extremely small.

Life-threatening allergic reactions from vaccines are very rare. If they do occur, it would be within a few minutes to a few hours after the vaccination.

Several **mild to moderate problems** are known to occur with HPV vaccine. These do not last long and go away on their own.

- Reactions where the shot was given:
  - Pain (about 9 people in 10)
  - Redness or swelling (about 1 person in 2)
- Other mild reactions:
  - Fever of 99.5°F or higher (about 1 person in 8)
  - Headache or fatigue (about 1 person in 2)
  - Nausea, vomiting, diarrhea, or abdominal pain (about 1 person in 4)
  - Muscle or joint pain (up to 1 person in 2)
- Fainting:

  Brief fainting spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. **Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls.** Tell your doctor if the patient feels dizzy or light-headed, or has vision changes or ringing in the ears.

Like all vaccines, HPV vaccines will continue to be monitored for unusual or severe problems.

6 What if there is a severe reaction?

What should I look for?

Serious allergic reactions including rash; swelling of the hands and feet, face, or lips; and breathing difficulty.

What should I do?

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

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

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

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8 How can I learn more?

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

Vaccine Information Statement (Interim)
Human Papillomavirus (HPV) *Cervarix* 5/3/2011

VACUNA CONTRA EL VPH (VIRUS DEL PAPILOMA HUMANO)

Cervarix® LO QUE USTED NECESITA SABER

Las hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite http://www.immunize.org/vis.

1 ¿Qué es el VPH?

El **virus del papiloma humano (VPH) genital** es el virus de transmisión sexual más común en los Estados Unidos. Más de la mitad de los hombres y mujeres sexualmente activos están infectados con VPH en algún momento de sus vidas.

Alrededor de 20 millones de estadounidenses están infectados actualmente, y alrededor de 6 millones más se infectan cada año. El VPH se contagia generalmente por contacto sexual.

La mayoría de las infecciones por el VPH no producen ningún síntoma, y desaparecen solas. Pero el VPH puede provocar **cáncer de cuello uterino** en las mujeres. El cáncer de cuello uterino es la segunda causa principal de muerte por cáncer en las mujeres de todo el mundo. Cada año, en los Estados Unidos, alrededor de 10,000 mujeres contraen cáncer de cuello uterino y se prevé que alrededor de 4000 morirán por esta causa.

El VPH también está relacionado con varios tipos de cáncer menos comunes, como el cáncer vaginal y vulvar en las mujeres y otros tipos de cáncer tanto en hombres como en mujeres. También puede provocar verrugas genitales y verrugas en la garganta.

No existe cura para la infección por el VPH, pero algunos de los problemas que provoca pueden tratarse.

2 Vacuna contra el VPH: ¿Por qué vacunarse?

La vacuna contra el VPH es importante porque **puede prevenir la mayoría de los casos de cáncer de cuello uterino** en mujeres si se administra antes de que una persona se exponga al virus.

Se estima que la protección que ofrece la vacuna contra el VPH es duradera. Sin embargo, la vacunación contra el VPH no sustituye al análisis de detección del cáncer de cuello uterino. De todos modos, las mujeres deberían realizarse las pruebas de Papanicolaou con regularidad.

La vacuna que está recibiendo es una de las **dos vacunas contra el VPH que pueden administrarse para prevenir el cáncer de cuello uterino**. Se administra a mujeres solamente.

La otra vacuna puede administrarse tanto a hombres como a mujeres. También puede prevenir la mayoría de las verrugas genitales. Se ha observado que también previene algunos tipos de cáncer vaginal, vulvar y anal.

3 ¿Quién debería recibir esta vacuna contra el VPH y cuándo?

Vacunación de rutina

- Se recomienda la vacuna contra el VPH para las niñas **de 11 ó 12 años**. Puede aplicarse a las niñas a partir de los 9 años .

¿Por qué se aplica la vacuna contra el VPH a las niñas a esta edad?

Es importante que las niñas reciban la vacuna contra el VPH **antes de** su primer contacto sexual, porque no habrán estado expuestas al virus del papiloma humano. Una vez que una niña o mujer se ha infectado con el virus, es posible que la vacuna no funcione tan bien o que no funcione en absoluto.

Vacunación de actualización

- La vacuna también se recomienda para niñas y mujeres de entre **13 y 26 años** que no recibieron las 3 dosis anteriormente.

La vacuna contra el VPH se administra en una serie de 3 dosis

1.ª dosis	Ahora
2.ª dosis	De 1 a 2 meses después de la Dosis 1
3.ª dosis	6 meses después de la Dosis 1

No se recomiendan dosis adicionales (de refuerzo).
La vacuna contra el VPH puede aplicarse simultáneamente con otras vacunas.

4 Algunas personas no deben aplicarse la vacuna contra el VPH o deben esperar para hacerlo

- Cualquier persona que haya tenido una reacción alérgica a algún componente de la vacuna contra el VPH o a una dosis anterior de la vacuna contra el VPH que haya puesto en riesgo su vida no deberá vacunarse. Informe a su médico si la persona que recibe la vacuna tiene alguna alergia severa, incluida una alergia al látex.
- No se recomienda la vacuna contra el VPH para las **mujeres embarazadas**. Sin embargo, la administración de la vacuna contra el VPH durante el embarazo no es un motivo para considerar la interrupción del embarazo. Las mujeres que están amamantando pueden recibir la vacuna.

Se recomienda que cualquier mujer que se entere de que estaba embarazada cuando recibió la vacuna contra el VPH se comunique con el **registro de VPH en el embarazo** del fabricante al 888-452-9622. Esto nos ayudará a saber cómo responden las mujeres embarazadas a la vacuna.

- Las personas que están levemente enfermas cuando se planea aplicar una dosis de la vacuna contra el VPH pueden recibir la vacuna de todos modos. Las personas con una **enfermedad moderada o severa** deben esperar hasta que se sientan mejor.

5 ¿Cuáles son los riesgos de esta vacuna?

La vacuna contra el VPH se ha utilizado en todo el mundo durante varios años y su uso ha sido muy seguro.

Sin embargo, cualquier medicamento puede provocar un problema grave, como una reacción alérgica severa. El riesgo de que una vacuna provoque una lesión grave o la muerte es muy poco.

Son muy poco frecuentes las reacciones alérgicas a las vacunas que ponen en riesgo la vida. En caso de que ocurran dichas reacciones, ocurrirían en el término de unos pocos minutos a unas pocas horas luego de la vacunación.

Se sabe **que ocurren varios problemas de leves a moderados** con la vacuna contra el VPH. Estos no duran mucho y desaparecen solos.

- Reacciones en el lugar en que se aplicó la inyección:
  - Dolor (en alrededor de 9 de cada 10 personas)
  - Enrojecimiento o hinchazón (en alrededor de 1 de cada 2 personas)
- Otras reacciones leves:
  - Fiebre de 99.5 °F o más alta (en alrededor de 1 de cada 8 personas)
  - Dolor de cabeza o fatiga (en alrededor de 1 de cada 2 personas)
  - Náuseas, vómitos, diarrea o dolor abdominal (en alrededor de 1 de cada 4 personas)
  - Dolor muscular o articular (hasta en 1 de cada 2 personas)
- Desmayos:

  Pueden ocurrir breves episodios de desmayos y síntomas relacionados (tales como sacudidas) luego de cualquier procedimiento médico, incluida la vacunación. **Sentarse o acostarse durante unos 15 minutos luego de una vacunación puede ayudar a prevenir desmayos y lesiones provocadas por las caídas.** Avise a su médico si el paciente se siente mareado o aturdido o tiene cambios en la visión, o zumbidos en los oídos.

Como sucede con todas las vacunas, se seguirán controlando las vacunas contra el VPH para detectar problemas inusuales o severos.

6 ¿Qué hago si ocurre una reacción severa?

¿De qué debo estar pendiente?
De reacciones alérgicas graves, incluidas la erupción; la hinchazón de las manos y los pies, la cara o los labios; y dificultades para respirar.

¿Qué debo hacer?
- Llame a un médico o lleve a la persona al médico de inmediato.
- Dígale al médico lo que ocurrió, la fecha y la hora en la que ocurrió, y cuándo le aplicaron la vacuna.
- Pida al médico que informe la reacción presentando un formulario del Sistema de notificación de eventos adversos derivados de las vacunas (Vaccine Adverse Event Reporting System, VAERS). O puede presentar este informe a través del sitio web de VAERS en www.vaers.hhs.gov o llamando al 1-800-822-7967.

El VAERS no ofrece consejos médicos.

7 Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas

En 1986 se creó el Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas (Vaccine Injury Compensation Program, VICP).

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

8 ¿Cómo puedo informarme más?

- Pregúntele a su médico. El médico puede darle el prospecto de la vacuna o sugerirle otras fuentes de información.
- Llame a su departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC):
  - Llame al **1-800-232-4636** (**1-800-CDC-INFO**) o
  - Visite el sitio web de los CDC en **www.cdc.gov/std/hpv** y **www.cdc.gov/vaccines**

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

Vaccine Information Statement (Interim)
Human Papillomavirus (HPV) *Cervarix* 5/3/2011
Spanish

Translation provided by the Immunization Action Coalition

INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2011-12

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis
Hojas de Información Sobre Vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza ("flu") is a contagious disease.

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

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

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

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

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

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

2 Inactivated influenza vaccine

There are two types of influenza vaccine:

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

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

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

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

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

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

3 Who should get inactivated influenza vaccine and when?

WHO

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

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

WHEN

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

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

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

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

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

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

Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

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

5 What are the risks from inactivated influenza vaccine?

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

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

Mild problems:

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

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

Moderate problems:

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

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

Severe problems:

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

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

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

6 What if there is a severe reaction?

What should I look for?

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

What should I do?

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

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

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

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

8 How can I learn more?

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

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

Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine (7/26/11) 42 U.S.C. §300aa-26

VACUNA DESACTIVADA CONTRA LA INFLUENZA 2011-12

LO QUE USTED NECESITA SABER

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

1 ¿Por qué vacunarse?

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

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

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

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

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

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

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

2 Vacuna desactivada contra la influenza

Hay dos tipos de vacuna contra la influenza:

1. La vacuna **desactivada** (virus muerto), o "vacuna contra la influenza" que se inyecta en el músculo.

2. La vacuna **viva atenuada** (debilitada), que se aplica como rocío en las fosas nasales. *Esta vacuna se describe en una Hoja de Información sobre las Vacunas, por separado*.

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

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

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

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

QUIÉNES

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

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

CUÁNDO

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

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

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

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

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

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

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

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

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

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

Problemas leves:

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

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

Problemas moderados:

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

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

Problemas graves:

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

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

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

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

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

6 ¿Qué pasa si hay una reacción grave?

¿A qué debo prestar atención?

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

¿Qué debo hacer?

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

VAERS no proporciona consejos médicos.

7 Programa Nacional de Compensación por Lesiones Causadas por las Vacunas

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

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

8 ¿Cómo puedo obtener más información?

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

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

Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine - Spanish (7/26/11) 42 U.S.C. §300aa-26

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

LIVE, INTRANASAL INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2011-12

Vaccine Information Statements are available in Spanish and many other languages. See www.immunize.org/vis
Hojas de Informacián Sobre Vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza ("flu") is a contagious disease.

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

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

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

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

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

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

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

There are two types of influenza vaccine:

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

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

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

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

LAIV does not contain thimerosal or other preservatives.

3 Who can receive LAIV?

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

4 Some people should not receive LAIV

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

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

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

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

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

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

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

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

5 When should I receive influenza vaccine?

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

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

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

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

6 What are the risks from LAIV?

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

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

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

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

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

Some adults 18-49 years of age have reported:

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

Severe problems:

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

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

7 What if there is a severe reaction?

What should I look for?

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

What should I do?

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

VAERS does not provide medical advice.

8 The National Vaccine Injury Compensation Program

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

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

9 How can I learn more?

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

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

Vaccine Information Statement (Interim)
Live, Attenuated Influenza Vaccine (7/26/11) U.S.C. §300aa-26

VACUNA INTRANASAL VIVA CONTRA LA INFLUENZA 2011-12

LO QUE USTED NECESITA SABER

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

1 ¿Por qué vacunarse?

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

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

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

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

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

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

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

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

Hay dos tipos de vacuna contra la influenza:

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

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

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

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

La LAIV no contiene timerosal u otros conservantes.

3 ¿Quiénes deben recibir la LAIV?

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

4 Algunas personas no deben recibir la LAIV

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

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

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

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

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

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

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

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

5 ¿Cuándo debo recibir la vacuna contra la influenza?

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

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

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

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

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

6 Cuáles son los riesgos de la LAIV?

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

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

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

Problemas leves:

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

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

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

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

Problemas graves:

- Las reacciones alérgicas a causa de las vacunas que amenazan la vida ocurren muy rara vez. Si ocurren, por lo general es a los pocos minutos o a las pocas horas de haberse vacunado.
- Si ocurren reacciones poco comunes con cualquier producto nuevo, es posible que no se identifiquen hasta que lo hayan usado miles o millones de personas. Desde que fue autorizada se han distribuido millones de dosis de la LAIV y la vacuna no ha sido asociada a ningún problema serio.

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

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

7 ¿Qué pasa si hay una reacción grave?

¿A qué debo prestar atención?

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

¿Qué debo hacer?

• **Llame** a un doctor o lleve a la persona inmediatamente a un doctor.

• **Diga** a su doctor lo que ocurrió, la fecha y la hora en que ocurrió, y cuando recibió la vacuna.

• **Pida** a su doctor que informe la reacción presentando un formulario del Sistema de Información sobre Eventos Adversos a una Vacuna (VAERS).O puede presentar este informe mediante el sitio Web de VAERS, en:**www.vaers.hhs.gov**, o llamando al: **1-800-822-7967**.

VAERS no proporciona consejos médicos.

8 Programa Nacional de Compensación por Lesiones Causadas por las Vacunas

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

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

9 ¿Cómo puedo obtener más información?

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

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

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

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

Vaccine Information Statement (Interim)
Live, Attenuated Influenza VIS - Spanish (7/26/11) 42 U.S.C. §300aa-26

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

VACCINE INFORMATION STATEMENT

Meningococcal Vaccines

What You Need to Know

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

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

1 What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord.

Meningococcal disease also causes blood infections.

About 1,000 – 1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who live, another 11%-19% lose their arms or legs, have problems with their nervous systems, become deaf or mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16-21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.

2 Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- Meningococcal conjugate vaccine (**MCV4**) is the preferred vaccine for people 55 years of age and younger.
- Meningococcal polysaccharide vaccine (**MPSV4**) has been available since the 1970s. It is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these**.**

3 Who should get meningococcal vaccine and when?

Routine Vaccination

Two doses of MCV4 are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16.

Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.

Other People at Increased Risk

- College freshmen living in dormitories.
- Laboratory personnel who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has persistent complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

Children between 9 and 23 months of age, and anyone else with certain medical conditions need 2 doses for adequate protection. Ask your doctor about the number and timing of doses, and the need for booster doses.

MCV4 is the preferred vaccine for people in these groups who are 9 months through 55 years of age. MPSV4 can be used for adults older than 55.

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Centers for Disease Control and Prevention

4 Some people should not get meningococcal vaccine or should wait.

- Anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of MCV4 or MPSV4 vaccine should not get another dose of either vaccine.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. *Tell your doctor if you have any severe allergies.*
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Meningococcal vaccines may be given to pregnant women. MCV4 is a fairly new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed. The manufacturers of MCV4 maintain pregnancy registries for women who are vaccinated while pregnant.

Except for children with sickle cell disease or without a working spleen, meningococcal vaccines may be given at the same time as other vaccines.

5 What are the risks from meningococcal vaccines?

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

Brief fainting spells and related symptoms (such as jerking or seizure-like movements) can follow a vaccination. They happen most often with adolescents, and they can result in falls and injuries.

Sitting or lying down for about 15 minutes after getting the shot – especially if you feel faint – can help prevent these injuries.

Mild problems

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

Severe problems

Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.

6 What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a severe allergic reaction or a high fever. If a severe allergic reaction occurred, it would be within a few minutes to an hour after the shot. Signs of a serious allergic reaction can include **difficulty breathing**, **weakness**, **hoarseness or wheezing**, a **fast heart beat**, **hives**, **dizziness**, **paleness**, or **swelling of the throat**.

What should I do?

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

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

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

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

8 How can I learn more?

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

Vaccine Information Statement (Interim)

Meningococcal Vaccines

10/14/2011

42 U.S.C. § 300aa-26

DECLARACIÓN DE INFORMACIÓN SOBRE VACUNAS

Vacunas contra el meningococo

Lo que necesita saber

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

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

1 ¿Qué es la enfermedad meningocócica?

La enfermedad meningocócica es una enfermedad grave causada por una bacteria. Es una de las causas principales de meningitis bacteriana en niños de 2 a 18 años en los Estados Unidos. La meningitis es una infección de las membranas que cubren el cerebro y la médula espinal.

La enfermedad meningocócica también causa infecciones de la sangre

En los Estados Unidos, aproximadamente entre 1,000 y 1,200 personas por año contraen la enfermedad meningocócica. Entre el 10% y el 15% de ellas mueren, incluso si se las tratan con antibióticos. De las que sobreviven, entre el 11% y el 19% pierden los brazos o las piernas, presentan problemas en el sistema nervioso, quedan sordas o con retraso mental, o sufren convulsiones o derrames cerebrales.

Cualquiera puede contraer la enfermedad meningocócica, pero es más común en bebés de menos de un año y en personas entre 16 y 21 años. Los niños con ciertos problemas médicos, como la falta de bazo, tienen mayor riesgo de contraer la enfermedad meningocócica. El riesgo también es mayor en estudiantes universitarios de primer año que viven en residencias estudiantiles.

Las infecciones meningocócicas se pueden tratar con medicamentos como la penicilina. Aun así, muchas personas que contraen la enfermedad mueren a causa de ella y muchas otras quedan afectadas de por vida. Por eso, la prevención de la enfermedad a través de la vacuna contra el meningococo es importante para las personas con mayor riesgo.

2 Vacuna contra el meningococo

Existen dos tipos de vacuna contra el meningococo en los Estados Unidos:

- La vacuna conjugada contra el meningococo (MCV4) se recomienda para personas menores de 55 años.
- La vacuna polisacárida contra el meningococo (MPSV4) ha estado disponible desde los años setenta. Es la única vacuna contra el meningococo autorizada para personas mayores de 55 años.

Ambas vacunas pueden prevenir 4 tipos de enfermedades meningocócicas, incluyendo 2 de los 3 tipos más comunes en los Estados Unidos y un tipo que causa epidemias en África. Existen otros tipos de enfermedades meningocócicas, pero las vacunas no protegen contra ellos.

3 ¿Quién debe ponerse la vacuna contra el meningococo y cuándo?

Vacunación de rutina

Se recomiendan dos dosis de MCV4 para los adolescentes de 11 a 18 años: la primera dosis a los 11 ó 12 años, con una dosis de refuerzo a los 16 años.

Los adolescentes en este grupo de edad con infección de VIH se deben poner tres dosis: 2 dosis con 2 meses de diferencia a los 11 ó 12 años, más un refuerzo a los 16.

Si la primera dosis (o serie) se pone entre los 13 y 15 años, el refuerzo se debe poner entre los 16 y los 18 años. Si la primera dosis (o serie) se pone después de cumplir los 16 años, no se necesita un refuerzo.

Otras personas con mayor riesgo

- Estudiantes universitarios de primer año que viven en residencias estudiantiles.
- Personal de laboratorio que está expuesto habitualmente a la bacteria meningocócica.
- Reclutas militares de los Estados Unidos.
- Cualquier persona que viaje a cualquier parte del mundo donde la enfermedad meningocócica sea común, como en algunas partes de África, o que viva en tales zonas.
- Cualquier persona cuyo bazo esté dañado o se le haya extirpado.
- Cualquier persona que tenga una deficiencia del complejo terminal del complemento (un trastorno del sistema inmunitario).
- Personas que podrían haber estado expuestas a meningitis durante un brote.

Los niños entre 9 y 23 meses y cualquier otra persona con ciertas afecciones médicas necesitan 2 dosis para tener una protección adecuada. Pregunte a su médico sobre la cantidad de dosis y el momento en que se deben aplicar, y la necesidad de dosis de refuerzo.

La MCV4 es la recomendada para las personas entre 9 meses y 55 años que se encuentran en estos grupos. La MPSV4 se puede usar en adultos mayores de 55 años.

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

4 Algunas personas no se deben poner la vacuna contra el meningococo o deben esperar.

- Las personas que hayan tenido una reacción alérgica grave (que haya puesto en peligro su vida) a una dosis previa de la vacuna MCV4 o MPSV4 no deben ponerse otra dosis.
- Las personas que tenga una alergia grave (que ponga en peligro su vida) a cualquier componente de la vacuna no deben ponerse la vacuna. *Informe a su médico si tiene alergias graves.*
- Las personas que tengan una enfermedad moderada o grave al momento de ponerse la vacuna deben esperar hasta recuperarse. Pregunte a su médico. Las personas con una enfermedad leve generalmente se pueden vacunar.
- Las vacunas contra el meningococo pueden aplicarse a mujeres embarazadas. La MCV4 es una vacuna bastante nueva y no se ha estudiado tanto en mujeres embarazadas como la MPSV4. Se debe emplear solo en casos claramente necesarios. Los fabricantes de MCV4 mantienen registros de las mujeres embarazadas que reciben la vacuna.

A excepción de los niños con anemia de células falciformes o que no tienen un bazo funcional, las vacunas contra el meningococo se pueden aplicar al mismo tiempo que otras vacunas.

5 ¿Cuáles son los riesgos relacionados con las vacunas contra el meningococo?

Al igual que cualquier medicamento, las vacunas podrían causar graves problemas, como reacciones alérgicas graves. El riesgo de que la vacuna contra el meningococo provoque daños graves, o la muerte, es sumamente bajo.

Después de una vacunación, pueden ocurrir episodios de desmayo de corta duración y síntomas relacionados (como espasmos o movimientos similares a una convulsión). Estos suceden más a menudo en adolescentes y pueden provocar caídas y lesiones.

Sentarse o recostarse por unos 15 minutos después de obtener la vacuna, en especial si se siente mareado, puede ayudar a prevenir estas lesiones.

Problemas leves

La mitad de las personas que se ponen las vacunas contra el meningococo tienen efectos secundarios leves, como enrojecimiento o dolor en el lugar de la inyección.

Si se producen estos problemas, por lo general duran 1 ó 2 días. Son más comunes después de la aplicación de la MCV4 que de la MPSV4.

Un pequeño porcentaje de las personas que reciben la vacuna presentan un poco de fiebre.

Problemas graves

Las reacciones alérgicas, después de unos minutos o unas horas de ponerse la vacuna, son muy poco frecuentes.

6 ¿Qué sucede si se produce una reacción moderada o grave?

¿A qué debo prestar atención?

Preste atención a cualquier cosa fuera de lo común, como una reacción alérgica grave o fiebre alta. Si ocurriera una reacción alérgica grave, se produciría entre unos pocos minutos a una hora de ponerse la vacuna. Los signos de una reacción alérgica grave pueden incluir **dificultad para respirar, debilidad, ronquera o sibilancias, latidos rápidos del corazón, urticaria, mareos, palidez o inflamación de la garganta.**

¿Qué debo hacer?

- Llame a un médico o lleve a la persona de inmediato a un médico.
- Informe a su médico lo que ocurrió, la fecha y la hora en que ocurrió y cuándo se puso la vacuna.
- Pida a su proveedor de salud que informe la reacción mediante la presentación de un formulario del Sistema para Reportar Reacciones Adversas a las Vacunas (VAERS). O puede presentar este informe a través del sitio web del VAERS en **www.vaers.hhs.gov** o llamando al **1-800-822-7967**.

VAERS no da consejos médicos.

7 Programa Nacional de Compensación por Daños Derivados de Vacunas

El Programa Nacional de Compensación por Daños Derivados de Vacunas (VICP) se creó en 1986.

Las personas que creen que pueden haber sufrido daños a causa de una vacuna pueden obtener información sobre el programa y sobre la presentación de una reclamación llamando al **1-800-338-2382** o visitando el sitio web del VICP en **www.hrsa.gov/vaccinecompensation.**

8 ¿Cómo puedo obtener más información?

- Su médico puede darle el folleto de información que viene con la vacuna o sugerirle otras fuentes de información.
- Llame al departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (CDC):
  - Llame al **1-800-232-4636** (1-800-CDC-INFO).
  - Visite el sitio web de los CDC en **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)

Meningococcal Vaccines

Spanish | 10/14/2011

42 U.S.C. § 300aa-26

Translated by Carmazzi Global Solutions, CA

VACCINE INFORMATION STATEMENT

MMR Vaccine

(Measles, Mumps and Rubella)

What You Need to Know

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

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

1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases. Before vaccines they were very common, especially among children.

Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps

- Mumps virus causes fever, headache, muscle pain, loss of appetite, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely sterility.

Rubella (German Measles)

- Rubella virus causes rash, arthritis (mostly in women), and mild fever.
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

These diseases spread from person to person through the air. You can easily catch them by being around someone who is already infected.

Measles, mumps, and rubella (MMR) vaccine can protect children (and adults) from all three of these diseases.

Thanks to successful vaccination programs these diseases are much less common in the U.S. than they used to be. But if we stopped vaccinating they would return.

2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

- **First Dose**: 12–15 months of age
- **Second Dose**: 4–6 years of age (may be given earlier, if at least 28 days after the 1st dose)

Some infants younger than 12 months should get a dose of MMR if they are traveling out of the country. (This dose will not count toward their routine series.)

Some adults should also get MMR vaccine: Generally, anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine, unless they can show that they have either been vaccinated or had all three diseases.

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

Children between 1 and 12 years of age can get a "combination" vaccine called MMRV, which contains both MMR and varicella (chickenpox) vaccines. There is a separate Vaccine Information Statement for MMRV.

3 Some people should not get MMR vaccine or should wait.

- Anyone who has ever had a life-threatening allergic reaction to the antibiotic neomycin, or any other component of MMR vaccine, should not get the vaccine. Tell your doctor if you have any severe allergies.
- Anyone who had a life-threatening allergic reaction to a previous dose of MMR or MMRV vaccine should not get another dose.
- Some people who are sick at the time the shot is scheduled may be advised to wait until they recover before getting MMR vaccine.
- Pregnant women should not get MMR vaccine. Pregnant women who need the vaccine should wait until after giving birth. Women should avoid getting pregnant for 4 weeks after vaccination with MMR vaccine.

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

- Tell your doctor if the person getting the vaccine:
  - Has HIV/AIDS, or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids
  - Has any kind of cancer
  - Is being treated for cancer with radiation or drugs
  - Has ever had a low platelet count (a blood disorder)
  - Has gotten another vaccine within the past 4 weeks
  - Has recently had a transfusion or received other blood products

Any of these might be a reason to not get the vaccine, or delay vaccination until later.

4 What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions.

The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting measles, mumps or rubella.

Most people who get MMR vaccine do not have any serious problems with it.

Mild problems

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Swelling of glands in the cheeks or neck (about 1 person out of 75)

If these problems occur, it is usually within 6-14 days after the shot. They occur less often after the second dose.

Moderate problems

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

Severe problems (very rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after a child gets MMR vaccine, including:
  - Deafness
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage

These are so rare that it is hard to tell whether they are caused by the vaccine.

5 What if there is a serious reaction?

What should I look for?

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

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

What should I do?

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

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

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

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

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)

MMR Vaccine

4/20/2012

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Office Use Only

Vacuna (Sarampión, paperas y rubéola) MMR

Lo que usted necesita saber

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

Las hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite http://www.immunize.org/vis.

1 ¿Por qué es necesario vacunarse?

El sarampión, las paperas y la rubéola son enfermedades graves. Antes de que existieran las vacunas eran muy comunes, en especial entre los niños.

Sarampión

- El virus del sarampión provoca erupción, tos, secreción nasal, irritación de los ojos y fiebre.
- Puede dar lugar a infección en los oídos, pulmonía, convulsiones (movimientos espasmódicos y episodios catatónicos), daño cerebral y la muerte.

Paperas

- El virus de las paperas provoca fiebre, dolor de cabeza, dolor muscular, pérdida del apetito y ganglios inflamados.
- Puede dar lugar a sordera, meningitis (infección del cerebro y del revestimiento de la médula espinal), hinchazón dolorosa de los testículos o de los ovarios y, muy rara vez, esterilidad.

Rubéola (sarampión alemán)

- El virus de la rubéola provoca erupción, artritis (sobre todo en mujeres) y fiebre leve.
- Si una mujer se contagia de rubéola mientras está embarazada, podría tener un aborto espontáneo o su bebé podría nacer con defectos de nacimiento graves.

Estas enfermedades se contagian de persona a persona a través del aire. Usted puede contagiarse fácilmente si se encuentra cerca de alguien que ya está infectado.

La vacuna contra el sarampión, las paperas y la rubéola (MMR) puede proteger a los niños (y a los adultos) contra estas tres enfermedades.

Gracias al éxito de los programas de vacunación, estas enfermedades son mucho menos comunes que antes en los EE.UU. Pero si dejamos de usar las vacunas regresarán.

2 ¿Quién debe recibir una vacuna MMR y cuándo?

Los niños deben recibir 2 dosis de la vacuna MMR:

– Primera dosis: 12 a 15 meses de edad

– Segunda dosis: 4 a 6 años de edad (se podría administrar antes, si se aplica por lo menos 28 días después de la primera dosis)

Algunos niños menores de 12 meses deben recibir una dosis de MMR si van a viajar al extranjero. (Esta dosis no contará como parte de la serie de rutina).

Algunos adultos también deben recibir la vacuna MMR: En general, cualquier persona de 18 años de edad o más que nació después de 1956 debe recibir por lo menos una dosis de la vacuna MMR, a menos que pueda demostrar que ya fue vacunada o que tuvo las tres enfermedades.

La vacuna MMR puede administrarse al mismo tiempo que otras vacunas.

Los niños de entre 1 y 12 años de edad pueden recibir una vacuna "combinada" llamada MMRV, que contiene la vacuna MMR y la vacuna contra la varicela. Existe una hoja de información sobre vacunas por separado para la MMRV.

3 Algunas personas no deben recibir la vacuna MMR o deben esperar.

- Cualquier persona que haya tenido una reacción alérgica al antibiótico neomicina o a cualquier otro componente de la vacuna MMR que pueda poner en peligro su vida, no debe aplicarse MMR. Informe a su médico si ha tenido alguna alergia grave.
- Cualquier persona que haya tenido una reacción alérgica a una dosis previa de la vacuna MMR o MMRV que puso en peligro su vida no debe aplicarse otra dosis.
- Es posible que a algunas personas que estén enfermas en el momento en que esté programada la inyección se les aconseje que esperen hasta que se recuperen antes de ponerse la vacuna MMR.
- Las mujeres embarazadas no deben ponerse la vacuna MMR. Las mujeres embarazadas que necesiten la vacuna deberán esperar hasta después de dar a luz. Las mujeres deberán evitar quedar embarazadas durante 4 semanas después de recibir la vacuna MMR.

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

- Informe a su médico si la persona que va a vacunarse:
  - Tiene VIH/SIDA u otra enfermedad que afecte al sistema inmunitario
  - Recibe un tratamiento con medicamentos que afectan al sistema inmunitario, como los esteroides
  - Tiene cualquier tipo de cáncer
  - Recibe tratamiento para el cáncer con radiación o medicamentos
  - Alguna vez tuvo un nivel bajo de plaquetas (un trastorno de la sangre)
  - Recibió otra vacuna en las últimas 4 semanas
  - Recientemente recibió una transfusión o recibió otros productos sanguíneos

  Cualquiera de estas podría ser una razón para no recibir la vacuna o para posponer la aplicación de la vacuna.

4 ¿Cuáles son los riesgos de la vacuna MMR?

Una vacuna, como cualquier medicina, es capaz de provocar problemas graves, como reacciones alérgicas severas.

El riesgo de que la vacuna MMR ocasione un daño grave, o la muerte, es extremadamente pequeño.

Recibir la vacuna MMR es mucho más seguro que enfermarse de sarampión, paperas o rubéola.

La mayoría de las personas que reciben la vacuna MMR no tienen ningún problema grave con ella.

Problemas leves
- Fiebre (hasta en 1 de cada 6 personas)
- Erupción leve (alrededor de 1 de cada 20 personas)
- Ganglios inflamados en las mejillas o en el cuello (alrededor de 1 de cada 75 personas)

Si ocurre alguno de estos problemas, por lo general se presenta entre 6 y 14 días después de la inyección. Ocurren con menos frecuencia después de la segunda dosis.

Problemas moderados
- Convulsiones (movimientos espasmódicos y episodios catatónicos) provocadas por fiebre (alrededor de 1 de cada 3,000 dosis)
- Dolor temporal y rigidez en las articulaciones, sobre todo en mujeres adolescentes o adultas (hasta en 1 de cada 4)
- Niveles bajos pasajeros de plaquetas, que pueden provocar un trastorno de sangrado (alrededor de 1 de cada 30,000 dosis)

Problemas severos (Muy raros)
- Reacción alérgica grave (menos de 1 en un millón de dosis)
- Se han reportado otros problemas severos después de aplicar la vacuna MMR a niños, incluidos:
  - Sordera
  - Convulsiones a largo plazo, coma o disminución del estado de consciencia
  - Daño cerebral permanente

  Estos problemas son tan raros que es difícil determinar si son provocados por la vacuna.

5 ¿Qué pasa si se presenta una reacción grave?

¿De qué debo estar pendiente?
- De todo signo inusual, como fiebre alta o cambios inusuales en la conducta. Los signos de una reacción alérgica grave pueden incluir dificultades para respirar, ronquera o sibilancias, urticaria, palidez, debilidad, pulso acelerado o mareos.

¿Qué debo hacer?
- Llame a un médico o lleve a la persona al médico de inmediato.
- Dígale a su médico lo que ocurrió, la fecha y la hora en que ocurrió, y cuándo le aplicaron la vacuna.
- Pídale a su médico que reporte la reacción presentando un formulario del Sistema de reporte de eventos adversos derivados de las vacunas (Vaccine Adverse Event Reporting System, VAERS). O usted puede presentar este reporte a través del sitio web de VAERS en www.vaers.hhs.gov o llamando al 1-800-822-7967.

VAERS no ofrece consejos médicos.

6 Programa Nacional de Compensación por Lesiones Causadas por Vacunas

En 1986 se creó el Programa Nacional de Compensación por Lesiones Causadas por Vacunas (National Vaccine Injury Compensation Program, VICP).

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

7 ¿Dónde puedo obtener más información?

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

Vaccine Information Statement (Interim)

MMR Vaccine

4/20/2012 Spanish

Office Use Only

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Translation provided by Immunization Action Coalition

MMRV (MEASLES, MUMPS, RUBELLA & VARICELLA) VACCINE

WHAT YOU NEED TO KNOW

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

1 Measles, Mumps, Rubella & Varicella

Measles, **M**umps, **R**ubella, and **V**aricella (chickenpox) can be serious diseases:

Measles

- Causes rash, cough, runny nose, eye irritation, fever.
- Can lead to ear infection, pneumonia, seizures, brain damage, and death.

Mumps

- Causes fever, headache, swollen glands.
- Can lead to deafness, meningitis (infection of the brain and spinal cord covering), infection of the pancreas, painful swelling of the testicles or ovaries, and, rarely, death.

Rubella (German Measles)

- Causes rash and mild fever; and can cause arthritis, (mostly in women).
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

Varicella (Chickenpox)

- Causes rash, itching, fever, tiredness.
- Can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- Can re-emerge years later as a painful rash called shingles.

These diseases can spread from person to person through the air. Varicella can also be spread through contact with fluid from chickenpox blisters.

Before vaccines, these diseases were very common in the United States.

2 MMRV Vaccine

MMRV vaccine may be given to children from 1 through 12 years of age to protect them from these four diseases.

Two doses of MMRV vaccine are recommended:

– The first dose at **12 through 15 months of age**

– The second dose at **4 through 6 years of age**

These are *recommended* ages. But children can get the second dose up through 12 years as long as it is at least 3 months after the first dose.

Children may also get these vaccines as 2 separate shots: **MMR** (measles, mumps and rubella) and **varicella** vaccines.

1 Shot (MMRV) or **2 Shots** (MMR & Varicella)?

- Both options give the same protection.
- One less shot with MMRV.
- Children who got the first dose as MMRV have had more fevers and fever-related seizures (about 1 in 1,250) than children who got the first dose as separate shots of MMR and varicella vaccines on the same day (about 1 in 2,500).

Your health-care provider can give you more information, including the Vaccine Information Statements for MMR and Varicella vaccines.

Anyone 13 or older who needs protection from these diseases should get MMR and varicella vaccines as separate shots.

MMRV may be given at the same time as other vaccines.

3 Some children should not get MMRV vaccine or should wait

Children should not get MMRV vaccine if they:

- Have ever had a life-threatening allergic reaction to a previous dose of MMRV vaccine, or to either MMR or varicella vaccine.
- Have ever had a life-threatening allergic reaction to any *component* of the vaccine, including gelatin or the antibiotic neomycin. Tell the doctor if your child has any severe allergies.
- Have HIV/AIDS, or another disease that affects the immune system.
- Are being treated with drugs that affect the immune system, including high doses of oral steroids for 2 weeks or longer.
- Have any kind of cancer.
- Are being treated for cancer with radiation or drugs.

Check with your doctor if the child:

- Has a history of seizures, or has a parent, brother or sister with a history of seizures.
- Has a parent, brother or sister with a history of immune system problems.
- Has ever had a low platelet count, or another blood disorder.
- Recently had a transfusion or received other blood products.
- Might be pregnant.

Children who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting MMRV vaccine. Children who are only mildly ill may usually get the vaccine.

Ask your provider for more information.

4 What are the risks from MMRV vaccine?

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

Getting MMRV vaccine is much safer than getting measles, mumps, rubella, or chickenpox.

Most children who get MMRV vaccine do not have any problems with it.

Mild Problems

- Fever (about 1 child out of 5).
- Mild rash (about 1 child out of 20).
- Swelling of glands in the cheeks or neck (rare).

If these problems happen, it is usually within 5-12 days after the first dose. They happen less often after the second dose.

Moderate Problems

- Seizure caused by fever (about 1 child in 1,250 who get MMRV), usually 5-12 days after the first dose. *They happen less often when MMR and varicella vaccines are given at the same visit as separate shots (about 1 child in 2,500 who get these two vaccines), and rarely after a 2nd dose of MMRV.*
- Temporary low platelet count, which can cause a bleeding disorder (about 1 child out of 40,000).

Severe Problems (Very Rare)

Several severe problems have been reported following MMR vaccine, and might also happen after MMRV. These include severe allergic reactions (fewer than 4 per million), and problems such as:

- Deafness.
- Long-term seizures, coma, lowered consciousness.
- Permanent brain damage.

Because these problems occur so rarely, we can't be sure whether they are caused by the vaccine or not.

5 What if there is a severe reaction?

What should I look for?

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

What should I do?

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

VAERS does not provide medical advice.

6 The National Vaccine Injury Compensation Program

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

Persons who believe they may have been injured by a vaccine may file a claim with VICP by calling **1-800-338-2382** or visiting their website at **www.hrsa.gov/vaccinecompensation**.

7 How can I learn more?

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

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

Vaccine Information Statement (Interim)
MMRV Vaccine (5/21/10) 42 U.S.C. §300aa-26

VACUNA MMRV (CONTRA SARAMPIÓN, PAPERAS, RUBÉOLA Y VARICELA)

LO QUE USTED NECESITA SABER

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

1 El sarampión, las paperas, la rubéola y la varicela

El sarampión, las paperas, la rubéola y la varicela pueden ser enfermedades serias:

El sarampión

- Causa erupciones en la piel, tos, nariz que gotea, irritación de los ojos y fiebre.
- Puede conducir a infección de los oídos, neumonía, ataques epilépticos (convulsiones), daño cerebral y la muerte.

Las paperas

- Causan fiebre, dolor de cabeza, hinchazón de las glándulas.
- Pueden conducir a sordera, meningitis (infección de las membranas que recubren el cerebro y la médula espinal), infección del páncreas, hinchazón dolorosa de los testículos o de los ovarios y, en raras ocasiones, la muerte.

La rubéola (sarampión alemán)

- Causa erupciones en la piel y fiebre leve y puede causar artritis (principalmente en las mujeres).
- Si una mujer contrae rubéola estando embarazada, puede tener un aborto espontáneo o su bebé puede nacer con graves defectos de nacimiento.

La varicela

- Causa erupciones en la piel, picazón, fiebre, cansancio.
- Puede conducir a infección seria de la piel, cicatrices, neumonía, daño cerebral o la muerte.
- Puede volver a surgir años después como una erupción dolorosa llamada culebrilla.

Estas enfermedades se pueden transmitir de persona a persona por el aire. La varicela también se puede transmitir por medio del contacto con líquido de las ampollas de la varicela.

Antes de que existieran las vacunas, estas enfermedades eran muy comunes en los Estados Unidos.

2 La vacuna MMRV

La vacuna MMRV se puede aplicar a niños de 1 a 12 años de edad para protegerlos contra estas cuatro enfermedades.

Se recomiendan dos dosis de la vacuna MMRV:

- La primera dosis a los **12 a 15 meses de edad**
- La segunda dosis a los **4 a 6 años de edad**

Estas son las edades *recomendadas.* Pero los niños pueden aplicarse la segunda dosis hasta los 12 años de edad si han pasado al menos 3 meses desde la primera dosis.

Los niños también pueden aplicarse estas vacunas en 2 inyecciones separadas: Vacunas **MMR** (contra el sarampión, paperas y rubéola) y contra la **varicela**.

¿1 Inyección (MMRV) ó **2 inyeccione**s (MMR y varicela)?

- Ambas opciones proporcionan la misma protección.
- Una inyección menos con la MMRV.
- Los niños a quienes se les aplicó la primera dosis como MMRV tuvieron más fiebre y más ataques epilépticos (convulsiones) relacionados con la fiebre (aproximadamente 1 de cada 1,250) que los niños a quienes se les aplicó la primera dosis como vacunas separadas MMR y contra la varicela el mismo día (aproximadamente 1 de cada 2,500).

Su profesional de la salud puede darle más información, incluyendo las Hojas de Información sobre las vacunas de MMR y varicela.

Todas las personas de 13 años de edad o mayores que necesitan protección contra estas enfermedades deben aplicarse las vacunas MMR y contra la varicela en vacunas separadas.

La MMRV se puede aplicar al mismo tiempo que otras vacunas.

3 Algunos niños no se deben aplicar la vacuna MMRV o deben esperar

Los niños no se deben aplicar la vacuna MMRV si:

- Alguna vez tuvieron una reacción alérgica que puso en peligro su vida a una dosis anterior de la vacuna MMRV o a las vacunas MMR o contra la varicela.
- Alguna vez tuvieron una reacción alérgica que puso en peligro su vida a algún *componente* de la vacuna, incluyendo gelatina o el antibiótico neomicina. Si su niño tiene alergias serias, dígaselo al doctor.
- Tienen VIH/SIDA o alguna otra enfermedad que afecte el sistema inmunológico.
- Están siendo tratados con medicamentos que afectan el sistema inmunológico, incluyendo dosis elevadas de esteroides orales por 2 semanas o más.
- Tienen cualquier tipo de cáncer.
- Están siendo tratados por cáncer con radiación o medicamentos.

Consulte a su doctor si el niño:

- Tiene antecedentes de ataques epilépticos (convulsiones) o tiene un padre, una madre o un hermano o hermana con antecedentes de ataques epilépticos (convulsiones).
- Tiene un padre, una madre o un hermano o hermana con antecedentes de problemas del sistema inmunológico.
- Alguna vez tuvo un recuento bajo de plaquetas o algún otro trastorno de la sangre.
- Le hicieron recientemente una transfusión de sangre o recibió otros productos de la sangre.
- Puede estar embarazada.

Los niños que están moderada o seriamente enfermos el día en que les van a aplicar la vacuna por lo general tienen que esperar hasta recuperarse antes de aplicarse la vacuna MMRV. Los niños que están sólo levemente enfermos por lo general pueden aplicarse la vacuna.

Pida más información a su profesional de la salud.

4 ¿Cuáles son los riesgos de la vacuna MMRV?

Como todos los medicamentos, las vacunas pueden causar problemas serios, como reacciones alérgicas graves. El riesgo de que la vacuna MMRV cause daños graves o la muerte es extremadamente pequeño.

Aplicarse la vacuna MMRV es mucho menos peligroso que tener sarampión, paperas, rubéola o varicela.

La mayoría de los niños a quienes se les aplica la vacuna MMRV no tienen problemas a causa de ello.

Problemas leves

- Fiebre (aproximadamente 1 niño de cada 5).
- Erupciones en la piel leves (aproximadamente 1 niño de cada 20).
- Hinchazón de las glándulas en las mejillas o en el cuello (ocurre rara vez).

Si ocurren estos problemas, en general pasa dentro de los 5 a 12 días después de la primera dosis. Ocurren menos a menudo después de la segunda dosis.

Problemas moderados

- Ataque epiléptico (convulsión) causado por fiebre (aproximadamente 1 niño de cada 1,250 al que se le aplica la MMRV), por lo general 5 a 12 días después de la primera dosis. *Ocurren menos a menudo cuando las vacunas MMR y contra la varicela se aplican en la misma visita en inyecciones separadas (aproximadamente 1 niño de cada 2,500 al que se le aplican estas dos vacunas) y rara vez después de una 2ª dosis de la MMRV.*
- Bajo recuento temporal de plaquetas, que puede causar un trastorno de sangrado (aproximadamente 1 niño de cada 40,000).

Problemas serios (ocurren muy rara vez)

Se han informado varios problemas serios después de la aplicación de la vacuna MMR, que también pueden ocurrir después de la MMRV. Estos problemas incluyen reacciones alérgicas serias (menos de 4 por millón) y problemas como:

- Sordera.
- Ataques epilépticos (convulsiones) a largo plazo, coma, nivel de conocimiento reducido.
- Daño cerebral permanente.

Debido a que estos problemas ocurren tan rara vez, no sabemos con seguridad si están causados o no por la vacuna.

5 ¿Qué pasa si hay una reacción grave?

¿A qué debo prestar atención?

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

¿Qué debo hacer?

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

VAERS no proporciona consejos médicos.

6 Programa Nacional de Compensación por Lesiones Causadas por las Vacunas

El Programa Nacional de Compensación por Lesiones Causadas por las Vacunas (National Vaccine Injury Compensation Program, VICP) fue creado en 1986.

Las personas que creen que pudieron haber sido lesionadas por una vacuna pueden presentar un reclamo ante el VICP llamando al **1-800-338-2382** ó visitando su sitio Web en **www.hrsa.gov/vaccinecompensation**.

7 ¿Cómo puedo obtener más información?

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

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

Vaccine Information Statement (Interim)
MMRV Vaccine IMM-1013S – Spanish (5/21/10) 42 U.S.C. §300aa-26
Translated by Transcend Translations, Davis, CA www.transcend.net

VACCINE INFORMATION STATEMENT

Pneumococcal Conjugate Vaccine

What You Need to Know

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

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

☑ **Your doctor recommends that you, or your child, get a dose of PCV13 today.**

1 Why get vaccinated?

Pneumococcal conjugate vaccine (called PCV13 or Prevnar® 13) is recommended to protect infants and toddlers, and some older children and adults with certain health conditions, from **pneumococcal disease**.

Pneumococcal disease is caused by infection with *Streptococcus pneumoniae* bacteria. These bacteria can spread from person to person through close contact.

Pneumococcal disease can lead to severe health problems, including pneumonia, blood infections, and meningitis.

Meningitis is an infection of the covering of the brain. Pneumococcal meningitis is fairly rare (less than 1 case per 100,000 people each year), but it leads to other health problems, including deafness and brain damage. In children, it is fatal in about 1 case out of 10.

Children younger than two are at higher risk for serious disease than older children.

People with certain medical conditions, people over age 65, and cigarette smokers are also at higher risk.

Before vaccine, pneumococcal infections caused many problems each year in the United States in children younger than 5, including:

- more than 700 cases of meningitis,
- 13,000 blood infections,
- about 5 million ear infections, and
- about 200 deaths.

About 4,000 adults still die each year because of pneumococcal infections.

Pneumococcal infections can be hard to treat because some strains are resistant to antibiotics. This makes **prevention through vaccination** even more important.

2 PCV13 vaccine

There are more than 90 types of pneumococcal bacteria. PCV13 protects against 13 of them. These 13 strains cause most severe infections in children and about half of infections in adults.

PCV13 is routinely given to children at 2, 4, 6, and 12–15 months of age. Children in this age range are at greatest risk for serious diseases caused by pneumococcal infection.

PCV13 vaccine may also be recommended for some older children or adults. Your doctor can give you details.

A second type of pneumococcal vaccine, called PPSV23, may also be given to some children and adults, including anyone over age 65. There is a separate Vaccine Information Statement for this vaccine.

3 Precautions

Anyone who has ever had a life-threatening allergic reaction to a dose of this vaccine, to an earlier pneumococcal vaccine called PCV7 (or Prevnar), or to any vaccine containing diphtheria toxoid (for example, DTaP), should not get PCV13.

Anyone with a severe allergy to any component of PCV13 should not get the vaccine. Tell your doctor if the person being vaccinated has any severe allergies.

If the person scheduled for vaccination is sick, your doctor might decide to reschedule the shot on another day.

Your doctor can give you more information about any of these precautions.

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

4 What are the risks of PCV13 vaccine?

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Reported problems associated with PCV13 vary by dose and age, but generally:

- About half of children became drowsy after the shot, had a temporary loss of appetite, or had redness or tenderness where the shot was given.
- About 1 out of 3 had swelling where the shot was given.
- About 1 out of 3 had a mild fever, and about 1 in 20 had a higher fever (over 102.2°F).
- Up to about 8 out of 10 became fussy or irritable.

Adults receiving the vaccine have reported redness, pain, and swelling where the shot was given. Mild fever, fatigue, headache, chills, or muscle pain have also been reported.

Life-threatening allergic reactions from any vaccine are very rare.

5 What if there is a serious reaction?

What should I look for?

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

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

What should I do?

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

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

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

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

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

HOJA DE INFORMACIÓN SOBRE VACUNAS

Vacuna neumocócica conjugada

Lo que usted necesita saber

Muchas de las Hojas de información sobre vacunas están disponibles en inglés y otros idiomas. Visite www.immunize.org/vis.

Many Vaccine Information Statements are available in English and other languages. Visit http://www.immunize.org/vis.

☑ **Su médico recomienda que usted o su hijo reciban una dosis de la vacuna PCV13 hoy.**

1 ¿Por qué vacunarse?

Se recomienda la vacuna neumocócica conjugada (llamada PCV13 o Prevnar 13) para proteger a los lactantes y niños pequeños, y a algunos niños más grandes y adultos con determinadas afecciones de salud contra la **enfermedad neumocócica.**

La enfermedad neumocócica se produce por una infección con las bacterias *Streptococcus pneumoniae*. Estas bacterias pueden diseminarse de persona a persona a través del contacto cercano.

La enfermedad neumocócica puede provocar problemas de salud severos, lo que incluye neumonía, infecciones de la sangre y meningitis.

La meningitis es una infección del recubrimiento del cerebro. La meningitis neumocócica es bastante poco frecuente (menos de 1 caso cada 100,000 personas cada año), pero produce otros problemas de salud, que incluyen sordera y daño cerebral. En niños, es mortal en aproximadamente 1 de 10 casos.

Los niños menores de dos años tienen un riesgo más alto de presentar enfermedades graves que los niños más grandes.

Las personas con determinadas afecciones médicas, las que son mayores de 65 años y los fumadores de cigarrillos también tienen un riesgo más alto.

Antes de la vacuna, las infecciones neumocócicas producían muchos problemas cada año en los Estados Unidos en niños menores de 5 años, incluidos:

- Más de 700 casos de meningitis.
- 13,000 infecciones de la sangre.
- Aproximadamente 5 millones de infecciones en el oído.
- Aproximadamente 200 muertes.

Cerca de 4,000 adultos aún mueren todos los años a causa de infecciones neumocócicas.

Es posible que las infecciones neumocócicas sean difíciles de tratar porque algunas cepas son resistentes a los antibióticos. Esto hace que la **prevención a través vacunación** sea más importante.

2 Vacuna PCV13

Hay más de 90 tipos de bacterias neumocócicas. La PCV13 lo protege contra 13 de estos tipos. Estas 13 cepas producen la mayoría de las infecciones severas en los niños y aproximadamente la mitad de las infecciones en los adultos.

La PCV13 se administra en forma rutinaria a niños de 2, 4 y 6 meses, y de 12 a 15 meses. Los niños en este rango etario son los que tienen el riesgo más grande de presentar enfermedades graves provocadas por una infección neumocócica.

Es posible que la vacuna PCV13 también se recomiende para algunos niños más grandes o para algunos adultos. Su médico puede brindarle más detalles.

Es posible que un segundo tipo de vacuna neumocócica, llamada PPSV23, también se administre a algunos niños y adultos, incluida cualquier persona mayor de 65 años. Hay una Hoja de información sobre vacunas independiente para esta vacuna.

3 Precauciones

Cualquier persona que haya tenido una reacción alérgica potencialmente mortal a una dosis de esta vacuna, a una vacuna neumocócica anterior llamada PCV7 (o Prevnar) o a cualquier vacuna que contenga toxoide diftérico (por ejemplo, la difteria, el tétanos y la tos ferina [diphtheria, tetanus, and pertussis, DTaP]) no debe recibir la PCV13.

Cualquier persona con una reacción alérgica severa a algún componente de la PCV13 no debe recibir esta vacuna. Reporte a su médico si la persona que se está vacunando tiene alguna de estas alergias severas.

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

Si la persona que tiene programado vacunarse está enferma, es posible que su médico decida reprogramar la aplicación de la inyección para otro día.

Es posible que su médico le brinde más información acerca de cualquiera de estas precauciones.

4 Riesgos

Con cualquier medicamento, incluidas las vacunas, hay probabilidades de que se produzcan efectos secundarios. Generalmente, estos son moderados y se van por sí solos, pero también es posible que se produzcan reacciones graves.

Problemas reportados que están asociados con la PCV13 varían según la dosis y la edad pero, generalmente, son los siguientes:

- Aproximadamente, la mitad de los niños sienten somnolencia después de la inyección, tienen una pérdida de apetito temporal o presentan enrojecimiento o sensibilidad en la zona donde se administró la inyección.
- Aproximadamente, 1 de cada 3 niños presentó hinchazón en la zona donde se administró la inyección.
- Aproximadamente, 1 de cada 3 niños tuvo fiebre moderada y, aproximadamente, 1 de cada 20 niños tuvo fiebre más alta (superior a los 102.2 °F).
- Hasta 8 de cada 10 niños, aproximadamente, se volvieron quisquillosos o irritables.

Los adultos que recibieron la vacuna han reportado enrojecimiento, dolor e hinchazón en la zona donde se administró la inyección. También se han reportado fiebre moderada, fatiga, dolor de cabeza, escalofríos o dolor muscular.

Reacciones alérgicas potencialmente mortales a causa de cualquier vacuna son muy poco frecuentes.

5 ¿Qué sucede si hay una reacción grave?

¿A qué debo prestar atención?

- Preste atención a todo lo que le inquiete, como indicios de una reacción alérgica severa, fiebre muy alta o cambios de comportamiento.

  Los indicios de una reacción alérgica severa pueden incluir urticaria, hinchazón de la cara y de la garganta, dificultad para respirar, frecuencia cardíaca rápida, mareos y debilidad. Estos indicios podrían comenzar entre algunos minutos y algunas horas después de la aplicación de la vacuna.

¿Qué debo hacer?

- Si cree que es una reacción alérgica severa u otra emergencia que no puede esperar, lleve a la persona al hospital más cercano o llame al 911. De lo contrario, llame a su médico.
- Luego, debe reportarse la reacción al "Sistema de Notificación de Reacciones Adversas a las Vacunas" (Vaccine Adverse Event Reporting System, VAERS). Su médico podría presentar este reporte o puede hacerlo usted a través del sitio web del VAERS en **www.vaers.hhs.gov** o bien llamando al **1-800-822-7967**.

El VAERS se utiliza únicamente para reportar reacciones. No se proporciona asesoramiento médico.

6 Programa Nacional de Compensación por Lesiones ocasionadas por Vacunas

En 1986, se creó el Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas (National Vaccine Injury Compensation Program, VICP).

Las personas que creen que pueden haberse lesionado a causa de una vacuna pueden obtener más información acerca del programa y acerca de cómo presentar una reclamación llamando al **1-800-338-2382** o visitando el sitio web del VICP en **www.hrsa.gov/vaccinecompensation**.

7 ¿Cómo puedo obtener más información?

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

Vaccine Information Statement (Interim)

PCV13 Vaccine

2 / 27 / 2013 Spanish

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Translation provided by the Immunization Action Coalition

Polio Vaccine

What You Need to Know

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

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

1 What is polio?

Polio is a disease caused by a virus. It enters the body through the mouth. Usually it does not cause serious illness. But sometimes it causes paralysis (can't move arm or leg), and it can cause meningitis (irritation of the lining of the brain). It can kill people who get it, usually by paralyzing the muscles that help them breathe.

Polio used to be very common in the United States. It paralyzed and killed thousands of people a year before we had a vaccine.

2 Why get vaccinated?

Inactivated Polio Vaccine (IPV) can prevent polio.

History: A 1916 polio epidemic in the United States killed 6,000 people and paralyzed 27,000 more. In the early 1950's there were more than 25,000 cases of polio reported each year. Polio vaccination was begun in 1955. By 1960 the number of reported cases had dropped to about 3,000, and by 1979 there were only about 10. The success of polio vaccination in the U.S. and other countries has sparked a world-wide effort to eliminate polio.

Today: Polio has been eliminated from the United States. But the disease is still common in some parts of the world. It would only take one person infected with polio virus coming from another country to bring the disease back here if we were not protected by vaccine. If the effort to eliminate the disease from the world is successful, some day we won't need polio vaccine. Until then, we need to keep getting our children vaccinated.

3 Who should get polio vaccine and when?

IPV is a shot, given in the leg or arm, depending on age. It may be given at the same time as other vaccines.

Children

Children get 4 doses of IPV, at these ages:

- A dose at 2 months
- A dose at 4 months
- A dose at 6-18 months
- A booster dose at 4-6 years

Some "combination" vaccines (several different vaccines in the same shot) contain IPV. Children getting these vaccines may get one more (5th) dose of polio vaccine. This is not a problem.

Adults

Most adults 18 and older do not need polio vaccine because they were vaccinated as children. But some adults are at higher risk and should consider polio vaccination:

(1) people traveling to areas of the world where polio is common,
(2) laboratory workers who might handle polio virus, and
(3) health care workers treating patients who could have polio.

Adults in these three groups:

- who have **never been vaccinated against polio** should get 3 doses of IPV:
  - Two doses separated by 1 to 2 months, and
  - A third dose 6 to 12 months after the second.
- who have had **1 or 2 doses** of polio vaccine in the past should get the remaining 1 or 2 doses.

It doesn't matter how long it has been since the earlier dose(s).

- who have had **3 or more doses** of polio vaccine in the past may get a booster dose of IPV.

Your doctor can give you more information.

4 Some people should not get IPV or should wait.

These people should not get IPV:

- Anyone with a life-threatening allergy to any component of IPV, including the antibiotics neomycin, streptomycin or polymyxin B, should not get polio vaccine. Tell your doctor if you have any severe allergies.
- Anyone who had a severe allergic reaction to a previous polio shot should not get another one.

These people should wait:

- Anyone who is moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting polio vaccine. People with minor illnesses, such as a cold, may be vaccinated.

Ask your doctor for more information.

5 What are the risks from IPV?

Some people who get IPV get a sore spot where the shot was given. IPV has not been known to cause serious problems, and most people don't have any problems at all with it.

However, any medicine could cause a serious side effect, such as a severe allergic reaction or even death. The risk of polio vaccine causing serious harm is extremely small.

6 What if there is a moderate or severe problem?

What should I look for?

- Look for any unusual condition, such as a serious allergic reaction, high fever, or unusual behavior.

If a serious allergic reaction occurred, it would happen within a few minutes to a few hours after the shot. Signs of a serious allergic reaction can include difficulty breathing, weakness, hoarseness or wheezing, a fast heart beat, hives, dizziness, paleness, or swelling of the throat.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

  Or you can file this report through the VAERS website at **www.vaers.hhs.gov** or by calling **1-800-822-7967**.

  VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

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

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

8 How can I learn more?

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

DECLARACIÓN DE INFORMACIÓN SOBRE VACUNAS

Vacuna contra la polio

Lo que usted necesita saber

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

Las hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite http://www.immunize.org/vis.

1 ¿Qué es la polio?

La polio es una enfermedad causada por un virus. Entra en el cuerpo a través de la boca. Por lo general no causa una enfermedad grave, pero a veces causa parálisis (no poder mover un brazo o una pierna) y puede causar meningitis (irritación del recubrimiento del cerebro). Puede matar a las personas que se contagian, por lo general al paralizar los músculos que las ayudan a respirar.

La polio solía ser muy común en los Estados Unidos. Paralizó y mató a miles de personas un año antes de que tuviéramos una vacuna.

2 ¿Por qué es necesario vacunarse?

La vacuna inactivada contra la polio (Inactivated Polio Vaccine, IPV) puede prevenir la polio.

Historia: en 1916 una epidemia de polio en los Estados Unidos mató a 6,000 personas y paralizó a 27,000 más. A principios de la década de 1950 se reportaban más de 25,000 casos de polio cada año. La vacuna contra la polio comenzó en 1955. Para 1960 el número de casos reportados había bajado a alrededor de 3,000 y para 1979 solo había alrededor de 10. El éxito de la vacuna contra la polio en los EE. UU. y en otros países ha desencadenado un esfuerzo a nivel mundial para eliminar la polio.

En la actualidad: la polio ha sido eliminada de los Estados Unidos, no obstante la enfermedad sigue siendo común en algunas partes del mundo. Solo se necesitaría que una persona infectada con el virus de la polio llegara de otro país para que trajera la enfermedad de regreso si no estuviéramos protegidos por la vacuna. Si el esfuerzo para eliminar la enfermedad del mundo tiene éxito, algún día no necesitaremos la vacuna contra la polio. Hasta que eso suceda, necesitamos seguir vacunado a nuestros hijos.

3 ¿Quién debe vacunarse contra la polio y cuándo?

La IPV es una inyección que se aplica en la pierna o en el brazo dependiendo de la edad. Puede aplicarse al mismo tiempo que otras vacunas.

Niños

Los niños reciben 4 dosis de la IPV, a las siguientes edades:

- Una dosis a los 2 meses
- Una dosis a los 4 meses
- Una dosis a los 6-18 meses
- Una dosis de refuerzo a los 4-6 años

Algunas vacunas "combinadas" (varias vacunas diferentes en la misma inyección) contienen la IPV. Los niños que reciben estas vacunas pueden recibir una dosis más (5ª) de la vacuna contra la polio. Esto no representa un problema.

Adultos

La mayoría de los adultos de 18 años y mayores no necesitan la vacuna contra la polio porque fueron vacunados cuando eran niños. Pero algunos adultos están en mayor riesgo y deben considerar aplicarse la vacuna contra la polio:

(1) personas que viajan a áreas del mundo en donde la polio es común,
(2) trabajadores de laboratorios que podrían manipular el virus de la polio, y
(3) trabajadores de la salud que atienden a pacientes que podrían tener polio.

Los adultos en estos tres grupos:

- que nunca **han sido vacunados contra la polio** deben aplicarse 3 dosis de la IPV:
  - Dos dosis con un periodo de separación de entre 1 y 2 meses y
  - Una tercera dosis entre 6 y 12 meses después de la segunda.
- que se hayan aplicado **1 o 2 dosis** de la vacuna contra la polio en el pasado deben aplicarse 1 o 2 dosis restantes. No importa cuánto tiempo haya pasado desde la(s) primera(s) dosis.

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

• que se hayan aplicado **3 o más dosis** de la vacuna contra la polio en el pasado pueden aplicarse una dosis de refuerzo de la IPV.

Su médico puede proporcionarle más información.

4 Algunas personas no deben aplicarse la IPV o deben esperar.

Las siguientes personas no deben aplicarse la IPV:

- Personas que presenten una alergia, que pueda poner en peligro la vida, a alguno de los componentes de la IPV, incluyendo los antibióticos neomicina, estreptomicina o polimixina B, no deberán aplicarse la vacuna contra la polio. Informe a su médico si ha tenido alguna alergia severa.
- Personas que hayan tenido una reacción alérgica a una inyección contra la polio no deben aplicarse otra.

Estas personas deben esperar:

- Personas con una enfermedad moderada o severa en el momento en que esté programada la vacunación por lo general deben esperar hasta recuperarse antes de aplicarse la vacuna contra la polio. Las personas con enfermedades menores, como gripe, pueden vacunarse.

Consulte a su médico para obtener más información.

5 ¿Cuáles son los riesgos de la IPV?

A algunas personas que se aplican la IPV les aparece un área sensible en donde se aplicó la inyección. No se conocen problemas graves causados por la IPV, y la mayoría de las personas no tienen problemas con ella.

Sin embargo, cualquier medicina puede causar un efecto secundario grave, como una reacción alérgica severa o incluso la muerte. El riesgo de que la vacuna contra la polio cause lesiones graves es extremadamente pequeño.

6 ¿Qué hago si se presenta un problema moderado o severo?

¿De qué debo estar pendiente?

- Busque todo signo inusual, como una reacción alérgica severa, fiebre alta o cambios inusuales en la conducta.

Si ocurriera una reacción alérgica severa, esta debería presentarse en cuestión de minutos y hasta unas cuantas horas después de la inyección. Los signos de una reacción alérgica grave pueden incluir dificultad para respirar, debilidad, ronquera o jadeos, pulso acelerado, urticaria, mareos, palidez o hinchazón de la garganta.

¿Qué debo hacer?

- **Llame** a un médico o lleve a la persona al médico de inmediato.
- **Dígale** al médico lo que ocurrió, la fecha y la hora en la que ocurrió, y cuándo le pusieron la vacuna.
- **Pídale** a su médico que reporte la reacción presentando un formulario del Sistema de reporte de eventos adversos derivados de las vacunas (Vaccine Adverse Event Reporting System, VAERS).

  O puede presentar este reporte a través del sitio web de VAERS en **www.vaers.hhs.gov** o llamando al **1-800-822-7967**.

  El VAERS no ofrece consejos médicos.

7 Programa Nacional de Compensación por Lesiones ocasionadas por Vacunas

En 1986 se creó el Programa Nacional de Compensación por Lesiones ocasionadas por acunas (National Vaccine Injury Compensation Program, VICP).

Las personas que consideren que pueden haber resultado lesionadas por una vacuna pueden informarse sobre el programa y sobre cómo presentar una reclamación llamando al **1-800-338-2382** o visitando el sitio web del VICP en **www.hrsa.gov/vaccinecompensation**.

8 ¿Dónde puedo obtener más información?

- Pregúntele a su médico. Ellos pueden darle el folleto informativo de la vacuna o sugerirle otras fuentes de información.
- Llame al departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC):
  - Llame al **1-800-232-4636 (1-800-CDC-INFO)** o visite el sitio web de los CDC en **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)

Polio Vaccine

11/8/2011 Spanish

Office Use Only

42 U.S.C. § 300aa-26

Translation provided by the Immunization Action Coalition

VACCINE INFORMATION STATEMENT

Rotavirus Vaccine

What You Need to Know

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

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

1 Why get vaccinated?

Rotavirus is a virus that causes diarrhea, mostly in babies and young children. The diarrhea can be severe, and lead to dehydration. Vomiting and fever are also common in babies with rotavirus.

Before rotavirus vaccine, rotavirus disease was a common and serious health problem for children in the United States. Almost all children in the U.S. had at least one rotavirus infection before their 5th birthday.

Every year:

- more than 400,000 young children had to see a doctor for illness caused by rotavirus,
- more than 200,000 had to go to the emergency room,
- 55,000 to 70,000 had to be hospitalized, and
- 20 to 60 died.

Rotavirus vaccine has been used since 2006 in the United States. Because children are protected by the vaccine, hospitalizations, and emergency visits for rotavirus have dropped dramatically.

2 Rotavirus vaccine

Two brands of rotavirus vaccine are available. Your baby will get either 2 or 3 doses, depending on which vaccine is used.

Doses of rotavirus vaccine are recommended at these ages:

- First Dose: 2 months of age
- Second Dose: 4 months of age
- Third Dose: 6 months of age (if needed)

Rotavirus vaccine is a liquid that is swallowed, not a shot.

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

Rotavirus vaccine is very good at preventing diarrhea and vomiting caused by rotavirus. Almost all babies who get rotavirus vaccine will be protected from **severe** rotavirus diarrhea. And most of these babies will not get rotavirus diarrhea at all. The vaccine will not prevent diarrhea or vomiting caused by other germs.

Another virus called porcine circovirus (or parts of it) can be found in both rotavirus vaccines. This is not a virus that infects people, and there is no known safety risk. For more information, see **www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm205547.htm**.

3 Some babies should not get this vaccine

- A baby who has had a severe (life-threatening) allergic reaction to a dose of rotavirus vaccine should not get another dose.

  A baby who has a severe (life threatening) allergy to any component of rotavirus vaccine should not get the vaccine.

  Tell your doctor if your baby has any severe allergies that you know of, including a severe allergy to latex.
- Babies with "severe combined immunodeficiency" (SCID) should not get rotavirus vaccine.
- Babies who have had a type of bowel blockage called "intussusception" should not get rotavirus vaccine.
- Babies who are mildly ill can probably get the vaccine today. Babies who are moderately or severely ill should probably wait until they recover. This includes babies with moderate or severe diarrhea or vomiting.
- Check with your doctor if your baby's immune system is weakened because of:
  - HIV/AIDS, or any other disease that affects the immune system
  - treatment with drugs such as long-term steroids
  - cancer, or cancer treatment with x-rays or drugs

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Centers for Disease Control and Prevention

4 Risks of a vaccine reaction

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

Serious side effects are also possible, but are very rare.

Most babies who get rotavirus vaccine do not have any problems with it. But some problems have been associated with rotavirus vaccine:

Mild problems

Babies might become irritable, or have mild, temporary diarrhea or vomiting after getting a dose of rotavirus vaccine.

Serious problems

Intussusception is a type of bowel blockage that is treated in a hospital, and could require surgery. It happens "naturally" in some babies every year in the United States, and usually there is no known reason for it.

There is also a small risk of intussusception from rotavirus vaccination, usually within a week after the 1st or 2nd vaccine dose. This additional risk is estimated to range from about 1 in 20,000 U.S. infants to 1 in 100,000 U.S. infants who get rotavirus vaccine. Your doctor can give you more information.

5 What if there is a serious reaction?

What should I look for?

- For **intussusception**, look for signs of stomach pain along with severe crying. Early on, these episodes could last just a few minutes and come and go several times in an hour. Babies might pull their legs up to their chest.

  Your baby might also vomit several times or have blood in the stool, or could appear weak or very irritable. These signs would usually happen during the first week after the 1st or 2nd dose of rotavirus vaccine, but look for them any time after vaccination.

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

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

What should I do?

- If you think it is **intussusception**, call a doctor right away. If you can't reach your doctor, take your baby to a hospital. Tell them when your baby got the vaccine.
- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get your baby to the nearest hospital.
- Afterward, the reaction should be reported to the "Vaccine Adverse Event Reporting System" (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

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

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

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

HOJA DE INFORMACIÓN SOBRE VACUNAS

Vacuna contra el rotavirus

Lo que usted necesita saber

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

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

1 ¿Por qué es necesario vacunarse?

El rotavirus es un virus que causa diarrea, principalmente en bebés y niños pequeños. La diarrea puede ser severa, y provoca deshidratación. Los vómitos y la fiebre también son comunes en bebés con rotavirus.

Antes de que existiera la vacuna, la enfermedad del rotavirus era un problema de salud grave y común para los niños en los Estados Unidos. La mayoría de los niños en los Estados Unidos tuvo, al menos, una infección por rotavirus antes de cumplir los 5 años.

Cada año:

- más de 400,000 niños pequeños acudieron a un médico por enfermedades provocadas por el rotavirus,
- más de 200,000 acudieron a salas de emergencias,
- entre 55,000 y 70,000 fueron hospitalizados, y
- entre 20 y 60 murieron.

La vacuna contra el rotavirus es utilizada en los Estados Unidos desde el año 2006. Debido a que los niños están protegidos por la vacuna, las hospitalizaciones y las visitas de emergencia por rotavirus han disminuido considerablemente.

2 Vacuna contra el rotavirus

Hay dos marcas de vacunas contra el rotavirus disponibles. Su bebé recibirá 2 o 3 dosis, según la vacuna que se utilice.

Se recomiendan las dosis de la vacuna contra el rotavirus en estas edades:

- Primera dosis: 2 meses de edad
- Segunda dosis: 4 meses de edad
- Tercera dosis: 6 meses de edad (si es necesario)

La vacuna contra el rotavirus es un líquido que se toma por vía oral, no una inyección.

La vacuna contra el rotavirus puede administrarse en forma segura al mismo tiempo que otras vacunas.

La vacuna contra el rotavirus es muy eficaz para evitar la diarrea y los vómitos que provoca este virus. Casi todos los bebés que reciben esta vacuna estarán protegidos contra la diarrea **severa** provocada por el rotavirus. Y la mayoría de estos bebés no tendrán diarrea por rotavirus. La vacuna no evitará la diarrea o los vómitos provocados por otros gérmenes.

Otro virus llamado circovirus porcino (o algunas partes de este) se pueden encontrar en ambas vacunas contra el rotavirus. Este no es un virus que infecta a las personas, y no se conocen riesgos de seguridad. Para obtener más información, consulte **www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm205547.htm**.

3 Algunos bebés no deben recibir esta vacuna

- Un bebé que haya tenido una reacción alérgica severa (que haya puesto en riesgo su vida) a una dosis de la vacuna contra el rotavirus no debería recibir otra dosis.

  Un bebé que tenga una alergia severa (que ponga en riesgo su vida) a algún componente de la vacuna contra el rotavirus no debería recibir la vacuna.

  Informe a su médico en caso de que sepa que su bebé tiene alguna alergia severa, incluida una alergia severa al látex.

- Los bebés con "inmunodeficiencia combinada severa" (Severe Combined Immunodeficiency, SCID) no deben recibir la vacuna contra el rotavirus.
- Los bebés que hayan tenido un tipo de obstrucción intestinal llamada "invaginación intestinal" no deben recibir la vacuna contra el rotavirus.
- Los bebés que se encuentran ligeramente enfermos posiblemente puedan recibir la vacuna hoy. Los bebés que tienen una enfermedad moderada o severa posiblemente deban esperar hasta su recuperación. Esto incluye a bebés con diarrea o vómitos moderados o severos.
- Consulte a su médico si el sistema inmunitario de su bebé está debilitado a causa de:
  - VIH/SIDA u otra enfermedad que afecta el sistema inmunitario;
  - un tratamiento con drogas, como esteroides a largo plazo; o
  - cáncer, o tratamiento contra el cáncer con radiografías o drogas.

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

4 Riesgos de una reacción a la vacuna

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

También es posible que se produzcan efectos secundarios graves, pero son muy poco frecuentes.

La mayoría de los bebés que reciben la vacuna contra el rotavirus no tienen ningún tipo de problema con ella. Sin embargo, algunos problemas se han asociado con la vacuna contra el rotavirus:

Problemas leves

Los bebés pueden presentar irritabilidad, o tener diarrea o vómitos leves y temporales luego de recibir una dosis de la vacuna contra el rotavirus.

Problemas graves

La **invaginación intestinal** es un tipo de obstrucción intestinal que se trata en un hospital, y puede necesitar cirugía. Sucede "naturalmente" en algunos bebés cada año en los Estados Unidos, y en general no se conoce la razón por la cual se produce.

Existe también un riesgo pequeño de invaginación intestinal por la vacuna contra el rotavirus, generalmente la semana siguiente a la 1.ª o 2.ª dosis de la vacuna. Se estima que este riesgo adicional oscila entre 1 en 20,000 bebés y 1 en 100,000 bebés estadounidenses que reciben la vacuna contra el rotavirus. Su médico puede proporcionarle más información.

5 ¿Qué hago si ocurre una reacción grave?

¿A qué debo prestar atención?

- Para la **invaginación intestinal**, preste atención a dolores en el estómago junto con llanto severo. Al principio, estos episodios pueden durar apenas unos pocos minutos y aparecer y desaparecer varias veces en una hora. Los bebes pueden flexionar las piernas hacia el pecho.

  Es posible que su bebé también vomite varias veces, que se muestre muy irritable o débil, o aparezca sangre en las heces. Estos signos generalmente podrían aparecer durante la primera semana luego de la 1.ª o 2.ª dosis de la vacuna contra el rotavirus. Sin embargo, preste atención a estos indicios en cualquier momento después de la aplicación de la vacuna.
- Preste atención a todo lo que le preocupe, como signos de una reacción alérgica severa, fiebre muy alta o cambios de comportamiento.

  Los signos de una **reacción alérgica severa** pueden incluir urticaria, hinchazón de la cara y la garganta, dificultad para respirar, pulso acelerado, mareos y debilidad. Estos podrían comenzar entre algunos minutos y algunas horas después de la vacunación.

¿Qué debo hacer?

- Si cree que es una **invaginación intestinal**, llame a un médico de inmediato. Si no puede comunicarse con su médico, lleve a su bebé a un hospital. Infórmeles sobre cuándo su bebé recibió la vacuna.
- Si piensa que es una reacción alérgica severa u otra emergencia que no puede esperar, llame al 9-1-1 o lleve a su bebé al hospital más cercano.
- Luego, la reacción debe ser reportada al "Sistema de reporte de eventos adversos derivados de las vacunas" (Vaccine Adverse Event Reporting System, VAERS). Su médico puede presentar este reporte, o puede hacerlo usted mismo a través del sitio web del VAERS en **www.vaers.hhs.gov**, o llamando al **1-800-822-7967**.

El VAERS se utiliza únicamente para reportar reacciones. No se proporciona asesoramiento médico.

6 Programa Nacional de Compensación por Lesiones ocasionadas por Vacunas

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

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

7 ¿Dónde puedo obtener más información?

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

Vaccine Information Statement (Interim)
Rotavirus Vaccine

08/26/2013 Spanish

42 U.S.C. § 300aa-26

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Translation provided by the Immunization Action Coalition

VACCINE INFORMATION STATEMENT

Tdap Vaccine (Tetanus, Diphtheria, and Pertussis)

What You Need to Know

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

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

1 Why get vaccinated?

Tetanus, diphtheria and **pertussis** can be very serious diseases, even for adolescents and adults. Tdap vaccine can protect us from these diseases.

TETANUS (Lockjaw) causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 5 people who are infected.

DIPHTHERIA can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, the United States saw as many as 200,000 cases a year of diphtheria and pertussis, and hundreds of cases of tetanus. Since vaccination began, tetanus and diphtheria have dropped by about 99% and pertussis by about 80%.

2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for health care professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during *every* pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

A similar vaccine, called Td, protects from tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have not already gotten a dose. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor can give you more information.

Tdap may safely be given at the same time as other vaccines.

3 Some people should not get this vaccine

- If you ever had a life-threatening allergic reaction after a dose of any tetanus, diphtheria, or pertussis containing vaccine, OR if you have a severe allergy to any part of this vaccine, you should not get Tdap. Tell your doctor if you have any severe allergies.
- If you had a coma, or long or multiple seizures within 7 days after a childhood dose of DTP or DTaP, you should not get Tdap, unless a cause other than the vaccine was found. You can still get Td.
- Talk to your doctor if you:
  - have epilepsy or another nervous system problem,
  - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
  - ever had Guillain-Barré Syndrome (GBS),
  - aren't feeling well on the day the shot is scheduled.

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

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Brief **fainting spells** can follow a vaccination, leading to injuries from falling. Sitting or lying down for about 15 minutes can help prevent these. Tell your doctor if you feel dizzy or light-headed, or have vision changes or ringing in the ears.

Mild problems following Tdap

(Did not interfere with activities)

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, body aches, sore joints, rash, swollen glands (uncommon)

Moderate problems following Tdap

(Interfered with activities, but did not require medical attention)

- Pain where the shot was given (about 1 in 5 adolescents or 1 in 100 adults)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 25 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 3 in 20 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 3 in 100).

Severe problems following Tdap

(Unable to perform usual activities; required medical attention)

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

A **severe allergic reaction** could occur after any vaccine (estimated less than 1 in a million doses).

5 What if there is a serious reaction?

What should I look for?

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

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

What should I do?

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

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

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

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

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** or visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)

Tdap Vaccine

05/09/2013

42 U.S.C. § 300aa-26

Office Use Only

DECLARACIÓN DE INFORMACIÓN SOBRE VACUNAS

Vacuna Td o Tdap (Tétanos-Difteria o Tétanos-Difteria-Tos ferina)

Lo que usted necesita saber

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

Las hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite http://www.immunize.org/vis.

1 ¿Por qué es necesario vacunarse?

El tétanos, la **difteria** y la **tos ferina** pueden ser enfermedades muy graves.

El TÉTANOS (trismo) causa espasmos musculares dolorosos y rigidez, por lo general en todo el cuerpo.
- Puede resultar en tensión de los músculos de la cabeza y del cuello por lo que la víctima no puede abrir la boca ni tragar, y a veces incluso no puede respirar. El tétanos mata aproximadamente a 1 de cada 5 personas infectadas.

La DIFTERIA puede ocasionar que una membrana gruesa cubra la parte posterior de la garganta,
- lo cual puede resultar en problemas para respirar, parálisis, insuficiencia cardíaca e incluso la muerte.

La TOS FERINA (tos convulsiva) causa accesos de tos severos que pueden resultar en dificultad para respirar, vómitos y alteraciones del sueño.
- Puede dar lugar a pérdida de peso, incontinencia, fractura de costillas y desmayos por la tos violenta. Hasta 2 de cada 100 adolescentes y 5 de cada 100 adultos con tos ferina son hospitalizados o tienen complicaciones, incluyendo pulmonía y la muerte.

Estas tres enfermedades son causadas por bacterias. La difteria y la tos ferina se contagian de persona a persona. El tétanos entra en el cuerpo a través de cortadas, raspones o heridas.

En los Estados Unidos se presentaban hasta 200,000 casos al año de difteria y tos ferina antes de que las vacunas estuvieran disponibles, y centenares de casos de tétanos. Desde entonces, los casos de tétanos y difteria se han reducido aproximadamente hasta un 99% y los casos de tos ferina hasta un 92%.

Los niños de 6 años y menores reciben la vacuna **DTaP** para protegerlos contra estas tres enfermedades. Pero los niños más grandes, adolescentes y adultos también necesitan protección.

2 Vacunas para adolescentes y adultos: Td y Tdap

Existen dos vacunas disponibles para proteger a las personas de 7 años de edad y mayores de estas enfermedades:
- **La vacuna Td** se ha usado desde hace muchos años. Protege contra el tétanos y la difteria.
- **La vacuna Tdap** fue autorizada en 2005. Es la primera vacuna para adolescentes y adultos que protege contra la tos ferina, el tétanos y la difteria.

Se recomienda una dosis de refuerzo de la vacuna Td cada 10 años. La Tdap se aplica solo una vez.

3 ¿Cuál vacuna y cuándo?

Entre los 7 y los 18 años de edad
- Se recomienda una dosis de Tdap a los 11 o 12 años. Esta dosis podría ser administrada a niños desde 7 años que se saltaron una o más dosis infantiles de DTaP.
- Los niños y adolescentes que no recibieron la serie completa de inyecciones de DTaP cuando tenían 7 años deben completar la serie con una combinación de Td y Tdap.

Personas de 19 años y mayores
- Todos los adultos deben aplicarse una dosis de refuerzo de Td cada 10 años. Los adultos menores de 65 años que nunca hayan recibido la Tdap deben aplicarse una dosis de Tdap como su próxima dosis de refuerzo. Los adultos de 65 años y mayores *pueden* aplicarse una dosis de refuerzo de Tdap.
- Los adultos (incluidas las mujeres que tengan la posibilidad de quedar embarazadas y los adultos de 65 años y mayores) que esperan estar en contacto cercano con un bebé de menos de 12 meses de edad deberán recibir una dosis de Tdap con el fin de proteger al bebé de la tos ferina.
- Los profesionales de atención médica que tengan contacto directo con pacientes en hospitales o clínicas deben recibir una dosis de Tdap.

Protección después de una herida
- Es posible que una persona que sufra una cortada o quemadura severa necesite una dosis de Td o Tdap para evitar una infección por tétanos. Se debe aplicar la vacuna Tdap en cualquier persona que nunca antes haya recibido una dosis. Se debe aplicar la vacuna Td si la vacuna Tdap no está disponible o en:
  - cualquier persona que ya haya recibido una dosis de Tdap,
  - niños de 7 a 9 años de edad que hayan completado la serie de DTaP infantil, o
  - adultos de 65 años y mayores.

Mujeres embarazadas
- Las mujeres embarazadas que nunca se hayan aplicado una dosis de Tdap deben aplicarse una, después de las 20 semanas de gestación y de preferencia durante el tercer trimestre. Si no se aplican la vacuna Tdap durante el embarazo, deberán aplicarse una dosis tan pronto como sea posible después del parto. Las mujeres embarazadas que ya antes se hayan aplicado la vacuna Tdap y necesiten una vacuna contra el tétanos o contra la difteria mientras están embarazadas deben aplicarse la vacuna Td.

La vacuna Tdap o Td pueden aplicarse al mismo tiempo que otras vacunas.

4 Algunas personas no deben vacunarse o deben esperar

- Cualquier persona que haya presentado una reacción alérgica después de la aplicación de una dosis de cualquier vacuna contra el tétanos, la difteria o la tos ferina no debe aplicarse la Td ni la Tdap.
- Cualquier persona que tenga alergia severa a cualquiera de los componentes de una vacuna no deberá aplicarse esa vacuna. Informe a su médico si la persona a la que se le aplicará la vacuna tiene alguna alergia severa.
- Cualquier persona que haya estado en coma, o que haya tenido convulsiones largas o múltiples dentro de los deberá aplicarse la vacuna Tdap, a menos que se haya encontrado una causa diferente a la vacuna. Estas personas pueden aplicarse la vacuna Td.
- Informe a su médico si la persona que se aplicará alguna de las vacunas:
  - tiene epilepsia u otro problema del sistema nervioso,
  - tuvo hinchazón severa o dolor severo después de una dosis previa de de las vacunas DTP, DTaP, DT, Td o Tdap, o
  - tuvo síndrome de Guillain Barré (GBS).

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

Cualquier persona que tenga una enfermedad moderada o severa el día en que esté programada la aplicación de la vacuna por lo general debe esperar hasta recuperarse antes de ponerse la vacuna Tdap o Td. Por lo general, una persona con una enfermedad leve o con poca fiebre puede vacunarse.

5 ¿Cuáles son los riesgos de las vacunas Tdap y Td?

Con una vacuna, como con cualquier medicina, siempre hay un pequeño riesgo de reacción alérgica que pueda poner en peligro la vida u ocasionar otro problema grave.

Después de cualquier procedimiento médico, incluida la vacunación, pueden presentarse desmayos y síntomas relacionados (como movimientos espasmódicos repentinos). Sentarse o acostarse durante unos 15 minutos después de una vacunación puede ayudar a evitar desmayos y lesiones causadas por caídas. Informe a su médico si el paciente se siente mareado o aturdido, o si tiene cambios en la visión o zumbido en los oídos.

Es mucho más probable que al contraer la enfermedad de tétanos, difteria o tos ferina se produzcan problemas mucho más severos que al ponerse las vacunas Td o Tdap.

Los problemas reportados después de las vacunas Td y Tdap se enumeran a continuación.

Problemas leves
(Perceptible, pero no interfirió con las actividades normales)

Tdap
- Dolor (aproximadamente 3 de cada 4 adolescentes y 2 de cada 3 adultos)
- Enrojecimiento o hinchazón en el lugar de la inyección (aproximadamente 1 de cada 5)
- Fiebre leve de por lo menos 38 °C o 100.4 °F (hasta en 1 de cada 25 adolescentes y 1 de cada 100 adultos)
- Dolor de cabeza (aproximadamente 4 de cada 10 adolescentes y 3 de cada 10 adultos)
- Cansancio (aproximadamente 1 de cada 3 adolescentes y 1 de cada 4 adultos)
- Náuseas, vómitos, diarrea, dolor de estómago (hasta en 1 de cada 4 adolescentes y 1 de cada 10 adultos)
- Escalofríos, dolores corporales, dolores en las articulaciones, erupción, hinchazón de los ganglios (poco frecuentes)

Td
- Dolor (hasta en 8 de cada 10)
- Enrojecimiento o hinchazón en el lugar de la inyección (aproximadamente 1 de cada 3)
- Fiebre leve (hasta en 1 de cada 15)
- Dolor de cabeza o cansancio (poco frecuente)

Problemas moderados
(Interfirieron con las actividades, pero no requieren atención médica)

Tdap
- Dolor en el lugar de la inyección (aproximadamente 1 de cada 20 adolescentes y 1 de cada 100 adultos)
- Enrojecimiento o hinchazón en el lugar de la inyección (aproximadamente 1 de cada 16 adolescentes y 1 de cada 25 adultos)
- Fiebre de más de 38.8 °C o 102 °F (aproximadamente 1 de cada 100 adolescentes y 1 de cada 250 adultos)
- Dolor de cabeza (1 de cada 300)
- Náuseas, vómitos, diarrea, dolor de estómago (hasta 3 de cada 100 adolescentes y 1 de cada 100 adultos)

Td
- Fiebre de más de 38.8 °C o 102 °F (poco frecuente)

Tdap o Td
- Hinchazón extendida del brazo en donde se aplicó la inyección (hasta en 3 de cada 100).

Problemas severos
(Imposibilidad para realizar actividades usuales; se requirió atención médica)

Tdap o Td
- Hinchazón, dolor severo, sangrado y enrojecimiento del brazo en donde se aplicó la inyección (poco frecuente).

Después de la vacuna podría ocurrir una reacción alérgica severa. Se estima que ocurre menos de una en un millón de dosis.

6 ¿Qué hago si ocurre una reacción severa?

¿De qué debo estar pendiente?
De todo signo inusual, como una reacción alérgica severa o fiebre alta. Si ocurriera una reacción alérgica severa, esta debería presentarse en cuestión de minutos y hasta una hora después de la inyección. Los signos de una reacción alérgica grave pueden incluir **dificultad para respirar**, **debilidad**, **ronquera o jadeos**, **pulso acelerado**, **urticaria**, **mareos**, **palidez** o **hinchazón de la garganta**.

¿Qué debo hacer?
- Llame a un médico o lleve a la persona al médico de inmediato.
- Dígale al médico lo que ocurrió, la fecha y la hora en la que ocurrió, y cuándo le pusieron la vacuna.
- Pídale a su proveedor que reporte la reacción presentando un formulario del Sistema de reporte de eventos adversos derivados de las vacunas (Vaccine Adverse Event Reporting System, VAERS). O puede presentar este reporte a través del sitio web de VAERS en **www.vaers.hhs.gov** o llamando al **1-800-822-7967**.

El VAERS no ofrece consejos médicos.

7 Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas

En 1986 se creó el Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas (National Vaccine Injury Compensation Program, VICP).

Las personas que consideren que pueden haber resultado lesionadas por una vacuna pueden informarse sobre el programa y sobre cómo presentar una reclamación llamando al **1-800-338-2382** o visitando el sitio web del VICP en **www.hrsa.gov/vaccinecompensation**.

8 ¿Dónde puedo obtener más información?

- Su médico puede darle el folleto informativo de la vacuna o sugerirle otras fuentes de información.
- Llame al departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC):
  - Llame al **1-800-232-4636 (1-800-CDC-INFO)** o
  - Visite el sitio web de los CDC en **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)
Td & Tdap Vaccines
1/24/2012 Spanish
Office Use Only
42 U.S.C. § 300aa-26
Translation provided by the Immunization Action Coalition

CHICKENPOX VACCINE

WHAT YOU NEED TO KNOW

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

1 Why get vaccinated?

Chickenpox (also called varicella) is a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults.

- It causes a rash, itching, fever, and tiredness.
- It can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- The chickenpox virus can be spread from person to person through the air, or by contact with fluid from chickenpox blisters.
- A person who has had chickenpox can get a painful rash called shingles years later.
- Before the vaccine, about 11,000 people were hospitalized for chickenpox each year in the United States.
- Before the vaccine, about 100 people died each year as a result of chickenpox in the United States.

Chickenpox vaccine can prevent chickenpox.

Most people who get chickenpox vaccine will not get chickenpox. But if someone who has been vaccinated does get chickenpox, it is usually very mild. They will have fewer blisters, are less likely to have a fever, and will recover faster.

2 Who should get chickenpox vaccine and when?

Routine

Children who have never had chickenpox should get 2 doses of chickenpox vaccine at these ages:

1st Dose: 12-15 months of age

2nd Dose: 4-6 years of age (may be given earlier, if at least 3 months after the 1st dose)

People 13 years of age and older (who have never had chickenpox or received chickenpox vaccine) should get two doses at least 28 days apart.

Catch-Up

Anyone who is not fully vaccinated, and never had chickenpox, should receive one or two doses of chickenpox vaccine. The timing of these doses depends on the person's age. Ask your provider.

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

> Note: A "combination" vaccine called **MMRV**, which contains both chickenpox and MMR vaccines, may be given instead of the two individual vaccines to people 12 years of age and younger.

3 Some people should not get chickenpox vaccine or should wait

- People should not get chickenpox vaccine if they have ever had a life-threatening allergic reaction to a previous dose of chickenpox vaccine or to gelatin or the antibiotic neomycin.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting chickenpox vaccine.
- Pregnant women should wait to get chickenpox vaccine until after they have given birth. Women should not get pregnant for 1 month after getting chickenpox vaccine.
- Some people should check with their doctor about whether they should get chickenpox vaccine, including anyone who:
  - Has HIV/AIDS or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer
  - Has any kind of cancer
  - Is getting cancer treatment with radiation or drugs
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get chickenpox vaccine.

Ask your provider for more information.

4 What are the risks from chickenpox vaccine?

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

Getting chickenpox vaccine is much safer than getting chickenpox disease. Most people who get chickenpox vaccine do not have any problems with it. Reactions are usually more likely after the first dose than after the second.

Mild Problems

- Soreness or swelling where the shot was given (about 1 out of 5 children and up to 1 out of 3 adolescents and adults)
- Fever (1 person out of 10, or less)
- Mild rash, up to a month after vaccination (1 person out of 25). It is possible for these people to infect other members of their household, but this is extremely rare.

Moderate Problems

- Seizure (jerking or staring) caused by fever (very rare).

Severe Problems

- Pneumonia (very rare)

Other serious problems, including severe brain reactions and low blood count, have been reported after chickenpox vaccination. These happen so rarely experts cannot tell whether they are caused by the vaccine or not. If they are, it is extremely rare.

> Note: The first dose of **MMRV** vaccine has been associated with rash and higher rates of fever than MMR and varicella vaccines given separately. Rash has been reported in about 1 person in 20 and fever in about 1 person in 5.
> Seizures caused by a fever are also reported more often after MMRV. These usually occur 5-12 days after the first dose.

5 What if there is a moderate or severe reaction?

What should I look for?

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

What should I do?

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

  VAERS does not provide medical advice.

6 The National Vaccine Injury Compensation Program

A federal program has been created to help people who may have been harmed by a vaccine.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at **www.hrsa.gov/vaccinecompensation**.

7 How can I learn more?

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

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

VACUNA CONTRA LA VARICELA

LO QUE USTED NECESITA SABER

Muchas de las hojas informativas sobre vacunas están disponibles en español y en otros idiomas. Ver http://www.immunize.org/vis.

1 ¿Por qué vacunarse?

La varicela es una enfermedad común de la niñez. Por lo general es leve, pero puede ser seria, especialmente en bebes pequeños y en adultos.

- Causa sarpullido, picazón, fiebre y cansancio.
- Puede conducir a infecciones serias de la piel, cicatrices, neumonía, daño cerebral o la muerte.
- El virus de la varicela se puede transmitir de una persona a otra por el aire o por contacto con el líquido de las ampollas de la varicela.
- Años después, a una persona que tuvo varicela le puede dar un sarpullido doloroso llamado culebrilla.
- Antes de la vacuna, en Estados Unidos cada año unas 11,000 personas eran hospitalizadas por varicela.
- Antes de la vacuna, en Estados Unidos cada año unas 10 personas morían debido a la varicela.

La vacuna contra la varicela puede prevenir la varicela.

A la mayoría de las personas vacunadas contra la varicela no les da varicela. Pero si alguien vacunado se enferma de varicela, por lo general es muy leve. Tendrá menos ampollas, será menos propenso a tener fiebre y se recuperará más pronto.

2 ¿Quiénes deben vacunarse contra la varicela y cuándo?

Rutina

Los niños que nunca tuvieron varicela deben recibir 2 dosis de la vacuna contra la varicela a las siguientes edades:

1a dosis: 12 a 15 meses de edad

2a dosis: 4 a 6 años de edad (se puede dar antes, pero tiene que ser al menos 3 meses después de la la dosis)

Las personas de 13 años de edad o mayores (que nunca tuvieron varicela ni se vacunaron contra la varicela) deben recibir dos dosis, la segunda al menos 28 días después de la primera.

Vacuna para ponerse al día

Cualquier persona que no esté completamente vacunada y que nunca tuvo varicela, debe recibir una o dos dosis de la vacuna contra la varicela. La edad de la persona determina cuando se dan estas dosis. Consulte con su profesional de la salud.

La vacuna contra la varicela se puede dar al mismo tiempo que otras vacunas.

Nota: Una vacuna “combinada” llamada MMRV, la cual contiene tanto la vacuna contra la varicela como la vacuna contra el sarampión, las paperas y la rubéola (MMR), puede ser administrada en lugar de dos vacunas individuales para las personas de 12 años de edad o menos.

3 Algunas personas no deben vacunarse contra la varicela o deben esperar

- No debe vacunarse contra la varicela nadie que haya tenido una reacción alérgica a la gelatina, al antibiótico neomicina o a una dosis anterior de la vacuna contra la varicela, que amenazó su vida.
- Las personas que tengan enfermedades moderadas o graves en el día de la vacuna por lo general deben esperar hasta recuperarse antes de vacunarse contra la varicela.
- Las mujeres embarazadas deben esperar hasta después de haber dado a luz para vacunarse contra la varicela. Las mujeres no deben quedar embarazadas por 1 mes después de haberse vacunado contra la varicela.
- Algunas personas deben consultar con su médico sobre si se deben vacunar contra la varicela, incluyendo a las personas que:
  - tienen VIH/SIDA o alguna otra enfermedad que afecte el sistema inmunológico
  - están en tratamiento con medicamentos que afectan el sistema inmunológico, como esteroides, por 2 semanas o mas
  - tienen cualquier tipo de cáncer
  - están en tratamiento de cáncer con radiación o medicamentos
- Las personas que hace poco tuvieron una transfusión de sangre o recibieron otros productos de la sangre deben preguntar a su médico cuando se pueden vacunar contra la varicela.

Pida más información a su médico o enfermera.

4 ¿Cuales son los riesgos de la vacuna contra la varicela?

Vacunarse contra la varicela es mucho menos peligroso que tener la enfermedad. La mayoría de las personas que se vacunan contra la varicela no tienen ningún problema con la vacuna.

Sin embargo, las vacunas, como cualquier medicamento, pueden causar problemas serios, como reacciones alergicas graves. El riesgo de que la vacuna contra la varicela cause un daño serio, o la muerte, es sumamente pequeño.

Problemas leves

- Dolor o hinchazón en el lugar donde se aplico la inyección (cerca de 1 de cada 5 niños y hasta 1 de cada 3 adolescentes y adultos)
- Fiebre (1 persona de cada 10, 6 menos)
- Un sarpullido leve hasta un mes despues de la vacuna (1 persona de cada 20, 6 menos). Es posible que estas personas infecten a otras personas que viven con ellas, pero esto ocurre muy rara vez.

Problemas moderados

- Convulsiones (ataques de sacudidas del cuerpo y fijación de la mirada) causadas por fiebre (menos de 1 persona de cada 1,000).

Problemas graves

- Neumonía (ocurre muy rara vez)

Después de la aplicación de la vacuna contra la varicela se han informado otros problemas serios, incluyendo reacciones cerebrales graves y bajo recuento sanguíneo. Estos problemas ocurren tan rara vez que los expertos no pueden decir si fueron causados o no por la vacuna. Si son causados por ella, es algo que ocurre muy rara vez.

Nota: La primera dosis de la vacuna MMRV se ha relacionado con sarpullido e índices más elevados de fiebre que las vacunas contra MMR y contra la varicela administradas por separado. Se ha reportado sarpullido en alrededor de 1 persona de cada 20 y fiebre en alrededor de 1 persona de cada 5. Las convulsiones causadas por fiebre también se reportan más frecuentemente después de recibir la vacuna MMRV. Por lo general, esto ocurre entre los 5 y 12 días después de la primera dosis.

5 ¿Qué pasa si hay una reacción moderada o grave?

¿A qué debo prestar atención?

- Preste atención a cualquier cosa fuera de lo común, como fiebre alta o cambios en el comportamiento. Los signos de reacción alérgica seria pueden incluir dificultad para respirar, ronquera o sibilancias, urticaria, palidez, debilidad, latidos rápidos del corazón o mareos.

¿Qué debo hacer?

- **Llame** a un médico o lleve a la persona inmediatamente a un medico.
- **Diga** al médico lo que ocurrió, la fecha y la hora en que ocurrió y cuando recibió la vacuna.
- **Pida** a su médico, enfermera o departamento de salud que informe la reacción presentando un formulario del Sistema de Información sobre Eventos Adversos a una Vacuna (VAERS).

  O puede presentar este informe mediante el sitio web de VAERS, en **www.vaers.hhs.gov**, o llamando al **1-800-822-7967**.

  VAERS no proporciona consejos médicos.

6 El Programa Nacional de Compensación por Lesiones Causadas por las Vacunas

Se creó un programa federal para ayudar a las personas que hayan podido ser lesionadas por una vacuna.

Para detalles sobre el Programa Nacional de Compensación por Lesiones Causadas por las Vacunas, llame al **1-800-338-2382** ó visite su sitio web, en **www.hrsa.gov/vaccinecompensation**.

7 ¿Cómo puedo obtener más información?

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

DEPARTMENT OF HEALT-H AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Vaccine Information Statement (Interim)
Varicella Vaccine (3/13/08) Spanish 42 U.S.C. §300aa-26

Translation provided the Department of Human Services, Oregon Immunization Program.

VACCINE INFORMATION STATEMENT

Your Baby's First Vaccines

What You Need to Know

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

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

Your baby will get these vaccines today:

- ☐ DTaP
- ☐ Hib
- ☐ Hepatitis B
- ☐ Polio
- ☐ Rotavirus
- ☐ PCV13

(Provider: Check appropriate boxes.)

Ask your doctor about "combination vaccines," which can reduce the number of shots your baby needs.

Combination vaccines are as safe and effective as these vaccines when given separately.

These vaccines protect your baby from **8 serious diseases**:

- diphtheria
- tetanus
- pertussis (whooping cough)
- *Haemophilus influenzae* type b (Hib)
- hepatitis B
- polio
- rotavirus
- pneumococcal disease

About this vaccine information statement

Please read this Vaccine Information Statement (VIS) before your baby gets his or her immunizations, and take it home with you afterward. Ask your doctor if you have any questions.

This VIS tells you about the benefits and risks of six routine childhood vaccines. It also contains information about reporting an adverse reaction and about the National Vaccine Injury Compensation Program, and how to get more information about vaccines and vaccine-preventable diseases. (Individual VISs are also available for these vaccines.)

How vaccines work

Immunity from disease: When children get sick with an infectious disease, their immune system usually produces protective "antibodies," which keep them from getting the same disease again. But getting sick is no fun, and it can be dangerous or even fatal.

Immunity from vaccines: Vaccines are made with the same bacteria or viruses that cause disease, but they have been weakened or killed—or only parts of them are used—to make them safe. A child's immune system produces antibodies, just as it would after exposure to the actual disease. This means the child will develop immunity in the same way, but without having to get sick first.

Vaccine benefits: why get vaccinated?

Diseases have injured and killed many children over the years in the United States. **Polio** paralyzed about 37,000 and killed about 1,700 every year in the 1950s. **Hib disease** was once the leading cause of bacterial meningitis in children under 5 years of age. About 15,000 people died each year from **diphtheria** before there was a vaccine. Up to 70,000 children a year were hospitalized because of **rotavirus** disease. **Hepatitis B** can cause liver damage and cancer in 1 child out of 4 who are infected, and **tetanus** kills 1 out of every 5 who get it.

Thanks mostly to vaccines, these diseases are not nearly as common as they used to be. But they have not disappeared, either. Some are common in other countries, and if we stop vaccinating they will come back here. This has already happened in some parts of the world. When vaccination rates go down, disease rates go up.

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

Childhood vaccines can prevent these 8 Diseases

1. DIPHTHERIA
Signs and symptoms include a thick covering in the back of the throat that can make it hard to breathe.

Diphtheria can lead to breathing problems, and heart failure.

2. TETANUS (Lockjaw)
Signs and symptoms include painful tightening of the muscles, usually all over the body.

Tetanus can lead to stiffness of the jaw so victims can't open their mouth or swallow.

3. PERTUSSIS (Whooping Cough)
Signs and symptoms include violent coughing spells that can make it hard for a baby to eat, drink, or breathe. These spells can last for weeks.

Pertussis can lead to pneumonia, seizures, and brain damage.

4. HIB (Haemophilus influenzae type b)
Signs and symptoms can include trouble breathing. There may not be any signs or symptoms in mild cases.

Hib can lead to meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the blood, joints, bones, and covering of the heart; brain damage; and deafness.

5. HEPATITIS B
Signs and symptoms can include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach. But usually there are no signs or symptoms at all.

Hepatitis B can lead to liver damage, and liver cancer.

6. POLIO
Signs and symptoms can include flu-like illness, or there may be no signs or symptoms at all.

Polio can lead to paralysis (can't move an arm or leg).

7. PNEUMOCOCCAL DISEASE
Signs and symptoms include fever, chills, cough, and chest pain.

Pneumococcal disease can lead to meningitis (infection of the brain and spinal cord coverings), blood infections, ear infections, pneumonia, deafness, and brain damage.

8. ROTAVIRUS
Signs and symptoms include watery diarrhea (sometimes severe), vomiting, fever, and stomach pain.

Rotavirus can lead to dehydration and hospitalization.

Any of these diseases can lead to death.

How do babies catch these diseases?
Usually from contact with other children or adults who are already infected, sometimes without even knowing they are infected. A mother with **Hepatitis B** infection can also infect her baby at birth. **Tetanus** enters the body through a cut or wound; it is not spread from person to person.

Routine baby vaccines

Vaccine	Number of doses	Recommended ages	Other information
DTaP (diphtheria, tetanus, pertussis)	5	2 months, 4 months, 6 months, 15–18 months, 4–6 years	Some children should not get pertussis vaccine. These children can get a vaccine called DT.
Hepatitis B	3	Birth, 1–2 months, 6–18 months	Children may get an additional dose at 4 months with some "combination" vaccines.
Polio	4	2 months, 4 months, 6–18 months, 4–6 years	
Hib (*Haemophilus influenzae* type b)	3 or 4	2 months, 4 months, (6 months), 12–15 months	There are 2 types of Hib vaccine. With one type the 6-month dose is not needed.
PCV13 (pneumococcal)	4	2 months, 4 months, 6 months, 12–15 months	Older children with certain chronic diseases may also need this vaccine.
Rotavirus	2 or 3	2 months, 4 months, (6 months)	Not a shot, but drops that are swallowed. There are 2 types of rotavirus vaccine. With one type the 6-month dose is not needed.

Annual **flu vaccination** is also recommended for children 6 months of age and older.

Precautions

Most babies can safely get all of these vaccines. But some babies should not get certain vaccines. Your doctor will help you decide.

- A child who has ever had a serious reaction, such as a life-threatening allergic reaction, after a vaccine dose should not get another dose of that vaccine. *Tell your doctor if your child has any severe allergies, or has had a severe reaction after a prior vaccination*. (Serious reactions to vaccines and severe allergies are rare.)
- A child who is sick on the day vaccinations are scheduled might be asked to come back for them.

Talk to your doctor…

- before getting **DTaP** vaccine, if your child ever had any of these reactions after a dose of DTaP:
  - A brain or nervous system disease within 7 days,
  - Non-stop crying for 3 hours or more,
  - A seizure or collapse,
  - A fever of over 105°F.
- before getting **Polio vaccine**, if your child has a life-threatening allergy to the antibiotics neomycin, streptomycin or polymyxin B.
- before getting **Hepatitis B** vaccine, if your child has a life-threatening allergy to yeast.
- before getting **Rotavirus Vaccine**, if your child has:
  - SCID (Severe Combined Immunodeficiency),
  - A weakened immune system for any other reason,
  - Digestive problems,
  - Recently gotten a blood transfusion or other blood product,
  - Ever had intussusception (bowel obstruction that is treated in a hospital).
- before getting **PCV13** or **DTaP** vaccine, if your child ever had a severe reaction after any vaccine containing diphtheria toxoid (such as DTaP).

Risks

Vaccines can cause side effects, like any medicine.

Most vaccine reactions are **mild**: tenderness, redness, or swelling where the shot was given; or a mild fever. These happen to about 1 child in 4. They appear soon after the shot is given and go away within a day or two.

Other reactions: Individual childhood vaccines have been associated with other mild problems, or with moderate or serious problems:

DTaP vaccine

Mild problems: Fussiness (up to 1 child in 3); tiredness or poor appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1–7 days (up to 1 child in 30)—usually after the 4th or 5th dose.

Moderate problems: Seizure (1 child in 14,000); non-stop crying for 3 hours or longer (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).

Serious problems: Long term seizures, coma, lowered consciousness, and permanent brain damage have been reported. These problems happen so rarely that it is hard to tell whether they were actually caused by the vaccination or just happened afterward by chance.

Polio vaccine / Hepatitis B vaccine / Hib vaccine

These vaccines have not been associated with other mild problems, or with moderate or serious problems.

Pneumococcal vaccine

Mild problems: During studies of the vaccine, some children became fussy or drowsy or lost their appetite.

Rotavirus vaccine

Mild problems: Children who get rotavirus vaccine are slightly more likely than other children to be irritable or to have mild, temporary diarrhea or vomiting. This happens within the first week after getting a dose of the vaccine.

Serious problems: Studies in Australia and Mexico have shown a small increase in cases of intussusception within a week after the first dose of rotavirus vaccine. So far, this increase has not been seen in the United States, but it can't be ruled out. If the same risk were to exist here, we would expect to see 1 to 3 infants out of 100,000 develop intussusception within a week after the first dose of vaccine.

What if there is a serious reaction?

What should I look for?

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

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

What should I do?

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

VAERS is only for reporting reactions. They do not give medical advice.

The National Vaccine Injury Compensation Program

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

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

For more information

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Las primeras vacunas de su bebé

Lo que usted necesita saber

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

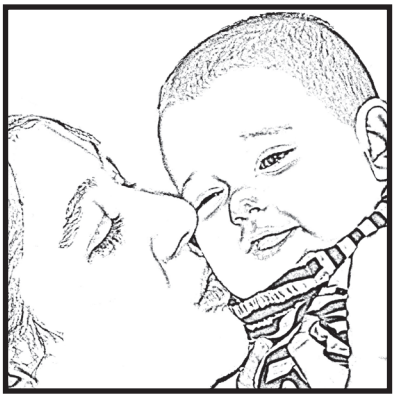
Las Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite http://www.immunize.org/vis.

Su bebé recibirá estas vacunas hoy:

- ☐ Difteria, tétanos y pertussis acelular (Diphtheria, Tetanus and Pertussis, DTaP)
- ☐ Hib
- ☐ Hepatitis B
- ☐ Poliomielitis
- ☐ Rotavirus
- ☐ Vacuna antineumocócica conjugada 13 valente (pneumococcal conjugate vaccine 13, PCV13)

(Proveedor: marque las casillas que correspondan).

Consulte a su médico acerca de las "vacunas combinadas", que pueden reducir la cantidad de inyecciones que su bebé necesita. Las vacunas combinadas son igual de seguras y efectivas que las vacunas que se aplican por separado.



Estas vacunas protegen a su bebé de **8 enfermedades graves**:

- Difteria.
- Tétanos.
- Pertussis (tos ferina).
- *Haemophilus influenzae* tipo b (Hib).
- Hepatitis B.
- Poliomielitis.
- Rotavirus.
- Enfermedad neumocócica.

ACERCA DE ESTA HOJA DE INFORMACIÓN SOBRE VACUNAS

Lea esta Hoja de información sobre vacunas (Vaccine Information Statement, VIS) antes de que su bebé reciba sus inmunizaciones y después, llévesela a su casa. Consulte a su médico si tiene alguna pregunta.

Esta VIS le informa acerca de los beneficios y los riesgos de seis vacunas infantiles que se aplican de rutina. También contiene información acerca de cómo reportar una reacción adversa y del Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas, además de cómo obtener más información sobre vacunas y enfermedades prevenibles mediante la vacunación. (Para estas vacunas, también hay disponibles VIS individuales).

CÓMO FUNCIONAN LAS VACUNAS

Inmunidad por las enfermedades: Cuando los niños contraen una enfermedad infecciosa, su sistema inmunitario, con frecuencia, produce "anticuerpos" protectores que impiden que contraigan la misma enfermedad nuevamente. Pero enfermarse no es divertido; puede ser peligroso o incluso mortal.

Inmunidad por las vacunas: Las vacunas están hechas con las mismas bacterias o virus que provocan la enfermedad en cuestión, pero estos han sido debilitados o destruidos, o solo se han utilizado partes de ellos, para hacerlos seguros. El sistema inmunitario de un niño produce anticuerpos, tal como sucedería después de la exposición a la enfermedad real. Esto significa que el niño desarrollará inmunidad de la misma manera, pero sin tener que enfermarse primero.

BENEFICIOS DE LAS VACUNAS: ¿POR QUÉ VACUNARSE?

A lo largo de los años, muchos niños han tenido lesiones o han muerto a causa de enfermedades en los Estados Unidos. En los años cincuenta, **la poliomielitis** provocaba parálisis en alrededor de 37,000 personas y producía la muerte de alrededor de 1700 todos los años. **La enfermedad Hib** era la causa principal de meningitis bacteriana en niños menores de 5 años. Antes de que hubiera una vacuna, alrededor de 15,000 personas morían de **difteria** todos los años. Hasta 70,000 niños por año eran hospitalizados debido a la enfermedad por **rotavirus**. **La hepatitis B** puede provocar daño hepático y cáncer en 1 de cada 4 niños que están infectados y el **tétanos** mata a 1 de cada 5 niños que lo contraen.

Gracias a las vacunas principalmente, estas enfermedades no son, ni con mucho, lo comunes que solían ser. Pero tampoco han desaparecido. Algunas son comunes en otros países y, si dejamos de aplicar vacunas contra estas, regresarán aquí. Esto ya ha sucedido en algunas partes del mundo. Cuando las tasas de vacunación bajan, las tasas de enfermedades suben.

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

Vaccine Information Statement (Interim)
42 U.S.C. § 300aa-26
11/16/2012

Office Use Only

Las vacunas infantiles pueden prevenir estas 8 enfermedades

1. DIFTERIA

Los signos y los síntomas incluyen un recubrimiento espeso en la parte posterior de la garganta que puede dificultar la respiración.

La difteria puede provocar problemas de respiración e insuficiencia cardiaca.

2. TÉTANOS (contracción de los músculos de la mandíbula)

Los signos y los síntomas incluyen tensión dolorosa de los músculos, en general, en todo el cuerpo.

El tétanos puede provocar rigidez de la mandíbula, de modo tal que las víctimas no pueden abrir la boca ni tragar.

3. PERTUSSIS (tos ferina)

Los signos y los síntomas incluyen accesos de tos violentos que pueden dificultar la ingesta de alimentos y bebidas, y la respiración en bebés. Estos accesos pueden prolongarse durante semanas.

La pertussis puede provocar neumonía, convulsiones y daño cerebral.

4. HIB (*Haemophilus influenzae* tipo b)

Los signos y los síntomas pueden incluir problemas para respirar. Es posible que no haya signos ni síntomas en los casos leves.

La Hib puede provocar meningitis (infección del recubrimiento del cerebro y de la médula espinal); neumonía; infecciones de la sangre, las articulaciones, los huesos y el recubrimiento del corazón; daño cerebral y sordera.

5. HEPATITIS B

Los signos y los síntomas pueden incluir cansancio, diarrea y vómitos, ictericia (piel u ojos amarillos) y dolor en los músculos, las articulaciones y el estómago. Sin embargo, en general, no presenta signos ni síntomas.

La hepatitis B puede provocar daño hepático y cáncer de hígado.

6. POLIOMIELITIS

Los signos y los síntomas pueden incluir una enfermedad similar a la gripe, o es posible que no presente signos ni síntomas.

La poliomielitis puede provocar parálisis (no poder mover un brazo o una pierna).

7. ENFERMEDAD NEUMOCÓCICA

Los signos y los síntomas incluyen fiebre, escalofríos, tos y dolor en el pecho.

La enfermedad neumocócica puede provocar meningitis (infección del recubrimiento del cerebro y de la médula espinal), infecciones de la sangre, infecciones de oído, neumonía, sordera y daño cerebral.

8. ROTAVIRUS

Los signos y los síntomas incluyen diarrea acuosa (en algunos casos severa), vómitos, fiebre y dolor de estómago.
El rotavirus puede provocar deshidratación y hacer que sea necesaria la hospitalización.

Cualquiera de estas enfermedades puede provocar la muerte.

¿Cómo contraen los bebés estas enfermedades?

En general, por el contacto con otros niños o adultos que ya están infectados, en ocasiones, sin saber que lo están. Una madre con una infección por **hepatitis B** también puede contagiar a su bebé en el momento del parto. **El tétanos** ingresa al cuerpo a través de un corte o una herida; no se transmite de persona a persona.

Vacunas de rutina para bebés

Vacuna	Cantidad de dosis	Edades recomendadas	Otra información
DTaP (difteria, tétanos, pertussis)	5	2 meses, 4 meses, 6 meses, 15 a 18 meses, 4 a 6 años	Algunos niños no deben vacunarse contra la pertussis. Estos niños pueden recibir una vacuna llamada DT.
Hepatitis B	3	Nacimiento, 1 a 2 meses, 6 a 18 meses	Los niños pueden recibir una dosis adicional a los 4 meses con alguna vacuna "combinada".
Poliomielitis	4	2 meses, 4 meses, 6 a 18 meses, 4 a 6 años	
Hib (*Haemophilus influenzae* tipo b)	3 o 4	2 meses, 4 meses, (6 meses), 12 a 15 meses	Existen 2 tipos de vacuna contra la Hib. Con uno de ellos, la dosis a los 6 meses no es necesaria.
PCV13 (neumocócica)	4	2 meses, 4 meses, 6 meses, 12 a 15 meses	Es posible que niños mayores con determinadas enfermedades crónicas también necesiten esta vacuna.
Rotavirus	2 o 3	2 meses, 4 meses, (6 meses)	No es una inyección, sino gotas que se tragan. Existen 2 tipos de vacuna contra el rotavirus. Con uno de ellos, la dosis a los 6 meses no es necesaria.

Para los niños de 6 meses o más, también se recomienda la **vacunación anual contra la gripe**.

Precauciones

La mayoría de los bebés pueden recibir todas estas vacunas de manera segura. Sin embargo, algunos bebés no deben recibir determinadas vacunas. Su médico le ayudará a decidir.

- Un niño que alguna vez haya tenido una reacción grave, como una reacción alérgica que representa un riesgo para la vida, después de una dosis de la vacuna, no debería recibir otra dosis de esa vacuna. *Informe a su médico si su hijo ha tenido alguna alergia severa o si ha tenido una reacción severa después de una vacunación anterior.* (Las reacciones graves a las vacunas y las alergias severas son poco frecuentes).
- Es posible que un niño que está enfermo el día en que estén programadas las vacunas deba volver para recibirlas otro día.

Hable con su médico...

- ... antes de recibir la **vacuna DTaP** si su hijo alguna vez tuvo alguna de estas reacciones después de recibir una dosis de DTaP:
  - Una enfermedad en el cerebro o en el sistema nervioso en el término de 7 días.
  - Llanto continuo durante 3 horas o más.
  - Convulsión o colapso.
  - Fiebre de más de 40 ºC (105 °F).
- ... antes de recibir la **vacuna contra la poliomielitis** si su hijo tiene una alergia a los antibióticos neomicina, estreptomicina o polimixina B que representa un riesgo para la vida.
- ... antes de recibir la **vacuna contra la hepatitis B** si su hijo tiene una alergia a la levadura que representa un riesgo para la vida.
- ... antes de recibir la **vacuna contra el rotavirus** si su hijo:
  - Tiene inmunodeficiencia combinada severa (Severe Combined Immunodeficiency, SCID).
  - Tiene un sistema inmunitario débil por algún otro motivo.
  - Tiene problemas digestivos.
  - Recientemente ha recibido una transfusión de sangre u otro producto de la sangre.
  - Alguna vez tuvo una invaginación intestinal (obstrucción intestinal que se trata en un hospital).
- ... antes de recibir la **PCV13** o la vacuna **DTaP** si su hijo alguna vez tuvo una reacción severa después de cualquier vacuna que contenga toxoide diftérico (como DTaP).

Riesgos

Las vacunas pueden causar efectos secundarios, como cualquier medicamento.

La mayoría de las reacciones a las vacunas son **leves**: sensibilidad, enrojecimiento o hinchazón donde se administró la inyección; o fiebre leve. Estas se producen en alrededor de 1 de cada 4 niños. Aparecen inmediatamente después de administrar la inyección y desaparecen en el término de uno o dos días.

Otras reacciones: Las vacunas individuales infantiles han sido asociadas, en particular, con otros problemas leves o con problemas moderados o graves:

Vacuna DTaP

Problemas leves: Molestias (hasta 1 de cada 3 niños); cansancio o falta de apetito (hasta 1 de cada 10 niños); vómitos (hasta 1 de cada 50 niños); hinchazón de todo el brazo o toda la pierna durante 1 a 7 días (hasta 1 de cada 30 niños); por lo general, después de la 4.a o 5.a dosis.

Problemas moderados: Convulsiones (1 de cada 14,000 niños); llanto continuo durante 3 horas o más (hasta 1 de cada 1000 niños); fiebre de más de 40 ºC (105 °F) (1 de cada 16,000 niños).

Problemas graves: Se han reportado convulsiones a largo plazo, coma, disminución del estado de consciencia y daño cerebral permanente. Estos problemas se producen con tan poca frecuencia que es difícil determinar si realmente fueron provocados por la vacuna o si simplemente se produjeron con posterioridad por casualidad.

Vacuna contra la poliomielitis / Vacuna contra la hepatitis B / Vacuna contra Hib

Estas vacunas no han sido asociadas con otros problemas leves ni con problemas moderados o graves.

Vacuna antineumocócica

Problemas leves: Durante estudios de la vacuna, algunos niños se sintieron molestos o somnolientos, o perdieron el apetito.

Vacuna contra el rotavirus

Problemas leves: Los niños que reciben la vacuna contra el rotavirus tienen una probabilidad levemente mayor que otros niños de presentar irritabilidad o de tener diarrea o vómitos leves temporales. Esto ocurre en el término de la primera semana después de recibir una dosis de la vacuna.

Problemas graves: Estudios realizados en Australia y México han demostrado un pequeño aumento en los casos de invaginación intestinal en el término de una semana después de la primera dosis de la vacuna contra el rotavirus. Hasta la fecha, este aumento no se ha observado en los Estados Unidos; pero no puede descartarse. Si aquí existiera el mismo riesgo, se prevería observar que entre 1 y 3 de cada 100,000 niños desarrollen invaginación intestinal en el término de una semana después de la primera dosis de la vacuna.

¿Qué sucede si mi hijo tiene un problema grave?

¿A qué debo prestar atención?

Debe prestar atención a cualquier aspecto que le preocupe, como signos de reacción alérgica severa, fiebre muy alta o cambios en la conducta.

Los signos de una reacción alérgica severa pueden incluir urticaria, hinchazón de la cara y la garganta, dificultades para respirar, pulso acelerado, mareos y debilidad. Estos podrían comenzar entre algunos minutos y algunas horas después de la vacuna.

¿Qué debo hacer?

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

El VAERS se utiliza únicamente para reportar reacciones. No se proporciona asesoramiento médico.

Programa Nacional de Compensación por Lesiones Causadas por Vacunas

En 1986, se creó el Programa Nacional de Compensación por Lesiones Causadas por Vacunas (National Vaccine Injury Compensation Program, VICP).

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

Para obtener más información

- Consulte a su médico o a otro profesional de la salud.
- Llame a su departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC):
  - Llame al **1-800-232-4636** (**1-800-CDC-INFO**); o
  - visite el sitio web de los CDC en **www.cdc.gov/vaccines.**

After the Shots . . .

Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your healthcare provider.

Vaccinations may hurt a little . . . but disease can hurt a lot!

Call your healthcare provider right away if you answer "yes" to any of the following questions:

- ☐ Does your child have a temperature that your healthcare provider has told you to be concerned about?
- ☐ Is your child pale or limp?
- ☐ Has your child been crying for more than 3 hours and just won't quit?
- ☐ Is your child's body shaking, twitching, or jerking?
- ☐ Is your child very noticeably less active or responsive?

▶ *Please see page 2 for information on the proper amount of medicine to give your child to reduce pain or fever.*

What to do if your child has discomfort

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using an electronic thermometer (or by using the method of temperature-taking your healthcare provider recommends). If your child has a temperature that your healthcare provider has told you to be concerned about or if you have questions, call your healthcare provider.

Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Dress your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever- or pain-reducing medicine such as acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin). The dose you give your child should be based on your child's weight and your heathcare provider's instructions. See the dose chart on page 2. *Do not give aspirin*. Recheck your child's temperature after 1 hour. Call your healthcare provider if you have questions.

My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy because of pain or fever. To reduce discomfort, you may want to give your child a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin*.
If your child is fussy for more than 24 hours, call your healthcare provider.

My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.*
- If the redness or tenderness increases after 24 hours, call your healthcare provider.

My child seems really sick. Should I call my healthcare provider?

If you are worried **at all** about how your child looks or feels, call your healthcare provider!

HEALTHCARE PROVIDER: PLEASE FILL IN THE INFORMATION BELOW.

If your child's temperature is _____°F or_____ °C or higher, or if you have questions, call your healthcare provider.

Healthcare provider phone number: _____

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION 1573 Selby Avenue ▪ St. Paul, Minnesota 55104 ▪ www.vaccineinformation.org ▪ www.immunize.org

www.immunize.org/catg.d/p4015.pdf ▪ Item #P4015 (12/12)

Medicines and Dosages to Reduce Pain and Fever

Choose the proper medicine, and measure the dose accurately.

1. Ask your healthcare provider or pharmacist which medicine is best for your child.
2. Give the dose based on your child's weight. If you don't know your child's weight, give the dose based on your child's age. Do not give more medicine than is recommended.
3. If you have questions about dosage amounts or any other concerns, call your healthcare provider.
4. Always use a proper measuring device. For example:
   - When giving acetaminophen liquid (e.g., Tylenol), use the device enclosed in the package. If you misplace the device, consult your healthcare provider or pharmacist for advice. Kitchen spoons are not accurate measures.
   - When giving ibuprofen liquid (e.g., Advil, Motrin), use the device enclosed in the package. Never use a kitchen spoon!

Take these two steps to avoid causing a serious medication overdose in your child.

1. Don't give your child a larger amount of acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Motrin, Advil) than is shown in the table below. Too much of any of these medicines can cause an overdose.
2. When you give your child acetaminophen or ibuprofen, don't also give them over-the-counter (OTC) cough or cold medicines. This can also cause a medication overdose because cough and cold medicines often contain acetaminophen or ibuprofen. In fact, to be safe, don't give OTC cough and cold medicines to your child unless you talk to your child's healthcare provider first.

Acetaminophen (Tylenol or another brand): How much to give?

Give every 4 to 6 hours, as needed, no more than 5 times in 24 hours (unless directed to do otherwise by your healthcare provider).

CHILD'S WEIGHT	CHILD'S AGE	OLD FORMULATIONS INFANTS' DROPS 80 mg in each 0.8 mL or in each 1.0 mL	INFANTS' NEW FORMULATION OR CHILDREN'S LIQUID 160 mg in each 5 mL (1 tsp) Kitchen spoons are not accurate measures.	CHILDREN'S CHEWABLES 80 mg in each tab	JUNIOR STRENGTH 160 mg in each tab
6–11 lbs (2.7–5 kg)	0–3 mos	Advised dose* _____ PRODUCT DISCONTINUED BY MANUFACTURERS	Advised dose* _____		
12–17 lbs (5.5–7.7 kg)	4–11 mos	Advised dose* _____	½ teaspoon or 2.5 mL		
18–23 lbs (8.2–10.5 kg)	12–23 mos	Advised dose* _____	¾ teaspoon or 3.75 mL		
24–35 lbs (10.9–15.9 kg)	2–3 yrs	1.6 mL (0.8 mL+0.8 mL)	1 teaspoon or 5 mL	2 tablets	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		1½ teaspoon or 7.5 mL	3 tablets	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		2 teaspoons or 10 mL	4 tablets	2 tablets
60–71 lbs (27.3–32.3 kg)	9–10 yrs		2½ teaspoons or 12.5 mL	5 tablets	2½ tablets
72–95 lbs (32.7–43.2 kg)	11 yrs		3 teaspoons or 15 mL	6 tablets	3 tablets

Ibuprofen (Advil, Motrin, or another brand): How much to give?

Give every 6 to 8 hours, as needed, no more than 4 times in 24 hours (unless directed to do otherwise by your healthcare provider).

CHILD'S WEIGHT	CHILD'S AGE	INFANTS' DROPS 50 mg in each 1.25 mL	CHILDREN'S LIQUID 100 mg in each 5 mL (1 tsp) Kitchen spoons are not accurate measures.	OLD FORMULATION CHILDREN'S CHEWABLES 50 mg in each tab	CHILDREN'S CHEWABLES OR JUNIOR TABLETS 100 mg in each tab
less than 11 lbs (5 kg)	0–5 mos				
12–17 lbs (5.5–7.7 kg)	6–11 mos	1.25 mL	Advised dose* _____	PRODUCT DISCONTINUED BY MANUFACTURERS	
18–23 lbs (8.2–10.5 kg)	12–23 mos	1.875 mL	Advised dose* _____		
24–35 lbs (10.9–15.9 kg)	2–3 yrs		1 teaspoon or 5 mL	2 tablets	1 tablet
36–47 lbs (16.4–21.4 kg)	4–5 yrs		1½ teaspoon or 7.5 mL	3 tablets	1½ tablets
48–59 lbs (21.8–26.8 kg)	6–8 yrs		2 teaspoons or 10 mL	4 tablets	2 tablets
60–71 lbs (27.3–32.3 kg)	9–10 yrs		2½ teaspoons or 12.5 mL	5 tablets	2½ tablets
72–95 lbs (32.7–43.2 kg)	11 yrs		3 teaspoons or 15 mL	6 tablets	3 tablets

* **HEALTHCARE PROVIDER:** PLEASE FILL IN THE ADVISED DOSE.

Know Concentration before Giving Acetaminophen to Infants and Children

The Food and Drug Administration (FDA) is urging consumers to carefully read the labels of liquid acetaminophen marketed for infants to avoid giving the wrong dose to their children.

A less concentrated form of the popular medication is arriving on store shelves, and giving the wrong dose of acetaminophen can cause the medication to be ineffective if too little is given or cause serious side effects and, possibly, death if too much is given.

In an attempt to reduce the confusion over different strengths that have been blamed for past overdoses, some manufacturers are voluntarily offering only the less concentrated version for all children.

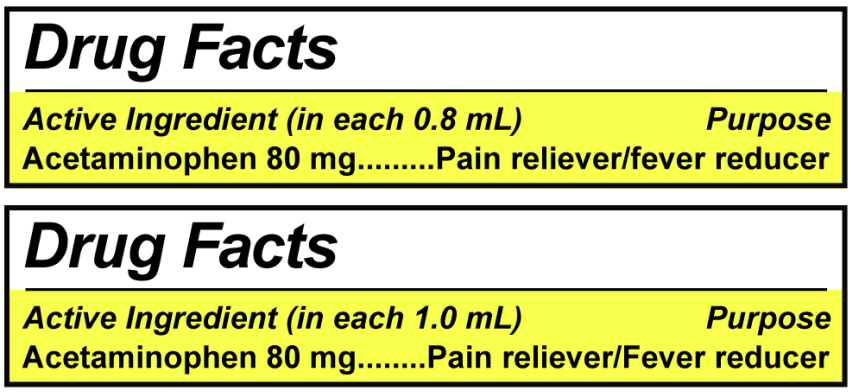
Until now, liquid acetaminophen marketed for infants has only been available in a stronger concentration that doesn't require giving the infants as much liquid with each dose.

But right now both concentrations of liquid acetaminophen are in circulation. Before giving the medication, parents and caregivers need to know whether they have the less concentrated version or the older, more concentrated medication. FDA is concerned that infants could be given too much or too little of the medicine if the different concentrations of acetaminophen are confused.

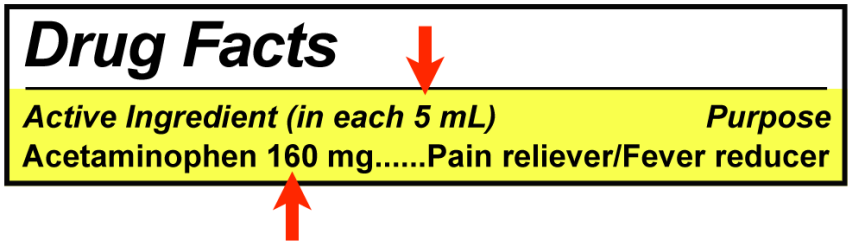
"Be very careful when you're giving your infant acetaminophen" says Carol Holquist, director of FDA's Division of Medical Error Prevention and Analysis.

Here's what the agency wants parents and caregivers to do:

More concentrated, still available



Less concentrated, newly available



- Read the Drug Facts label on the package very carefully to identify the concentration of the liquid acetaminophen, the correct dosage, and the directions for use.
- Do not depend on a banner proclaiming that the product is "new." Some medicines with the old concentration also have this headline on their packaging.
- Use only the dosing device provided with the purchased product in order to correctly measure the right amount of liquid acetaminophen.
- Consult your pediatrician before giving this medication and make sure you're both talking about the same concentration.

Overdosing Has Been a Risk

An April 2011 report from FDA's Center for Drug Evaluation and Research (CDER) found that confusion caused by the different concentrations of liquid acetaminophen for infants and children was leading to overdoses that made infants seriously ill, with some dying from liver failure.

So to avoid dosing errors, some manufacturers voluntarily changed the liquid acetaminophen marketed for infants from 80 mg per 0.8mL or 80 mg per 1 mL to be the same concentration as the liquid acetaminophen marketed for children—160 mg per 5mL. This less concentrated liquid acetaminophen marketed for infants now has new dosing directions and

Courtesy of the FDA. Title and header edited by the Immunization Action Coalition (12/12)

"Be very careful when you're giving your infant or child acetaminophen."

may have a new dosing device in the box, such as an oral syringe.

But this is a voluntary change and some of the older, stronger concentrations of acetaminophen marketed for infants are still available and may remain available.

"There is still some on store shelves; there is still some in homes; and there is still some in distribution," says Holquist.

Why does this pose a danger?

If a pediatrician prescribes a 5 mL dose of the less concentrated liquid acetaminophen, but the parents administer a 5 mL dose of the more concentrated liquid acetaminophen, the child can receive a potentially fatal overdose during the course of therapy, Holquist explains.

Conversely, if a physician prescribes a dose based on the more concentrated liquid acetaminophen and the less concentrated medication is used, the child might not receive enough medication to fight a fever, she says.

FDA has issued a Drug Safety Communication (*www.fda.gov/Drugs/DrugSafety/ucm284741.htm*) with more information for consumers about how to avoid confusion and potential dosing errors with the different concentrations of liquid acetaminophen.

What Should You Do?

Adding to the confusion is the fact that that the box and the bottle may look much the same for both old and new versions of the medication, Holquist says.

Read the Drug Facts label to tell the difference between the two liquid acetaminophen products:

- Look for the "Active ingredient" section of the Drug Facts label usually printed on the back of an over-the-counter medication package.
- If the package says "160 mg per 5 mL" or "160 mg (in each 5 mL)", then this is the less concentrated liquid acetaminophen. This medication should come with an oral syringe to help you measure the dose.
- If the package says "80 mg per 0.8 mL" or "80 mg per 1 mL," then this is the more concentrated liquid acetaminophen. This product may come with a dropper.

If the dosing instructions provided by your healthcare provider differ from what is on the label, check with a healthcare professional before administering the medication. Do not rely on dosing information provided from other sources such as the Internet, old dosing charts, or family members.

It is important to understand that there is no dosing amount specified for children younger than 2 years of age. If you have an infant or child younger than 2 years old, always check with your healthcare provider for dosing instructions.

Acetaminophen is marketed for infants under brand names such as Little Fevers Infant Fever/Pain Reliever, Pedia Care Fever Reducer Pain Reliever and Triaminic Infants' Syrup Fever Reducer Pain Reliever. There are also store brands on the shelves.

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Después de las vacunas...

Es posible que su hijo necesite mucho amor y atención después de que lo vacunen. Algunas vacunas que protegen a los niños contra enfermedades serias también pueden causar molestias por algún tiempo. Aquí tiene respuestas a preguntas que tienen muchos padres después de que vacunan a sus hijos. Si esta hoja no contesta sus preguntas, llame a su profesional de la salud.

¡Las vacunas pueden doler un poquito... pero la enfermedad puede doler mucho!

Llame inmediatamente a su profesional de la salud si contesta "sí" a alguna de las siguientes preguntas:

- ☐ ¿Tiene su hijo una temperatura a la que debe prestar atención, según lo que le dijo su profesional de la salud?
- ☐ ¿Está su hijo pálido o sin fuerzas?
- ☐ ¿Ha estado su hijo llorando por más de 3 horas y no deja de llorar?
- ☐ ¿Está el cuerpo de su hijo tembloroso, agitado o dando sacudidas?
- ☐ ¿Está su hijo notablemente menos activo o alerta?

Qué hacer si su hijo siente molestias

Creo que mi hijo tiene fiebre. ¿Qué debo hacer?

Tómele la temperatura a su hijo para ver si tiene fiebre. Una manera fácil de hacerlo es tomarle la temperatura en la axila usando un termómetro electrónico (o usando el método de tomar la temperatura que le recomiende su profesional de la salud). Si su hijo tiene una temperatura que su profesional le dijo que le tiene que preocupar o si tiene preguntas, llame a su profesional de la salud.

Aquí tiene algunas cosas que puede hacer para ayudar a reducir la fiebre:

- Déle a su hijo mucho líquido para tomar.
- Vístalo con ropa ligera. No lo tape ni lo envuelva de manera ceñida.
- Dele a su hijo un medicamento que reduzca la fiebre o el dolor, como acetaminofeno (Tylenol, por ejemplo) o ibuprofeno (como Advil o Motrin). La dosis que le dé a su hijo debe estar basada en el peso del niño y en las instrucciones de su profesional de la salud. *No dé aspirina*. Vuelva a tomarle la temperatura a su hijo después de 1 hora. Su tiene preguntas llame a su profesional de la salud.

Mi hijo ha estado molesto desde que lo vacunaron. ¿Qué debo hacer?

Es posible que los niños estén molestos después de que los vacunen porque tienen dolor o fiebre. Para reducir las molestias puede darle a su hijo un medicamento como acetaminofeno o ibuprofeno. *No dé aspirina*. Si su hijo está molesto por más de 24 horas, llame a su profesional de la salud.

Mi hijo tiene la pierna o el brazo hinchado, caliente y rojo. ¿Qué debo hacer?

- Aplique una toallita limpia mojada con agua fresca en la parte dolorida, para aliviar la molestia.
- Para el dolor dé un medicamento como acetaminofeno o ibuprofeno, según las instrucciones de su profesional de la salud (vea el casillero abajo). *No dé aspirina*.
- Si el enrojecimiento o el dolor aumentan después de 24 horas, llame a su profesional de la salud.

Mi hijo parece estar realmente enfermo. ¿Debo llamar a mi profesional de la salud?

Si está preocupado, **aunque un poco,** por la manera en que luce o se siente su hijo, ¡llame a su profesional de la salud!

HEALTHCARE PROVIDER: PLEASE FILL IN THE INFORMATION BELOW.
(Profesional de la salud: Llene la información a continuación.)

If your child's temperature is _____ °F or _____ °C or higher, or if you have questions, call your healthcare provider.

Healthcare provider phone number: _____

Medication (if needed): _____
Name of medication/type of formulation

Give _____ every _____ hours as needed
dose or amount

Translation by Transcend, Davis, CA

Immunization Action Coalition 1573 Selby Avenue ▪ St. Paul, Minnesota 55104 ▪ www.vaccineinformation.org ▪ www.immunize.org

www.immunize.org/catg.d/p4014.pdf ▪ Item #P4014-01 Spanish (9/11)

After the Shots . . .

Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your healthcare provider.

Vaccinations may hurt a little . . . but disease can hurt a lot!

Call your healthcare provider right away if you answer "yes" to any of the following questions:

- ☐ Does your child have a temperature that your healthcare provider has told you to be concerned about?
- ☐ Is your child pale or limp?
- ☐ Has your child been crying for more than 3 hours and just won't quit?
- ☐ Is your child's body shaking, twitching, or jerking?
- ☐ Is your child very noticeably less active or responsive?

▶ *Please see the back of this page for information on the proper amount of medicine to give your child to reduce pain or fever.*

What to do if your child has discomfort

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using an electronic thermometer (or by using the method of temperature-taking your healthcare provider recommends). If your child has a temperature that your healthcare provider has told you to be concerned about or if you have questions, call your healthcare provider.

Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Dress your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever- or pain-reducing medicine such as acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin). The dose you give your child should be based on your child's weight and your heathcare provider's instructions. See the dose chart on page 2. *Do not give aspirin.* Recheck your child's temperature after 1 hour. Call your healthcare provider if you have questions.

My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy because of pain or fever. To reduce discomfort, you may want to give your child a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.* If your child is fussy for more than 24 hours, call your healthcare provider.

My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.*
- If the redness or tenderness increases after 24 hours, call your healthcare provider.

My child seems really sick. Should I call my healthcare provider?

If you are worried **at all** about how your child looks or feels, call your healthcare provider!

HEALTHCARE PROVIDER: PLEASE FILL IN THE INFORMATION BELOW.

If your child's temperature is _____°F or _____°C or higher, or if you have questions, call your healthcare provider.

Healthcare provider phone number: _____

Technical content reviewed by the Centers for Disease Control and Prevention, May 2009.

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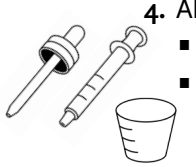
www.immunize.org/catg.d/p4015.pdf • Item #P4015 (5/09)

Medicines and Dosages to Reduce Pain and Fever

Choose the proper medicine, and measure the dose accurately.

1. Ask your healthcare provider or pharmacist which medicine is best for your child.
2. Give the dose based on your child's weight. If you don't know your child's weight, give the dose based on your child's age. Do not give more medicine than is recommended.
3. If you have questions about dosage amounts or any other concerns, call your healthcare provider.
4. Always use a proper measuring device. For example:
   - When giving infant drops, use the dropper enclosed in the package. Never use a spoon or a cup!
   - When giving children's liquid, use the cup enclosed in the package. If you misplace the cup, consult your healthcare provider or pharmacist for advice. Kitchen spoons are not accurate measures.



Take these two steps to avoid causing a serious medication overdose in your child.

1. Don't give your child a larger amount of acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Motrin, Advil) than is shown in the table below. Too much of any of these medicines can cause an overdose.
2. When you give your child acetaminophen or ibuprofen, don't also give them over-the-counter (OTC) cough or cold medicines. This can also cause a medication overdose because cough and cold medicines often contain acetaminophen or ibuprofen. In fact, to be safe, don't give OTC cough and cold medicines to your child unless you talk to your child's healthcare provider first.

Acetaminophen (Tylenol or another brand): How much to give?

Give every 4 to 6 hours, as needed, no more than 5 times in 24 hours (unless directed to do otherwise by your healthcare provider).

CHILD'S WEIGHT	CHILD'S AGE	INFANT'S DROPS 80 mg in each 0.8 mL	CHILDREN'S LIQUID 160 mg in 5 mL (1 tsp) Kitchen spoons are not accurate measures.	CHILDREN'S TABLETS 80 mg in each tab	JUNIOR STRENGTH 160 mg in each tab
6–11 lbs (2.7–5 kg)	0–3 mos	Advised dose* _____	Advised dose* _____		
12–17 lbs (5.5–7.7 kg)	4–11 mos	Advised dose* _____	Advised dose* _____		
18–23 lbs (8.2–10.5 kg)	12–23 mos	Advised dose* _____	Advised dose* _____		
24–35 lbs (10.9–15.9 kg)	2–3 yrs	1.6 mL (0.8 mL+0.8 mL)	1 teaspoon or 5 mL	2 tablets	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		1½ teaspoon or 7.5 mL	3 tablets	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		2 teaspoons or 10 mL	4 tablets	2 tablets
60–71 lbs (27.3–32.3 kg)	9–10 yrs		2½ teaspoons or 12.5 mL	5 tablets	2½ tablets
72–95 lbs (32.7–43.2 kg)	11 yrs		3 teaspoons or 15 mL	6 tablets	3 tablets

Ibuprofen (Advil, Motrin, or another brand): How much to give?

Give every 6 to 8 hours, as needed, no more than 4 times in 24 hours (unless directed to do otherwise by your healthcare provider).

CHILD'S WEIGHT	CHILD'S AGE	INFANT'S DROPS 50 mg in each 1.25 mL	CHILDREN'S LIQUID 100 mg in 5 mL (1 tsp) Kitchen spoons are not accurate measures.	CHILDREN'S TABLETS 50 mg in each tab	JUNIOR STRENGTH 100 mg in each tab
less than 11 lbs (5 kg)	0–5 mos				
12–17 lbs (5.5–7.7 kg)	6–11 mos	1.25 mL	Advised dose* _____		
18–23 lbs (8.2–10.5 kg)	12–23 mos	1.875 mL	Advised dose* _____		
24–35 lbs (10.9–15.9 kg)	2–3 yrs		1 teaspoon or 5 mL	2 tablets	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		1½ teaspoon or 7.5 mL	3 tablets	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		2 teaspoons or 10 mL	4 tablets	2 tablets
60–71 lbs (27.3–32.3 kg)	9–10 yrs		2½ teaspoons or 12.5 mL	5 tablets	2½ tablets
72–95 lbs (32.7–43.2 kg)	11 yrs		3 teaspoons or 15 mL	6 tablets	3 tablets

* **HEALTHCARE PROVIDER:** PLEASE FILL IN THE ADVISED DOSE.

Las vacunas pueden doler un poco… ¡pero una enfermedad puede doler mucho!

Después de las vacunas . . .

Qué hacer si su hijo tiene molestias

Es posible que su hijo necesite más cariño y atención después de que lo vacunen. Algunas vacunas que protegen a los niños contra enfermedades graves también pueden causar molestias por un tiempo. Estas son respuestas a preguntas que muchos padres tienen después de vacunar a sus hijos. Si esta hoja no contesta sus preguntas, llame a su clínica o profesional de la salud.

Teléfono de la clínica o del profesional de la salud: _____

Llame a la clínica de inmediato si contesta "sí" a alguna de estas preguntas:

- Su hijo, ¿tiene una fiebre inquietante, según lo que le dijo su profesional de la salud?
- ¿Está pálido o debilitado?
- ¿Ha estado llorando su hijo por más de 3 horas y no hay forma de calmarlo?
- ¿Tiene su hijo un llanto raro que no es normal (un llanto agudo)?
- ¿Está su hijo temblando o sacudiéndose?
- ¿Tiene su hijo una reducción marcada en su actividad o reacción?

Mire la parte de atrás de esta hoja para ver la dosis adecuada de medicamento que puede darle a su hijo para reducir el dolor o la fiebre.

Creo que mi hijo tiene fiebre. ¿Qué puedo hacer?

Tome la temperatura al niño para ver si tiene fiebre. No use un termómetro de mercurio. Si su hijo tiene menos de 3 años, tómele la temperatura con un termómetro digital rectal para el mejor resultado. Cuando su hijo tenga 4 ó 5 años, tal vez prefiera tomarle la temperatura en la boca con un termómetro digital oral. Los termómetros timpánicos, que miden la temperatura adentro de la oreja, son otra opción para los bebés de más edad y los niños. Si su hijo tiene más de 3 meses, también le puede tomar la temperatura bajo el brazo (en la axila), aunque no es tan preciso.

Estas son algunas cosas que puede hacer para ayudar a bajar la fiebre:

- Déle a su hijo mucho líquido para tomar.
- Vístalo con ropa liviana. No lo cubra ni lo envuelva apretadamente.
- Déle un medicamento para reducir la fiebre, como acetaminofeno (por ejemplo, Tylenol®) o ibuprofen (por ejemplo, Advil® o Motrin®). **No le dé aspirina.** Vuelva a tomarle la temperatura después de 1 hora.
- Déle un baño de esponja en 1 a 2 pulgadas de agua tibia.
- Si la temperatura de su hijo es de _____°F (_____°C) o más, o si usted tiene preguntas, llame a su clínica o profesional de la salud.

Mi hijo ha estado molesto desde que lo vacunaron. ¿Qué puedo hacer?

Después de vacunarse, los niños pueden estar molestos por el dolor o la fiebre. Le puede dar a su hijo un medicamento como acetaminofeno (por ejemplo, Tylenol®) o ibuprofen (por ejemplo, Advil® o Motrin®) para reducir el dolor y la fiebre. **No le dé aspirina.** Si su hijo está molesto por más de 24 horas, llame a su clínica o profesional de la salud.

La pierna o brazo de mi hijo está hinchado, caliente y rojo. ¿Qué puedo hacer?

- Ponga un paño limpio, húmedo y fresco en la parte dolorida, para calmar el malestar.
- Para el dolor déle un medicamento como acetaminofeno (por ejemplo, Tylenol®) o ibuprofen (por ejemplo, Advil® o Motrin®). **No le dé aspirina.**
- Si el enrojecimiento o el dolor aumentan después de 24 horas, llame a su clínica o profesional de la salud.

Mi hijo se ve muy enfermo. ¿Debo llamar al profesional de la salud?

Si tiene **la menor** preocupación sobre el aspecto de su hijo o cómo se siente, ¡llame a su clínica o profesional de la salud!

Translated by the California Department of Health Services

www.immunize.org/catg.d/p4015-01.pdf • Item #P4015-01 (9/04) Spanish

Medicamentos y dosis para reducir el dolor y la fiebre

Notas importantes:

1. Pregunte a su profesional de la salud o farmacéutico qué medicamento es mejor para su hijo.
2. Déle la dosis según el peso del niño. Si no sabe cuánto pesa, déle la dosis según la edad. No le dé más medicamento que lo recomendado.
3. Si tiene alguna pregunta sobre las dosis o alguna otra inquietud, llame a su clínica o profesional de la salud.
4. Use siempre un dispositivo apropiado para medir. Por ejemplo:

   - Al darle gotas para bebés, use sólo el dispositivo de dosis (gotero o jeringa) que viene en el paquete.
   - Al darle líquido para niños, use el vasito de dosis que viene en el paquete. Si pierde el vasito de dosis, pida asesoramiento a su profesional de la salud o farmacéutico. (Las cucharas de cocina no sirven para medir con exactitud).
5. **ADVERTENCIA:** Si también le está dando medicamentos de venta libre, tales como preparaciones para el resfriado, tenga en cuenta que estos medicamentos pueden contener reductores de dolor o de fiebre, como acetaminofeno o ibuprofen. Asegúrese de leer con atención las etiquetas de todos los medicamentos de venta libre, para estar seguro de que su hijo no esté recibiendo más acetaminofeno o ibuprofen que lo recomendado.

Información sobre la dosis de acetaminofeno (Tylenol® u otra marca)

Dé cada 4 a 6 horas, según sea necesario, no más de 5 veces en 24 horas (a menos que su profesional de la salud le indique algo diferente).

Peso del niño	Edad del niño	Gotas para bebés 0.8 mL = 80 mg	Líquido para niños 1 cucharadita (5 mL) = 160 mg	Tabletas para niños 1 tableta = 80 mg	Concentración "Junior" 1 tableta = 160 mg
6 a 11 lbs (2.7 a 5 kg)	0 a 3 meses	Dosis recomendada*: _____			
12 a 17 lbs (5.5 a 7.7 kg)	4 a 11 meses	Dosis recomendada*: _____	Dosis recomendada*: _____		
18 a 23 lbs (8.2 a 10.5 kg)	12 a 23 meses	Dosis recomendada*: _____	Dosis recomendada*: _____		
24 a 35 lbs (10.9 a 15.9 kg)	2 a 3 años	1.6 mL	1 cucharadita (160 mg)	2 tabletas	
36 a 47 lbs (16.4 a 21.4 kg)	4 a 5 años		1½ cucharaditas (240 mg)	3 tabletas	
48 a 59 lbs (21.8 a 26.8 kg)	6 a 8 años		2 cucharaditas (320 mg)	4 tabletas	2 tabletas
60 a 71 lbs (27.3 a 32.3 kg)	9 a 10 años		2½ cucharaditas (400 mg)	5 tabletas	2½ tabletas
72 a 95 lbs (32.7 a 43.2 kg)	11 años		3 cucharaditas (480 mg)	6 tabletas	3 tabletas

*Pregunte a su profesional de la salud

Información sobre la dosis de ibuprofen (Advil®, Motrin® u otra marca)

Dé cada 6 a 8 horas, según sea necesario, no más de 4 veces en 24 horas (a menos que su profesional de la salud le indique algo diferente).

Peso del niño	Edad del niño	Gotas para bebés 1.25 mL = 50 mg	Líquido para niños 1 cucharadita (5 mL) = 100 mg	Tabletas para niños 1 tableta = 50 mg	Concentración "Junior" 1 tableta = 100 mg
menos de 11 lbs (5 kg)	menor de 6 meses	Dosis recomendada*: _____			
12 a 17 lbs (5.5 a 7.7 kg)	6 a 11 meses	1.25 mL			
18 a 23 lbs (8.2 a 10.5 kg)	12 a 23 meses	1.875 mL			
24 a 35 lbs (10.9 a 15.9 kg)	2 a 3 años		1 cucharadita (100 mg)	2 tabletas	
36 a 47 lbs (16.4 a 21.4 kg)	4 a 5 años		1½ cucharaditas (150 mg)	3 tabletas	
48 a 59 lbs (21.8 a 26.8 kg)	6 a 8 años		2 cucharaditas (200 mg)	4 tabletas	2 tabletas
60 a 71 lbs (27.3 a 32.3 kg)	9 a 10 años		2½ cucharaditas (250 mg)	5 tabletas	2½ tabletas
72 a 95 lbs (32.7 a 43.2 kg)	11 años		3 cucharaditas (300 mg)	6 tabletas	3 tabletas

*Pregunte a su profesional de la salud

When Do Children and Teens Need Vaccinations?

Age	HepB Hepatitis B	DTaP/Tdap Diphtheria, tetanus, pertussis (whooping cough)	Hib *Haemophilus influenzae* type b	IPV Polio	PCV13 Pneumococcal conjugate	RV Rotavirus	MMR Measles, mumps, rubella	Varicella Chickenpox	HepA Hepatitis A	HPV Human papillo-mavirus	MCV4 Meningococcal conjugate	Influenza Flu
Birth	✓											
2 months	✓ (1–2 mos)	✓	✓	✓	✓	✓						
4 months	✓	✓	✓	✓	✓	✓						
6 months		✓	✓		✓	✓						
12 months									✓✓ (2 doses given 6 mos apart at age 12–23 mos)			
15 months	✓ (6–18 mos)	✓ (15–18 mos)	✓ (12–15 mos)	✓ (6–18 mos)	✓ (12–15 mos)		✓ (12–15 mos)	✓ (12–15 mos)				
18 months			Catch-up		Catch-up		Catch-up	Catch-up				✓ (One dose each fall or winter to all people ages 6 mos and older)
19–23 months	Catch-up	Catch-up		Catch-up								
4–6 years		✓		✓			✓	✓	Catch-up			
7–10 years		Catch-up		Catch-up			Catch-up	Catch-up				
11–12 years		✓ Tdap		Catch-up			Catch-up	Catch-up		✓✓✓	✓	
13–15 years		Catch-up (Tdap)								Catch-up	Catch-up	
16–18 years											✓	

Please note: Cases of pertussis (whooping cough) have increased in children, teens, and adults in the last few years. Tragically, some infants too young to be fully protected by vaccination have died. Ask your doctor or nurse if your children have received all the pertussis shots needed for his or her age. Also, if you haven't had your pertussis shot, you need to get one.

What is "Catch-up?" If your child's vaccinations are overdue or missing, get your child vaccinated as soon as possible. If your child has not completed a series of vaccinations on time, he or she will need only the remainder of the vaccinations in the series. There's no need to start over.

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p4050.pdf • Item #P4050 (4/13)

Immunization Action Coalition • 1573 Selby Avenue, Suite 234 • Saint Paul, MN 55104 • (651) 647-9009 • www.vaccineinformation.org • www.immunize.org

¿Cuándo deben vacunarse los niños y los adolescentes?

Edad	HepB Hepatitis B	DTC/Tdap Difteria, tétanos, tos ferina	Hib *Haemophilus influenzae* tipo b	VPI Polio	PCV13 Neumocócica conjugada	RV Rotavirus	MMR Sarampión, paperas, rubéola	Varicela Chickenpox	HepA Hepatitis A	HPV Virus del papiloma humano	MCV4 Meningocócica conjugada	Influenza (Gripe)
Al nacer	✓											
2 meses	✓ (1 a 2 meses)	✓	✓	✓	✓	✓						
4 meses	✓	✓	✓	✓	✓	✓						
6 meses		✓	✓		✓	✓						✓ (Una dosis todos los otoños o inviernos para todas las personas de 6 meses de edad y mayores)
12 meses	✓ (6 a 18 meses)	✓ (15 a 18 meses)	✓ (12 a 15 meses)	✓ (6 a 18 meses)	✓ (12 a 15 meses)		✓ (12 a 15 meses)	✓ (12 a 15 meses)	✓✓ (2 dosis, la 2ª 6 meses después de la 1ª, a los 12 a 23 meses)			
15 meses												
18 meses			Ponerse al día		Ponerse al día		Ponerse al día	Ponerse al día				
19 a 23 meses	Ponerse al día	Ponerse al día		Ponerse al día								
4 a 6 años		✓		✓			✓	✓				
7 a 10 años		Ponerse al día										
11 a 12 años		✓ Tdap		Ponerse al día			Ponerse al día	Ponerse al día	Ponerse al día	✓✓✓	✓	
13 a 15 años		Ponerse al día (Tdap)								Ponerse al día	Ponerse al día	
16 a 18 años											✓	

Nota: Los casos de tos ferina han aumentado en niños, adolescentes y adultos en los últimos años. Trágicamente, algunos bebés demasiado pequeños como para ser vacunados han muerto. Pregúntele a su doctor o enfermera si les pusieron a sus hijos todas las vacunas contra la tos ferina necesarias para su edad. Además, si no lo vacunaron a usted contra la tos ferina, se debe vacunar.

¿Qué es "ponerse al día"? Si no vacunaron a su hijo a tiempo o no le pusieron alguna vacuna necesaria, haga que lo vacunen lo antes posible. Si su hijo no completó alguna serie de vacunas a tiempo, sólo se tendrá que poner las vacunas restantes de la serie. No es necesario empezar todo de nuevo.

Translation by Transcend, Davis, CA

www.immunize.org/catg.d/p4050-01.pdf • Item #P4050-01 Spanish (4/13)

2014 Recommended Immunizations for Children from Birth Through 6 Years Old

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
HepB	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV	PCV	PCV	PCV					
		IPV	IPV	IPV						IPV
				Influenza (Yearly)*						
					MMR					MMR
					Varicella					Varicella
					HepA§					

Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
or visit
http://www.cdc.gov/vaccines

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Centers for Disease Control and Prevention

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Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against *Haemophilus influenzae* type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Flu	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR**vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord) , encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.

Last updated January 2014 • CS245366-A -

2014 Vacunas recomendadas para niños, desde el nacimiento hasta los 6 años de edad

al nacer	1 mes	2 meses	4 meses	6 meses	12 meses	15 meses	18 meses	19–23 meses	2–3 años	4–6 años
HepB	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV	PCV	PCV	PCV					
		IPV	IPV			IPV				IPV
						Influenza (anual)*				
					MMR					MMR
					Varicela					Varicela
					HepA, 2 dosis§					

¿Está creciendo su familia?
Para protegerse y proteger a su nuevo bebé contra la tosferina, debe recibir la vacuna Tdap en el tercer trimestre de cada embarazo. Consulte a su médico para obtener más detalles.

Las casillas coloreadas indican que la vacuna se puede dar durante el rango de edad mostrado.

NOTA:
Si su hijo no recibió una de las dosis, no se necesita volver a empezar, solo llévelo al pediatra para que le apliquen la siguiente. Consulte al médico de su hijo si tiene preguntas sobre las vacunas.

NOTAS A PIE DE PÁGINA:

* Se recomiendan dos dosis con un intervalo de por lo menos cuatro semanas para los niños de 6 meses a 8 años que reciben por primera vez la vacuna contra la influenza y para otros niños en este grupo de edad.

§ Se requieren 2 dosis de la vacuna HepA para brindar una protección duradera. La primera dosis de la vacuna HepA se debe administrar durante los 12 y los 23 meses de edad. La segunda dosis se debe administrar 6 a 18 meses después. La vacuna HepA se puede administrar a todos los niños de 12 meses de edad o más para protegerlos contra la hepatitis A. Los niños y adolescentes que no recibieron la vacuna HepA y tienen un riesgo alto, deben vacunarse contra la hepatitis A.

Si su niño tiene alguna afección que lo pone en riesgo de contraer infecciones o si va a viajar al extranjero, consulte al pediatra sobre otras vacunas que pueda necesitar.

MÁS INFORMACIÓN AL REVERSO SOBRE ENFERMEDADES PREVENIBLES CON LAS VACUNAS Y LAS VACUNAS PARA PREVENIRLAS.

Para más información, llame a la línea de atención gratuita
1-800-CDC-INFO (1-800-232-4636)
o visite
http://www.cdc.gov/vaccines

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Enfermedades prevenibles con las vacunas y vacunas para prevenirlas

Enfermedad	Vacuna	Enfermedad transmitida por	Signos y síntomas de la enfermedad	Complicaciones de la enfermedad
Varicela	Vacuna contra la varicela.	Aire, contacto directo	Sarpullido, cansancio, dolor de cabeza, fiebre	Ampollas infectadas, trastornos hemorrágicos, encefalitis (inflamación del cerebro), neumonía (infección en los pulmones)
Difteria	La vacuna DTaP* protege contra la difteria.	Aire, contacto directo	Dolor de garganta, fiebre moderada, debilidad, inflamación de los ganglios del cuello	Inflamación del músculo cardiaco, insuficiencia cardiaca, coma, parálisis, muerte
Hib	La vacuna contra la Hib protege contra *Haemophilus influenzae* serotipo b.	Aire, contacto directo	Puede no causar síntomas a menos que la bacteria entre en la sangre	Meningitis (infección en las membranas que recubren el cerebro y la médula espinal), discapacidad intelectual, epiglotis (infección que puede ser mortal en la que se bloquea la tráquea y origina graves problemas respiratorios) y neumonía (infección en los pulmones), muerte
Hepatitis A	La vacuna HepA protege contra la hepatitis A.	Contacto directo, comida o agua contaminada	Puede no causar síntomas, fiebre, dolor de estómago, pérdida del apetito, cansancio, vómito, ictericia (coloración amarilla de la piel y los ojos), orina oscura	Insuficiencia hepática, artralgia (dolor en las articulaciones), trastorno renal, pancreático y de la sangre
Hepatitis B	La vacuna HepB protege contra la hepatitis B.	Contacto con sangre o líquidos corporales	Puede no causar síntomas, fiebre, dolor de cabeza, debilidad, vómito, ictericia (coloración amarilla de los ojos y la piel) dolor en las articulaciones	Infección crónica del hígado, insuficiencia hepática, cáncer de hígado
Influenza (gripe)	La vacuna influenza protege contra la gripe o influenza.	Aire, contacto directo	Fiebre, dolor muscular, dolor de garganta, tos, cansancio extremo	Neumonía (infección en los pulmones)
Sarampión	La vacuna MMR** protege contra el sarampión.	Aire, contacto directo	Sarpullido, fiebre, tos, moqueo, conjuntivitis	Encefalitis (inflamación del cerebro), neumonía (infección en los pulmones), muerte
Paperas	La vacuna MMR**protege contra las paperas.	Aire, contacto directo	Inflamación de glándulas salivales (debajo de la mandíbula), fiebre, dolor de cabeza, cansancio, dolor muscular	Meningitis (infección en las membranas que recubren el cerebro y la médula espina), encefalitis (inflamación del cerebro), inflamación de los testículos o los ovarios, sordera
Tosferina	La vacuna DTaP* protege contra la tosferina (*pertussis*).	Aire, contacto directo	Tos intensa, moqueo, apnea (interrupción de la respiración en los bebés)	Neumonía (infección en los pulmones), muerte
Poliomielitis	La vacuna IPV protege contra la poliomielitis.	Aire, contacto directo, por la boca	Puede no causar síntomas, dolor de garganta, fiebre, náuseas, dolor de cabeza	Parálisis, muerte
Infección neumocócica	La vacuna PCV protege contra la infección neumocócica.	Aire, contacto directo	Puede no causar síntomas, neumonía (infección en los pulmones)	Bacteriemia (infección en la sangre), meningitis (infección en las membranas que recubren el cerebro y la médula espinal), muerte
Rotavirus	La vacuna RV protege contra el rotavirus.	Por la boca	Diarrea, fiebre, vómito	Diarrea intensa, deshidratación
Rubéola	La vacuna MMR** protege contra la rubéola.	Aire, contacto directo	Los niños infectados por rubéola a veces presentan sarpullido, fiebre y ganglios linfáticos inflamados	Muy grave en las mujeres embarazadas: puede causar aborto espontáneo, muerte fetal, parto prematuro, defectos de nacimiento
Tétano	La vacuna DTaP* protege contra el tétano.	Exposición a través de cortaduras en la piel	Rigidez del cuello y los músculos abdominales, dificultad para tragar, espasmos musculares, fiebre	Fractura de huesos, dificultad para respirar, muerte

* La vacuna DTaP combina la protección contra la difteria, el tétano y la tosferina.
** La vacuna MMR combina la protección contra el sarampión, las paperas y la rubéola.

Última actualización 01/2014 • CS245366-D -

Vaccinations for Preteens and Teens, Age 11–19 Years

Getting immunized is a lifelong, life-protecting job. Make sure you and your healthcare provider keep your immunizations up to date. Check to be sure you've had all the vaccinations you need.

Vaccine	Do you need it?
Chickenpox (varicella; Var)	If you haven't been vaccinated and haven't had chickenpox, you need 2 doses of this vaccine. Anybody who was vaccinated with only 1 dose should get a second dose.
Hepatitis A (HepA)	You need 2 doses of hepatitis A vaccine if you would like to be protected from this disease or if you have a risk factor for hepatitis A. Check with your healthcare provider to find out if you need this vaccine.
Hepatitis B (HepB)	This vaccine is recommended for all people age 0–18 years. You need a series of doses of hepatitis B vaccine if you have not already received them.
Human papillomavirus (HPV)	All preteens and teens age 11 and older need 3 doses of HPV vaccine. The vaccine protects against HPV, the most common cause of cervical cancer. It also protects against some other types of cancers, such as cancer of the anus and penis.
Influenza (Flu)	Everyone age 6 months and older needs influenza vaccination every fall or winter and for the rest of their lives.
Measles, mumps, rubella (MMR)	You need 2 doses of MMR vaccine if you have not already received them. MMR vaccine is usually given in childhood.
Meningococcal (MCV4)	All preteens and teens age 11–18 years need 2 doses of MCV4. If you are a first-year college student living in a residence hall, you need a dose of MCV4 if you have never received it or received it when you were younger than 16. Check with your healthcare provider.
Pneumococcal (PCV13, PPSV23)	Do you have a chronic health problem? If so, check with your healthcare provider to find out if you need the pneumococcal vaccine.
Polio (IPV)	You need a series of at least 3 doses of polio vaccine if you have not already received them. Polio vaccine is usually given in childhood.
Tetanus, diphtheria, and whooping cough (pertussis; Tdap)	All preteens and teens (and adults!) need a dose of Tdap vaccine, a vaccine that protects you from tetanus, diphtheria, and whooping cough (pertussis). After getting a dose of Tdap, you will need a tetanus-diphtheria (Td) shot every ten years. If you become pregnant, however, you will need another dose of Tdap during the pregnancy, preferably during the third trimester.

If you will be traveling outside the United States, additional vaccines may be needed. For information, consult your healthcare provider, a travel clinic, or the Centers for Disease Control and Prevention at www.cdc.gov/travel.

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www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p4020.pdf • Item #P4020 (10/13)

Vacunas para los preadolescentes y adolescentes, de 11 a 19 años de edad

Estar vacunado es una tarea de toda la vida, para proteger la vida. Asegúrate de que tú y tu profesional de la salud mantengan tus vacunas al día. Mira más abajo para estar seguro de que has recibido todas las vacunas que necesitas.

Vacuna	¿La necesitas?
Varicela (Var)	Si no has tenido varicela ni la vacuna contra varicela, necesitas 2 dosis de esta vacuna. Todas las personas que recibieron 1 sola dosis de la vacuna deben recibir una segunda dosis.
Hepatitis A (HepA)	Necesitas 2 dosis de la vacuna contra la hepatitis A si quieres protegerte de esta enfermedad o si tienes un factor de riesgo de contraer la hepatitis A. Consulta con tu profesional de la salud para averiguar si necesitas esta vacuna.
Hepatitis B (HepB)	Esta vacuna se recomienda para todas las personas entre 0 y 18 años de edad. Si todavía no las has recibido, necesitas una serie de dosis de la vacuna contra la hepatitis B.
Virus del papiloma humano (HPV)	Todos los preadolescentes y adolescentes de 11 años de edad y mayores necesitan 3 dosis de la vacuna contra el HPV. La vacuna protege contra el HPV, la causa más común del cáncer de cuello uterino. También protege contra algunos otros tipos de cáncer, como por ejemplo el cáncer del ano y del pene.
Influenza (gripe)	Todas las personas de 6 meses de edad y mayores deben recibir la vacuna contra la influenza (gripe) todos los años, en otoño o invierno, por el resto de sus vidas.
Sarampión, paperas, rubéola (MMR)	Necesitas 2 dosis de la vacuna MMR si todavía no las has recibido. La vacuna MMR en general se da en la niñez.
Meningocócica (MCV4)	Todos los preadolescentes y adolescentes de entre 11 y 18 años de edad necesitan 2 dosis de la vacuna MCV4. Si es estudiante de primer año de la universidad y vive en una residencia estudiantil, necesita una dosis de MCV4 si nunca la recibiste, o si la recibiste antes de los 16 años de edad. Consulte con tu profesional médico.
Neumocócica (PCV13, PPSV23)	¿Tienes un problema de salud crónico? De ser el caso, consulte con su profesional médico para averiguar si tienes que recibir la vacuna neumocócica.
Polio (IPV)	Debes recibir una serie de por lo menos 3 dosis de la vacuna contra la poliomielitis, si todavía no las has recibido. La vacuna contra la poliomielitis en general se da en la niñez
Tétanos, difteria, y tos ferina (pertussis; Tdap)	Todos los preadolescentes y adolescentes (¡y adultos!) necesitan una dosis de la vacuna Tdap, que te protege del tétanos, la difteria y la tos ferina (pertussis). Después de recibir una dosis de la vacuna Tdap, tienes que recibir una vacuna contra el tétanos y la difteria (Td) cada diez años. Sin embargo, si te embarazas necesitarás otra dosis de la vacuna Tdap durante el embarazo, preferiblemente en el tercer trimestre.

Si vas a viajar fuera de los Estados Unidos, es posible que necesites vacunas adicionales. Para obtener información, consulta con tu profesional de la salud, con una clínica para viajeros, o los Centros para el Control y la Prevención de Enfermedades *(Centers for Disease Control and Prevention)* en www.cdc.gov/travel.

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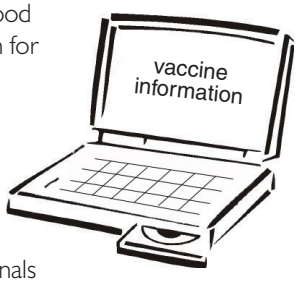
www.immunize.org/catg.d/p4020-01.pdf ▪ Item #P4020-01 (10/13)

Reliable Sources of Immunization Information: Where to go to find answers!

Websites

American Academy of Pediatrics (AAP)

www.aap.org/immunization AAP's childhood immunization website contains information for both parents and clinicians.



Centers for Disease Control and Prevention (CDC)

www.cdc.gov/vaccines The information on this website ranges from official vaccine recommendations for healthcare professionals to information for the general public about vaccines.

Every Child by Two (ECBT) www.ecbt.org and www.vaccinateyourbaby.org ECBT, founded by Rosalynn Carter and Betty Bumpers, has created these two websites. Each contains a broad array of educational materials and information about vaccines, their safety, vaccine research and science, vaccine misperceptions, and many other topics to help clinicians and parents.

Immunization Action Coalition (IAC)

www.immunize.org and www.vaccineinformation.org IAC is a nonprofit organization that promotes immunization for all people against vaccine-preventable diseases. These websites offer educational materials, photos, and video clips for parents, healthcare professionals, the media, and the general public.

National Network for Immunization Information (NNii) www.immunizationinfo.org NNii provides current, science-based, extensively reviewed information to healthcare professionals, the media, policy makers, and the public.

U.S. Dept of Health and Human Services (HHS)

www.vaccines.gov Vaccines.gov is the federal gateway to information on vaccines and immunizations for infants, children, teenagers, adults, and seniors.

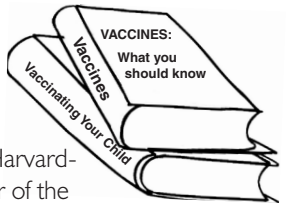
Vaccine Education Center (VEC) www.vaccine.chop.edu The goal of the VEC at Children's Hospital of Philadelphia is to accurately communicate the facts about each childhood vaccine. VEC publishes a monthly vaccine e-newsletter for parents titled "Parents PACK." For more information or to subscribe, visit www.vaccine.chop.edu/parents

Phone Numbers

CDC-INFO Contact Center

A toll-free number for consumers and healthcare professionals who have questions about immunization and vaccine-preventable diseases. Call (800) CDC-INFO or (800) 232-4636. The Center operates 24/7 in English & Spanish. TTY: (888) 232-6348.

Books for Parents



Baby 411, 4th edition

By Denise Fields and Ari Brown, MD, Windsor Peak Press, 2009. Written by a Harvard-trained pediatrician (Brown) and the author of the best-selling *Baby Bargains* (Fields), this book is the ultimate compilation of frequently asked questions for baby's first year. It includes a special section on vaccines. To purchase, visit your local bookstore or www.windsorpeak.com/baby411

Do Vaccines Cause That?! A Guide for Evaluating Vaccine Safety, 1st edition

By Martin Myers, MD, and Diego Pineda, MS. Published by Immunizations for Public Health, 2008. Get straight, science-based answers to parents' questions about the safety of vaccines. To purchase, visit your local bookstore or www.dovaccinescausethat.com

Parents Guide to Childhood Immunization, 2010

This 68-page booklet from CDC introduces parents to 14 childhood diseases and the 10 vaccines that can protect children from them. Parents can order a free booklet or print their own copy by visiting www.cdc.gov/vaccines/pubs/parents-guide

Plain Talk About Childhood Immunization, 6th edition

Washington State Department of Health, et al., 2008. This 54-page booklet provides parents with accurate information about immunizations and the diseases they prevent, vaccine safety, and other topics of interest to the public. The publication, available in English and Spanish, can be downloaded at http://here.doh.wa.gov/materials/plain-talk-about-childhood-immunizations in either low resolution (for printing on office copiers) or high resolution (for professional printing).

Vaccines and Your Child, Separating Fact from Fiction, 2011 By Paul Offit, MD, and Charlotte Moser, Columbia University Press, 2011. This book answers questions about the science and safety of modern vaccines. In straightforward prose, Offit and Moser explain how vaccines work, how they are made, and how they are tested. Most important, they separate the real risks of vaccines from feared but unfounded risks. To purchase, visit your local bookstore or www.cup.columbia.edu

Videos

"Vaccines and Your Baby" and **"Vaccines: Separating Fact from Fear"** Available for a nominal charge in English and Spanish in DVD format, these videos answer many questions that new parents have. Ordering information is available at www.chop.edu/service/vaccine-education-center/familyOrder.cfm or parents can watch the videos online at www.chop.edu/service/vaccine-education-center/related-information/multimedia.html.

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

www.immunize.org/catg.d/p4012.pdf • Item #P4012 (5/11)

Clear Answers & Smart Advice About Your Baby's Shots

By ***Ari Brown, MD, FAAP***

Dr. Brown received her medical degree from Baylor College of Medicine in Houston, Texas; she did her pediatric residency at Harvard Medical School/Boston Children's Hospital. In private practice since 1995, Dr. Brown is perhaps best known as the coauthor of the 411 parenting book series — ***Expecting 411: Clear Answers and Smart Advice for Your Pregnancy, Baby 411,*** **and** ***Toddler 411*** (Windsor Peak Press).

In response to the recent media attention given to vaccines, autism, and other controversies concerning vaccines, the Immunization Action Coalition (IAC) has reprinted a special excerpt from *Baby 411* that answers these questions and more. IAC thanks Dr. Brown for this clearly written information, but mostly, we are grateful for her continued advocacy for safe and effective vaccines.

Vaccines. Autism. Controversy. As a new parent (or parent-to-be), it's hard not to hear the great debate in parenting circles these days—do vaccines cause autism? If not, what causes autism and why is it on the rise?

Let's start at the beginning—just what is autism?

Q: What is autism?

Autism Spectrum Disorder (ASD) is really a collection of several disorders that have three abnormal areas in common: social skills, communication skills, and repetitive or obsessive traits. Specialists use the terms ASD and Pervasive Developmental Disorders (PDD) interchangeably. To add even more confusion, Pervasive Developmental Disorder, not otherwise specified (PDD-NOS), and Asperger's Syndrome also are other categories that fall under the ASD umbrella.

There is a very broad range of severity within ASD. A child may have normal intelligence and language, but be socially awkward and have panic attacks if his sandwich is cut in triangles instead of squares. Or a child may appear out of touch with reality and spend his entire day rocking and flapping his hands. Both children have ASD. As you might suspect, children with severe problems as in classic autism are diagnosed much earlier than kids who can communicate but have trouble with social skills, as in Asperger's Syndrome.

Children are usually diagnosed by 18-24 months of age when language delays are obvious. Many children with Asperger's Syndrome may not be diagnosed until preschool (or sometimes even later).

However, clues to the diagnosis appear long before that time. Some early clues include: not smiling back at people, poor eye contact, not imitating, not gesturing (waving bye-bye), not responding to being called by name, and not trying to communicate/connect/engage with other people by 1 year of age.

There also are some unusual behaviors. Cuddling may not be soothing. In fact, an autistic child may get very upset by being touched. Bright lights and noises often bother them. Because they are bugged by the outside world, they may turn inward and find comfort in repetitive behaviors (rocking, head banging, spinning). Autistic children may have little interest in playing with toys. Or they may play in an odd way— such as using a phone as a comfort object.

Bottom line: Children with autism have autism long before their first birthdays, even though their "official" diagnosis usually occurs in their second year of life.

Q: I have a friend whose child has autism. She said he was "perfectly normal" until he was about 18 months old. Does this happen?

A small minority of ASD children have completely normal milestones and then regress, which is known as "late onset autism." These children most likely have a distinct genetic abnormality that turns on or off without any trigger.

However, for most kids with ASD, parents and doctors just miss (or dismiss) the early signs in the first year of life and the child's atypical development only becomes apparent at 18 months.

Doctors rely heavily on parents to point out concerns. And parents (especially first-timers) don't know what is normal and what isn't.

The mother of one of my ASD patients told me that she only realized how unusual her son's development was after she watched her second child, without ASD, breeze through her milestones. Even the most vocal ASD mom of all, Jenny McCarthy, agrees. Her son was 5 months old when he first smiled at her (that's abnormal), when all of her friends' babies smiled at 2 months of age (that's normal).

Some parents report that their ASD child spoke a few words and then "lost" the ability to say them. If you delve a bit deeper, the child may have randomly said a few things, but was not consistently using words like "juice" or "no" to communicate his needs.

There is growing research in language development that looks at brain anatomy. Primitive brain parts control early language development from birth to 18 months. At 18 to 24 months, the mature brain parts turn on and language takes off. With autistic children, mature language does not take off. But from a parent's perspective, it may look like a loss of skills.

And again, children with subtle atypical behaviors may be harder to diagnose early on. Reviewing home movies of a child once the diagnosis is made often shows that early signs are overlooked.[1]

Q: OK, so what causes autism?

The million-dollar question.

In the 1980s, one in 10,000 kids was diagnosed with autism. Today, one in 150 American 8-year-olds has some form of autism. Boys outnumber girls four to one. The United States is not the only country seeing this trend. It is increasingly diagnosed worldwide.

For starters, is it really an epidemic? Or, are more people being diagnosed? Many children who were diagnosed with mental retardation 30 years ago are children who are diagnosed with classic autism today. And mildly disabled ASD kids today are children who never would have had a diagnosis 30 years ago. Those verbal, but socially awkward, children account for the majority of new ASD cases.

Here are the hottest areas of autism research today:

- **Genetics:** There is no question genetics plays a role. Autism runs in families. I have a family in my practice and all four children have a diagnosis on the autism spectrum.

  Studying twins is an obvious way to detect genetic disorders. If one identical twin has autism, up to 90 percent of the time, so will the other twin. To date, studies suggest there is more than just one "autism gene"; there appear to be several.

  ASD children have several different abnormalities with their DNA. However the X chromosome is one of interest because of the high prevalence of boys with ASDs.[2]

  Fragile X Syndrome, which is a known genetic cause of autism, also points to a defective X chromosome in ASD.

  And Rett Syndrome, which is a disorder causing developmental regression and autistic behaviors in girls, is caused by a defective MECP2 gene located on the X chromosome.[3]

  We also know that kids with autism and defects on Chromosome 11 have dysfunctional "neurexin 1 protein." Researchers are looking into how this defective protein affects fetal and infant brain growth.

  Finding these specific genetic defects may help in genetic counseling, as well as therapies, in the future. Animal studies already are underway for targeted genetic therapy in both Fragile X and Rett Syndrome.

- **Abnormal brain growth:** ASD children have problems with brain growth. Babies are born with immature brains that grow rapidly and make nerve connections called synapses ... like an information superhighway. In the normally growing brain, some branches of this superhighway get "pruned." In the autistic brain, this pruning process seems to be defective. This may explain why babies who are autistic have abnormally rapid head growth under 1 year of age. No one has yet figured out what causes that defective nerve growth. Of note, boys with ASD have higher levels of hormones (insulin-like growth factor) that may contribute to their larger head size, weight, and body mass index.[4]

- **Environmental triggers:** Is there some environmental exposure that sets off abnormal brain development in a genetically predisposed baby? Maybe. And that exposure may happen at or shortly after conception, before a mother even knows she is pregnant. The embryo has a critical period of brain development at 20–24 days after conception. That is when the developing brain is most sensitive to injury. Studies done by the Environmental Working Group have detected over 280 environmental toxins in umbilical cord blood, so clearly pregnant moms are exposed to a variety of toxins. Could one of these be the autism trigger? We don't know.

  Viral infections during pregnancy also may be a key environmental trigger that causes abnormal genes in the fetus. Those infections include rubella, CMV (cytomegalovirus), and influenza (yes, "the flu").[5]

  What about vaccines as an environmental trigger? Researchers and scientists have taken a long, hard look at vaccines—and there is conclusive evidence that vaccine exposure is NOT the turn-on switch for autism.[6]

  Bottom line: There's evidence that newborns who are later diagnosed with ASD already have abnormal levels of certain proteins in their brains. So, whatever the trigger is (if there is one), it has been fired before the baby even enters the world.

- **Prematurity:** A developing brain is quite vulnerable. Premature, very low birth-weight babies (under three pounds) have a 25 percent chance of developing an autism spectrum disorder.[7]

- **Older parents:** Another possible reason for the increase of autism: the trend of parents having babies at a later age. Moms who conceive after the age of 40 have a 30 percent increased risk of having a child with autism. Dads who conceive after the age of 40 have a 50 percent increased risk of having an autistic child.[8] Scientists speculate that an older dad's sperm may have defective genetic material, possibly altered by environmental toxins.

- **Closely spaced pregnancies:** A 2011 study compared children who were conceived at least three years after their sibling was born to closer-spaced pregnancies and found that babies conceived less than 12 months after the birth of the first-born child were THREE times more likely to be diagnosed with autism spectrum disorder. Babies conceived from 12 to 23 months after the birth of the first-born child had almost two times the risk of ASD. And, even babies conceived 23 to 35 months after the first-born child had a slightly greater risk of ASD.

  Unfortunately, the researchers have no idea why the odds are greater when the spacing between pregnancies is shorter. Perhaps it's because a woman's nutritional stores have not had enough time to be replenished. Or maybe women who have put off parenthood until later in life have more closely spaced babies—and parental age itself is a risk factor for having a child with an ASD.

  This study alone should not necessarily influence your decision on how long to wait between pregnancies. However, the current recommendation from the Centers for Disease Control and Prevention is to wait at least 18 to 23 months between pregnancies for a mother's and baby's optimal health.[9]

Bottom line: Researchers don't know what causes autism, although the above factors provide clues. The goal is to find a way to prevent autism … but we aren't there yet.

Vaccines

Q: Why do you care whether I vaccinate my child or not?

For starters, we want your baby to be protected.

But we also want you to realize that the decision to vaccinate your child impacts the health of other children in the community. Choosing NOT to vaccinate your child is choosing to put your child AND your community's children at risk. As a parent, you want to make the right choices to protect your child. I want you to ask questions. I want you to be informed. And I want you to get your child vaccinated. YOUR decision impacts ALL children. Why?

There are two critical points for vaccination to work:

1. You need to be vaccinated.
2. Your neighbor needs to be vaccinated.

This concept is called herd immunity. And yes, you are a member of a herd. When 90 to 95 percent of "the herd" is protected, it is nearly impossible for a germ to cause an epidemic. Think of germs as rain. Vaccination is a raincoat. Even with a raincoat on, you can still get wet. You need an umbrella, too. The umbrella is "herd immunity." Those who don't vaccinate expect someone to share their umbrella when it rains. But society can only buy umbrellas TOGETHER. And raincoats aren't made for newborns—they need umbrellas!

Some parenting decisions have little or no impact on the community at large. Deciding whether or not your child eats organic baby food, goes to preschool, or sleeps in a family bed is entirely up to you—your decision only affects your child.

However, your decision whether or not to vaccinate your child affects all our kids. If you are a parent who is considering delaying or skipping vaccinations altogether, please realize the impact of your decision.

If more than 10 percent of American parents choose to "opt out" of vaccines, there's no question that our entire country will see these horrible diseases of bygone days return. Fortunately, very few parents decide to do this. What is most concerning today is that there are pockets of under-vaccinated children. Birds of a feather flock together. Like-minded parents who don't vaccinate their kids tend to live in the same community and send their kids to the same schools. With lower immunization rates, there is no herd immunity. We have these "Ground Zero" areas to thank for recent measles and whooping cough outbreaks of 2008 and 2011.[10]

Q: I've heard that the MMR vaccine might cause autism. Is this true?

No. Parents also hear that vaccinations cause multiple sclerosis, diabetes, asthma, and Sudden Infant Death Syndrome (SIDS). None of these are caused by vaccination. The government operates a safety monitoring system (Vaccine Adverse Event Reporting System, Food and Drug Administration, CDC) watching for any possible adverse effects from vaccines. No one wants to increase autism rates.

One small case report of only eight patients in 1998 led a research group to feel that the combination measles, mumps, and rubella (MMR) vaccine might cause autism.[11] But, don't try to find the article online because the journal that published it later retracted it when a former member of the research lab revealed that the data reported in the study was fabricated![12] Twelve years later, the lead author lost his license to practice medicine in England and was accused of fraud. The whole thing was a hoax.

Before this came to light, several reputable scientists tried to duplicate the findings of this now discredited researcher. No one ever could—and now we know why!

Unfortunately, frightened parents chose to skip the MMR vaccine and measles epidemics occurred in the United Kingdom and the United States as a result of these unfounded claims.

Bottom line: Don't base health decisions for your child on one research study or what the media says! Talk to your child's doctor about any vaccine safety concerns.

Q: If the MMR vaccine doesn't cause autism, why is the diagnosis made around the same time as the vaccination?

One of the criteria used to make a diagnosis of autism is a language delay. Because children do not have significant expressive language under a year of age, doctors have to wait until 15 to 18 months to confirm a language delay and make the diagnosis. That's about the same time as the MMR vaccination, which leads some parents to wonder about autism and vaccination.

Q: I've heard mercury preservative is in vaccines. Is this true?

Only a few remain. Preservatives and stabilizers are used in vaccines so the vaccinations remain potent and uncontaminated. A popular preservative used to be a chemical called thimerosal, which contained trace amounts of ethylmercury. Thimerosal use began in the 1940s.

Thimerosal was removed from all vaccines given to infants younger than age 6 months by 2001. This deserves repeating: YOUR young baby will not be getting vaccines that contain mercury (thimerosal) as a preservative. The one exception is the influenza vaccine that is found in multi-dose vials that need a preservative to prevent contamination. Influenza vaccine that is packaged in single dose vials does not need a preservative and many clinics choose to use these individual vials with the youngest patients. Remember, it's very important that children get vaccinated against influenza each fall or winter beginning when they are 6 months old.

Despite the fact that most vaccines are mercury preservative-free now, speculation persists about vaccines previously containing mercury and links to autism. This speculation continues even after the Institute of Medicine (IOM) published a conclusive report in 2004 negating any association between vaccines and autism. (The IOM spent four years studying both the mercury question and the MMR combo vaccine question and published a series of eight reports on the subject.)

A quick chemistry lesson: Certain compounds have completely different properties even though they may be related. For instance,

take the alcohol family. Methanol is anti-freeze; ethanol is a Bud Light. Keep this in mind when we discuss mercury. We are all exposed to small amounts of mercury. The type of mercury that has raised health concerns is called methylmercury. High concentrations of methylmercury can be found in tuna, swordfish and shark from contaminated waters. The information known about mercury poisoning comes from unfortunate communities that have experienced it. Example: There is a large amount of data from the Faroe Islands, near Iceland. The people there would eat whale blubber contaminated with toxic levels of methylmercury and polychlorinated biphenyls (PCBs). Children, especially those exposed as fetuses during their mother's pregnancy, seemed to have lower scores on memory, attention, and language tests than their unexposed peers. (They were not diagnosed with autism or Attention Deficit Disorder, however.)[13]

Chronic exposure to liquid methylmercury causes Mad Hatter's Disease, named for hat makers who used liquid mercury in the hat-making process. The disease consists of psychiatric problems, insomnia, poor memory, sweating, tremors, and red palms. Chronic mercury poisoning also impairs kidney function.

Methylmercury is a small molecule that can get into the brain—it takes almost two months to break down in the body. Ethylmercury (the type of mercury that was previously used as a vaccine preservative) is a large molecule that cannot enter the brain and is rapidly eliminated from the body within a week.

Because of the increased number of vaccinations that children get, the potential cumulative exposure to mercury became a concern in 1999.

There are three federal groups that set standards for acceptable daily mercury exposure (the Environmental Protection Agency [EPA], the Food and Drug Administration [FDA], and the Agency for Toxic Substances and Disease Registry). When the exposure was calculated, the cumulative dose was higher than acceptable levels set by the EPA only (the other groups' standards were higher). As a result of these findings, the Public Health Service (which includes the FDA) and the American Academy of Pediatrics issued a joint statement as a precautionary measure, urging vaccine manufacturers to reduce or eliminate thimerosal in vaccines as soon as possible.[14] This was issued in 1999 before scientists had an opportunity to study the potential health effects of thimerosal-containing vaccines. Numerous studies have since shown that there is no relationship between vaccines, either with or without thimerosal, and the development of autism or other neurologic problems in children.

Q: I heard that I should still ask my doctor if the vaccines for my baby are thimerosal-free. What do you suggest?

We think you should ask as many questions as you need to feel comfortable. Remember that since 2001, most childhood vaccines given to infants and children went thimerosal (mercury) preservative-free. If your doctor has a 2001 vintage vaccine vial sitting on the shelf (which would be expired by now), he needs to re-stock. To give you some perspective, my practice buys its vaccine supply on a monthly basis.

Why does flu vaccine need thimerosal or any other preservative? First, understand the flu vaccine is reformulated every year to reflect the anticipated flu strains. Since millions of doses of flu vaccine are needed every year, the most efficient way to produce the shot is in multi-dose vials, which require a preservative.

Hence, some flu shots (not the flu nasal spray) contain the preservative thimerosal. However, there are single-dose preparations of flu vaccine that are mercury preservative-free. These can be given to young children and pregnant women. Ask your doctor for a thimerosal-free flu vaccine if you are concerned.

Even though thimerosal is safe, it would be ideal for all flu vaccines to be thimerosal preservative-free—this would put any concerns to rest. However, the technology just isn't there yet.

The Institute for Vaccine Safety at Johns Hopkins University has a chart online that tracks any thimerosal content in vaccines: www.vaccinesafety.edu/thi-table.htm.

FYI: Many vaccines such as the combination measles, mumps, and rubella vaccine never used thimerosal in the production process or as a preservative.

Reality Check: Worried about the mercury preservative (thimerosal) in your child's flu vaccine? Consider this: A tuna fish sandwich has five times more mercury than a thimerosal-preserved flu vaccine.[15] And the type of mercury (methylmercury) found in tuna is the one that has health concerns. Also, a baby who is exclusively breastfed for six months of life consumes about 0.36 mg of methylmercury from breast milk. That's 15 times the quantity of ethylmercury in one flu vaccine!

Bottom line: As a doc, I am much more concerned about your baby's mercury exposure from the environment than what's in a flu shot. Here's a look at the numbers:

Product	Amount of Mercury	Type of Mercury
Tuna, 5.6 oz can	0.115 mg	Methyl
Breast milk, 1 liter	0.015 mg	Methyl
Flu vaccine with thimerosal	0.025 mg	Ethyl

Q: Does thimerosal cause autism?

No. The Institute of Medicine reached this conclusion in 2004. What proof do we have?

Thimerosal has been removed from most vaccines since 2001, but the rates of autism are still skyrocketing. A 2008 survey of autism rates in California confirms that mercury is essentially out and autism rates are still going up. If thimerosal was the cause and it was removed from vaccines seven years ago, autism rates would be going down by now. Why? Because autism spectrum disorders are usually diagnosed by 3 years of age. By now, any reduction in autism should have been obvious if thimerosal caused the disorder.[16]

- Mercury preservatives were removed from vaccines in Denmark in 1992. Canada and the European Union followed suit shortly thereafter. However, their autism rates are going up too.
- Mad Hatter's Disease (mercury poisoning) and autism are very different disorders (see chart in next column).
- A study of 100,000 kids in England compared those receiving thimerosal-containing vaccines to those who did not. The ones who had the t-free shots had HIGHER rates of autism.[17]

- A 2007 study showed that children between 7 and 10 years of age who got those mercury-containing vaccines (before 2001) have no significant differences in tests of attention and processing information. Although the study did not look specifically at autism, it showed that mercury preservatives did not make much of an impact on brain functions in general. A follow-up study that specifically addresses autism is underway.[18]

Did thimerosal cause autism? Notice the differences between autism and mercury poisoning:

	Autism	**Mercury Poisoning**[19]
Motor	Repetitive movements	Wobbly, shaky gait
Vision	Normal	Impaired
Speech	Delay, repetitive sounds	Articulation problem
Sensory	Hyper-responsive	Loss of sensation
Psychiatric	Aloof, likes sameness	Psychosis, depression
Head size	Large	Small

Q: Are there other additives in the vaccines?

Yes. And you should know about them.

Vaccines contain the active ingredients that provide immunity. But there are inactive ingredients that improve potency and prevent contamination. Below is a list of additives and why they are there. These products are present in trace amounts and none have been proven harmful in animals or humans.[20]

- **Preservatives:** Prevent vaccine contamination with germs (bacteria, fungus). Examples: 2-phenoxyethanol, phenol, and thimerosal (prior to 2001).
- **Adjuvants**: Improve potency/immune response. Example: aluminum salts.
- **Additives:** Prevent vaccine deterioration and sticking to the side of the vial. Examples: gelatin, albumin, sucrose, lactose, MSG, glycine.
- **Residuals:** Remains of vaccine production process. Examples: formaldehyde, antibiotics (Neomycin), egg protein, yeast protein.

See our website (www.Baby411.com, click on "Bonus Material") for a list of ingredients for the routine childhood vaccination series.

Q: Why is aluminum in vaccines?

Now that the mercury (thimerosal) saga is coming to an end, anti-vaccine crusaders have come up with a new bad guy: aluminum. Yes, trace amounts of aluminum salts are used in some childhood vaccines. Here's all you need to know (and more) about aluminum.

Bottom line: We are not worried about it.

Aluminum is everywhere. It's the most common metal in our earth's crust. So it is naturally present in our water, soil, and even in the air. Fruits, vegetables, nuts, flour, cereal, dairy products, and yes, even baby formula and breast milk … all contain some aluminum. Do you wear antiperspirant? It's in there, too. To avoid aluminum exposure, you'd have to quit wearing antiperspirant … and basically leave the planet.

Why is aluminum used in vaccines? Aluminum enhances the immune system's response to the vaccine. It's been used safely for several decades. By using aluminum salts, some inactivated vaccines require fewer booster shots for the body to mount an adequate immune response.

Are there any health concerns with aluminum in vaccines? No. There is significantly less aluminum in vaccines than what babies are exposed to in the environment. Both the National Vaccine Program Office and the World Health Organization have determined that the aluminum content in the childhood vaccination series is safe.

Does aluminum poisoning cause autism? No. People with aluminum poisoning have bone problems (osteomalacia) and anemia, as well as neurologic issues. These include memory loss, fatigue, depression, behavioral changes, and learning impairment. Aluminum also has been proposed as the cause of Alzheimer's Disease. To date, however, there is little evidence that aluminum causes that disorder.[21]

How much aluminum is in vaccines? Very little. If your baby follows the standard immunization schedule, he is exposed to about four to six milligrams (mg) of aluminum at six months of life. By comparison, he's also exposed to 10 mg of aluminum if he is breastfed, 40 mg if he is fed cow's milk-based formula, or 120 mg if he is fed soy formula. None of these are very large amounts, by the way. To put things in perspective, there are about 200 mg of aluminum in a standard antacid tablet. In fact, the average adult ingests seven to nine milligrams of aluminum every day. Here's a look at how much aluminum is in breast milk/formula, compared with vaccines:

Amount of aluminum exposure (milligrams per liter)[22]

Product	**Amount of aluminum**
Breast milk	0.01–0.05 mg/L
Cow's milk-based infant formula	0.06–0.15 mg/L
Soy-based infant formula	0.46–0.93 mg/L
Prevnar vaccine	0.125 mg/dose
DTaP vaccine	0.17–0.625 mg/dose
HIB vaccine	0.225 mg/dose
Hep A vaccine	0.225–0.25 mg/dose
Hep B vaccine	0.25–0.5 mg/dose
DTaP/IPV/HIB vaccine	1.5 mg/dose

Is it a good idea to space out vaccinations that contain aluminum salts? No. Since aluminum-containing vaccines do not cause any health risk, separating or spacing out these vaccines has no benefit. In fact, there is a risk to spacing out the vaccines—your baby will go unprotected against real vaccine-preventable disease.

Reality Check: If vaccines contain ingredients like aluminum or formaldehyde, wouldn't it be better if vaccine makers got rid of these additives? Shouldn't vaccines be "greener"?
This is a red herring argument against vaccines—current vaccines are safe, even with tiny/trace amounts of preservatives or additives like aluminum. And your baby is exposed to many of these ingredients every day … simply by eating or breathing.

Q: Why is formaldehyde in vaccines?

Small amounts of formaldehyde are used to sterilize the vaccine fluid so your child doesn't get something like flesh-eating Strep bacteria when he gets his shots. We know when you think of formaldehyde, you think of that ever-present smell wafting from the anatomy lab in high school. But what you probably don't know is that formaldehyde is also a naturally occurring substance in your body. And if you use baby shampoo, paper towels or mascara, or have carpeting in your home, you've been exposed to formaldehyde. The small amount used in vaccines is not a health concern.[23]

Q: Is it true that anti-freeze is used in vaccines?

No. Antifreeze has never been a component of vaccines. Antifreeze products commonly contain either ethylene glycol or propylene glycol. A product with a similar name, polyethylene glycol (PEG), is used in the production process to purify vaccines. PEG is not antifreeze! PEG is also found in medications, toothpastes, laxatives, lubricant eye drops, and various skin care creams.

Q: Is it safer to delay vaccines or use an alternative vaccination schedule?

Easy answer: No. The CDC publishes a recommended vaccine schedule for American children. Many, many doctors, scientists, and researchers work together with the CDC to decide what is the best timing to give shots. The goal: Protect babies as soon as it is safe and effective to do so. This schedule was not created out of thin air.

Between anti-vaccine activists shouting "too many shots, too soon" and Dr. Bob Sears hawking his book, new parents wonder if it would somehow be safer to wait on shots altogether or stagger them out on "Dr. Bob's schedule."

Here's a nasty little truth about alternative vaccination schedules: They are all fantasy. There is absolutely no research that says delaying certain shots is safer. Dr. Bob is making up "Dr. Bob's Schedule" all by himself. He even admits that. In an interview with iVillage, he commented, "My schedule doesn't have any research behind it. No one has ever studied a big group of kids using my schedule to determine if it's safe or if it has any benefits."

A 2010 study actually did evaluate children whose vaccinations were delayed and found absolutely no difference in their development compared with children who had received their shots on time. I'd much rather follow a schedule that has been extensively researched for both safety and effectiveness by experts in the field of infectious diseases.

What we do know about alternative vaccination schedules is that delaying shots is playing Russian roulette with your child. The simple truth is that you are leaving your child unprotected, at a time when she is the most vulnerable.

We realize that parents who choose to delay or opt out on vaccines are not bad parents. They are scared parents. What we are trying to help you realize is that the fear you should have is for the diseases that vaccines prevent. If you are on the fence about vaccinations, please take the time to research the disease—and talk to your child's doctor.

Q: If I want to do a staggered vaccination schedule, how should I do it?

I suggest setting up a consultation with your own pediatrician to discuss what both of you feel comfortable with doing. Remember, the ultimate goal is to have your child vaccinated in a timely manner.

Q: Didn't the government concede that vaccines caused a child's autism?

During the equivalent of a class action lawsuit against the government (called the "Omnibus Autism Proceedings"), one child, Hannah Poling, received a monetary settlement. The court did not hear her case. Hannah's case was being reviewed to serve as one of the test cases for a suit to represent 5,000 families who believe vaccines caused their child's autism.

During the review process, it was determined that Poling did not represent a test case because she had a rare, underlying genetic mitochondrial disorder that caused her deterioration and autism. For rare kids like her, any stress could have caused her to deteriorate. This is the equivalent of being born with an aneurysm, a ticking time bomb that could go off at any moment. Although she was not diagnosed prior to being vaccinated, experts recommend that even children with known mitochondrial disorders still be vaccinated.

Bottom line: The government did NOT concede that vaccines cause autism in the Poling case.

Citations

1. Maestro S. *Psychopathology*. 1999;32(6):292–300.
2. Jamain S, et al. *Nature Genetics*. 2003;34:27–9.
3. Chahrour M, et al. *Science.* 2008;320(5880):1224–9.
4. Mills JL, et al. *Clinical Endocrinology.* 2007;67(2):230-7.
5. Fatemi SH, et al. *Schizophrenia Research*. 2008;99(1-3):56-70.
6. American Academy of Pediatrics. Immunizations. Available at www.aap.org/immunization/families/safety.html. Accessed January 4, 2012.
7. Limperopoulos C, et al. *Pediatrics*. 2008; 121(4):758–65.
8. Croen LA, et al. *Archives of Pediatric and Adolescent Medicine*. 2007;161(4):334–40.
9. Cheslack-Postava K. et al. *Pediatrics*. 2011;127(2):246–53.
10. Omer SB, et al. *American Journal of Epidemiology* 2008; 168(12):1389–96.
11. Wakefield AJ, et al. *Lancet*. 1998;351:637–41.
12. Begley S. *Newsweek* 2009;153(9):42–7.
13. American Academy of Pediatrics. *Pediatrics* 2001;108(1):197–205.
14. Centers for Disease Control and Prevention. *MMWR* 1999;48:563–5.
15. Food and Drug Administration. Mercury Levels in Commercial Fish and Shellfish (1990–2010). Available at www.fda.gov/Food/FoodSafety/Product-SpecificInformation/Seafood/FoodbornePathogensContaminants/Methylmercury/ucm115644.htm. Accessed January 4, 2012.
16. Schechter R, et al. *Archives of General Psychiatry* 2008;65(1):19–24.
17. Andrews N, et al. *Pediatrics* 2004;114(3):584–91.
18. Thompson WW, et al. *New England Journal of Medicine*. 2007;357:1281–92.
19. Nelson K. *Pediatrics* 2003;111(3):674–9.
20. Offit P. *Pediatrics* 2003;112(6):1394–1401.
21. Verreault R, et al. *Canadian Medical Association Journal* 2001;165(11):1495–8.
22. The Children's Hospital of Philadelphia,Vaccine Education Center, available at www.vaccine.chop.edu/service/vaccine-education-center/hot-topics/aluminum.html. Accessed on January 4, 2012.
23. Food and Drug Administration, HHS, Common Ingredients in U.S. Licensed Vaccines. Available at www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm187810.htm. Accessed on January 4, 2012.

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What if I miss an appointment? Does my baby have to start the vaccines all over again?

No. If your baby misses some doses, it's not necessary to start over. Your provider will continue from where he or she left off.

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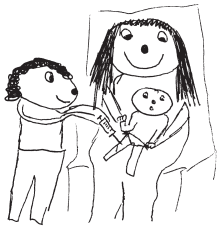
What if my child isn't a baby anymore? Is it too late to get him or her vaccinated?

No. Although it's best to have your child begin vaccinations as a newborn, it's never too late to start. If your child has not received any, or all, of his or her vaccinations, now is the best time to start.

Everyone needs vaccinations!



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A friendly reminder for parents:

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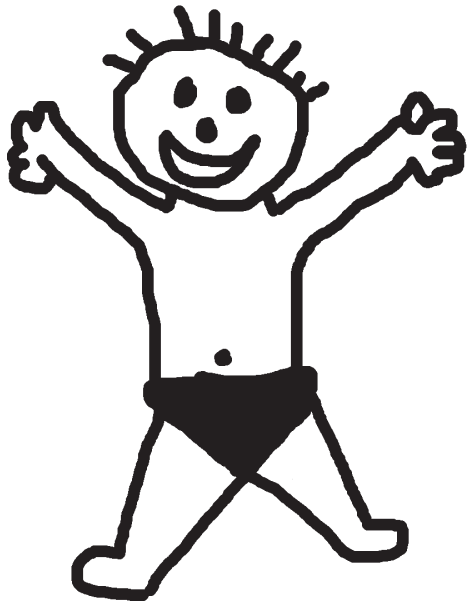
www.immunize.org/catg.d/p4025.pdf • Item #P4025 (2/08)

Technical content reviewed by the Centers for Disease Control and Prevention, February 2008.

Questions parents ask about baby shots



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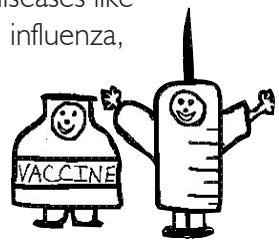
What diseases do vaccines protect against?



Vaccines protect against diseases like measles, mumps, rubella, influenza, hepatitis B, hepatitis A, polio, tetanus, whooping cough, chickenpox, rotavirus, and more. Vaccines can't protect children from minor illnesses like colds, but they can keep children safe from many serious diseases.

Isn't all this talk about diseases just a way to scare parents so they'll bring their babies in for shots?

No. These diseases can injure and kill children in the United States. For example, pertussis is a dangerous disease for infants. During 1997–2000, nearly 30,000 pertussis cases were reported; 62 resulted in death. In 2003 alone, 11,647 cases and 18 deaths from pertussis were reported. Influenza also takes a toll on children. During the 2003–04 influenza season, 40 states reported 152 influenza-related deaths among children younger than 18 years of age.

I don't know anybody who has had measles or rubella. Why does my baby need these shots?

You might not think that measles and rubella are a threat today because you don't see or hear much about them, but they are still around. These diseases are common in other parts of the world and are just a plane ride away. If we stop vaccinating against these diseases, many more people will become infected. Vaccinating your child will keep him or her safe.

Isn't there some way besides vaccination to protect my baby against these diseases?

No. Breastfeeding offers temporary immunity against some minor infections like colds, but it is not an effective means of protecting a child from the specific diseases preventable by vaccines. Likewise, vitamins don't protect against the specific bacteria and viruses that cause these serious diseases.

Of course, infection usually results in immunity, and some parents think that getting the "natural" disease is preferable to "artificial" vaccination. Some even arrange chickenpox "parties" to ensure their child is infected. However, the price paid for natural disease can include paralysis, retardation, liver cancer, deafness, blindness, or even death. Vaccination is definitely a better choice!

Are vaccinations safe?

Vaccines are safe, and scientists continually work to make sure they become even safer. Every vaccine undergoes many tests before being licensed, and its safety continues to be monitored as long as the vaccine is in use.

Most side effects from vaccination are minor, such as soreness where the injection was given or a low-grade fever. These side effects do not last long and are treatable. Serious reactions are very rare. The tiny risk of a serious vaccine reaction has to be weighed against the very real risk of getting a dangerous vaccine-preventable disease. If you have concerns or questions, talk to your child's healthcare provider.

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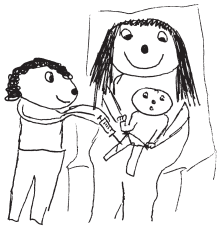

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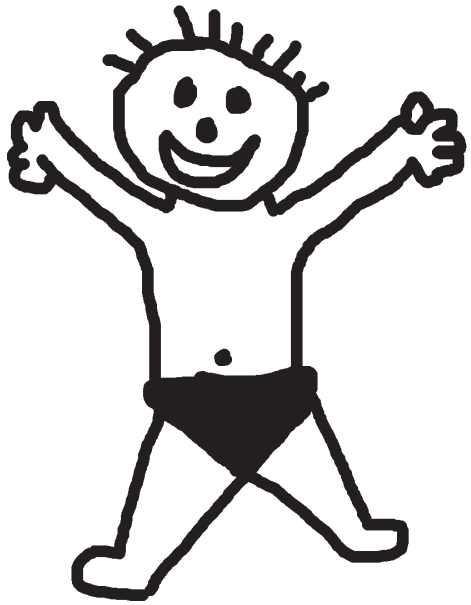

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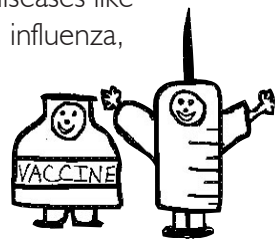

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¿Cómo sé cuándo hay que ponerle vacunas a mi bebé?

Su profesional de la salud le debe recordar cuándo necesita las próximas dosis. Si usted no está seguro llame a la clínica o al consultorio de su profesional de la salud para averiguar cuándo debe llevar de vuelta a su hijo. Las dosis no se deben dar demasiado cerca la una de la otra porque no da tiempo a que se forme la inmunidad. Por otro lado, tampoco hay que demorar ni atrasarse porque durante ese tiempo su hijo no está protegido contra estas enfermedades.

¿Qué pasa si falto a una cita? ¿Tiene que empezar mi bebé todas las vacunas de nuevo?

No. Si pasa por alto algunas dosis no es necesario empezar de nuevo. Su profesional de la salud continuará donde dejó.

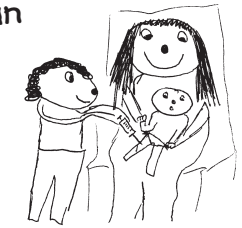
¿Cómo me mantengo al tanto de las vacunas de mi bebé?

Su profesional de la salud le debe dar un comprobante de vacunación personal de las vacunas que le pusieron a su hijo. Pídalo si no se lo dan. Llévelo a todas las citas médicas y verifique que lo pongan al día cada vez que vacunen a su hijo. Tener datos de vacunación precisos beneficiará a su hijo durante toda su vida.

¿Y si mi hijo ya no es un bebé? ¿Es demasiado tarde para vacunarlo?

No. Aunque lo mejor es empezar las vacunas cuando el niño es un recién nacido, nunca es demasiado tarde para empezar. Si a su hijo no le pusieron alguna vacuna (o no le pusieron ninguna) este es el mejor momento para empezar.

¡Todos necesitan vacunarse!



Si no puede pagar las vacunas o no sabe en dónde conseguirlas, llame al departamento de salud local o estatal o llame al Centro de Contacto CDC-INFO, al (800) 232-4636.

¿Qué pasa si no puedo pagar para que vacunen a mi hijo?

Por lo general, las vacunas son gratuitas o de bajo costo para los niños cuando las familias no las pueden pagar. Puede llamar al Centro de Contacto CDC-INFO, al (800) 232-4636, o al departamento de salud local para averiguar a dónde puede ir para obtener vacunas gratuitas o de bajo costo. ¡La salud de su hijo depende de ello!

Un recordatorio amigable para los padres:

¡Los adultos también necesitan vacunas! Llame a su clínica o departamento de salud para que le indiquen cuáles vacunas podría necesitar o su próxima fecha de vacunación. ¡Su bebé cuenta con usted!

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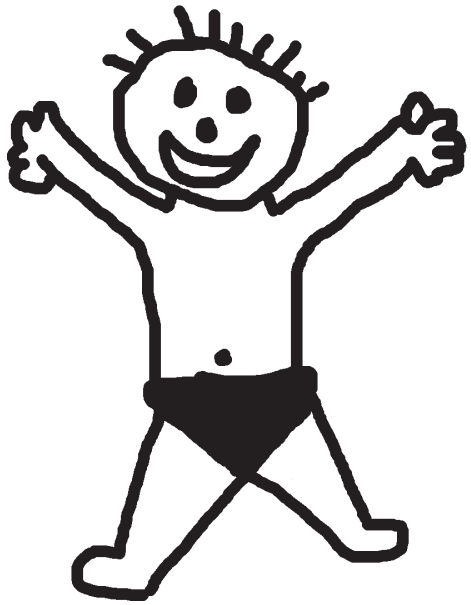
www.immunize.org/catg.d/p4025-01.pdf • Item #P4025-01 Spanish (2/08)

Translation by Transcend, Davis, CA

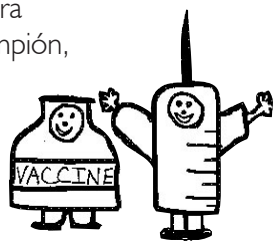
Preguntas de los padres sobre las vacunas de los bebés



¿Qué son las vacunas?

Las vacunas protegen a su hijo contra enfermedades serias al estimular al sistema inmunológico a que produzca anticuerpos contra ciertos virus o bacterias. La mayoría de las vacunas se dan como inyecciones.

¿Contra cuáles enfermedades protegen las vacunas?



Las vacunas protegen contra enfermedades como sarampión, paperas, rubéola, gripe (o influenza), hepatitis B, hepatitis A, poliomielitis, tétanos, tos ferina, varicela, rotavirus y más. Las vacunas no pueden proteger a los niños contra enfermedades menores, como resfriados, pero sí pueden evitar que tengan muchas enfermedades serias.

¿Acaso no se dicen todas estas cosas sobre las enfermedades sólo para asustar a los padres y hacer que vacunen a sus bebés?

No. Estas enfermedades sí pueden hacer daño y causar la muerte de niños en Estados Unidos. Por ejemplo, la tos ferina es una enfermedad peligrosa para los bebés. Entre 1997 y 2000 se informaron cerca de 30,000 casos de tos ferina y 62 de ellos resultaron en muertes. En sólo el 2003 se informaron 11,647 casos y 18 muertes de tos ferina. La gripe también afecta gravemente a los niños. Durante la temporada de gripe de 2003 a 2004, 40 estados informaron 152 muertes relacionadas a la gripe de niños y adolescentes menores de 18 años de edad.

No conozco a nadie que haya tenido sarampión o rubéola. ¿Por qué necesita mi bebé estas vacunas?

Tal vez crea que el sarampión y la rubéola no son una amenaza hoy en día porque no ve ni oye mucho acerca de ellas, pero todavía existen. Estas enfermedades son comunes en otras partes del mundo y están a sólo un viaje en avión de distancia. Si dejamos de vacunar contra estas enfermedades muchas más personas serán infectadas. Vacunar a su hijo lo mantendrá seguro.

¿No hay alguna otra manera de proteger a mi bebé contra estas enfermedades, aparte de las vacunas?

No. Dar pecho ofrece inmunidad temporal contra algunas infecciones menores, como resfriados, pero no es un medio eficaz para proteger a los niños contra las enfermedades específicas que se pueden prevenir con las vacunas. Asimismo, las vitaminas no protegen contra las bacterias y los virus específicos que causan estas enfermedades serias.

Por supuesto, después de tener la enfermedad uno, por lo general, tiene inmunidad contra ella. Algunos padres piensan que tener la enfermedad "natural" es mejor que una vacuna "artificial". Algunos hasta hacen "fiestas" de varicela para que sus hijos se la contagien. Sin embargo, el precio que se paga por la enfermedad natural puede incluir parálisis, retraso mental, cáncer del hígado, sordera, ceguera y hasta la muerte. ¡No cabe duda de que la vacuna es una mejor opción!

¿Son seguras las vacunas?

Las vacunas son seguras y los científicos se esfuerzan constantemente en que sean todavía más seguras. Todas las vacunas pasan por muchas pruebas antes de ser autorizadas y su seguridad se sigue controlando todo el tiempo en que la vacuna está en uso.

La mayoría de los efectos secundarios de las vacunas son menores, como dolor en el lugar donde se aplicó la vacuna o un poco de fiebre. Estos efectos secundarios no duran mucho tiempo y se pueden tratar. Las reacciones serias ocurren muy rara vez. El pequeñísimo riesgo de que haya una reacción seria a una vacuna se tiene que comparar con el riesgo muy real de contagiarse una enfermedad peligrosa que se puede prevenir con una vacuna. Hable con el profesional de la salud de su hijo si tiene alguna pregunta o inquietud.

¿Qué pasa si mi bebé está resfriado o tiene fiebre, o está tomando antibióticos? ¿De todas maneras lo pueden vacunar?

Sí. Si su hijo tiene una enfermedad leve, un poco de fiebre o está tomando antibióticos de todas maneras lo pueden vacunar. Hable con el profesional de la salud de su hijo si tiene alguna pregunta.

¿Cuántas veces tengo que llevar a mi bebé para que lo vacunen?

Se requieren al menos cinco visitas antes de los dos años de edad, pero las visitas se pueden hacer coincidir con los exámenes del bebé sano. Se debe aplicar la primera vacuna a su bebé (la de la hepatitis B) al poco tiempo de nacer, mientras que todavía está en el hospital. Durante los primeros dos años hay que llevarlo varias veces para vacunarlo porque hay 14 enfermedades contra las que se puede proteger a su bebé y la mayoría de ellas requieren varias dosis de la vacuna para tener mejor protección.

then . . .

- *Your child will be left at risk of catching the disease.*
- *Your child will be an infectious disease threat to others.*
- *Your child may have to be excluded from school or child care.*

what to do . . .

We strongly encourage you to immunize your child. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your vaccination decision affects not only the health of your child, but also all of your family, your child's friends and their families, and your community.

For more information about vaccines, go to

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  and www.vaccineinformation.org
- Centers for Disease Control and Prevention
  www.cdc.gov/vaccines
  CDC-INFO Contact Center: (800) 232-4636
- American Academy of Pediatrics
  www.aap.org/immunization
- National Network for Immunization Information
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- Vaccine Education Center at the Children's Hospital of Philadelphia
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fax: (651) 647-9131
www.immunize.org
www.vaccineinformation.org

www.immunize.org/catg.d/p4017.pdf • Item #P4017 (12/11)

What if . . .

you don't immunize your child?

What if . . .

What if you don't immunize your child? Parents, please consider the consequences of not immunizing your child. Your vaccination decision affects not only the health of your child, but also the health of your family, your child's friends and their families, and your community.

Without immunizations your child is at risk for catching a vaccine-preventable disease.

Vaccines were developed to protect people from dangerous and often fatal diseases. Vaccines are safe and effective, and vaccine-preventable diseases are still a threat.

- Influenza or "flu" is a serious respiratory disease that can be deadly. Healthy infants and toddlers are especially vulnerable to the complications of influenza. Tragically, every year in the United States children die from influenza.
- Pertussis or "whooping cough" is an extremely dangerous disease for infants. It is not easily treated and can result in permanent brain damage or death. Since the 1980s, the number of cases of pertussis has increased, especially among babies younger than 6 months and teenagers. In 2010, several states reported an increase in cases and outbreaks of pertussis, including a state-wide epidemic in California. Many infants died from whooping cough during this epidemic.
- Measles is dangerous and very contagious. It is still common in many countries and is easily brought into the United States by returning vacationers and foreign visitors. The number of reported measles cases began to decline rapidly during the 1990s. Recently, vaccine hesitancy among parents in the United States and abroad has led to a growing number of children and teens who are under-vaccinated and thus, unprotected from measles. Unfortunately, measles cases are on the rise across this country and worldwide.
- Chickenpox is very contagious. Before the development of a vaccine, about 100 people died every year in the United States from chickenpox. Most were previously healthy. Children with chickenpox need to be kept out of day care or school for a week or more so they don't spread the disease to others.

Without immunizations your child can infect others.

Children who are not immunized can readily transmit vaccine-preventable diseases throughout the community.

- Unvaccinated children can pass diseases on to babies who are too young to be fully immunized.
- Unvaccinated children pose a threat to children and adults who can't be immunized for medical reasons. This includes people with leukemia and other cancers, immune system problems, and people receiving treatment or medications that suppress their immune system.
- Unvaccinated children can infect the small percentage of children who do not mount an immune response to vaccination.

Without immunizations your child may have to be excluded from school or child care.

During disease outbreaks, unimmunized children may be excluded from school or child care until the outbreak is over. This is for their own protection and the protection of others. It can cause hardship for the child and parent.

VACCINE ADMINISTRATION RECORD & HISTORY

PRACTICE NAME/ADDRESS

PATIENT NAME (Last Name, First Name, Middle Initial)

BIRTHDATE (mm/dd/yy) / /

☐ MALE ☐ FEMALE

CHART NUMBER

KNOWN REACTIONS TO VACCINES/ALLERGIES

If a combination vaccine (e.g., HepB + Hib, DTaP-HepB-IPV, etc.) is used, record the dose in each section.
NOTE: If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed" and/or name of provider.

VACCINE	DATE GIVEN*	MANUFACTURER, LOT NUMBER, EXPIRATION DATE	ADMINISTERED BY	ROUTE / SITE**	DATE ON VIS †
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-HepB-IPV, Td, Tdap, DTaP-IPV-HIB, DTaP-IPV)				*IM*	
				IM	
				IM	
				IM	
				IM	
				IM	
				IM	
Polio (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV-HIB, DTaP-IPV)				*IM· SC*	
				IM· SC	
				IM· SC	
				IM· SC	
Measles, Mumps, Rubella (e.g.,MMR, MMRV)				*SC*	
				SC	
Hepatitis A (Hep A)				*IM*	
				IM	
Rotavirus				*Oral*	
				Oral	
				Oral	
Influenza Give TIV = IM Give LAIV = IN					

VACCINE	DATE GIVEN*	MANUFACTURER, LOT NUMBER, EXPIRATION DATE	ADMINISTERED BY	ROUTE / SITE**	DATE ON VIS †
Haemophilus influenzae type b (e.g., Hib, Hib-HepB, DTaP-IPV-HIB)				*IM*	
				IM	
				IM	
				IM	
Hepatitis B (Hep B, DTaP-HepB-IPV)				*IM*	
				IM	
				IM	
				IM	
Varicella (e.g., VAR, MMRV)				*SC*	
				SC	
☐ Check here if patient had chickenpox and does not need vaccine.					
Pneumococcal Conjugate (PCV)				IM	
				IM	
				IM	
				IM	
				IM	
Meningococcal (MCV)				*IM*	
				IM	
Human Papillomavirus (HPV)				*IM*	
				IM	
				IM	
Other					

***Date Given** is the date you gave the patient the Vaccine Information Statement (VIS) and you administered the vaccine.
****Injection Site**: LD=Left Deltoid; LT=Left Thigh; RD=Right Deltoid; RT=Right Thigh. Proper route indicated by italics: IM = intramuscular, SC = subcutaneous, IN= intra-nasal
†Record the publication date of each VIS. According to federal law, VISs must be given to patients (or parent/guardian of a minor) before administering each dose of vaccine.
MANUFACTURERS: GSK= GlaxoSmithKline; **ME** = Merck, **SP** = SanofiPasteur, **P** = Pfizer, **MI** = MedImmune, **Nov** = Novartis

CDPH revised 08/2011

Bid Line 12: Form Number NS-55: Immunization History

Screening Questionnaire for Child/Adolescent Immunization

Y=YES; N=NO; U=UNKNOWN

DATE (mm/dd/yy) ⇒	/ /			/ /			/ /			/ /			/ /			/ /			/ /			/ /		
IMPORTANT: if an answer is Y or U, please consult physician	**Y**	**N**	**U**	**Y**	**N**	**U**	**Y**	**N**	**U**	**Y**	**N**	**U**	**Y**	**N**	**U**	**Y**	**N**	**U**	**Y**	**N**	**U**	**Y**	**N**	**U**
1. *Is the child sick today?																								
**IF YES, please list symptoms*																								
2. Does the child have allergies to medications, food, or any vaccine?																								
3. Has the child had a serious reaction to a vaccine in the past?																								
4. Has the child had a seizure or a brain problem?																								
5. Does the child have cancer, leukemia, AIDS, or any other immune system problem?																								
6. Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had x-ray treatments in the past 3 months?																								
7. Has the child received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year?																								
8. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?																								
9. Has the child received vaccinations in the past 4 weeks?																								

FOR MORE DETAILS, CONSULT THE PUBLISHED RECOMMENDATIONS OF THE ACIP, THE AAP, & THE AMERICAN ACADEMY OF FAMILY PHYSICIANS (AAFP), & MANUFACTURERS' PACKAGE INSERTS.

Recipient, Parent, or Guardian

I have received a copy and have read or had explained to me the information from the vaccine information sheet about the vaccine(s) that will be given today. I have had a chance to ask questions and they were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines that will be given today and ask that the vaccines be given to me or the person named on this form for whom I am authorized to make this request. My signature indicates that I fully understand the above information.

Signature of recipient, parent or guardian	Signature of Nurse	Signature of reviewing physician	Date	Date	Date

Form NS-55P
Revised 03/2005
Chicago Department of Public Health
Immunization Program

Bid Line 13: Forms Number NS-19: Pediatric Immunization Record Card

Child's Name _____ Birth Date _____

For combination vaccines, document each separate antigen in the combination.

VACCINE		VACCINE TYPE	DATE GIVEN	PROVIDER SIGNATURE	DATE NEXT DUE
HepB Hepatitis B	1				
	2				
	3				
	4				
DTaP/DT/Td Diphtheria, Tetanus, Acellular Pertussis	1				
	2				
	3				
	4				
	5				
Tdap Tetanus, Diphtheria, Acellular Pertussis	1				
Rotavirus	1				
	2				
	3				
Hib Haemophilus influenzae type b	1				
	2				
	3				
	4				
IPV Inactivated Poliovirus	1				
	2				
	3				
	4				
PCV Pneumococcal Conjugate	1				
	2				
	3				
	4				
HepA Hepatitis A	1				
	2				
MMR Measles Mumps Rubella	1				
	2				
Varicella	1				
	2				

NS-19 Rev 11/12

Bid Line 13: Forms Number NS-19: Pediatric Immunization Record Card

Child's Name _____ Birth Date _____

For combination vaccines, document each separate antigen in the combination.

VACCINE		VACCINE TYPE	DATE GIVEN	PROVIDER SIGNATURE	DATE NEXT DUE
HPV Human Papillomavirus	1				
	2				
	3				
Meningococcal	1				
	2				
	3				
	4				
Influenza					
Other					

IMMUNIZATION RECORD

Comprobante de Vacunación

THIS RECORD IS VERY IMPORTANT. PLEASE KEEP IT WITH YOUR OTHER IMPORTANT DOCUMENTS

Name
Nombre_____

Birthdate
fecha de nacimiento_____

Allergies
alergias_____

Vaccine Reactions
Reaciónes a cualguier vacuna_____

Parents: Your child needs certain immunizations to protect them from serious diseases. By law every child must comply with Illinois' Immunization Requirements to be enrolled in any Chicago school. Retain this document as proof of immunization. **Padres:** Su niño necesita ciertas vacunas para protegerlo de enfermedades serias. Por ley, los niños en Chicago necesitan completar el programa de inmunización de Illinois para ingresar a la escuela. Mantenga éste documento como prueba de que ha sido vacunado.

Bid Line 14: Child Immunization Service Form

CHILD IMMUNIZATION SERVICE FORM

Chicago Department of Public Health

DATE OF SERVICE (mm-dd-yyyy)

Patient's First Name | **MI.** | **Patient's Last Name**

Patient's Social Security (optional) | **Patient's Date of Birth** | **Sex** ○ M ○ F

Patient's Street Address | **Zip Code** 6 0

Telephone Number | **Second Alternate Telephone Number**

Parent's / Guardian First Name | **MI.** | **Parent's / Guardian Last Name**

Insurance Information
○ Medicaid ○ Medicare ○ Other Insurance ○ Self Pay

Medicaid Status
○ MPE Pending ○ Kidcare ○ HMO

Subscriber's First Name (if not Patient) | **MI.** | **Case or Subscriber Last Name or "Self"**

Medicaid Recipient Number | **Medicare Number**

Medicaid Case Number | **Other Insurance Company (Commercial or HMO)**

Policy Number | **Group Number**

Location
○ Childcare
○ FastTrack
○ Health Fair
○ Public Housing
○ School
○ Other

Site
○ Austin - CC
○ Care Van 1
○ Care Van 2
○ Englewood
○ Englewood – CC
○ Greater Lawn
○ LowerWest WIC
○ Roseland-WIC
○ Trina Davila
○ Uptown
○ Westside CDC
○ Other

Race
○ Asian or Pacific Islander
○ Black
○ White
○ Other
○ Unknown

Hispanic
○ Yes
○ No

Ethnicity
○ Cambodian
○ Chinese
○ Cuban
○ Guatemalan
○ Haitian
○ Korean
○ Mexican
○ Other Latin
○ Other Non White
○ Other White
○ Polish
○ Puerto Rican
○ Salvadorean
○ Vietnamese
○ Unknown

Referral Source
○ MD
○ Reminder/Recall
○ WIC
○ Other

ASSESSMENT FOR IMMUNIZATIONS

IMPORTANT: If an answer is Y or U please consult a physician

	Y	N	U
1. *Is the patient sick or have a high fever? If yes list symptoms at the bottom of this form.	○	○	○
2. Has the patient taken cortisone, prednisone, other steroids, anticancer drugs or x-rays in the past 3 months?	○	○	○
3. Does the patient have cancer, leukemia, HIV/AIDS or other immune system problems?	○	○	○
4. Has the patient had a serious reaction to vaccine in the past?	○	○	○
5. Has the patient had a seizure or a brain problem?	○	○	○
6. Does the patient have any allergies to medications, food, or any vaccine?	○	○	○
7. Has the patient received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year?	○	○	○
8. Is the person being vaccinated pregnant?	○	○	○
9. Has the patient received any vaccinations in the past 4 weeks?	○	○	○
10. Has the patient had chickenpox disease in the past?	○	○	○

*** If yes, please list symptoms:**

Y=Yes N=No U=Unknown

I certify that to the best of my knowledge and belief, the information I have provided is true, correct and complete. I understand I have the right to appeal any assessed fees and to have a fair hearing regarding said fee. I authorized the Chicago Department of Public Health (CDPH) staff to collect and use all personal and demographic data supplied by me for statistical purposes. I authorized the CDPH staff to release to the Social Security Administration, its intermediaries, any public or private insurance, any information needed related to claim for payment. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to CDPH. I authorized the CDPH staff to examine me and administer any treatment medical and/or surgical as may be advisable in the diagnose and treatment.

X _____
Signature of Recipient, Parent or Guardian

_____
Date

Provider ID Code

F07R1P1 092006

Bid Line 14: Child Immunization Service Form

Vaccine Administration

Manufacturer's Code – NV:Novartis – GK:GSK – MK:Merck – MI:MedImmune – SA:Sanofi – WY:Wyeth

VACCINATION ADMINISTRATION (INDICATE # AS APPROPRIATE)						MANUFACTURER						DATE ON VIS	ROUTE		SITE			
DOSE	1	2	3	4	5	LOT NUMBER	NV	GK	MK	MI	SA	WY	(mmddyy)	IM	SC	LD	LT	RD	RT
90700 DTaP	○	○	○	○	○			○			○			○	○	○	○	○	○
90723 DTaP/HepB/IPV	○	○	○	○				○						○	○	○	○	○	○
90714 Td	○	○	○								○			○	○	○	○	○	○
90715 Tdap	○	○	○					○			○			○	○	○	○	○	○
90702 DT	○	○	○	○							○			○	○	○	○	○	○
90713 IPV	○	○	○	○							○			○	○	○	○	○	○
90648 HIB-ActHIB	○	○	○	○							○			○	○	○	○	○	○
90647 HIB-Pedvax	○	○	○	○						○				○	○	○	○	○	○
90748 HIB/Hep B	○	○	○							○				○	○	○	○	○	○
90707 MMR	○	○								○				○	○	○	○	○	○
90710 MMR/Varicella	○	○								○				○	○	○	○	○	○
90744 Hep B (Peds)	○	○	○					○		○				○	○	○	○	○	○
90716 Varicella	○	○								○				○	○	○	○	○	○
90633 Hep A (Peds)	○	○						○		○				○	○	○	○	○	○
90669 PCV 7	○	○	○	○								○		○	○	○	○	○	○
90732 PPV23	○	○								○				○	○	○	○	○	○
90680 Rotavirus	○	○	○							○				○	○	○	○	○	○
90734 MCV4	○	○									○			○	○	○	○	○	○
90733 MPSV4	○	○									○			○	○	○	○	○	○
90655 Influenza <3yrs, T-free	○	○									○			○	○	○	○	○	○
90656 Influenza >3yrs, T-free	○	○						○			○			○	○	○	○	○	○
90657 Influenza <3yrs	○	○									○			○	○	○	○	○	○
90658 Influenza >3yrs	○	○					○	○			○			○	○	○	○	○	○
90660 Influenza-Flumist	○	○								○				○	○	○	○	○	○
90649 HPV	○	○	○							○				○	○	○	○	○	○

Route: IM=Intramuscularly, SC=Subcutaneous - Injection Site: LD=Left Deltoid; LT=Left Thigh; RD=Right Deltoid; RT=Right Thigh

Historical Data

If a combination vaccine (e.g., HepB, Hib, DTaP-HepB-IPV, etc.) is used, record the dose in each section.

VACCINE	Date Given (mmddyy)	VACCINE	Date Given (mmddyy)	VACCINE	Date Given (mmddyy)	VACCINE	Date Given (mmddyy)
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-HepB-IPV, Td, TdaP)		Haemophilus influenza type b (e.g., Hib, Hib-HepB)		HPV		Polio (e.g., IPV, DTaP-HepB-IPV)	
Measles, Mumps, Rubella (MMR)		Hepatitis B (Hep B)		Pneumococcal Conjugate (PCV7)		Varicella	
		Meningococcal MCV4		Hepatitis A (Hep A)		Rotavirus	

○ Check if patient had chickenpox and does not need vaccine

I have received a copy and have read or had explained to me the information from the vaccine information statement(s) about the vaccine(s) that will be given today. I have had a chance to ask questions and they were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) that will be given today and ask that the vaccine(s) be given to me or the person named on this form for whom I am authorized to make this request. My signature indicates that I fully understand the above information.

X _____ _____

Signature of Recipient, Parent or Guardian Date

Signature and Title of Person Administering Date

F07R1P2 092006

Bid Line 15: Adult Immunization Service Form

ADULT IMMUNIZATION SERVICE FORM

Chicago Department of Public Health

DATE OF SERVICE (mm-dd-yyyy)

Patient's First Name | **MI.** | **Patient's Last Name**

Patient's Social Security (optional) | **Patient's Date of Birth (mm-dd-yyyy)** | **Sex** ○ M ○ F

Patient's Street Address & Apt. # | **Zip Code**

Telephone Number | **Second Alternate Telephone Number**

Alternate Contact First Name | **MI.** | **Alternate Contact Last Name**

Insurance Information
○ Medicaid ○ Medicare ○ Other Insurance ○ Self Pay

Medicaid Status
○ MPE Pending ○ Kidcare ○ HMO

Subscriber's First Name (if not Patient) | **MI.** | **Case or Subscriber Last Name or "Self"**

Medicaid Recipient Number | **Medicare Number**

Medicaid Case Number | **Other Insurance Company (Commercial or HMO)**

Policy Number | **Group Number**

Location
○ Childcare
○ FastTrack
○ Health Fair
○ Public Housing
○ School
○ Other

Site
○ Austin - CC
○ Care Van 1
○ Care Van 2
○ Englewood
○ Englewood – CC
○ Greater Lawn
○ LowerWest WIC
○ Roseland-WIC
○ Trina Davila
○ Uptown
○ Westside CDC
○ Other

Race
○ Asian or Pacific Islander
○ Black
○ White
○ Other
○ Unknown

Hispanic
○ Yes
○ No

Ethnicity
○ Cambodian
○ Chinese
○ Cuban
○ Guatemalan
○ Haitian
○ Korean
○ Mexican
○ Other Latin
○ Other Non White
○ Other White
○ Polish
○ Puerto Rican
○ Salvadorean
○ Vietnamese
○ Unknown

Referral Source
○ MD
○ Reminder/Recall
○ Agency
○ STD
○ Other

ASSESSMENT FOR IMMUNIZATIONS

IMPORTANT: If an answer is Y or U please consult a physician

	Y	N	U
1. *Is the patient sick or have a high fever? If yes list symptoms at the bottom of this form.	○	○	○
2. Has the patient taken cortisone, prednisone, other steroids, anticancer drugs or x-rays in the past 3 months?	○	○	○
3. Does the patient have cancer, leukemia, HIV/AIDS or other immune system problems?	○	○	○
4. Has the patient had a serious reaction to vaccine in the past?	○	○	○
5. Has the patient had a seizure or a brain problem?	○	○	○
6. Does the patient have any allergies to medications, food, or any vaccine?	○	○	○
7. Has the patient received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year?	○	○	○
8. Is the person being vaccinated pregnant?	○	○	○
9. Has the patient received any vaccinations in the past 4 weeks?	○	○	○
10. Has the patient had chickenpox disease in the past?	○	○	○

*** If yes, please list symptoms:**

Y=Yes N=No U=Unknown

I certify that to the best of my knowledge and belief, the information I have provided is true, correct and complete. I understand I have the right to appeal any assessed fees and to have a fair hearing regarding said fee. I authorized the Chicago Department of Public Health (CDPH) staff to collect and use all personal and demographic data supplied by me for statistical purposes. I authorized the CDPH staff to release to the Social Security Administration, its intermediaries, any public or private insurance, any information needed related to claim for payment. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to CDPH. I authorized the CDPH staff to examine me and administer any treatment medical and/or surgical as may be advisable in the diagnose and treatment.

X _____ _____

Signature of Recipient, Parent or Guardian | Date

Provider ID Code

F05R1P1 012007

Bid Line 15: Adult Immunization Service Form

Hepatitis Risk Assessment

	Vaccine
⬭ H/o illicit drug use	A&B
⬭ H/o STI/high-risk sex	B
⬭ H/o MSM	A&B
⬭ Hepatitis B/C Carrier	A and/or B
⬭ Chronic Liver Disease (includes Hep C)	A&B
⬭ Travel to endemic areas	A
⬭ Immigrant/refugee from endemic area	B
⬭ Household contact	A and/or B
⬭ H/o incarceration	A and/or B

Vaccine Administration

Manufacturer's Code – NV:Novartis – GK:GSK – MK:Merck – MI:MedImmune – SA:Sanofi

VACCINATION ADMINISTRATION (INDICATE # AS APPROPRIATE)						MANUFACTURER					DATE ON VIS	ROUTE		SITE			
DOSE	1	2	3	4	LOT NUMBER	NV	GK	MK	MI	SA	(mmddyy)	IM	SC	LD	LT	RD	RT
90732 PPV23	⬭	⬭	⬭	⬭				⬭				⬭	⬭	⬭	⬭	⬭	⬭
90632 Hep A (Adult)	⬭	⬭					⬭	⬭				⬭	⬭	⬭	⬭	⬭	⬭
90746 Hep B (Adult)	⬭	⬭	⬭				⬭	⬭				⬭	⬭	⬭	⬭	⬭	⬭
90636 Hep A/B (Adult)	⬭	⬭	⬭				⬭					⬭	⬭	⬭	⬭	⬭	⬭
90707 MMR	⬭	⬭						⬭				⬭	⬭	⬭	⬭	⬭	⬭
90716 Varicella	⬭	⬭						⬭				⬭	⬭	⬭	⬭	⬭	⬭
90715 Tdap	⬭	⬭	⬭	⬭			⬭			⬭		⬭	⬭	⬭	⬭	⬭	⬭
90714 Td	⬭	⬭	⬭	⬭						⬭		⬭	⬭	⬭	⬭	⬭	⬭
90649 HPV	⬭	⬭	⬭					⬭				⬭	⬭	⬭	⬭	⬭	⬭
90713 IPV	⬭	⬭	⬭	⬭						⬭		⬭	⬭	⬭	⬭	⬭	⬭
90733 MPSV4	⬭	⬭								⬭		⬭	⬭	⬭	⬭	⬭	⬭
90734 MCV4	⬭	⬭								⬭		⬭	⬭	⬭	⬭	⬭	⬭
90658 Influenza >3yrs	⬭					⬭				⬭		⬭	⬭	⬭	⬭	⬭	⬭
90656 Influenza>3yrs,T-free	⬭						⬭			⬭		⬭	⬭	⬭	⬭	⬭	⬭
90660 Influenza-Flumist	⬭								⬭			⬭	⬭	⬭	⬭	⬭	⬭

Route: IM=Intramuscularly, SC=Subcutaneous - Injection Site: LD=Left Deltoid; LT=Left Thigh; RD=Right Deltoid; RT=Right Thigh

Historical Data

If a combination vaccine (e.g., HepB, Hib, DTaP-HepB-IPV, etc.) is used, record the dose in each section.

VACCINE	Date Given (mmddyy)
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-HepB-IPV, Td, TdaP)	
Measles, Mumps, Rubella (MMR)	
Haemophilus influenza type b (e.g., Hib, Hib-HepB)	
Hepatitis B (Hep B)	
Meningococcal MCV4	
HPV	
Pneumococcal Conjugate (PCV7)	
Hepatitis A (Hep A)	
Polio (e.g., IPV, DTaP-HepB-IPV)	
Varicella	
⬭ Check if patient had chickenpox and does not need vaccine	
Rotavirus	

I have received a copy and have read or had explained to me the information from the vaccine information statement(s) about the vaccine(s) that will be given today. I have had a chance to ask questions and they were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) that will be given today and ask that the vaccine(s) be given to me or the person named on this form for whom I am authorized to make this request. My signature indicates that I fully understand the above information.

X _____ _____

Signature of Recipient, Parent or Guardian Date Signature and Title of Person Administering Date

F05R1P2 012007

Mental Health Records Pursuant to the Illinois Mental Health and Disabilities Act, 740 ILCS 110 et seq., we may release protected health information contained in mental health records without your authorization when the disclosure is made to: *(a)* a supervisor, consulting therapist or records custodian; *(b)* a peer review committee; *(c)* our attorney(s); *(d)* the appropriate authorities when required to report abuse, neglect, suicide or homicide; and *(e)* in response to a court ordered subpoena.

Other Uses and Disclosures Other uses and disclosures of your PHI will only be made upon receiving your written authorization, unless otherwise permitted or required by law as described below. You may revoke an authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke to the extent that we have not already used or disclosed your PHI in good faith with the authorization.

Individuals Involved in Your Health Care
Unless you object, we may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose PHI to notify or assist in notifying a family member. Finally, we may use or disclose your PHI to an authorized public entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Request Restrictions on Uses and Disclosures You have the right to request that the health care component limit its uses and disclosures of PHI in relation to treatment, payment and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request that we restrict the use or disclosure of your PHI to family members or personal representatives. Any such request must be made in writing to the Privacy Officer listed in this Notice and must state the specific restriction requested and to whom that restriction would apply.

The health care component is not required to agree to a restriction that you request. However, if it does agree to the requested restriction, it may not violate that restriction except as necessary to allow the provision of emergency medical care to you.

Right to Receive Confidential Communication You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. The health care component is required to accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in your request. Any such request must be made in writing to the Privacy Officer listed in this Notice.

Right to Access Your PHI You have the right to inspect and copy your PHI that is contained in a designated record set for as long as the City maintains the PHI. A designated record set contains medical and billing records and any other records that the health care component uses for making decisions about you. Under federal law, however, you may not inspect and copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to laws that prohibit access to PHI.

Right to Amend PHI You have the right to request that PHI in a designated record set be amended for as long as the City of Chicago maintains the information. The City may deny your request for amendment if we determine that the PHI was not created by the City, is not part of the designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI and the City has a right to include a rebuttal to your statement, a copy of which will be provided to you. Requests for amendment of your PHI should be directed to the Privacy Officer listed in this Notice.

Right to Receive an Accounting of Disclosures You have the right to receive an accounting of all disclosures of your PHI that the City has made, if any, for reasons other than disclosures for treatment, payment and health care operations, as described above, and disclosures made to you or your personal representative. Your right to an accounting of disclosures applies only to PHI created by the City after April 14, 2003 and cannot exceed a period of six years prior to the date of your request. Requests for an accounting of disclosures of your PHI should be directed to the Privacy Officer listed in this Notice.

Right to Receive a Paper Copy of this Notice You have the right to receive a paper copy of this Notice upon request. Requests for a paper copy of this Notice should be directed to the Privacy Officer listed in this Notice.

Privacy Complaints If you believe your privacy rights have been violated, you may file a complaint with the City of Chicago or the U.S. Secretary of Health and Human Services. Complaints should be filed in writing with the Privacy Officer listed in this Notice. The City will not retaliate against you for filing a complaint.

You may contact the City of Chicago's Privacy Officer at (312) 747-2237 for further information about the complaint process.

This notice was published and becomes effective on April 14, 2003.

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Bid Line 16: Acknowledgement of Notices of Privacy Practices

City of Chicago

CITY OF CHICAGO'S NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice please contact: The City of Chicago's Privacy Officer at (312) 747-2237

This Notice of Privacy Practices describes how the City of Chicago may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

The City is required to abide by the terms of this Notice of Privacy Practices. The City may change the terms of our notice, at any time. The new notice will be effective for all PHI that the City maintains at that time. You may obtain a copy of the Notice of Privacy Practices by accessing the City of Chicago's web site, **www.cityofchicago.org**, by calling the City of Chicago's Privacy Officer to request that a copy be mailed to you, or by asking for a copy at your next appointment.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

WHO WILL FOLLOW THIS NOTICE

This notice describes the City of Chicago health care component's practices regarding your protected health information. For this notice, the City of Chicago health care component includes the following:

- The Chicago Department of Public Health
- The Chicago Fire Department
- The Chicago Department on Aging (case management division)

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Treatment, Payment and Health Care Operations Federal law allows a health care provider to use and disclose PHI for the purposes of treatment, payment and health care operations without your consent or authorization. Examples of the uses and disclosures that the City, as a health care provider, may make under each section are listed below:

• **Treatment** Treatment refers to the provision and coordination of health care by a doctor, hospital or other health care provider. As a health care provider, we will use and disclose PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to another physician, or health care provider (for example, a specialist, pharmacist, or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. **In emergencies, we will use and disclose your PHI to provide the treatment you require.**

• **Payment** Payment refers to the activities of the City of Chicago to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

• **Health Care Operations** Health care operations refers to the basic business functions necessary to operate as a health care provider. The City of Chicago may use or disclose, as needed, your protected health care information in order to support the business activities of the health care component. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. We may also use or disclose your PHI to other City of Chicago departments for the health care operations of the health care component.

For example, we use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may also use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about the health care services we offer. We may also send you information about products or services that we believe might benefit you.

We will share your PHI with third party business associates that perform various activities (e.g., billing, legal services) for the City, but only to the extent necessary to complete the activities. Whenever an arrangement between the City and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Other Uses and Disclosures Allowed Without Authorization Federal law also allows the City of Chicago to use and disclose PHI, without your consent or authorization, in the following ways:

1. Public Health Risks The City of Chicago health care component may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness.

As a public health authority, we may also use your PHI for the above stated public health purposes.

2. Health Oversight Activities We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. We may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or other similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. *Law Enforcement* We may release PHI if asked to do so by a law enforcement official:

- regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
- concerning a death we believe has resulted from criminal conduct;
- regarding criminal conduct at our offices;
- in response to a warrant, summons, court order, subpoena or similar legal process;
- to identify/locate a suspect, material witness, fugitive or closures that may be made.
- in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. *Deceased Patients* The City of Chicago may release PHI to a medical examiner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directors to perform their jobs. PHI may be used and disclosed for cadaveric organ, eye, or tissue donations.

6. *Research* The City of Chicago may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board; (b) the health care component obtains the oral or written agreement of a researcher that (i) the information being sought is solely to review PHI as necessary to prepare a research protocol or for similar purposes preparatory to research; (ii) the use or disclosure of your PHI is being used only for the research; and (iii) the researcher will not remove any of your PHI from our clinics; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.

7. *Serious Threats to Health or Safety* Consistent with applicable federal and state laws, the City of Chicago may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

8. *Military* The City of Chicago may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

9. *National Security* The City of Chicago may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations, as authorized by law.

10. *Inmates* The City of Chicago may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. This disclosure would be necessary (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

11. *Workers Compensation*. The City of Chicago may release your PHI as authorized by and to the extent necessary to comply with laws relating to workers compensation and similar programs.

The examples of permitted uses and disclosures listed above are not provided as an all inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

VFC

Vaccines for children

CHICAGO DEPARTMENT OF PUBLIC HEALTH

Vaccine Management Guide

Vaccine Coordinator

The Role of the Vaccine Coordinator

Vaccines are expensive and sensitive to temperature. Careful vaccine management is essential to protecting your vaccine supply.

Every provider office should have one person designated as the Vaccine Coordinator who has primarily responsibility for overseeing the vaccine supply. The Vaccine Coordinator should have a Backup Vaccine Coordinator who is responsible when the Vaccine Coordinator is not available. In many VFC practices, the Vaccine Coordinator is a medical assistant. In other practices the Vaccine Coordinator is an LVN, RN, office manager, or other staff person.

Responsibilities of the Vaccine Coordinator

The responsibilities of the Vaccine Coordinator vary according to the number of immunizations a practice gives and the protocols of that practice. Below is a list of vaccine management responsibilities. In some practices, the Vaccine Coordinator is responsible for all of them. In other practices, a different person may have one or more vaccine management responsibilities (e.g., ordering vaccines) and keeps the Vaccine Coordinator informed as necessary.

The responsibilities of the Vaccine Coordinator vary from practice to practice and may include performing or training other (especially new) staff to do any of the following:

Receiving vaccines
- Be present when vaccine shipments are delivered and process the vaccine shipment into inventory.
- Ensure that the cold chain has been maintained.

Storing vaccines
- Rotate the vaccine inventory so that vaccines with shorter expiration dates are used first.
- Ensure that there are no expired vaccines in the refrigerator or freezer.
- Keep VFC vaccine separate from privately purchased vaccine.
- Perform routine cleaning on vaccine storage units.

Monitoring vaccine temperatures
- Record refrigerator and freezer temperatures on a temperature log twice a day.
- Take action if temperatures are outside acceptable ranges.
- Implement the vaccine emergency plan, if necessary.
- Review vaccine temperature logs weekly.
- Ensure that temperature logs are retained for three years.

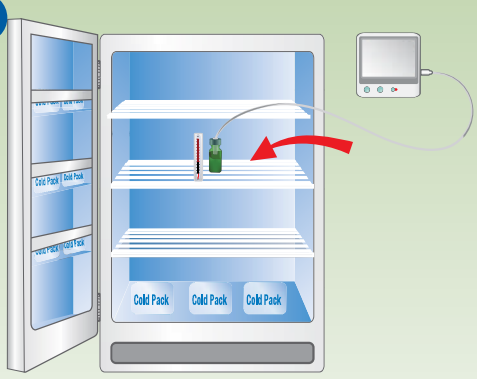
Ordering vaccines
- Perform a physical inventory of all vaccines.
- Complete the VFC vaccine order form.
- Send the order form to the VFC office.

Vaccine Freezer Setup

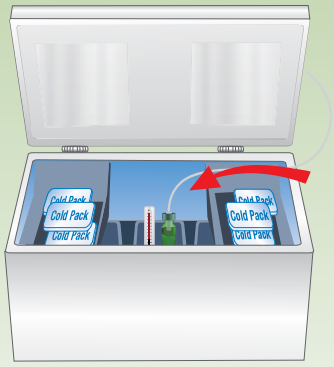
Preparing for Vaccine Storage

1 Put cold packs in areas where vaccines should not be stored, including the freezer door and on the top shelf of the freezer.

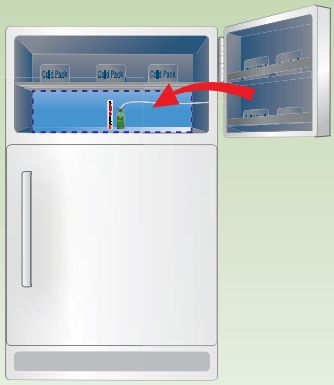
2



Two thermometers are needed to ensure accurate temperatures. Many practices use a digital thermometer as the primary thermometer and a liquid-filled or dial thermometer as the back-up.

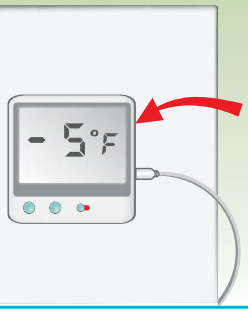


In a stand-alone freezer, place the digital thermometer probe and the back-up thermometer in the center of the freezer, next to the vaccine.



In a combination unit freezer, place the probe of the digital thermometer and the back-up thermometer in the center of the freezer floor.

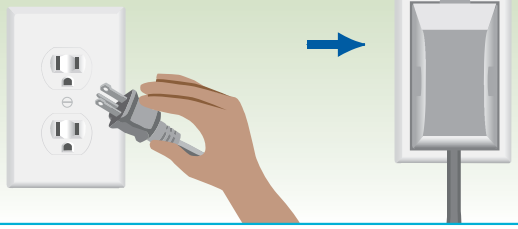
3



Attach the display of the digital thermometer to the outside of refrigerator, either on the door or on the side.

Set the temperature modes.

4 Plug in the freezer.
Secure with plug guard/cover.
Post "Do Not Unplug" sign.



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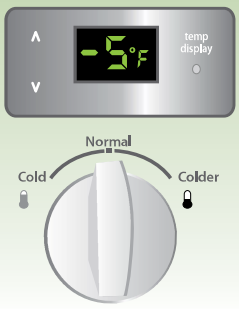


Set the freezer temperature.

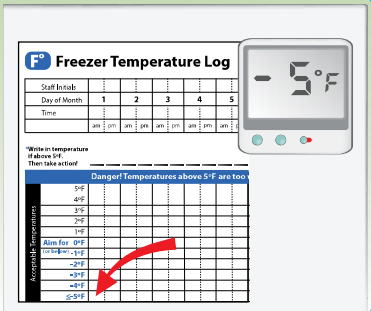
If the freezer has a thermostat, set it at -5°F.

If it has a dial with a range of numbers, set it in the middle.

The next morning, check the temperature and adjust it until it stabilizes below 0°F.

6 Once the temperature has stabilized, start recording temperatures on the temperature log twice a day.

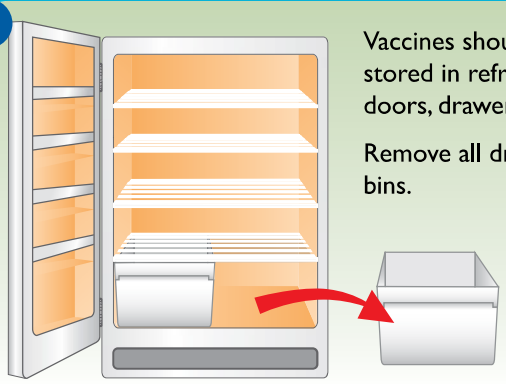
Do not store vaccines in the freezer until the temperature stays below 0°F for 3–5 days.



Vaccine Refrigerator Setup

Preparing for Vaccine Storage

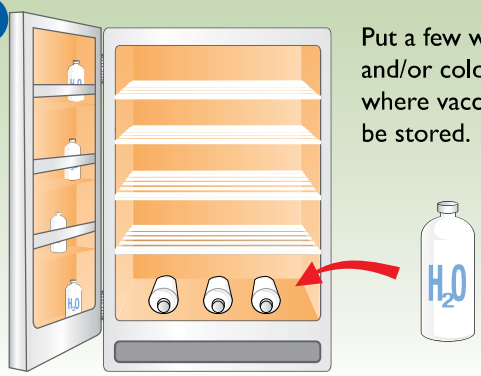
1



Vaccines should not be stored in refrigerator doors, drawers, or bins.

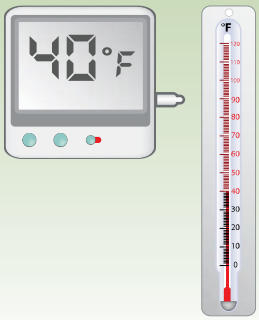
Remove all drawers and bins.

2



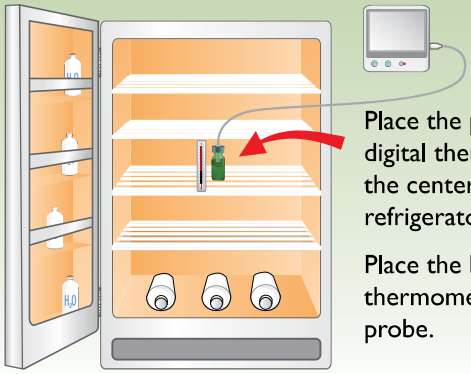
Put a few water bottles and/or cold packs in areas where vaccines will not be stored.

3



Two thermometers are needed to ensure accurate temperatures.

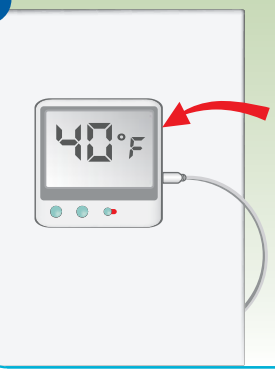
Many practices use a digital thermometer as the primary and a liquid-filled or dial thermometer as the back-up.



Place the probe of the digital thermometer in the center of the refrigerator.

Place the back-up thermometer next to the probe.

4

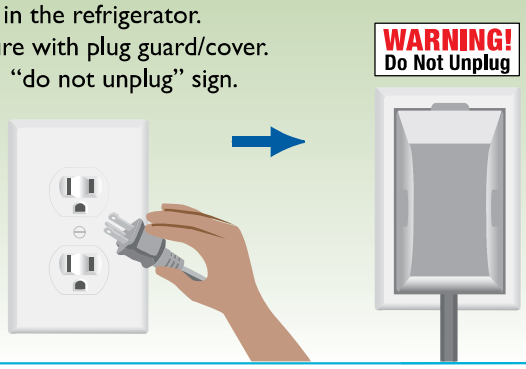


Attach the display of the digital thermometer to the outside of refrigerator, either on the door or on the side.

Set the temperature modes.

5

Plug in the refrigerator.
Secure with plug guard/cover.
Post "do not unplug" sign.



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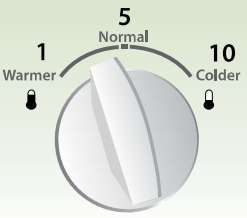


Set the refrigerator temperature.

If the refrigerator has a thermo-stat, set it for 40°F.

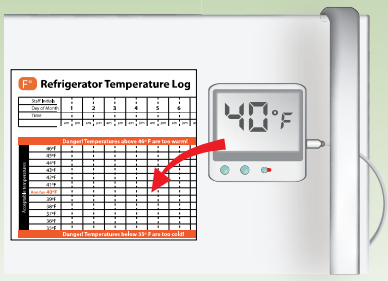
If it has a dial with a range of numbers, set it to slightly warmer than the middle of its range.

The next morning, check the temperature and adjust it until it stabilizes at approximately 40°F.

7

Once the temperature has stabilized, record temperatures on the temperature log twice a day.

Do not store vaccines in the refrigerator until the temperature is stable at around 40°F for 3–5 days.



Vaccine Freezer Setup

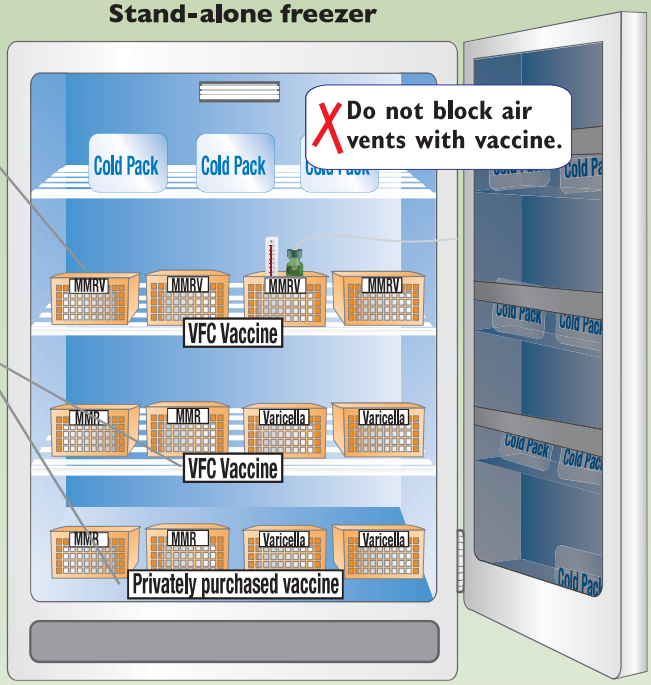
Storing Vaccines

Carefully organizing vaccines in a refrigerator helps protect vaccine and facilitates vaccine inventory management. Freeze MMR, MMRV, Varicella, and Zoster vaccines.

Stand-alone freezer

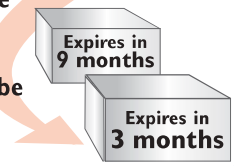
✔ Place vaccine in breathable plastic mesh baskets and clearly label baskets by type of vaccine.

✔ Separate the VFC vaccine supply from privately purchased vaccine.



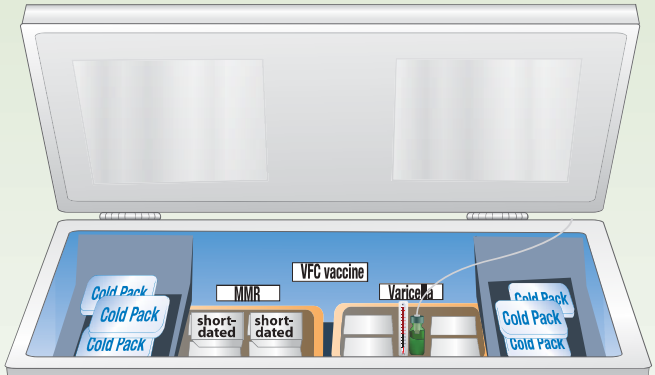
✔ Keep vaccines with shorter expiration dates to front of shelf.

If you have vaccine that will expire in 3 months or less that you will not be able to use, notify the VFC Program.



✔ Keep temperatures 5°F or colder.

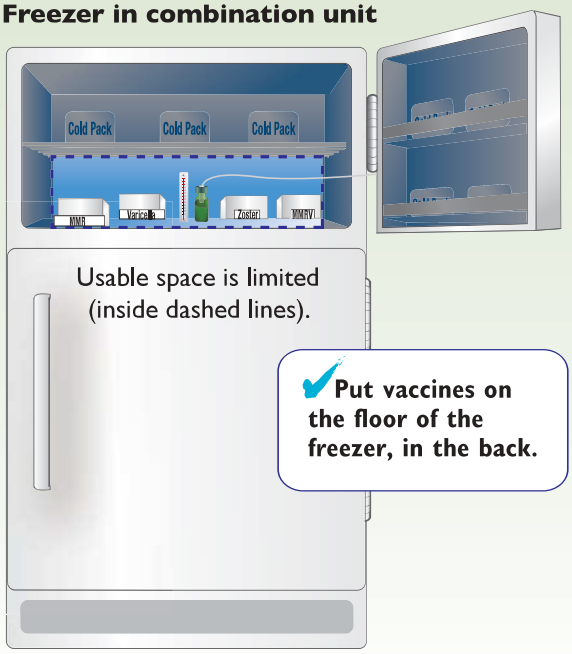
Chest freezer



✔ Keep vaccines with shorter expiration dates on top.

If you have vaccine that will expire in 3 months or less that you will not be able to use, notify the VFC Program.

Freezer in combination unit



✔ Put vaccines on the floor of the freezer, in the back.

If you have any problems with your refrigerator, keep the refrigerator door shut and notify the Chicago VFC Program.

- **Chicago VFC (312) 746-5385**
- **VFC Field Representative** _____

Vaccine Refrigerator Setup

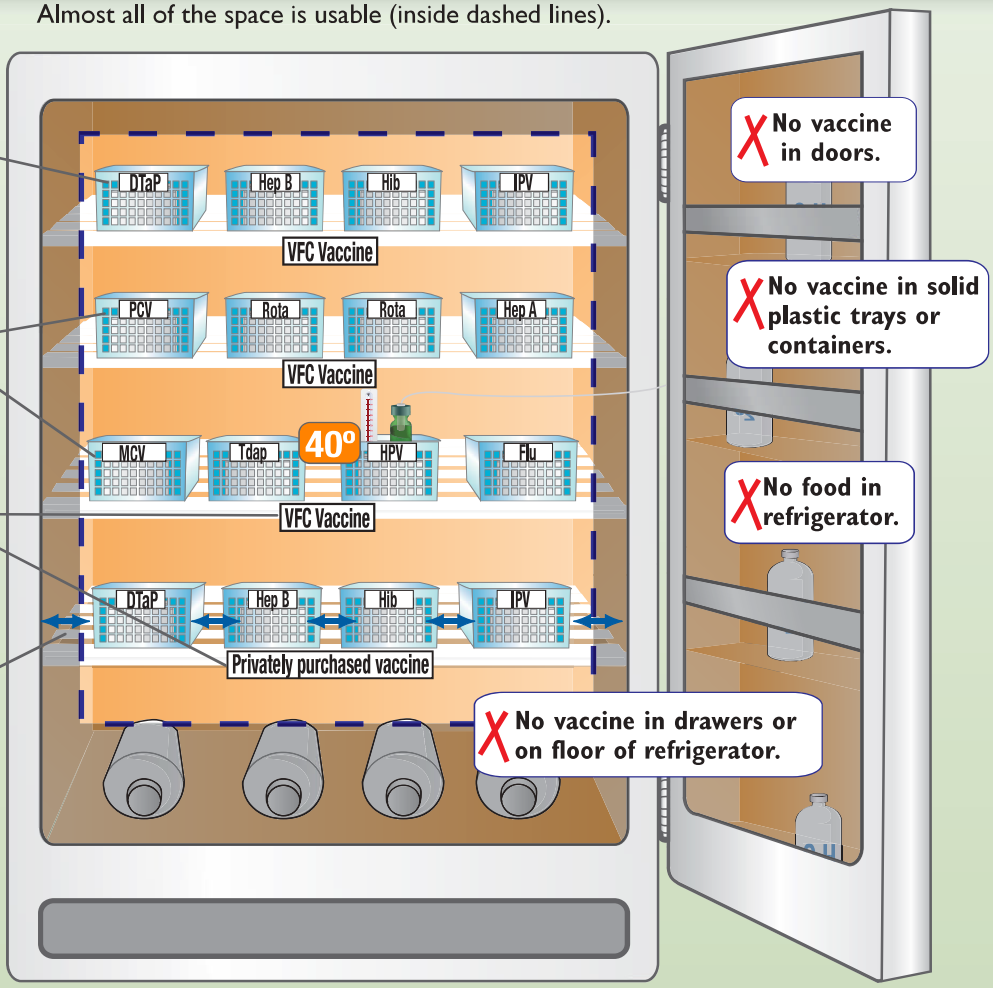
Storing Vaccines

Carefully organizing vaccines in a refrigerator helps protect vaccine and facilitates vaccine inventory management. Refrigerate all vaccines except MMRV, Varicella, and Zoster.

Refrigerator-only Unit

Almost all of the space is usable (inside dashed lines).

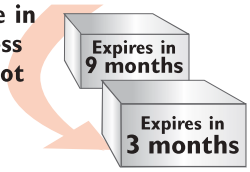
- ✔ Place vaccine in breathable plastic mesh baskets and clearly label baskets by type of vaccine.
- ✔ Group vaccines by pediatric, adolescent, and adult types.
- ✔ Separate the VFC vaccine supply from privately purchased vaccine.
- ✔ Keep baskets 2-3 inches from walls and other baskets.
- ✔ Keep vaccines in their original boxes until you are ready to use them.
- ✔ Store only vaccine and other medication in vaccine storage units.



- ✗ No vaccine in doors.
- ✗ No vaccine in solid plastic trays or containers.
- ✗ No food in refrigerator.
- ✗ No vaccine in drawers or on floor of refrigerator.

✔ Keep vaccines with shorter expiration dates to front of shelf.

If you have vaccine that will expire in 3 months or less that you will not be able to use, notify the VFC Program.



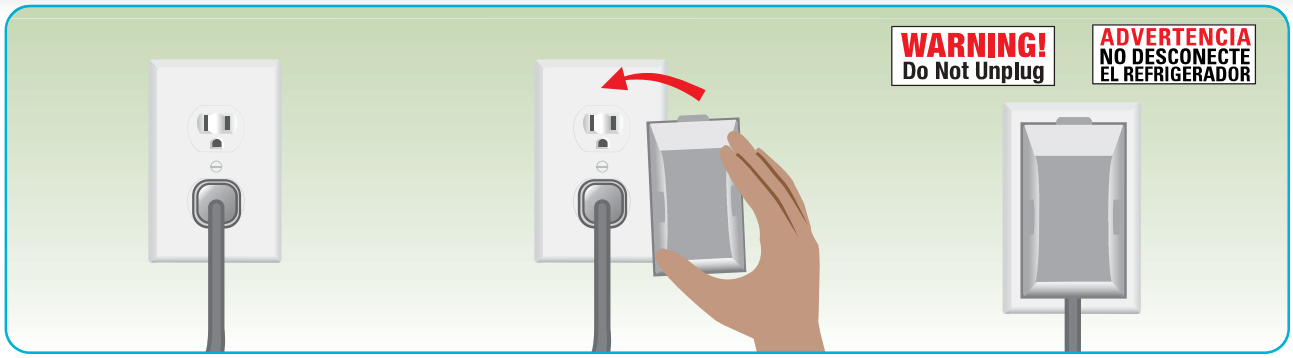
✔ Keep temperatures between 35°F to 46°F.

If you have any problems with your refrigerator, keep the refrigerator door shut and notify the Chicago VFC Program.

- **Chicago VFC (312) 746-5385**
- **VFC Field Representative** _____

Safeguard Your Power Supply

Protect plug and outlet

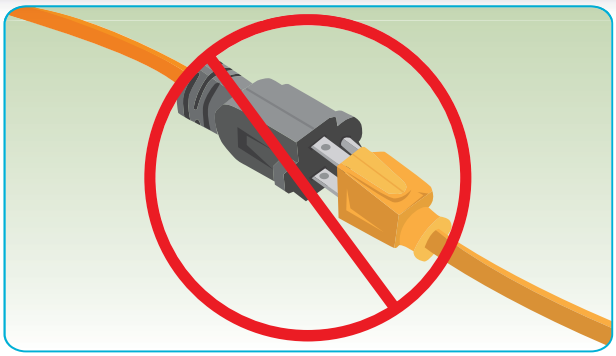


Plug in unit to a nearby outlet.

Secure plug with a guard/cover.

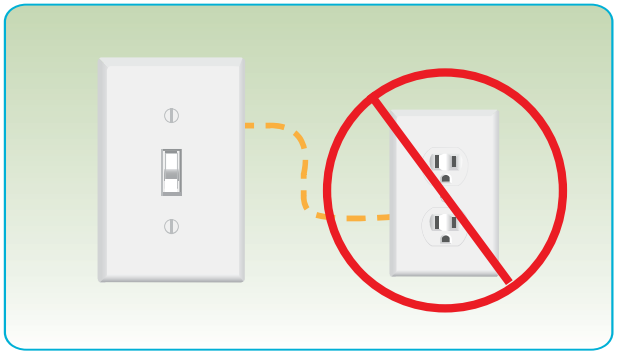
Post "Do Not Unplug" signs near outlet.

Always avoid disruption of power

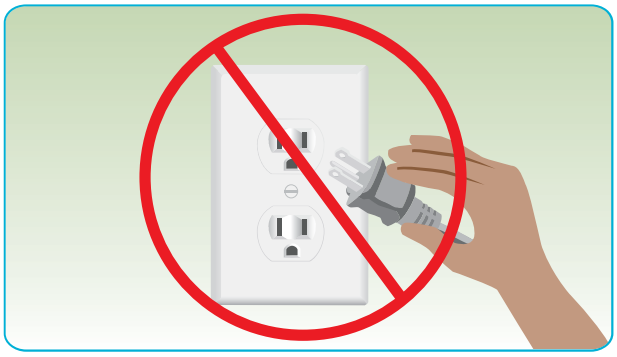


Do not use extension cords.

Do not plug more than one appliance into an outlet. This will prevent tripping of circuit breakers.



Do not use outlets that are controlled by wall switches.



Never unplug the vaccine refrigerator or freezer.

If you experience a power failure, do not open refrigerator/freezer doors. If it lasts more than 4-6 hours, call the VFC Program.

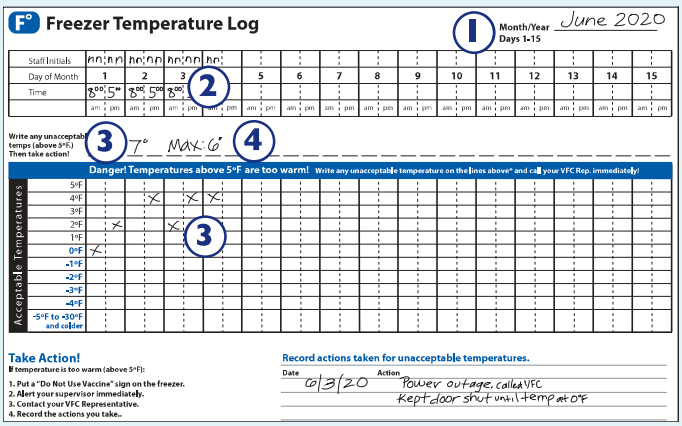
- Chicago VFC (312) 746-5385
- VFC Field Representative

Recording Freezer Temperatures

Record freezer temperatures twice a day.

- **Acceptable temperatures are 5°F and colder.**
- **Unacceptable temperatures are above 5°F.**

The numbers on the temperature log on the right correspond to step numbers below.



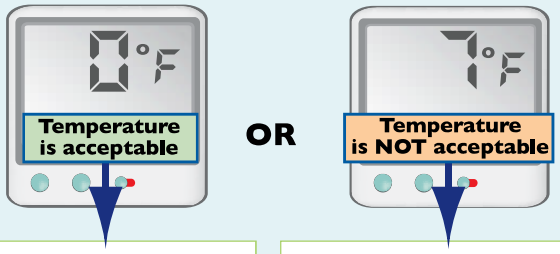
1 Start a new log at the beginning of every month. Write the **month** and **year** in the upper right corner of the *Freezer Temperature Log*.

Month/Year June 2020
Days 1-15

2 At the beginning and end of every clinic day, write your **initials** in the *Staff Initials* a.m. or p.m. space for that day. Then write the a.m. or p.m. **time**.

Staff Initials	nn nn
Day of Month	1
Time	8:00 5:00
	am pm

3 Read the **current temperature** on the freezer thermometer.



Write an X next to the **current temperature** on the log.

	Danger
5°F	
4°F	
3°F	
2°F	X
1°F	
0°F	X
-1°F	
-2°F	
-3°F	
-4°F	
-5°F to -30°F and colder	

Acceptable Temperatures

Temperatures -5°F and colder go in the bottom space.

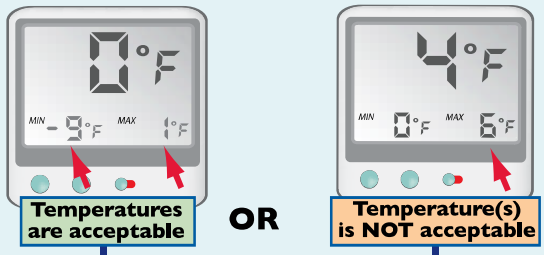
Write the **unacceptable temperature** in the space provided.

Immediately follow the steps under *Take Action!*

Write any unacceptable temps (above 5°F.) Then take action! 7°

Take Action!
If temperature is too warm (above 5°F):
1. Put a "Do Not Use Vaccine" sign on the freezer.
2. Alert your supervisor immediately.
3. Contact your VFC Representative.
4. Record the actions you take..

4 Read the **MIN** and **MAX** temperatures.



Do nothing.

Write the **unacceptable temperature** in the space provided.

Write **MIN** or **MAX** next to the unacceptable temperature.

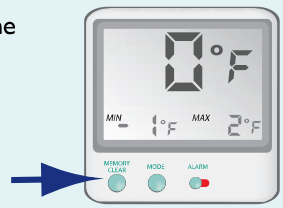
Immediately follow the steps under *Take Action!*

Write any unacceptable temps (above 5°F.) Then take action! MAX: 6°

Take Action!
If temperature is too warm (above 5°F):
1. Put a "Do Not Use Vaccine" sign on the freezer.
2. Alert your supervisor immediately.
3. Contact your VFC Representative.
4. Record the actions you take..

5 At the end of every clinic day repeat steps 2 3 4.

6 At the end of the day press the *Memory Clear* button on the thermometer.

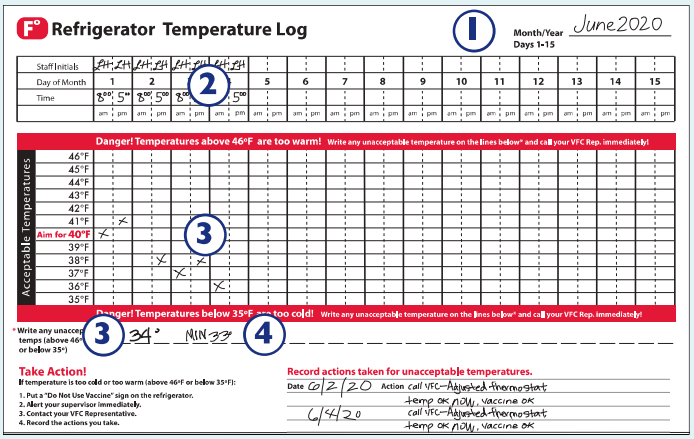


Recording Refrigerator Temperatures

Record refrigerator temperatures twice a day.

- **Acceptable temperatures are 35°F to 46°F.**
- **Unacceptable temperatures are below 35°F and above 46°F.**

The numbers on the temperature log on the right correspond to step numbers below.



1 Start a new log at the beginning of every month. Write the **month** and **year** in the upper right corner of the *Refrigerator Temperature Log*.

Month/Year June 2020
Days 1-15

2 At the beginning and end of every clinic day, write your **initials** in the *Staff Initials* a.m. or p.m. space for that day. Then write the a.m. or p.m. **time**.

Staff Initials	LH	LH
Day of Month	1	
Time	8:00	5:00
	am	pm

3 Read the **current temperature** on the refrigerator thermometer.

OR

Write an X next to the **current temperature** on the log.

	Danger	
Acceptable Temperatures	46°F	
	45°F	
	44°F	
	43°F	
	42°F	
	41°F	X
	Aim for 40°F	X
	39°F	
	38°F	
	37°F	
	36°F	
	35°F	
	Danger	

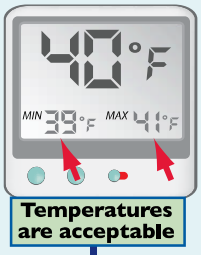
Write the **unacceptable temperature** in the space provided.

Immediately follow the steps under *Take Action!*

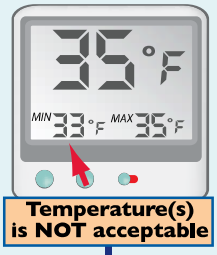
* Write any unacceptable temps (above 46° or below 35°) 34°

Take Action!
If temperature is too cold or too warm (above 46°F or below 35°F):
1. Put a "Do Not Use Vaccine" sign on the refrigerator.
2. Alert your supervisor immediately.
3. Contact your VFC Representative.
4. Record the actions you take.

4 Read the **MIN** and **MAX** temperatures.



OR



Do nothing.

Write the **unacceptable temperature** in the space provided.

Write **MIN** or **MAX** next to the unacceptable temperature.

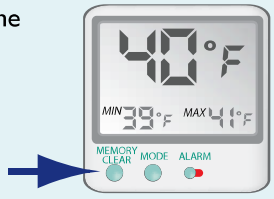
Immediately follow the steps under *Take Action!*

* Write any unacceptable temps (above 46° or below 35°) MIN 33°

Take Action!
If temperature is too cold or too warm (above 46°F or below 35°F):
1. Put a "Do Not Use Vaccine" sign on the refrigerator.
2. Alert your supervisor immediately.
3. Contact your VFC Representative.
4. Record the actions you take.

5 At the end of every clinic day repeat steps 2 3 4.

6 At the end of the day press the *Memory Clear* button on the thermometer.



Monthly Care of Vaccine Storage Units

A small amount of regular maintenance is necessary to help ensure that vaccine refrigerators and freezers work properly. Follow the three steps below to keep **household-style** refrigerators and freezers clean. If you have a commercial grade unit, follow the manufacturer's maintenance schedule and other recommendations.

1. Clean the inside of the storage units

Cleaning the inside of the refrigerator and freezer will help prevent the growth of bacteria and fungus.

You do not need to remove the vaccine from the unit to clean it. Just move the trays of vaccine as you clean.

Do not unplug the unit.

- Clean any spills.
- Wipe the inside of the compartment and the shelves with disinfectant or antibacterial wipes. Let it dry.
- Put the trays of vaccine back where they were.

2. Check the door seals

Refrigerators and freezers have flexible door seals that prevent cold air from escaping when doors are closed. If the seal does not seal completely, cold air escapes. This can cause temperatures to fluctuate in the unit.

Do not unplug the unit.

1. Locate the seals.
2. Examine the seals.
   - They should not be torn or brittle.
   - When the unit is closed, there should be no gaps between the seals and the body of the unit.
3. If you suspect a problem with the seals, tell your supervisor.

3. Clean the coils

If the coils are easy to reach, use a duster to remove any visible dust.