

Standards for Adult Immunization Practices

The revised Standards for Adult Immunization Practices provide a concise, convenient summary of the most desirable immunization practices. This revised version of the Standards for Adult Immunization Practices is recommended for use by all health care professionals in the public and private sectors who provide immunizations for adults.

Make vaccinations available

1. Adult vaccination services are readily available.
2. Barriers to receiving vaccines are identified and minimized.
3. Patient "out-of-pocket" vaccination costs are minimized.

Assess patients' vaccination standards

4. Healthcare professionals routinely review the vaccination status of patients.
5. Healthcare professionals assess for valid contraindications.

Communicate effectively with patients

6. Patients are educated about risks and benefits of vaccination in easy-to-understand language.

Administer and document vaccinations properly

7. Written vaccination protocols are available at all locations where vaccines are administered.
8. Persons who administer vaccines are properly trained.
9. Healthcare professionals recommend simultaneous administration of indicated vaccine doses.
10. Vaccination records for patients are accurate and easily accessible.
11. All personnel who have contact with patients are appropriately vaccinated.

Implement strategies to improve vaccination rates

12. Systems are developed and used to remind patients and healthcare professionals when vaccinations are due and to recall patients who are overdue.
13. Standing orders for vaccinations are employed.
14. Regular assessments of vaccination coverage levels are conducted in a provider's practice.

Partner with the community

15. Patient-oriented and community-based approaches are used to reach the target population.

Revised 2003

Source: <http://www.cdc.gov/vaccines/recs/vac-admin/rev-immz-stds.htm>

Standards in detailed report: American Journal of Preventive Medicine, Volume 25, Number 2

Standards for Child and Adolescent Immunization Practices

The use of the term “standards” should not be confused with a minimum standard of care. Rather, these Standards represent the most desirable immunization practices, which health care professionals should strive to achieve. By adopting these Standards, health care professionals can enhance their own policies and practices, making achievement of vaccination objectives for children and adolescents as outlined in Healthy People 2010, both feasible and likely.

Availability of Vaccines

1. Vaccination services are readily available.
2. Vaccinations are coordinated with other healthcare services and provided in a medical home when possible.
3. Barriers to vaccination are identified and minimized.
4. Patient costs are minimized.

Assessment of Vaccination Status

5. Healthcare professionals review the vaccination and health status of patients at every encounter to determine which vaccines are indicated.
6. Healthcare professionals assess for and follow only medically indicated contraindications.

Effective Communication about Vaccine Benefits and Risks

7. Parents/guardians and patients are educated about the benefits and risks of vaccination in a culturally appropriate manner and in easy-to-understand language.

Proper Storage and Administration of Vaccines and Documentation of Vaccinations

8. Healthcare professionals follow appropriate procedures for vaccine storage and handling.
9. Up-to-date, written vaccination protocols are accessible at all locations where vaccines are administered.
10. Persons who administer vaccines and staff who manage or support vaccine administration are knowledgeable and receive ongoing education.
11. Healthcare professionals simultaneously administer as many indicated vaccine doses as possible.
12. Vaccination records for patients are accurate, complete, and easily accessible.
13. Healthcare professionals report adverse events following vaccination promptly and accurately to the Vaccine Adverse Events Reporting System (VAERS) and are aware of a separate program, the National Vaccine Injury Compensation Program (NVICP).
14. All personnel who have contact with patients are appropriately vaccinated.

Implementation of Strategies to Improve Vaccination Coverage

15. Systems are used to remind parents/guardians, patients, and healthcare professionals when vaccinations are due and to recall those who are overdue.
16. Office- or clinic-based patient record reviews and vaccination coverage assessments are performed annually.
17. Healthcare professionals practice community-based approaches.

Revised 2003

Source: <http://www.cdc.gov/vaccines/recs/vac-admin/rev-immz-stds.htm>

Pediatrics, Volume 112, Number 4, Oct 2003

The Vaccine Adverse Event Reporting System (VAERS)

VAERS is a national vaccine safety surveillance program co-sponsored by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). VAERS collects and analyzes information from reports of adverse events following immunization. Since 1990, VAERS has received over 123,000 reports, most of which describe mild side effects such as fever. Very rarely, people experience serious adverse events following immunization. By monitoring such events, VAERS can help to identify important new safety concerns.

Reporting to VAERS

Who can file a VAERS report: Anyone can submit a VAERS report. Most reports are sent in by vaccine manufacturers (42%) and health care providers (30%). The rest are submitted by state immunization programs (12%), vaccine recipients or their parent/guardians (7%), and other sources (9%).

What adverse events should be reported: VAERS encourages the reporting of any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States. Report such events even if you are unsure whether a vaccine caused them.

The National Childhood Vaccine Injury Act (NCVIA) requires health care providers to report:

- Any event listed by the vaccine manufacturer as a contraindication to subsequent doses of the vaccine.
- Any event listed in the Reportable Events Table that occurs within the specified time period after vaccination.

A copy of the Reportable Events Table can be obtained by calling VAERS at 1-800-822-7967 or by downloading it from <http://vaers.hhs.gov/pubs.htm>.

Filing a VAERS report:

Use a VAERS report form to report any adverse event.

You can get pre-addressed postage paid report forms by calling VAERS at 1-800-822-7967, or download a printable copy of the VAERS form from the following Internet sites:

- The VAERS Web site at <http://vaers.hhs.gov/>
- The Food and Drug Administration's Web site at <http://www.fda.gov/cber/vaers/vaers.htm>
- The Centers for Disease Control and Prevention Web site at <http://www.cdc.gov/nip/>

Instructions are included with the form. You may use a photocopy of the VAERS form to submit a report.

For more information:

- Send e-mail inquiries to info@vaers.org
- Visit the VAERS Web site at: <http://vaers.hhs.gov>
- Call the toll-free VAERS information line at (800) 822-7967
- Fax inquiries to the toll-free information fax line at (877) 721-0366

This information has been adapted from the VAERS website (<http://vaers.hhs.gov>).

ROTAVIRUS 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 rotavirus?

Rotavirus is a virus that causes severe diarrhea, mostly in babies and young children. It is often accompanied by vomiting and fever.

Rotavirus is not the only cause of severe diarrhea, but it is one of the most serious. Before rotavirus vaccine was used, rotavirus was responsible for:

- more than 400,000 doctor visits,
- more than 200,000 emergency room visits,
- 55,000 to 70,000 hospitalizations, and
- 20-60 deaths

in the United States each year.

Almost all children in the U.S. are infected with rotavirus before their 5th birthday.

Children are most likely to get rotavirus diarrhea between November and May, depending on the part of the country.

Your baby can become infected by being around other children who have rotavirus diarrhea.

2 Rotavirus vaccine

Better hygiene and sanitation have not reduced rotavirus diarrhea very much in the United States.

The best way to protect your baby is with rotavirus vaccine.

Rotavirus vaccine is an oral (swallowed) vaccine, not a shot.

Rotavirus vaccine will not prevent diarrhea or vomiting caused by other germs, but it is very good at preventing diarrhea and vomiting caused by rotavirus. Most babies who get the vaccine will not get rotavirus diarrhea at all, and almost all of them will be protected from *severe* rotavirus diarrhea.

Babies who get the vaccine are also much less likely to be hospitalized or to see a doctor because of rotavirus diarrhea.



3 Who should get rotavirus vaccine and when?

There are two brands of rotavirus vaccine. A baby should get either 2 or 3 doses, depending on which brand is used.

The doses 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)

The first dose may be given as early as 6 weeks of age, and should be given by age 14 weeks 6 days. The last dose should be given by 8 months of age.

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

Babies who get the vaccine may be fed normally afterward.

4 Some babies should not get rotavirus vaccine or should wait

- 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 who are moderately or severely ill at the time the vaccination is scheduled should probably wait until they recover. This includes babies who have moderate or severe diarrhea or vomiting. Ask your doctor or nurse. Babies with mild illnesses should usually get the vaccine.

- 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

In the late 1990s a different type of rotavirus vaccine was used. This vaccine was found to be associated with an uncommon type of bowel obstruction called "intussusception," and it was taken off the market.

The new rotavirus vaccines have not been associated with intussusception.

However, babies who have had intussusception, from any cause, are at higher risk for getting it again. If your baby has ever had intussusception, discuss this with your doctor.

5 What are the risks from rotavirus vaccine?

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

Most babies who get rotavirus vaccine do not have any problems with it.

Mild problems

Babies may be slightly more likely to be irritable, or to have mild, temporary diarrhea or vomiting after getting a dose of rotavirus vaccine than babies who did not get the vaccine.

Rotavirus vaccine does not appear to cause any serious side effects.

If rare reactions occur with any new product, they may not be identified until thousands, or millions, of people have used it. Like all vaccines, rotavirus vaccine will continue to be monitored for unusual or severe problems.

Vaccine Information Statement (Interim)
Rotavirus (8/28/08)

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

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.

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's National Immunization Program website at: www.cdc.gov/vaccines



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

The Dr. Daniel T. Cloud Outstanding Practice Award

TAPI is also seeking nominations for The Dr. Daniel T. Cloud Outstanding Practice Award. This award, featuring the artwork of noted artist Anne Geddes, is presented to those practices and clinics that have achieved 90% immunization coverage levels for their two-year-olds.

- Any physician's office or clinic may be nominated.
- Upon nomination, coverage levels will be validated by an independent CASA assessment conducted by the state.
- All practices receiving validation of 90% coverage levels will receive an award.
- Awards will be presented at TAPI's Annual Award and Recognition Banquet in April.
- Nominations must be postmarked by March 7.

Nomination Form

Date of Nomination

Name of Nominee (Practice/Clinic)

Name of person primarily responsible or who will accept the award

Name of Lead Practitioner

Name of Office Immunization Contact

Address of Practice/Clinic

City State Zip Code

Daytime Telephone Fax

Nominator

Name of Person Submitting Nomination

Mailing Address

City State Zip Code

Daytime Telephone Fax

Non-Profit Org.
U.S. Postage
PAID
Phoenix, AZ
Permit No. 4407

Arizona Association of Community Health Centers
320 East McDowell Road, Suite 320
Phoenix, Arizona 85004



Annual Big Shots for Arizona Award Nominations



Honoring Our Partners



The Arizona Partnership for Immunization (TAPI) is seeking nominations for our annual **Big Shots for Arizona** Awards. These awards recognize the exceptional efforts of the many individuals and organizations whose tireless work and innovative strategies have improved immunization coverage levels statewide. We look forward to our annual award banquet as an opportunity to publicly recognize immunization efforts over the past year.

Please use the forms attached to nominate individuals, agencies, corporations, community groups or professional associations who have worked to further the mission of TAPI and to improve the health of Arizonans over the past year.

Big Shots for Arizona Award Categories

Choose the award category that best fits the accomplishments of the nominated organization or individual.

Buck Shot This nominee has produced exceptional printed materials, PSAs, or other forms of communication that have educated the public and health care providers about immunizations.

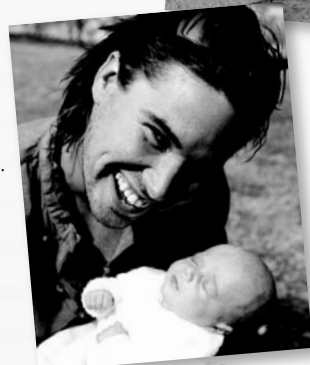
Long Shot This nominee has been responsible for legislation, regulations or public policy initiatives that have helped to reduce barriers to immunization.

Snap Shot This nominee has sponsored or coordinated an event/events that have helped to educate, promote and provide immunizations to Arizonans.

Spot Shot This nominee has produced print, radio or electronic media stories that have helped to educate the public about immunizations.

Hot Shot This individual or organization has gone "above and beyond the call of duty" to give tremendous amounts of time and effort to increase immunizations. More than one Hot Shot award may be given.

Up Shot (In Memory of Andrea Fadok) This nominee is new to the immunization effort and has demonstrated commitment to improving the health of Arizonans.



The Selection Process

Nominations

In three or less double-spaced typed pages briefly explain how the nominee has successfully accomplished the award category's objective. Nominations may be accompanied by supporting materials. Any materials submitted should be of a quality that allows for easy photocopying.

Otherwise, five copies of the support materials must be submitted with the award nomination. Submitted materials become the property of TAPI and cannot be returned.

Review of Applications

Nominations will be reviewed by a panel of individuals who represent health care, business, media and civic organizations. Nominators will be notified if their nominee has been selected prior to the awards ceremony.

Presentation of Awards

Award recipients will be formally invited to and presented with their awards at TAPI's Annual Award and Recognition Banquet in April.

Deadlines

Award nomination materials must be postmarked or delivered to TAPI by 5:00 p.m. March 7. Faxed nominations will not be accepted.

Questions

Contact TAPI at 602.288.7567 if you have any questions about these awards or the nomination process.

Submit Nominations to:

Big Shots for Arizona Award Committee
The Arizona Partnership for Immunization
320 East McDowell Road, Suite 320
Phoenix, AZ 85004

Or submit nominations online at www.whyyimmunize.org.

Big Shots for Arizona Award Nomination Form

Date of Nomination _____

Please identify the type of nominee:

- Agency Community Group Corporation
 Individual Professional Association Other

First and Last Name of Nominee (If applicable) _____

Name of Nominated Organization/Group/Association (if applicable) _____

If nominating an organization, please provide the name of the person who will accept the award on behalf of the organization. _____

Nominee's Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Fax _____

Please select the category for nomination:

- Buck Shot - Education Materials/Community Outreach Campaigns
 Long Shot - Public Policy
 Spot Shot - Media Coverage
 Snap Shot - Special Events Partnerships
 Hot Shot - Special Achievement
 Public Sector Private Sector
 Up Shots - Innovation/New Commitment

Nominator

Name of Person Submitting Nomination _____

Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Fax _____

Form must be accompanied by nomination statement. All documents must be postmarked or delivered by March 7 for consideration.





Division of Public Health Services

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JANET NAPOLITANO, GOVERNOR

JANUARY CONTRERAS, ACTING DIRECTOR

Requirement for Hib Vaccine Booster Will be Suspended through July 31, 2009

January 3, 2008-July 31, 2009

Due to a nationwide shortage of Hib (*haemophilus influenzae type B*) vaccine, the Arizona Department of Health Services (ADHS) is extending a temporary suspension of the requirement for children in child care settings to receive a Hib vaccine booster dose after 12 months of age. Arizona Administrative Code R9-6-702(E) authorizes ADHS to suspend compliance with immunization requirements in the event of a vaccine shortage.

1. **What is a Hib vaccine booster?**
 - A Hib vaccine booster is the Hib vaccine dose usually given at 12-15 months of age to boost the immunity of a child who received a primary series of 2-3 Hib vaccine doses during the first year of life.
2. **Why is the Hib vaccine booster requirement being suspended?**
 - The Centers for Disease Control and Prevention (CDC) has recommended that supplies of Hib vaccine be used for the primary series of 2-3 Hib vaccine doses given during the first year of life.
3. **How long will the Hib vaccine booster requirement be suspended?**
 - Children attending Arizona child care, preschool and Head Start settings will not be required to have a Hib vaccine booster dose until August 1, 2009. Children who reach age 5 before August 1, 2009 will not be required to receive a Hib vaccine booster.
 - If Hib vaccine shortages make it necessary to extend the suspension of the Hib vaccine booster requirement beyond July 31, 2009, an announcement will be posted on the Arizona Immunization Program Office website at <http://www.azdhs.gov/phs/immun>.
4. **Are children under 12 months of age still required to receive Hib vaccine in order to attend child care?**
 - **Yes.** Hib #1 is required at 2 months; Hib #2 is required at 4 months; Hib #3 is required at 6 months unless PedvaxHIB® or COMVAX® Hib vaccine was given for Hib #1 and Hib #2.
5. **Are children 12 months and older who have never received Hib #1 still required to receive Hib #1 in order to attend child care?**
 - **Yes.** A child who is 12-59 months of age must receive Hib #1 in order to attend child care because the child never received the primary Hib vaccine series.
6. **Are children 12 months and older who have never received Hib #2 still required to receive Hib #2 in order to attend child care?**
 - **Yes.** Hib #2 is required to complete the primary Hib vaccine series 2 months after Hib #1 if the first dose of Hib vaccine was given when the child was less than 15 months of age. Hib #2 is not required for child care attendance if the first dose of Hib vaccine was given when the child was 15 months of age or older.
7. **Who can I call with questions about Hib vaccine and Hib vaccine requirements?**
 - Child care centers may contact the ADHS Immunization Assessment Unit at 602-364-3632 or 1-866-222-2329.
 - Health care providers may contact the Vaccines for Children program at 602-364-3642.

Save the Date!

for the

16th Annual Arizona Immunization Conference

April 21 and 22, 2009

A two-day conference held on Tuesday and Wednesday

**Black Canyon Conference Center
9440 N. 25th Avenue, Phoenix, AZ 85021**



**Conference workshop and registration information available SOON at
<http://www.azdhs.gov/phs/immun/conf.htm> !**