



**Influenza/Pneumococcal
Resource**

Toolkit

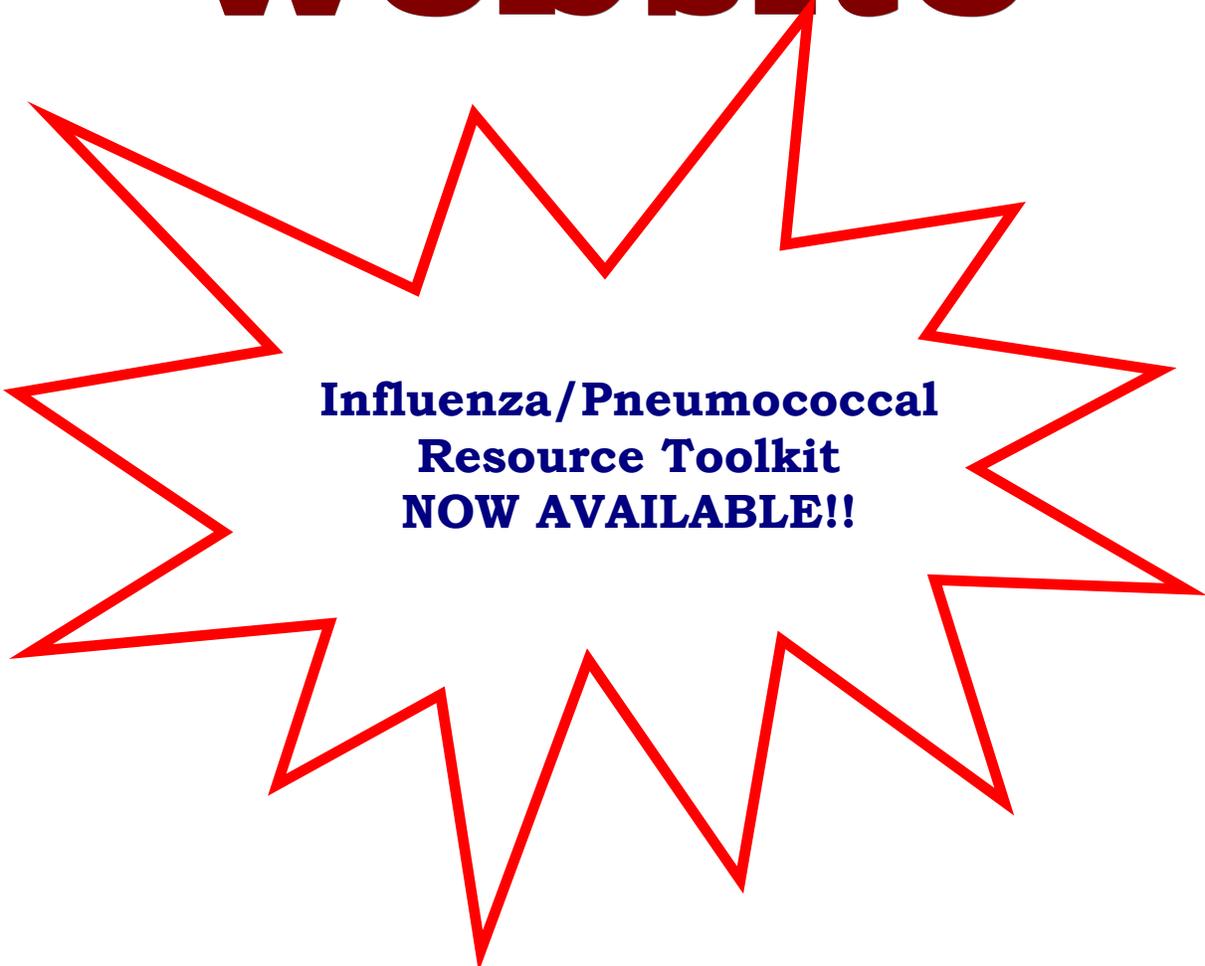
2004-2005



**VA National Center for Health
Promotion and Disease Prevention**



NCP Website



**Influenza/Pneumococcal
Resource Toolkit
NOW AVAILABLE!!**

**For a wide variety of information and
resources about prevention,
please visit our website at:**

www.vaprevention.com



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Foreword and Introduction



Foreword

By Steven J. Yevich, MD, MPH,

Director, VA National Center for Health Promotion and Disease Prevention (NCP)

This is the third version of the VA influenza/pneumococcal vaccine resource toolkit, improved for the 2004-2005 season. Based on the ACIP recommendations for successful vaccine programs,ⁱ the toolkit has been revised and expanded in response to survey feedback from last year's toolkit users as well as patients from the 03/04 flu season, aiming to maximize its utility and effectiveness for field use. Four areas were marked for emphasis this year:

1. Improving the rates of health care worker (HCW) vaccination;
2. Pneumococcal vaccination for appropriate patients;
3. Correct vaccine administration techniques; and
4. Eliminating racial/ethnic disparities in receipt of the vaccine.

HOW IMPORTANT ARE FLU AND PNEUMO SHOTS??

Influenza and pneumococcal disease are responsible for more deaths than the aggregate total of all other vaccine preventable diseases in the US. Flu shots are arguably the single-most effective (and reliably effective), and easiest preventive measure that can be instituted, period. Preventing disease before it happens **SAVES LIVES!!**

Some important points about these vaccinations:

- Vaccinating persons at high-risk is the most effective means of reducing the impact of the disease. Especially among elderly persons within the community, hospitalizations for heart disease, cerebrovascular disease, and pneumonia or influenza, and deaths from all causes can decrease by 48 to 50%, resulting in significant cost savings.ⁱⁱ
- In the general population, flu and pneumococcal vaccination program performance is still suboptimal. CDC survey data from 2002 shows that approximately 66% of adults 65 and older and 36% of adults aged 50-64 reported having received an influenza vaccine during the preceding 12 months. Fifty-six percent of adults 65-74 years reported ever having received a pneumococcal vaccine. These numbers fall short of the Healthy People 2010 objective of 90% coverage for influenza and pneumococcal vaccination in adults 65 and older.ⁱⁱⁱ
- Although vaccination of health-care workers (HCWs) has been associated with reduced work absenteeism and fewer deaths among nursing home patients, and despite the presumed readier availability of



the vaccine to HCWs, vaccination rates among these medical personnel in 2001 was only 36%.ⁱ

- Anecdotal feedback from providers corroborates the extent of misperceptions and folklore misunderstandings of flu and pneumococcal vaccines held by patients, as well as by front-line healthcare workers actually responsible for these immunization programs. This points to the need for continual vaccine educational updates, even for seasoned immunization staff.
- Incorrect vaccine administration, such as needle length for IM administration, may not induce an appropriate immune response and can lead to an increase in adverse reactions.^{iv,v} Improper vaccine delivery may leave patients at risk for disease, distorted by a false sense of “protection,” having already endured shot administration. Immunization program directors and nursing staff should review the best practices immunization techniques described in this toolkit to ensure that vaccines are delivered properly.

Why are we producing an Influenza/Pneumococcal Toolkit?

We began the toolkit project in 2002 to maximize vaccination rates for both flu and pneumococcus, seeking to facilitate the implementation of a vaccination program and/or to supplement a current program, while reducing medical facility burden. The toolkit is designed to be a generic, high-quality, ready-to-use and comprehensive resource, while being practical and easy to use. I want your feedback regarding errors, improvements or other suggestions related to the toolkit and successful flu/pneumo vaccination programs.

Emphasize flu shots for three major reasons:

1. Prevents death!
2. Prevents severe illness!
3. Protects other people!

So, protect yourself, other staff, your patients, and your family members by getting the influenza vaccination this fall. Providers lead the way!

i. CDC. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR April 25, 2003; 52: 1-36.

ii. Nichol KL et al. Influenza Vaccination and Reduction in Hospitalizations for Cardiac Disease and Stroke among the Elderly. N Engl J Med 2003; 348: 1322-1332.

iii. CDC. Influenza and vaccination coverage among adults aged ≥ 50 years and pneumococcal vaccination coverage among adults aged ≥ 65 years---United States, 2002. MMWR October 17, 2003; 52(41):987-992.

iv. Poland GA et al. Determination of deltoid fat pad thickness. Implications for needle length in adult immunization. JAMA 1997; 277:1709-1711.

v. Zuckerman JN. The importance of injecting vaccines into muscle. BMJ 2000; 321:1237-1238.



Introduction

By Kristin Nichol, MD, MPH

Influenza and pneumococcal diseases are major causes of morbidity and mortality in the United States. Each year they are responsible for tens of millions of illnesses, hundreds of thousands of hospitalizations, tens of thousands of deaths, and billions of dollars in health care costs. Together they are responsible for more vaccine preventable disease deaths in this country by 10 to 50 fold than all other vaccine preventable diseases combined! The elderly and other high risk persons bear a disproportionate burden of the severe complications of these illnesses that result in hospitalization and death, and many of the veterans we serve fall into one of these categories.

Improved delivery of influenza and pneumococcal vaccinations could substantially reduce the morbidity and mortality burden associated with these diseases. Initial data for 2003 show that only 65.4% of persons 65 and older had received an influenza vaccination in the past year while only 55.8% reported ever receiving a pneumococcal vaccination. Vaccination rates for high-risk persons under age 65 are even lower. Clearly we have a long way to go to meet the national 2010 goal of a 90% vaccination rate for each of these immunizations among the elderly.

Evidence-based reviews of the literature suggest that successful strategies to improve vaccination rates share some of these common themes:

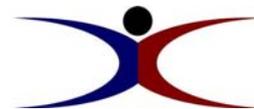
1. Providers who are knowledgeable about the diseases and the benefits of vaccination are necessary but not sufficient to improve vaccination rates. Knowing the facts is not enough.
2. Among the most important determinants of patients' vaccination behavior is their provider's recommendation. If the patient's health care provider strongly recommends vaccination, the patient is highly likely to receive the vaccine, even if he/she otherwise has somewhat negative attitudes toward vaccination. On the other hand, if the provider fails to recommend vaccination, then the patient is unlikely to be immunized. What the health care provider says makes a big difference.
3. In addition to provider recommendation, systems strategies that ensure the offering and administration of vaccine are critical. Processes that are automatic and empower nurses and other health care professionals to offer and administer vaccinations are especially



- effective. Some of these systems strategies include patient reminders / recall systems, standing orders, walk-in clinics, etc.
4. In designing durable strategies, it is important to pay attention to issues of convenience for patients, and efficiency and workload impact for health care professionals.
 5. Evaluation and feedback are essential for understanding whether the various strategies are working and to help identify areas in need of improvement.

Improving influenza and pneumococcal vaccination rates will enhance the health of our veterans and reduce their health care costs. This toolkit will help you do just that.

Instructions for Using the Influenza Toolkit



Instructions for Using the Influenza Toolkit

August 15, 2004

Each Toolkit includes an updated set of resources to provide strategies and **SAMPLE** customizable documents that may be useful in implementing or revamping an influenza/pneumococcal vaccination program. Two Toolkits are being sent to the Medical Center's flu campaign coordinator and/or Chief of Staff.

Areas of Emphasis for 2004-2005:

- ◆ Improving staff vaccination rates
- ◆ Correct vaccine administration techniques
- ◆ Pneumococcal vaccination, in addition to influenza vaccination, for appropriate patients
- ◆ Decreasing racial and ethnic disparities in vaccination rates.

This **Toolkit** can be used in a variety of ways. Information is provided to help establish an influenza vaccination program from inception. However, some facilities may have well-established programs and only need updated posters, reminders, etc.

The **Table of Contents** clearly identifies each item to allow for easy retrieval of specific information needed. New items and updated content are highlighted in the manual Table of Contents.

There are **Sample Policies, Protocols and Checklists** that can easily be modified to be used in any facility, along with samples of other Medical Center policies already in place, to guide policy development.

Also included for use are **View Alerts, Drafts of Letters** to be sent to patients, or possible **Phone Message Scripts**, which can be used in entirety or modified for each facility.

Vaccine **Clinical Reminder** screen shots from one facility are included to serve as examples.



Several PowerPoint presentations and Screen Savers are included. Presentations may be set up as a continuous run on a VCR to remind viewers about flu vaccinations.

CDC and Public Health posters and Patient Education materials are for widespread use and display in VHA facilities.

Provider Information details the specifics of vaccine administration, strategies to improve vaccination rates for staff as well as pertinent encounter/workload capture data. There are several new documents in this section.

Immunization websites and references are listed in the expanded **Reference** section.

Remember: Toolkit items include this manual, stickers, CDC pocket information cards for providers, adult immunization cards for providers, adult wallet immunization cards, and posters.

Questions or comments can be addressed to Rosemary Strickland, RN, or Linda Kinsinger, MD, at NCP by calling 919-383-7874, ext. 239 or 222.

Sample Policies and Programs



“SAMPLE GENERIC POLICY”

(Facility Name)
(Facility Address)

MCM #
Date

(This sample document will need facility review and approval. The samples may be modified based on VHA and facility policy and professional scopes of practice. Since the sample document has not been through a VACO concurrence process, it does not necessarily constitute the views of the DVA or national VA policy/procedure/practice.)

ADMINISTRATION OF VACCINES

1. **PURPOSE:** The purpose of this memorandum is to define policy and procedure for the administration of immunizations in accordance with established protocols, preventive medicine guidelines, chronic disease performance measures, Healthy People 2010 guidelines and Department of Veterans Affairs emphasis on Preventive Medicine.
2. **POLICY:**
 - a. All eligible veterans, outpatient and inpatient, and employees/volunteers will be offered immunizations, based on availability of vaccine and personal risk factors.
 - b. Administration of immunization includes informed expressed or implied permission by the patient along with appropriate screening.
 - c. All persons receiving vaccinations should receive information about the vaccine and its benefits and risks.
 - d. RN/LPN or Pharmacist may administer vaccines.
3. **PROCEDURE:**
 - a. CDC and VHA recommendations regarding prioritization of patients, risk factor identification, and standards for administration will be adopted as accepted standards of practice by the medical staff.
 - b. Links for information to the programs identified in the purpose include:

<http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>



<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm>

<http://www.cdc.gov/ncidod/diseases/flu/fluvac.htm>

<http://www.cdc.gov/nip/vaccine/vac-chart-publi.htm>

- c. Information sheets regarding adverse or untoward effects of vaccines will be given to recipients prior to vaccine administration.
- d. Administration of immunizations will be documented in CPRS.

4. RESPONSIBILITY: The Chief, _____ Services is responsible for the contents of this MCM.

5. REVIEW DATE: The Chief of Staff will review this policy for revision/rescission in 2 years.

6. REFERENCES:

- a. Centers for Disease Control and Prevention (CDC).
 - i. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR, Current edition.
 - ii. The Advisory Committee on Immunization Practices Makes New Influenza Vaccine Recommendations, Current edition.
 - iii. Vaccine Information Statement (VIS). Atlanta, GA: IS Department of Health and Human Services, CDC, Current edition.
- b. VHA Directive: Influenza Vaccine, Current edition

7. RESCISSION: Last policy related to vaccines.

(Signature of Medical Center Director)



SAMPLE – (This sample document will need facility review and approval. The samples may be modified based on VHA and facility policy and professional scopes of practice. Since the sample document has not been through a VACO concurrence process, it does not necessarily constitute the views of the DVA or national VA policy/procedure/practice.)

VA Northern California Health Care System
Martinez, California

Policy Statement PS-11-98
December 17, 2001

OUTPATIENT ADMINISTRATION OF VACCINES

1. PURPOSE

To outline policy, assign responsibility and prescribe procedures for the administration of outpatient immunization vaccines by Registered Nurses (RN's) and Licensed Vocational Nurses (LVN's) in the VA Northern California Health Care System (VANCHCS). **All inpatients in the VA NCHCS need a physician order before the administration of any immunizations or vaccines by an RN or LVN.**

2. DEFINITIONS

- a. Vaccines are defined as pneumococcal, influenza, and tetanus diphtheria.
- b. Licensed personnel are defined as Registered Nurses (RN's) and Licensed Vocational Nurses (LVN's).

3. POLICY

- a. Patient health advocacy insures that all eligible outpatient veterans and Tricare participants receive immunizations based on availability of the vaccine and the patients' risk factors. Administration of immunizations includes informed expressed or implied permission by the patient along with appropriate screening. Immunizations are administered in outpatient and home health settings by Registered Nurses (RN's) and Licensed Vocational Nurses (LVN's).
 - (1) CDC and VA Prevention Index recommendations regarding prioritization of patients, risk factor identification, and standards for administration are adopted as accepted standards of practice by the Medical Staff.
 - (2) Links for information:



<http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm>
<http://www.cdc.gov/ncidod/diseases/flu/fluvac.htm>
<http://www.cdc.gov/nip/vaccine/vac-chart-public.htm>

4. PROCEDURES

- a. Separate written protocols regarding administration of these vaccines will be followed.
 - (1) Vaccine information sheets (VIS) regarding adverse or untoward effects of vaccines will be given to patients prior to vaccine administration.
 - (2) Administration of immunizations will be documented in CPRS.
 - (3) Pneumococcal polysaccharide vaccine will be offered and administered to patients 65 years of age or older or those patients at risk with the following: heart disease, sickle cell disease, alcoholism, lung disease, diabetes, cirrhosis, Hodgkin's disease, kidney failure, nephrotic syndrome, lymphoma, leukemia, multiple myeloma, HIV infection or AIDS, organ transplant, cochlear implant, spinal cord injury and disease, damaged spleen or no spleen.
- a. Pneumococcal polysaccharide vaccine is usually given once in a lifetime. A second dose is recommended for patients who received their first dose when they were under 65 years of age and if more than 5 years have passed. A second dose after 5 years is also recommended for those who fall into the highest risk group, defined as adults with HIV or AIDS, absent or malfunctioning spleen, sickle cell disease, nephrotic syndrome or renal failure, organ or bone marrow transplant, or immunosuppressive treatment with X-rays, cancer drugs, or long-term steroids.
- (4) Influenza vaccine is offered and administered yearly to patients over 50 years and patients under 50 at increased risk for influenza complications such as patients with heart disease, kidney disease, lung disease, asthma, metabolic disease (diabetes, anemia and other blood disorders), HIV/AIDS, long-term chemotherapy and radiation, spinal cord injury and disease and women who will be pregnant during flu season. Lastly, persons who may transmit influenza to those at high risk of complications, such as health care providers and residents of community homes, should also be offered vaccination.
- (5) Tetanus/Diphtheria (Td) is offered to patients who have not



had Td within the past 10 years. Patients being treated for an injury involving an open wound should be offered a Td vaccination if no history of vaccination within the past 5 years.

5. **EDUCATIONAL TUTORIAL**

- a. http://vaww.northern-california.med.va.gov/cprs/Manual/Imm_Inj.ppt.

6. **BIENNIAL REVIEW, RESCISSION OR REISSUE DATE**

The Chief of Staff (11) will review this policy for rescission or reissue within two years of the date of issue.

7. **REFERENCES**

Policy Statement 11-40 Patient Care Orders
 Joint Commission Accreditation Manuals for Hospitals (current edition)
 EPRP Review Criteria (current)
 CDC Guidelines for Administration of Vaccines (2001-2002)
 Business and Professions Code Section 2859-2873.7 specifically
 Vocational Nursing sec: 2860.5-2860.7.

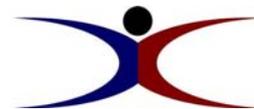
8. **RESCISSION**

None

Contact Person:
 Kathleen Toms
 (925) 370-4154
 Kathleen.toms@med.va.gov

Distribution

Sample Protocols



SAMPLE VHA PNEUMOCOCCAL VACCINE INFORMATION AND PROTOCOL

(This sample document will need facility review and approval. The samples may be modified based on VHA and facility policy and professional scopes of practice. Since the sample document has not been through a VACO concurrence process, it does not necessarily constitute the views of the DVA or national VA policy/procedure/practice.)

INTRODUCTION: Pneumococcal Vaccination may be administered by nurses (i.e., RNs, LPNs, etc.) according to protocol to adults who meet the criteria below at any time of year.

- ◆ Any person age 65 or older

HIGHEST RISK PATIENTS

Those with:

- ◆ HIV infection or AIDS
- ◆ Sickle cell disease
- ◆ Immunosuppressive treatment with x-ray, cancer drugs, or long-term steroids
- ◆ Absent or malfunctioning spleen
- ◆ Organ or bone marrow transplant patient
- ◆ Nephrotic syndrome or renal failure

HIGH RISK PATIENTS

Adults of any age at risk due to chronic illness such as:

- ◆ Heart disease
- ◆ Lung disease
- ◆ Cirrhosis
- ◆ Diabetes mellitus
- ◆ CSF leaks
- ◆ Persons living in special environments or social situations (such as Native Americans, residents of long term care facilities)
- ◆ Candidate for or recipient of a cochlear implant
- ◆ Alcoholism
- ◆ Cancer, including leukemia, lymphoma, multiple lymphoma
- ◆ Spinal cord injury or disease

Adults will need a second and final dose of PPV if five or more years have elapsed since the previous vaccination and the patient is:

- ◆ Age 65 or older and received prior PPV vaccination when less than 65 years old
- ◆ At highest risk for serious pneumococcal infection and/or likely to have a rapid decline in pneumococcal antibody levels (see highest risk patients, above)

CONTRAINDICATIONS: A history of a serious reaction (e.g., anaphylaxis) after a previous dose of PPV or to a vaccine component (e.g., phenol allergy)

PRECAUTIONS: A moderate or severe acute illness with or without fever

REFERRAL TO HEALTH CARE PROVIDER:

- Initial vaccination of lymphoma patients recently treated or about to receive treatment with chemotherapy or radiation should be undertaken only with provider evaluation and separate written provider order.
- Pregnant women may be considered for vaccination, but should only be done with provider evaluation and separate written order.

OTHER INFORMATION:

- If individual meets indications for vaccine and past vaccine status is unknown, the patient should be vaccinated.
- Vaccine may be administered to patients with mild infections such as URI without fever.
- Pneumococcal vaccine can be given at same time as other vaccines but in a different site.

VACCINE PROTOCOL:

1. Ask if the patient is feeling sick. If so, and they are febrile, or answer yes to any contraindications or provider referral questions on the protocol checklist, do **NOT** administer vaccine via protocol.
2. Give patient vaccine information statement, answer any questions, and ensure the patient understands.
3. If the patient is afebrile, and answers no to **ALL** contraindications or provider referral questions on the protocol checklist, then:
give 0.5 cc Pneumococcal vaccine IM (1"-2" 22-25 g needle) or SC (5/8"-3/4" 23-25 g needle) in deltoid.
4. Document each patient's vaccine administration information in CPRS and on the patient's personal immunization record card.
5. Be prepared for management of a medical emergency related to the administration of the vaccine by having a written emergency medical protocol available, as well as equipment and medications.
6. Report all adverse reactions to the pneumococcal vaccine to the federal Vaccine Adverse Reporting System (VAERS) at www.vaers.org or (800)822-7967. VAERS report forms are available at www.vaers.org.

Chief of Staff or MD designee

Date

Chief Nurse Executive or designee

Date



SAMPLE VHA PNEUMOCOCCAL VACCINE PROTOCOL CHECKLIST

(This sample document will need facility review and approval. The samples may be modified based on VHA and facility policy and professional scopes of practice. Since the sample document has not been through a VACO concurrence process, it does not necessarily constitute the views of the DVA or national VA policy/procedure/practice.)

1. Does individual meet recommendations for vaccine? Yes No
 (age ≥ 65 or chronic illness, i.e. heart disease; lung disease; alcoholism; diabetes mellitus; cirrhosis; immunosuppressive treatment with x-ray, cancer drugs, or long term steroids; nephrotic syndrome or renal failure; absent or malfunctioning spleen; organ or bone marrow transplant patients; HIV infection or AIDS; cancer; sickle cell disease; cochlear implant; spinal cord injury and disease; person living in special environments or social situations, i.e., Native Americans, or residents of long term care facilities)

- ◆ IF YES, proceed to #2
- ◆ IF NO, stop and do not give vaccine

2. Does individual report past Pneumococcal vaccine immunization? Yes No

- ◆ IF YES, ask if patient was first vaccinated ≥5 years ago.
- ◆ IF YES, and ≥ 5 YEARS have passed since initial vaccination, and patient is in the highest-risk group for pneumococcal infection (see categories in bold in #1), proceed to #3
- ◆ If ≥5 years have passed since initial vaccination, and patient is ≥ 65 years old, proceed to #3.
- ◆ If patient has already received 2 doses of vaccine, stop and do not give vaccine.
- ◆ IF NO, proceed to #3

3. Do you feel sick today? Yes No

- ◆ IF YES, take temperature. If temp is above _____, stop and do not give vaccine. If temp is below _____, proceed to #4.

4. Contraindications or indication for provider referral: Yes No

- Phenol allergy
- Pregnant
- Initial vaccination of lymphoma patients
- ◆ IF YES to any of these questions, stop and do not give vaccine.
- ◆ IF NO to all questions, proceed to #5.

5. Individual has received a vaccine information statement, indicates understanding and had questions answered? Yes No

- ◆ IF YES, proceed to #6.
- ◆ IF NO, stop and do not give vaccine.

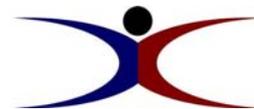
Deltoid Site: Right _____ Left _____

Manufacturer/Lot# _____

Date given: _____ Time given: _____

Signature of clinician administering vaccine

Printed Name of Clinician Administering Vaccine



SAMPLE VHA INFLUENZA VACCINE INFORMATION AND PROTOCOL

(This sample document will need facility review and approval. The samples may be modified based on VHA and facility policy and professional scopes of practice. Since the sample document has not been through a VACO concurrence process, it does not necessarily constitute the views of the DVA or national VA policy/procedure/practice.)

INTRODUCTION: Influenza vaccine is recommended for adults, particularly those over 50 and those with high risk conditions. The vaccine may be administered by qualified nurses (i.e., RN, LPN, etc.) according to protocol from September through February. (Optimal time for immunization is October/November).

PATIENTS WHO NEED INFLUENZA VACCINATION:

- Adults 50 years and older

HIGH RISK PATIENTS: Adults less than 50 years with any of the following conditions:

- Residents of long term care facilities (i.e. nursing homes, domiciliary)
- Patients with chronic illness (i.e. heart, lung, or kidney disease; asthma; diabetes; anemia or other blood disorders; HIV/AIDS; patients with weakened immune systems)
- Health care workers
- Women who will be pregnant at any time during the influenza season
- History of spinal cord injury or disease

CONTRAINDICATIONS: Individuals with contraindications or indication for provider referral should **NOT** receive influenza vaccine by protocol. These individuals may **ONLY** receive the vaccine with provider evaluation and a separate written order from their provider.

- Allergic to eggs
- Past serious allergic reaction to flu vaccine or an influenza vaccine component such as Thimerosal
- Already immunized for flu this season

REFERRAL TO HEALTH CARE PROVIDER:

- Patients with history of Guillian-Barre
- Moderate or severe acute illness with or without fever

VACCINE STORAGE: Temperature 36-46°F or 2-8°C (Remove only as much vaccine from refrigerator as you will promptly use.) **DO NOT STORE IN REFRIGERATOR DOOR.**

OTHER INFORMATION: Influenza vaccine may be administered with other vaccines at the same time using different sites.

VACCINE PROTOCOL:

1. Ask if the patient is feeling sick. If yes, and the patient is febrile, or answers yes to any contraindications or provider referral questions on the protocol checklist, do **NOT** administer vaccine via protocol.
2. Give the patient a copy of the most recent Vaccine Information Statement, answer any questions, and ensure the patient understands.
3. If the patient is afebrile, and answers no to **ALL** contraindications or provider referral questions on the protocol checklist, then:
give 0.5 cc Influenza Vaccine IM with a 1-2", 22-25 gauge needle in the deltoid muscle.
4. Document each patient's vaccine administration information in CPRS and on their personal immunization record card.
5. Be prepared for management of a medical emergency related to the administration of the vaccine by having a written emergency medical protocol available, as well as equipment and medications.
6. Report all adverse reactions to the influenza vaccine to the federal Vaccine Adverse Reporting System (VAERS) at www.vaers.org or (800)822-7967. VAERS report forms are available at www.vaers.org.

Chief of Staff or MD designee

Date

Chief Nurse Executive or designee

Date



SAMPLE VHA INFLUENZA VACCINE PROTOCOL CHECKLIST

(This sample document will need facility review and approval. The samples may be modified based on VHA and facility policy and professional scopes of practice. Since the sample document has not been through a VACO concurrence process, it does not necessarily constitute the views of the DVA or national VA policy/procedure/practice.)

1. Do you feel sick today? Yes No
 - ◆ **IF YES, take temperature. If temp is above ____ , stop and do not give vaccine.**
 - If temp is below _____, proceed to #2.**

2. Contraindications and/or indication for provider referral: Yes No
 - Immunized this season for flu
 - Allergic to eggs
 - Allergic to Thimerosal
 - Allergic reaction to flu vaccine previously
 - History of Guillian-Barre
 - ◆ **IF YES to any of these, stop and do not give vaccine.**
 - Refer patient to provider.**
 - ◆ **IF NO to all, proceed to #3.**

3. Patient provided vaccine information statement, indicates understanding, and had questions answered: Yes No
 - ◆ **IF YES, proceed to # 4.**
 - ◆ **IF NO, stop and do not give vaccine.**

4. **Give Influenza Vaccine 0.5 cc IM with 1-2" 22-25 g needle now per protocol :**
 - Deltoid Site: Right _____ Left _____
 - Manufacturer/Lot #: _____
 - Date/time given: _____

Signature/Title of Clinician administering vaccine

Printed Name of Clinician administering vaccine

Sample Public / Staff Messages



Telephone Script

Influenza season is almost here. You can help protect yourself from the flu by getting a flu vaccine. The VA will offer flu shots to all patients and staff, and it is important that you get a flu shot by January. Be sure to come in to your VA health facility and get your flu shot.

Suggestions for use:

This standardized template for telephone script for flu reminder may be used on:

*Facility automated greeting
On hold telephone recordings
Automated appointment reminders
Other recordings*

If recording capability exists for a lengthier script, facilities may choose to record dates, times and locations for flu shots as well as any other pertinent information.

This template (bolded text) can also be added to appointment letter reminders for patients with appointments during flu season.

Recorded flu reminders should begin September 15 and conclude December 31.



Staff Reminder Notices

So, if we know that the flu shot works, why don't more people get vaccinated? Some people are concerned about side effects of influenza immunization. They think that the flu shot will make them sick. However, recent studies show that mild soreness of the arm at the injection site is the most common side effect. The flu shot itself will not give you the flu. Influenza vaccination is the best protection against the flu. Protect VA patients, yourself, your co-workers and your family by getting vaccinated. Check with your supervisor for information on how to get your flu shot.

Did you get your flu shot last fall? If you didn't, you may have harmed the health of some of our most vulnerable patients. Health care workers can spread influenza to patients, putting them at risk for influenza illness and its complications. Studies show that influenza vaccination of health care workers is associated with decreased mortality among nursing home patients. Protect yourself and your patients--get a flu shot. Ask your supervisor about information on how to get a flu shot, or check the VA National Center for Prevention website at <http://vaww.nchpdp.med.va.gov/>.

"I don't need to get a flu shot." Is this you? Influenza can cause serious illness and death in young, healthy people. It's not just a disease that affects the elderly. And if you get the flu, you can spread it to your patients, putting them at risk for severe illness and complications from the flu. Protect yourself, your coworkers, and your patients—get a flu shot. Ask your supervisor for information on how to get vaccinated or check the VA National Center for Prevention website at <http://vaww.nchpdp.med.va.gov/>.

Suggestions for use:

Staff newsletters

Posting on staff bulletin boards

Distribution to individuals via hard copy mail or e-mail

Flu shot kickoff events

Sample Screen Savers and Slides



Remind Your Staff to Get a Flu Shot!



Want to decrease your
chance of getting sick?

☀️ Get the flu vaccine today.

☀️ The vaccine is being given in room _____



Flu Vaccine

 You should get the vaccine if:

- You are over 50.
- You have a long term health problem (heart, lung, kidney, diabetes, immune system or anemia).
- You are in a long term care facility.
- You are a health care worker or care giver.
- You want to decrease your risk of flu.



Influenza/Pneumococcal Toolkit 2004-2005: Overview and Users Guide

VA National Center for Prevention



Key Facts

- Influenza causes approximately 114,000 hospitalizations and 36,000 deaths/year in the US
- 3,400 adults ≥ 65 years old died of invasive pneumococcal disease in 1998

CDC. *MMWR* October 17, 2003;52(41):987-992.
CDC. *MMWR* May 28, 2004;53(RR-6): 1-40.



Vaccination rates are low

- Of adults 65 and older, 66% reported influenza vaccination in the past 12 months
- 62% reported ever receiving pneumococcal vaccine
- Falls short of Healthy People 2010 goal of 90% coverage for adults 65 and older

CDC. MIMWR October 17, 2003;52:987-992.



Special Populations

- Only 36% of health care workers reported influenza vaccination in 2001
- Racial and ethnic disparities persist in vaccination rates
 - Influenza and pneumococcal coverage is lower among blacks and Hispanics compared to whites

CDC. *MMWR* April 25, 2003;52(RR-8):1-34.

CDC. *MMWR* October 10, 2003;52(41):958-962.



Areas of Emphasis for 2004-2005 season:

1. Improving health care worker vaccination rates
2. Correct vaccination administration techniques
3. Pneumococcal vaccination, in addition to influenza vaccination, for appropriate patients
4. Reducing racial and ethnic disparities in vaccination rates



Overview of toolkit contents

- ★ Updated manual
- ★ 10 large and 32 8.5x11-size posters
- ★ 650 stickers for vaccine recipients
- ★ 50 pocket-size adult immunization schedules for providers
- ★ 250 adult wallet immunization cards for patients
- ★ 8.5x11-size summaries of adult immunization recommendations
- ★ Tote bag containing all toolkit materials



New resources for 2004-05

- ★ Staff vaccination fact sheet
- ★ Pneumococcal vaccination guidelines fact sheet
- ★ Vaccine administration and storage guidelines
- ★ Spanish Vaccine Information Statements
- ★ Pocket-size adult immunization schedules
- ★ Patient immunization record cards
- ★ Summaries of adult immunization recommendations
- ★ Posters that target racial/ethnic minorities



Updated materials

- Sample vaccination protocols and policies
- Flu/pneumococcal updates
- Flu/pneumococcal vaccinations and special populations
- Inactivated influenza vaccine facts
- Screensavers and sample staff and patient reminders



Key Update #1: Needle Length

- Intramuscular (IM) injections need to be given with 1"-2" needle, not 5/8" needle
- Flu vaccines always given IM
- Pneumococcal vaccines given either IM (1"-2") or subcutaneously (5/8" is appropriate)





Key Update #2: CPRS Reminders



- CPRS influenza reminders should recur every September
- Reminders that recur at a date other than September should be reset



Key Update #3



- ☀ Women who will be pregnant at any time during flu season should be vaccinated with inactivated influenza vaccine



Suggestions for how to use the toolkit

- Review and modify sample protocols for your facility
- Hold in-service on proper vaccine administration and storage
- Hold in-service on pneumococcal and influenza guidelines



More suggestions

- ✱ Distribute pocket-size vaccine schedules to providers
- ✱ Give patients their own immunization record card
- ✱ Use flu season-related screensavers during September-December
- ✱ Put summary of adult immunization recommendations in exam rooms or nurses' workstations



Tips for a successful employee immunization campaign

- **Make it convenient**
 - Rolling carts to clinics and wards
 - Vaccine stations at department meetings, grand rounds, etc
- **Address common misconceptions**
 - “The flu shot gives you the flu”
- **Get the message out**
 - Staff-wide e-mails, newsletters: sample messages included in the toolkit



Conclusions

- Patient and staff vaccination rates are low
- Improving staff and patient vaccination rates is an important health and safety issue
- Put this toolkit to use and create a successful immunization campaign in your facility!



Resources

- For updated information throughout flu season, check the National Center for Prevention (NCP)'s website: <http://vawww.nchpdp.med.va.gov/>
- Centers for Disease Control and Prevention:
 - National Immunization Program: <http://www.cdc.gov/nip/>
 - CDC Influenza website: <http://www.cdc.gov/flu/>
- Immunization Action Coalition: <http://www.immunize.org>
- Questions? Contact the NCP at 919-383-7874 or e-mail Rosemary Strickland, Susi Lewis, or Linda Kinsinger

Sample Clinical Reminders



Clinical Reminders Update, 2004-2005

The following are sample text and templates for clinical reminders for influenza immunization. **Please note that influenza immunization clinical reminders should be set to update every September in time for flu season, regardless of when the patient last had a flu shot.** Some influenza clinical reminders are set to renew on an annual basis from the time the last shot was given and should be reset to recur every September.



Durham Outpatient Influenza Immunization Clinical Reminder Dialog

Reminder Resolution: Flu Shot 2004-2005 Season

This reminder applies to the current OCTOBER 2004-MARCH 2005 Flu shot season.

DOES PT. HAVE EGG ALLERGY?

YES (STOP: DO NOT GIVE FLU VACCINE, THIS IS A CONTRAINDICATION)

NO

Patient's most recently entered temperature is: 98.6 F [37.0 C] (12/16/2003 08:29) (Note: Flu shot should be postponed if patient's temperature is 100.6 F or more. Choose "FLU SHOT NOT GIVEN TODAY" option below to document this.)

FLU SHOT GIVEN TODAY

FLU SHOT NOT GIVEN TODAY
 Contraindications include allergy to eggs or vaccines or history of Guillain-Barre Syndrome. Immunization should be postponed if fever of 100.6 or more and/or severe or moderate acute illness with or without fever.

<--Check here to indicate why patient SHOULD get flu shot if reminder is NOT DUE according to computer.

<--- Check here for OPTIONAL ENTRY OF PNEUMOVAX INFORMATION

UNDEES

<-- Click here to place order for Influenza immunization-for MD/PA/NP only (This will not satisfy this reminder, only documentation of the actual shot being given above will satisfy)

<-- Click here to place order for Pneumovax immunization-for MD/NP/PA only. (This will not satisfy this reminder, only documentation of the actual shot being given above will satisfy.)

Clear Clinical Mark Visit Info < Back Next > Finish Cancel

CLINICAL REMINDER ACTIVITY
 Flu Shot 2004-2005 Season:
 Patient's most recently entered temperature is: 98.6 F [37.0 C]
 (12/16/2003 08:29)

<No encounter information entered>

* Indicates a Required Field



Detail of Outpatient Influenza Reminder...

Reminder Resolution: Flu Shot 2004-2005 Season

This reminder applies to the current OCTOBER 2004-MARCH 2005 Flu shot season.

DOES PT. HAVE EGG ALLERGY?

YES (STOP: DO NOT GIVE FLU VACCINE, THIS IS A CONTRAINDICATION)

NO

Patient's most recently entered temperature is: 98.6 F [37.0 C] (12/16/2003 08:29) (Note: Flu shot should be postponed if patient's temperature is 100.6 F or more. Choose "FLU SHOT NOT GIVEN TODAY" option below to document this.)

FLU SHOT GIVEN TODAY

LOT #

LOT #: --> + [Note, these are old lot#s from 2003 for example only!!]

U1090AA, multi-dose, exp. 6/30/04 U1287AA, multi-dose, exp. 6/30/04

U1137CA, syringe, exp. 6/30/04 U11408A, syringe, exp. 6/30/04

TIME GIVEN

Time given:

INJECTION SITE

RIGHT DELTOID

LEFT DELTOID

Other injection site:

DONE BY POLICY OR ORDER?

Done by written POLICY/PROTOCOL

Done by individual MD/provider ORDER

Click here AND BELOW to make V04.81 (Need for Influenza Vaccine) the PRIMARY DIAGNOSIS for this encounter. This should be done if the patient is seen in the FLU Clinic or in another Hurew Clinic where the flu shot is the only service provided.

<--- (OPTIONAL) Click here to enter PATIENT EDUCATION TOPIC then, if this patient education is done, complete required information below.

< Indicates a Required Field



Long Term Care Influenza Reminder Dialog

There is different dialog and progress note text because there is a different process in our LTC area: the NP completes this reminder

Reminder Resolution: INFLUENZA LTC (ECRC ONLY) - VISN 6

THIS CLINICAL REMINDER APPLIES ONLY TO PATIENTS IN ECRC AND SHOULD BE COMPLETED ONLY BY AN MD, NP OR PA.

FLU SHOT GIVEN TODAY

FLU SHOT NOT GIVEN TODAY

Guillain-Barre Syndrome. Immunization should be postponed if fever of 100.6 or more and/or severe or moderate acute illness with or without fever.

Clear Clinical Mark Visit Info < Back Next > Finish Cancel

CLINICAL REMINDER ACTIVITY

INFLUENZA LTC (ECRC ONLY) - VISN 6:

I have verified that the patient received his/her flu shot today.

Specific administration information is found in the patient's medication record.

Diagnoses: NEED FOR PROPHYLACTIC VACCINATION AND INOCULATION AGAINST INFLUENZA

Procedures: Admin influenza virus vac , FLU VACCINE, 3 YRS, IM, IMMUNIZATION ADMIN

Immunizations: FLU, 3 YRS

* Indicates a Required Field



Patient Education Documentation

Reminder Resolution: Flu Shot 2004-2005 Season

REQUIRED: PATIENT EDUCATION INFORMATION

CHOOSE ONE:

The patient needed instruction on this topic, preferred and received 1:1 verbal instruction (and written if pamphlet table included in note), had no barriers to learning and verbalized understanding. No F/U needs, further care/treatment/services or needs for information on additional resources were identified related to this educational topic unless noted.

<--- Click here to select different patient education descriptions if above choice does not describe situation accurately (select one or more choices from each of the following sections):

Who was taught

Patient was taught

Other person was taught

Pre-education needs

Already knows well

Needs review

New material for patient to learn

Barriers to learning

None

Hearing

Vision

Desire/Motivation

Physical

Cognition

Emotional

Religious/Cultural

Language

Other



Patient Education Documentation

... continued

Reminder Resolution: Flu Shot 2004-2005 Season

Communication

Financial

Other

Learning Style Preference

Verbal

Written

Demonstration

Audio-visual

Other

Teaching Methods (Interactive)

Verbal instruction done

One to one instruction done

Group instruction done

Telephone instruction done

Demonstration done

Other type of instruction done

Teaching Materials

N/A (no materials given)

Kramer on Demand/HealthVet

Drug info sheet/PDI/Food-Drug/Drug-Drug interaction

VA Brochure/Handout

Hailed

Videotape

Other (might include computer assisted instruction, Telemedicine or other material)

Patient/Parental Response



Patient Education Documentation ... continued

Reminder Resolution: Flu Shot 2004-2005 Season

Patient/Caregiver Response

- Verbalizes understanding
- Demonstrates accurately
- Needs additional instruction/practice
- Needs assistance
- Unable to learn
- Does not participate in learning

Follow-up Needs and Plans

N/A
 Other (describe):

How/when to obtain further care/treatment/services:

N/A
 Other (describe):

Available resources both within the facility and in the community:

N/A
 Other (describe):



Available Reminders

Due	Due Date	Last Occurrence	Priority
[Icon]	DUE NOW		
[Icon]	04/01/2007	04/01/2004	
[Icon]	10/17/2004	10/17/2003	
[Icon]	01/22/2005	//2004	
[Icon]	01/07/2005	01/22/2004	
[Icon]	01/07/2005	01/07/2004	
[Icon]			High

Context Menu:

- Clinical Maintenance
- Education Topic Definition
- Reminder Inquiry
- Reference Information
- Evaluate Reminder
- Reminder Icon Legend

Background Window: Allergies

- Pain Management/Narc Jul 09,2004
- Pain Management/Narc Apr 20,2004
- Research-Study Participant
- Organ Donor Feb 24,2004
- Organ Donor Apr 11,2003
- Anesthesia Alerts Mar 17,2003

Clinical Reminders



<http://www.cdc.gov/nip/publications/VIS/vis-flu.pdf>

INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW

2004-2005

1 Why get vaccinated?

Influenza ("flu") is a serious disease. It is caused by a virus that spreads from infected persons to the nose or throat of others. Influenza can cause:

- fever
- cough
- sore throat
- headache
- chills
- muscle aches

8.5 x 11 in

3 Who should get inactivated influenza vaccine?

People 6 months of age and older at risk for getting a serious case of influenza or influenza complications, and people in close contact with them (including all household members) should get the vaccine.

An annual flu shot is recommended for:

- All children 6-23 months of age.
- Household contacts and out-of-home caretakers of infants from 0-23 months of age.

Done

Address: <http://www.cdc.gov/nip/publications/VIS/vis-flu.pdf>

Microsoft Internet Explorer provided by VISN 6

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media

Address bar: <http://www.cdc.gov/nip/publications/VIS/vis-flu.pdf>

Search Adobe PDF files

62%

1 of 2

Internet



The screenshot displays a software interface for clinical reminders. The main window, titled 'Available Reminders', shows a list of reminders with columns for 'View', 'Action', 'Due Date', 'Last Occurrence', and 'Priority'. A context menu is open over the 'FLU Shot 2003-2004' reminder, listing options such as 'Clinical Maintenance', 'Education Topic Definition', 'Reminder Inquiry', 'Reference Information', 'Evaluate Reminder', and 'Reminder Icon Legend'. A secondary window, titled 'Education Topic: &FLU VACCINE EDUCATION', is open, displaying detailed information about the vaccine education topic, including its name, print name, educational outcome, and standards.

View	Action	Due Date	Last Occurrence	Priority
		DUE NOW		
		04/01/2007	04/01/2004	
		10/27/2004	10/17/2003	
			1/2004	

Education Topic: &FLU VACCINE EDUCATION

NAME : FLU VACCINE EDUCATION
 PRINT NAME : FLU VACCINE EDUCATION
 EDUCATIONAL OUTCOME :
 The Patient/Family/Significant Other will understand risks and benefits of Influenza Immunisation.
 EDUCATIONAL STANDARDS :
 (Inactivated) INFLUENZA VACCINE
 What You Need To Know

2003-2004
 1. Why get vaccinated?
 Influenza ("flu") is a serious disease.
 It is caused by a virus that spreads from infected persons to the nose or throat of others.
 Influenza can cause:
 fever sore throat
 cough headache
 chills muscle aches

Anyone can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes an average of 25,000 deaths each year, mostly among the elderly.
 Influenza vaccine can prevent influenza.

Clinical Reminders



Education Topic: &FLU VACCINE EDUCATION

NAME : FLU VACCINE EDUCATION

PRINT NAME : FLU VACCINE EDUCATION

EDUCATIONAL OUTCOME :

The Patient/Family/Significant Other will understand risks and benefits of Influenza Immunization.

EDUCATIONAL STANDARDS :

(Inactivated) INFLUENZA VACCINE
What You Need To Know

2003-2004

1. Why get vaccinated?
Influenza ("flu") is a serious disease.

It is caused by a virus that spreads from infected persons to the nose or throat of others.

Influenza can cause:

- fever sore throat
- cough headache
- chills muscle aches

Anyone can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes an average of 36,000 deaths each year, mostly among the elderly.

Influenza vaccine can prevent influenza.

Print Close

Vaccine Information Statements



Updated VIS (Vaccine Information Statement) Information

VISs (Vaccine Information Statements) are available in multiple languages, including Spanish. VISs are also available in audio form in English and Spanish via the Internet.

- **English written VISs:**
 - **Inactivated influenza vaccine** (updated 5/24/04):
<http://www.cdc.gov/nip/publications/VIS/vis-flu.pdf>
 - **Pneumococcal vaccine** (last version 7/29/97):
<http://www.cdc.gov/nip/publications/VIS/vis-ppv.pdf>
- **English inactivated influenza audio VIS:**
 - To hear the inactivated influenza VIS in English, go to <http://www.immunize.org/vis>, Option #4, “VISs listed by disease,” click on “inactivated influenza vaccine,” and click on “English (audio VIS).”
- **Spanish written VISs:** <http://www.immunize.org/vis/#Spanish>
 - **Inactivated influenza vaccine** (updated 5/03 but there have been changes since this version): <http://www.immunize.org/vis/spflu03.pdf>
For information on changes to this VIS, refer to:
http://www.immunize.org/vis/index.htm#c_flu
 - **Pneumococcal vaccine** (not updated; last version 1997):
<http://www.immunize.org/vis/sppne97.pdf>
- **Spanish inactivated influenza audio VIS:**
 - To hear the inactivated influenza VIS in Spanish, go to: <http://www.immunize.org/vis>, Option #4, “VISs listed by disease,” click on “inactivated influenza vaccine,” and click on “Spanish (audio VIS).”
- **For written VISs in other languages, refer to the Immunization Action Coalition website:** <http://www.immunize.org/vis/index.htm>



INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW

2004-2005

3 Who should get inactivated influenza vaccine?

1 Why get vaccinated?

Influenza ("flu") is a serious disease.

It is caused by a virus that spreads from infected persons to the nose or throat of others.

Influenza can cause:

- fever
- sore throat
- chills
- cough
- headache
- muscle aches

Anyone can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes an average of 36,000 deaths each year in the U.S., mostly among the elderly.

Influenza vaccine can prevent influenza.

2 Influenza vaccine

Two types of influenza vaccine are now available. Inactivated (killed) influenza vaccine, given as a shot, has been used in the United States for many years. A live, weakened vaccine was licensed in 2003. It is sprayed into the nostrils.

Influenza viruses change often. Therefore, influenza vaccine is updated every year.

Protection develops about 2 weeks after getting the shot and may last up to a year.

Some people who get flu vaccine may still get flu, but they will usually get a milder case than those who did not get the shot.

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

Some inactivated flu vaccine contains thimerosal, a form of mercury, as a preservative. Some contains only a trace of thimerosal. There is no scientific evidence that thimerosal in vaccines is harmful, and the known benefits of the vaccine outweigh any potential risk from thimerosal. If you have questions about thimerosal or reduced-thimerosal flu vaccine, ask your doctor.

People 6 months of age and older at risk for getting a serious case of influenza or influenza complications, and people in close contact with them (including all household members) should get the vaccine.

An annual flu shot is recommended for:

- **All children** 6-23 months of age.
- **Household contacts and out-of-home caretakers** of infants from 0-23 months of age.
- People **50 years of age or older**.
- Residents of **long-term care facilities** housing persons with chronic medical conditions.
- People who have **long-term health problems** with:
 - heart disease
 - kidney disease
 - lung disease
 - metabolic disease, such as diabetes
 - asthma
 - anemia, and other blood disorders
- People with a **weakened immune system** due to:
 - HIV/AIDS or another disease that affects the immune system
 - long-term treatment with drugs such as steroids
 - cancer treatment with x-rays or drugs
- People 6 months to 18 years of age on **long-term aspirin treatment** (these people could develop Reye Syndrome if they got the flu).
- Women who will be **pregnant** during influenza season.
- Physicians, nurses, family members, or anyone else coming in **close contact with people at risk** of serious influenza.
- Anyone else who wants to **reduce their chance of catching influenza**.

An annual flu shot should be *considered* for:

- People who provide **essential community services**.
- People at high risk for flu complications who **travel** to the Southern hemisphere between April and September, or who travel to the tropics or in organized tourist groups at any time.
- People living in **dormitories** or under other crowded conditions, to prevent outbreaks.

Inactivated Influenza Vaccine

5/24/04



4 When should I get influenza vaccine?

The best time to get a flu shot is in October or November.

Some people should get their flu shot in *October* or earlier. This includes:

- people **50 years of age and older**,
- younger people at **high risk** from flu and its complications (including **children 6 through 23 months of age**),
- **household contacts** of persons at high risk,
- **health care workers**, and
- **children under 9 years of age** getting the flu shot for the first time.

The flu season can peak anywhere from December through March, but most often it peaks in February. So getting the vaccine in December, or even later, can be beneficial in most years.

Most people need only one flu shot each year to prevent influenza. **Children under 9 years old getting flu vaccine for the first time** should get 2 doses. With the inactivated vaccine, these doses are given one month apart. Children in this age group who got one dose the previous year, even if it was the first time they got the vaccine, need only one dose this year.

5 Some people should talk with a doctor before getting influenza vaccine

Talk with a doctor before getting a flu shot if you:

- 1) ever had a serious allergic reaction to eggs or to a previous dose of influenza vaccine, or
- 2) have a history of Guillain-Barré Syndrome (GBS).

If you have a fever or are severely ill at the time the shot is scheduled, you should probably wait until you recover before getting influenza vaccine. Talk to your doctor or nurse about whether to reschedule the vaccination.

6 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 flu 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
- fever
- aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is within a few minutes to a few hours after the shot.
- In 1976, swine flu vaccine was associated with a severe paralytic illness called Guillain-Barré Syndrome (GBS). Influenza vaccines since then have not been clearly linked to GBS. However, if there is a risk of GBS from current influenza vaccines, it is estimated at 1 or 2 cases per million persons vaccinated . . . much less than the risk of severe influenza, which can be prevented by vaccination.

7 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.org, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

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 1-800-232-2522 (English)
 - Call 1-800-232-0233 (Español)
 - Visit CDC websites at www.cdc.gov/ncidod/diseases/flu/fluvirus.htm or www.cdc.gov/nip



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

Inactivated Influenza Vaccine (5/24/04) Vaccine Information Statement



IMM-569S

VACUNA CONTRA LA GRIPE DESACTIVADA

LO QUE USTED NECESITA SABER

2003-2004

1 ¿Por qué vacunarse?

La gripe es una enfermedad seria.

Está causada por un virus que se pasa de las personas infectadas a la nariz o la garganta de otras.

La gripe puede causar:

- fiebre
- dolor de garganta
- escalofríos
- tos
- dolor de cabeza
- dolores musculares

Cualquiera puede contraer la gripe. La mayoría de las personas están enfermas con gripe por sólo unos pocos días, pero algunas se enferman con mayor gravedad y necesitan ser hospitalizadas. La gripe causa un promedio de 36,000 muertes todos cada año en los Estados Unidos, la mayoría de ellas entre los ancianos.

La vacuna contra la gripe puede prevenir la gripe.

2 La vacuna contra la gripe

La vacuna desactivada (con virus muertos) contra la gripe se ha usado en los Estados Unidos por muchos años. Los virus de la gripe cambian a menudo. Es por eso que la vacuna de la gripe se actualiza todos los años.

La protección se desarrolla aproximadamente 2 semanas después de la vacuna y puede durar hasta un año.

Algunas personas que se vacunan aun así se pueden enfermar de gripe, pero por lo general tienen un caso mucho más leve que las que no se vacunaron.

La vacuna contra la gripe se puede dar al mismo tiempo que otras vacunas, incluyendo la vacuna contra el neumococo.

3 ¿Quiénes deben recibir la vacuna desactivada contra la gripe?

Las personas de 6 meses de edad y mayores en riesgo de tener un caso grave de gripe o complicaciones de la gripe, y las personas que estén en estrecho contacto con ellas (incluyendo a todos los que vivan en el mismo hogar) deben vacunarse.

Se recomienda una vacuna anual contra la gripe a:

- Las personas de **50 años de edad o mayores**.
- Personas con problemas médicos crónicos que viven en **instituciones de cuidado a largo plazo**.
- Las personas que tienen un **problema de salud a largo plazo** con:
 - enfermedad del corazón
 - enfermedad de los pulmones
 - asma
 - enfermedad de los riñones
 - enfermedad metabólica, como diabetes
 - anemia y otras enfermedades de la sangre
- Las personas que tienen el **sistema inmunológico debilitado** a causa de:
 - VIH/SIDA u otras enfermedades que afecten el sistema inmunológico
 - tratamiento a largo plazo con medicamentos como esteroides
 - tratamiento del cáncer con rayos X o medicamentos
- Las personas de 6 meses a 18 años de edad en **tratamiento a largo plazo con aspirina** (que podría contraer el Síndrome de Reye si se contagiaron la gripe).
- **Las mujeres embarazadas** que tendrán más de 3 meses de embarazo durante la temporada de gripe (por lo general de noviembre a marzo, pero en algunos años hasta después de marzo).
- Médicos, enfermeras, parientes o todas las demás personas en **estrecho contacto con personas en riesgo** de contraer gripe grave.

También *animamos* a las siguientes personas para que se vacunen contra la gripe todos los años:

- **Niños sanos** de 6 a 23 meses de edad
- **La personas que estén en contacto** con bebés de 0 a 23 meses de edad, especialmente con bebés menores de 6 meses en el **hogar del niño y las personas encargadas de cuidarlos fuera de la casa**
- Las personas que prestan **servicios comunitarios esenciales**
- Las personas en alto riesgo de complicaciones de la gripe que **viajan** al hemisferio sur entre abril y septiembre o que viajan a los trópicos o en grupos de turismo en cualquier momento
- Las personas que viven en **residencias** o en otros lugares en que viva mucha gente, para prevenir brotes
- Todos los que deseen **reducir su probabilidad de contraer gripe**

Inactivated Influenza Vaccine 5/6/03



4 ¿Cuándo debo vacunarme contra la gripe?

La mejor época para vacunarse contra la gripe es en octubre o noviembre.

Algunas personas deben vacunarse contra la gripe en **octubre** o antes: las personas de **50 años de edad o mayores**, las personas más jóvenes en alto riesgo de contraer gripe y sus complicaciones (incluyendo a los **niños de 6 a 23 meses de edad**), **las personas que viven, o tienen contacto, con personas en alto riesgo, los trabajadores en el campo de la salud y los niños menores de 9 años de edad** que se vacunan contra la gripe por primera vez.

Este año, se espera un suministro amplio de la vacuna contra la gripe. Así que nadie tendrá que esperar para recibir la vacuna.

La temporada de la gripe culmina generalmente entre enero y marzo, por lo que vacunarse en **diciembre**, e incluso después, puede ser de beneficio la mayoría de los años.

La mayoría de las personas necesitan sólo una vacuna contra la gripe cada año para prevenirla. Los niños menores de 9 años de edad que se vacunan contra la gripe *por primera vez* deben vacunarse dos veces, la segunda vez un mes después de la primera.

5 Algunas personas deben hablar con un médico antes de vacunarse contra la gripe.

Hable con un médico antes de vacunarse contra la gripe si:

- 1) alguna vez tuvo una reacción alérgica seria a los **huevos** o a una **dosis anterior de la vacuna contra la gripe** o
- 2) tuvo el **Síndrome de Guillain-Barré (GBS)**.

Si tiene fiebre o está gravemente enfermo en el momento en que tiene programado vacunarse, en general debe esperar hasta recuperarse antes de vacunarse contra la gripe. Pregunte a su médico o enfermera si tiene que hacer una nueva cita para vacunarse.

6 ¿Cuáles son los riesgos de la vacuna desactivada contra la gripe?

Una vacuna, al igual que cualquier medicamento, puede causar problemas graves, como reacciones alérgicas fuertes. El riesgo de que una vacuna cause un daño grave, o la muerte, es sumamente pequeño. Los problemas serios de la vacuna contra la gripe son muy poco comunes. **Los virus en la vacuna desactivada contra la gripe están muertos, de manera que la vacuna no le puede dar gripe.**

Problemas leves:

- dolor, enrojecimiento o hinchazón en el lugar donde lo vacunaron

Inactivated Influenza Vaccine IMM-569S (5/6/03)
Vaccine Information Statement
Translated by Transcend Translations, Davis, CA
<http://www.transcend.net>

- fiebre
- dolores

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

Problemas graves:

- Las reacciones alérgicas que amenazan la vida ocurren muy rara vez. Si ocurren, es a los pocos minutos o a las pocas horas de haberse vacunado.
- En 1976, la vacuna contra la gripe porcina estuvo relacionada con una enfermedad paralítica grave llamada Síndrome de Guillain-Barré (GBS). Desde entonces las vacunas contra la gripe no han sido vinculadas claramente al GBS. Sin embargo, sí *hay* un riesgo de contraer GBS de las vacunas actuales contra la gripe, se calcula que ese riesgo es de 1 a 2 casos por millón de personas vacunadas. Es mucho menor que el riesgo de contraer un caso de gripe grave, que se puede prevenir con la vacunación.

7 ¿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. Las señales de una reacción alérgica grave pueden incluir dificultad para respirar, ronquera o sibilancias, urticaria, palidez, debilidad, latidos rápidos del corazón o mareos.

¿Qué debo hacer?

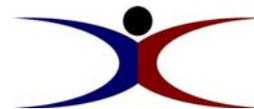
- Llame a un médico o lleve a la persona inmediatamente a un médico.
- Diga al médico lo que ocurrió, la fecha y la hora en que ocurrió y cuándo recibió la vacuna.
- Pida a su médico, enfermera o departamento de salud que informe la reacción llenando un formulario del Sistema de Información sobre Eventos Adversos a una Vacuna (VAERS). O llame usted mismo al VAERS, al **1-800-822-7967**, o visite su sitio web en www.vaers.org.

8 ¿Cómo puedo obtener más información?

- Pregunte a su médico o enfermera. Le pueden dar el prospecto que viene con la vacuna o sugerirle otras fuentes de información.
- Llame al departamento de salud local o estatal.
- Póngase en contacto con el Centro para el Control y la Prevención de las Enfermedades (CDC):
 - Llame al **1-800-232-2522** (inglés)
 - Llame al **1-800-232-0233** (español)
 - Visite los sitios web del CDC en www.cdc.gov/ncidod/diseases/flu/fluivirus.htm o www.cdc.gov/nip



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program



PNEUMOCOCCAL POLYSACCHARIDE VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Pneumococcal disease is a serious disease that causes much sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined. Anyone can get pneumococcal disease. However, some people are at greater risk from the disease. These include people 65 and older, the very young, and people with special health problems such as alcoholism, heart or lung disease, kidney failure, diabetes, HIV infection, or certain types of cancer.

Pneumococcal disease can lead to serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). About 1 out of every 20 people who get pneumococcal pneumonia dies from it, as do about 2 people out of 10 who get bacteremia and 3 people out of 10 who get meningitis. People with the special health problems mentioned above are even more likely to die from the disease.

Drugs such as penicillin were once effective in treating these infections; but the disease has become more resistant to these drugs, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important.

2 Pneumococcal polysaccharide vaccine (PPV)

The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of pneumococcal bacteria. Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well or at all.

3 Who should get PPV?

- All adults 65 years of age or older.
- Anyone over 2 years of age who has a long-term health problem such as:
 - heart disease
 - lung disease
 - sickle cell disease
 - diabetes
 - alcoholism
 - cirrhosis
 - leaks of cerebrospinal fluid
- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
 - Hodgkin's disease
 - lymphoma, leukemia
 - kidney failure
 - multiple myeloma
 - nephrotic syndrome
 - HIV infection or AIDS
 - damaged spleen, or no spleen
 - organ transplant
- Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as:
 - long-term steroids
 - certain cancer drugs
 - radiation therapy
- Alaskan Natives and certain Native American populations.





4 How many doses of PPV are needed?

Usually one dose of PPV is all that is needed.

However, under some circumstances a second dose may be given.

- A second dose is recommended for those people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.
- A second dose is also recommended for people who:
 - have a damaged spleen or no spleen
 - have sickle-cell disease
 - have HIV infection or AIDS
 - have cancer, leukemia, lymphoma, multiple myeloma
 - have kidney failure
 - have nephrotic syndrome
 - have had an organ or bone marrow transplant
 - are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

Children 10 years old and younger may get this second dose 3 years after the first dose. Those older than 10 should get it 5 years after the first dose.

5 Other facts about getting the vaccine

- Otherwise healthy children who often get ear infections, sinus infections, or other upper respiratory diseases do not need to get PPV because of these conditions.
- PPV may be less effective in some people, especially those with lower resistance to infection. But these people should still be vaccinated, because they are more likely to get seriously ill from pneumococcal disease.
- **Pregnancy:** The safety of PPV for pregnant women has not yet been studied. There is no evidence that the vaccine is harmful to either the mother or the fetus, but pregnant women should consult with their doctor before being vaccinated. Women who are at high risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.

Pneumococcal - 7/29/97
Vaccine Information Statement



6 What are the risks from PPV?

PPV is a very safe vaccine.

About half of those who get the vaccine have very mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

Severe allergic reactions have been reported very rarely.

As with any medicine, there is a very small risk that serious problems, even death, could occur after getting a vaccine.

Getting the disease is much more likely to cause serious problems than getting the vaccine.

7 What if there is a serious reaction?

What should I look for?

- Severe allergic reaction (hives, difficulty breathing, shock)

What should I do?

- Call a doctor, or get 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 file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

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 1-800-232-7468 (English)
 - OR
 - Call 1-800-232-0233 (Spanish)
 - OR
- Visit the CDC National Immunization Program website at <http://www.cdc.gov/nip>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program





VACUNA NEUMOCÓCICA POLISACARIDA

LO QUE USTED NECESITA SABER

1 ¿Por qué vacunarse?

La enfermedad neumocócica es una enfermedad grave que causa mucha enfermedad y muertes. De hecho, la enfermedad neumocócica mata a más personas en los Estados Unidos todos los años que todas las demás enfermedades juntas que se pueden prevenir con vacunas. Cualquiera puede contraer la enfermedad neumocócica. Sin embargo, algunas personas están en mayor riesgo de contraer esta enfermedad. Incluyen a las personas de 65 años de edad o mayores, a los muy jóvenes y a las personas con problemas de salud especiales, como alcoholismo, enfermedades del corazón o de los pulmones, fallo renal, diabetes, infección por el VIH o ciertos tipos de cáncer.

La enfermedad neumocócica puede conducir a graves infecciones de los pulmones (neumonía), de la sangre (bacteremia) y de las membranas que recubren el cerebro (meningitis). Aproximadamente 1 de cada 20 personas que contraen neumonía neumocócica muere a causa de ella, como sucede con 2 de cada 10 personas que contraen bacteremia y 3 personas de cada 10 que contraen meningitis. Las personas con los problemas de salud especiales mencionados más arriba tienen una posibilidad todavía mayor de morir de la enfermedad.

Medicinas como la penicilina anteriormente eran efectivos para tratar estas infecciones, pero la enfermedad ahora es más resistente a esas medicinas, haciendo que el tratamiento de la infecciones neumocócicas sea más difícil. Eso hace que la prevención de la enfermedad mediante la vacunación sea aún más importante.

2 La vacuna neumocócica polisacarida (PPV)

La vacuna neumocócica polisacarida (PPV) protege contra 23 tipos de bacterias neumocócicas. La mayoría de los adultos sanos que se vacunan desarrollan protección contra la mayoría de estos tipos, o todos ellos, a las 2 ó 3 semanas de haberse vacunado. Es posible que las personas muy ancianas, los niños menores de 2 años de edad y las personas con enfermedades prolongadas no respondan tan bien, o que no respondan en absoluto.

Pneumococcal Polysaccharide vaccine - Spanish (7/29/97)

3 ¿Quiénes deben vacunarse con la PPV?

- Todos los adultos de 65 años de edad o mayores.
- Todas las personas mayores de 2 años de edad con un problema de salud a largo plazo, como:
 - enfermedad del corazón
 - enfermedad de células falciformes
 - alcoholismo
 - pérdidas de líquido cerebrospinal
 - enfermedad de los pulmones
 - diabetes
 - cirrosis
- Todas las personas mayores de 2 años de edad que tengan una enfermedad o problema de salud que reduzca la capacidad del cuerpo de resistir las infecciones, tales como:
 - enfermedad de Hodgkin
 - fallo renal
 - síndrome nefrótico
 - bazo dañado o no tienen bazo
 - trasplante de órganos
 - linfoma, leucemia
 - mieloma múltiple
 - infección por el VIH o sida
- Todas las personas mayores de 2 años de edad que estén tomando algún medicina o estén en un tratamiento que reduzca la resistencia del cuerpo a las infecciones, tales como:
 - esteroides a largo plazo
 - terapia de radiación
 - ciertos medicinas contra el cáncer
- Personas nativas de Alaska y ciertas poblaciones nativas americanas





4 ¿Cuántas dosis de PPV son necesarias?

Por lo general sólo se necesita una dosis de PPV.

Sin embargo, en algunas circunstancias se puede dar una segunda dosis.

- Se recomienda una segunda dosis para las personas de 65 años de edad o mayores que recibieron la primera dosis cuando eran menores de 65 años de edad, si han pasado más de 5 años desde esa dosis.
- También se recomienda una segunda dosis para las personas que:
 - tienen el bazo dañado o no tienen bazo
 - tienen la enfermedad de células falciformes
 - tienen una infección por el VIH o sida
 - tienen cáncer, leucemia, linfoma, mieloma múltiple
 - tienen fallo renal
 - tienen síndrome nefrótico
 - hayan tenido un trasplante de un órgano o de médula ósea
 - están tomando medicamentos que reducen la inmunidad (tales como quimioterapia o esteroides a largo plazo)

Los niños de 10 años de edad o menores pueden recibir la segunda dosis 3 años después de la primera dosis. Los mayores de 10 años de edad deben vacunarse 5 años después de la primera dosis.

5 Otros datos sobre la vacuna

- Niños que en todo otro sentido son sanos, pero que a menudo tienen infecciones de los oídos, de los senos paranasales u otras enfermedades de las vías respiratorias superiores, no necesitan recibir la PPV a causa de estos problemas.
- La PPV puede ser menos efectiva en algunas personas, especialmente las que tienen menos resistencia a las infecciones. Pero esas personas se deben vacunar en todo caso, porque tienen una mayor posibilidad de enfermarse de gravedad por la enfermedad neumocócica.
- **Embarazo:** La seguridad de la PPV para las mujeres embarazadas todavía no se ha estudiado. No hay pruebas de que la vacuna sea dañina ni para la madre ni para el feto, pero las mujeres embarazadas deben consultar a su médico antes de vacunarse. Si es posible, las mujeres en alto riesgo de contraer la enfermedad neumocócica se deben vacunar antes de quedar embarazadas.

Vaccine Information Statement
Pneumococcal Polysaccharide IMM 693 S - Spanish (7/29/97)
Translated by Transcend Translations, Davis, CA
<http://www.transcend.net>

6 ¿Cuáles son los riesgos de la PPV?

La PPV es una vacuna muy segura.

Aproximadamente la mitad de las personas que se vacunan tienen efectos secundarios muy leves, tales como enrojecimiento o dolor en el lugar de la inyección.

Menos del 1% tiene fiebre, dolores musculares o reacciones locales más pronunciadas.

Rara vez han informado reacciones alérgicas fuertes.

Como con todos los medicamentos, hay un riesgo muy pequeño de que ocurran problemas graves, e incluso la muerte, después de vacunarse.

Contraer la enfermedad es mucho más probable de causar los problemas graves que obtener la vacuna.

7 ¿Qué pasa si hay una reacción grave?

¿A qué debo prestar atención?

- A una reacción alérgica grave (urticaria, dificultad para respirar, shock)

¿Qué debo hacer?

- Llame a un médico o lleve inmediatamente a la persona a un médico.
- Dígame 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 llene un formulario del Sistema de Información Sobre Eventos Adversos a una Vacuna (VAERS), o llame al VAERS, sin costo, al 1-800-822-7967.

8 ¿Cómo 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):
Llame al 1-800-232-0233 (español)
O
Llame al 1-800-232-7468 (inglés)
O
Visite el sitio web del Programa Nacional de Vacunación, en <http://www.cdc.gov/nip>

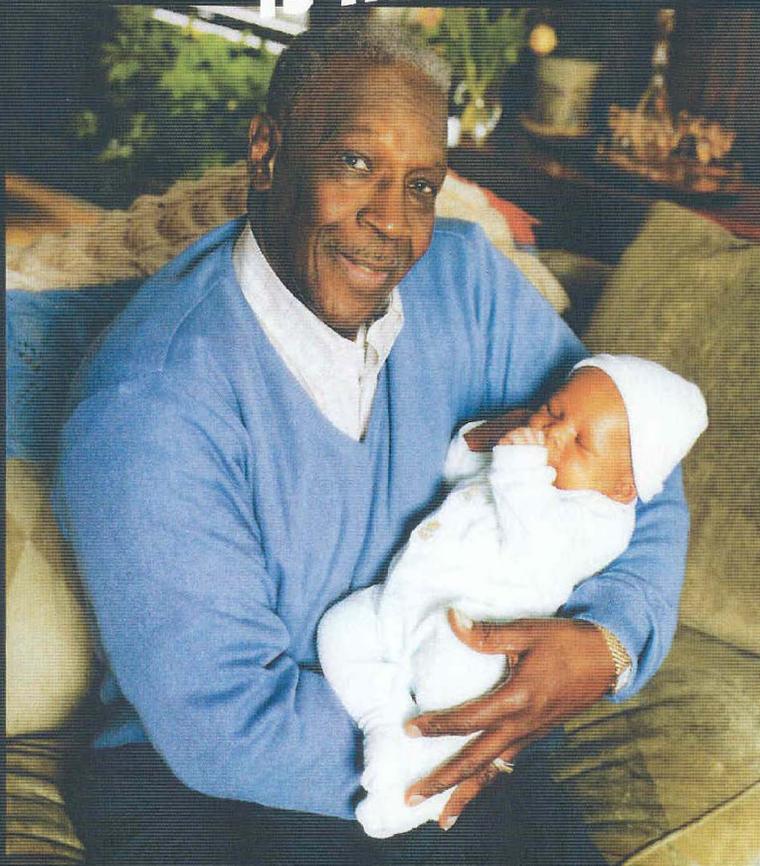


U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

Patient Handouts and Posters



STAYING HEALTHY IS IMPORTANT TO ME.



**My doctor said I should
get a flu shot to protect
myself AND the ones I love.
So I did!**

For more information ask your
doctor or health care provider.
Or call the CDC Immunization Hotline.

English: 1-800-232-2522
Español: 1-800-232-0233
www.cdc.gov/nip/flu



Department of Health and Human Services
Centers for Disease Control and Prevention

Poster provided by CDC: <http://www.cdc.gov/nip/specint/readii/gallery.htm>



**At 65
I'm healthy,
active and
feel good.**

**I want to *stay*
that way.**

**I get my flu shot
every year.**

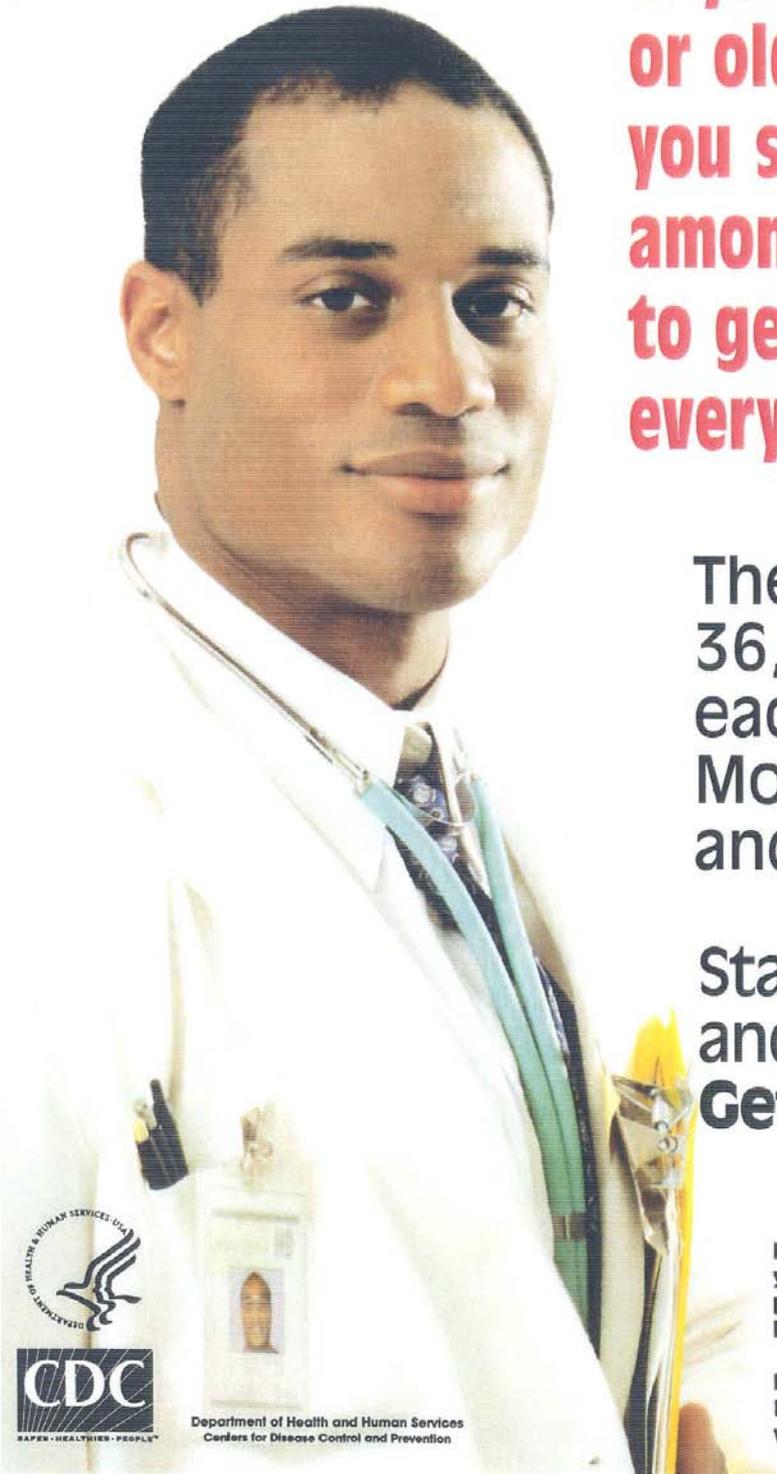
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Department of Health and Human Services
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Poster provided by CDC: <http://www.cdc.gov/nip/specint/readii/gallery.htm>



**"If you're 65
or older,
you should be
among the first
to get a flu shot
every year."**

The flu kills
36,000 people
each year.
Most are 65
and over.

Stay healthy
and strong.
Get a flu shot.



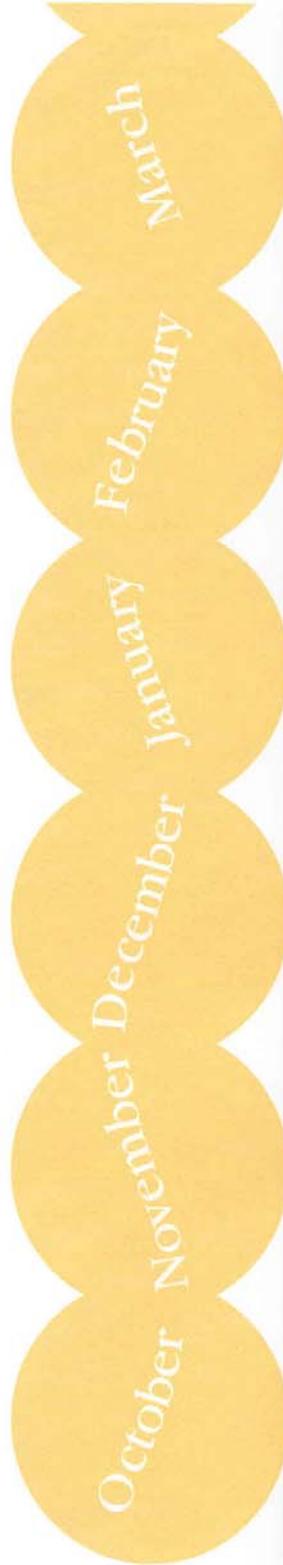
Department of Health and Human Services
Centers for Disease Control and Prevention

**For more information ask
your doctor or health care
provider. Or call the CDC
Immunization Hotline.**

**English: 1-800-232-2522
Español: 1-800-232-0233
www.cdc.gov/nip/flu**



When the flu season rolls around—



Best time to get a flu shot

Not too late to get a flu shot

GET A FLU SHOT

Fight the FLU



CDC
DEPARTMENT OF HEALTH AND HUMAN SERVICES

For more information—

Call the CDC
Immunization Hot Line

English 1-800-232-2522
Español 1-800-232-0233

Visit the Website www.cdc.gov/nip/flu



You can stop
INFLUENZA
and others
before it knocks you flat

shopper

crowd

classmate

co-worker

neighbor

friend

YOU

spouse

child

parent

grandchild

friend

grandparent

Get vaccinated.

- ▲ Influenza is a highly contagious disease. Your flu vaccine helps protect you and others from getting influenza.
- ▲ Each year in the United States, flu and its complications kill over 36,000 people.
- ▲ Some people are at high risk for complications from the flu—people 65 and over, very young children, people with diabetes, heart disease, and other health problems, and pregnant women. If you are at high risk or are in close contact with someone at high risk, protect yourself and them by getting vaccinated.

Department of Health and Human Services
Centers for Disease Control and Prevention

For more information, ask your doctor or call the CDC IMMUNIZATION HOTLINE — English **800-232-2522** Español **800-232-0233** Website www.cdc.gov/nip/flu



TOP 3 REASONS to get your flu vaccine

1 Prevents influenza-related death.

Each year over 36,000 people in the U.S. die because of the flu—most are 65 or older. More people die from flu than from any other vaccine-preventable disease.

2 Prevents severe illness.

Influenza puts about 114,000 people in the hospital each year in the U.S. Children younger than 2 years old are as likely to be hospitalized as adults over 65.

3 Protects other people.

You should get vaccinated if you live with or care for others who are at high risk of complications from the flu. Getting a flu vaccination yourself can help protect your family members, including seniors and young children.



Department of Health and Human Services
Centers for Disease Control and Prevention



For more information, ask your doctor or call the CDC IMMUNIZATION HOTLINE — English **800-232-2522** Español **800-232-0233** Website www.cdc.gov/nip/flu



3 RAZONES PRINCIPALES para vacunarse contra la gripe

1 Evita la muerte a causa de la gripe.

Cada año mueren de la gripe más de 36,000 personas en Estados Unidos, y la mayoría son personas de 65 años o de mayor edad. La gripe causa más muertes que cualquier otra enfermedad que se previene mediante vacunas.

2 Evita que se enferme de gravedad.

Cada año, la gripe hospitaliza a cerca de 114,000 personas en Estados Unidos. Los niños menores de 2 años y las personas mayores de 65 años tienen la misma probabilidad de ser hospitalizados.

3 Protege a otras personas.

Usted se debe vacunar si vive o cuida de alguien con mayor riesgo de sufrir complicaciones a causa de la gripe. Si usted se vacuna contra la gripe, protege a su familia, incluyendo a niños pequeños y las personas mayores.



Departamento de Salud y Servicios Humanos
Centros para el Control y la Prevención de Enfermedades



¡Vacúnese Contra La Gripe!

Para más información, consulte a su doctor o llame a la LÍNEA DE INFORMACIÓN SOBRE VACUNAS DEL CDC: Inglés **800-232-2522** Español **800-232-0233** Página Web www.cdc.gov/nip/flu



Questions about the Pneumococcal Shot



Department of Health and Human Services
Centers for Disease Control and Prevention

Preguntas sobre la vacuna neumocócica



Department of Health and Human Services
Centers for Disease Control and Prevention

Brochure provided by CDC: <http://www.cdc.gov/nip/specint/readii/gallery.htm>



Questions & Answers

Pneumococcal Shot

Sometimes called the pneumonia shot

What does the pneumococcal shot do?
The pneumococcal shot protects you from getting a serious infection in your blood or brain that can cause dangerous health problems, hospitalization or death.

Who should get the pneumococcal shot?

- People age 65 or older
- People who have problems with their:
 - ▶ lungs
 - ▶ heart
 - ▶ liver
 - ▶ kidneys
- People with health problems like:
 - ▶ diabetes
 - ▶ sickle cell disease
 - ▶ alcoholism
 - ▶ HIV/AIDS

Will the shot make me sick?

The shot is very safe and does not make you sick. Some people get a little swelling and soreness where they get the shot. This usually goes away in a day or two.

When can I get the pneumococcal shot?

You can get the shot at any time of the year. It is available whenever you go to your doctor. Make sure you ask about it.

How many times do I have to get a shot?

Most people only need **ONE** shot. This protects them for a lifetime. Some people might need to get a booster shot after 5 years.

Do I have to pay for the shot?

Medicare and Medicaid pay for the shot.

For more information ask your doctor or health care provider.
Or call the CDC Immunization Hotline: www.cdc.gov/nip/flu

English: 1-800-232-2522
Español: 1-800-232-0233

Vacuna neumocócica

Se le llama a veces vacuna contra la neumonía

¿Para qué sirve la vacuna neumocócica?
La vacuna neumocócica protege de una infección seria de la sangre o del cerebro que puede causar graves trastornos de salud, hospitalización e incluso la muerte.

¿Quién se debe poner la vacuna neumocócica?

- Las personas de edad o más de 65 años
- Las personas que tienen problemas de:
 - ▶ pulmones
 - ▶ el corazón
 - ▶ el hígado
 - ▶ los riñones
- Las personas con problemas de salud tales como:
 - ▶ Diabetes
 - ▶ Anemia de las células falciformes
 - ▶ Alcoholismo
 - ▶ VIH/SIDA

¿Me pondré enfermo a causa de la vacuna?

No. La vacuna no le hará enfermar a causa de ella. A veces puede haber una inflamación y sensibilidad en la zona de la inyección, pero estos síntomas generalmente desaparecerán en un día o dos.

¿Cuándo puedo ponerme la vacuna neumocócica?

Se la puede poner en cualquier época del año. Su médico puede administrársela cuando vaya a verlo. No se olvide de preguntarle al respecto.

¿Cuántas inyecciones tengo que ponerme?

La mayor parte de las personas sólo necesita una inyección. De ese modo se adquiere protección de por vida. Algunas personas necesitan una inyección de refuerzo después de cinco años.

¿Tengo que pagar la vacuna?

No. Medicare y Medicaid pagan la vacuna.

Para obtener más información:
Consulte a su médico o llame a la línea de inmunización de los CDC al

Inglés: 1-800-232-2522
Español: 1-800-232-0233
www.cdc.gov/nip/flu



IF YOU HAVE A COUGH OR SNEEZE

**Please ask the receptionist
for a mask or tissue.**

**Clean your hands with
an alcohol-based hand
rub or wash with soap
and water.**

**Covering your mouth
when you cough or
sneeze and cleaning
your hands after you
cough or sneeze will
help to protect others
from infection.**

Thank you!



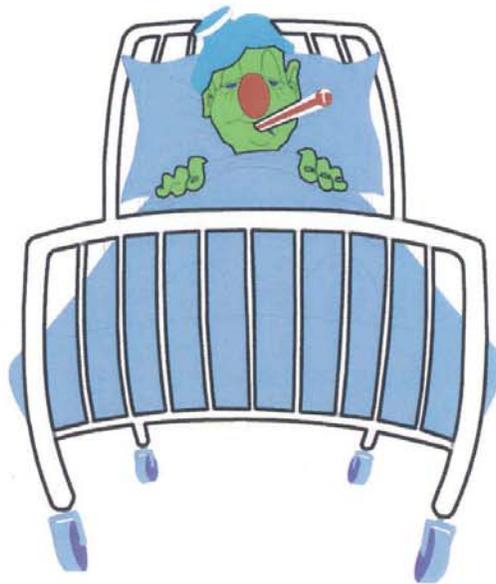
Prevent 12 - All

Poster provided by the Office of Public Health and Environmental Hazards
Department of Veterans Affairs



Don't Kiss Me

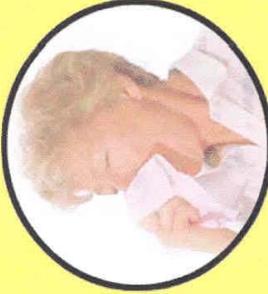
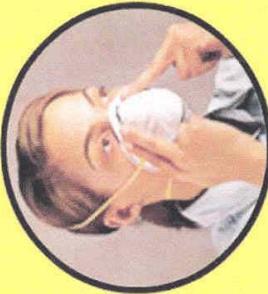
If You Have a Cold, Flu, or Fever



- Cover your mouth when you cough or sneeze
- Dispose of tissues in the trash
- Clean hands often with alcohol-based cleaners or soap and water
- Avoid close contact with others (no kissing, hugging, sharing of food and drink)
- Stay home from work, school, or daycare if you can



HEALTH ALERT:
Coughing spreads germs. Protect yourself and others.

-  • Cover your coughs
-  • Ask about a face mask
-  • Clean hands often

ALERTA DE SALUD:
Al toser se transmiten microbios. Protéjase Ud. y a los demás.

- *Tápese la boca al toser*
- *Pida si debes usar una máscara de cara*
- *Lávese las manos con frecuencia*

Office of Public Health and Environmental Hazards
NCPHS
Employee Education System
Department of Veterans Affairs
Prevent 13 - All

Poster provided by the Office of Public Health and Environmental Hazards Department of Veterans Affairs



We're All in this Together

Stop germs from spreading!



Cover your cough and/or sneeze
Clean your hands

Office of Public Health and Environmental Hazards
NCPHS
Employee Education System
Department of Veterans Affairs
Prevent 4 - All

Poster provided by the Office of Public Health and Environmental Hazards
Department of Veterans Affairs



Todos Formamos Parte de un Equipo

¡Detengamos la propagación de gérmenes!

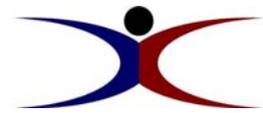


**Cúbrase la boca y la nariz al toser y al estornudar
Lávese las manos**



Prevent 4Sp - All

Poster provided by the Office of Public Health and Environmental Hazards
Department of Veterans Affairs



<p>Clean CLEAN Clean Clean</p>	<p>YOUR YOUR YOUR YOUR</p>	<p>HANDS HANDS HANDS HANDS</p>
	<p>1 Clean hands often with alcohol-based hand cleaner. Rub hands well until completely dry.</p>	
<p>OR</p>		
<p>1 Use antimicrobial soap and warm water when hands are visibly dirty.</p>	<p>2 Lather over hands, fingers, and nails.</p>	<p>3 Rinse hands completely.</p>
<p>4 Dry hands with paper towel or air dryer.</p>		<p>5 Turn off water with a paper towel, not bare hands.</p>



Hands B... Clinical

Poster provided by the Office of Public Health and Environmental Hazards
Department of Veterans Affairs

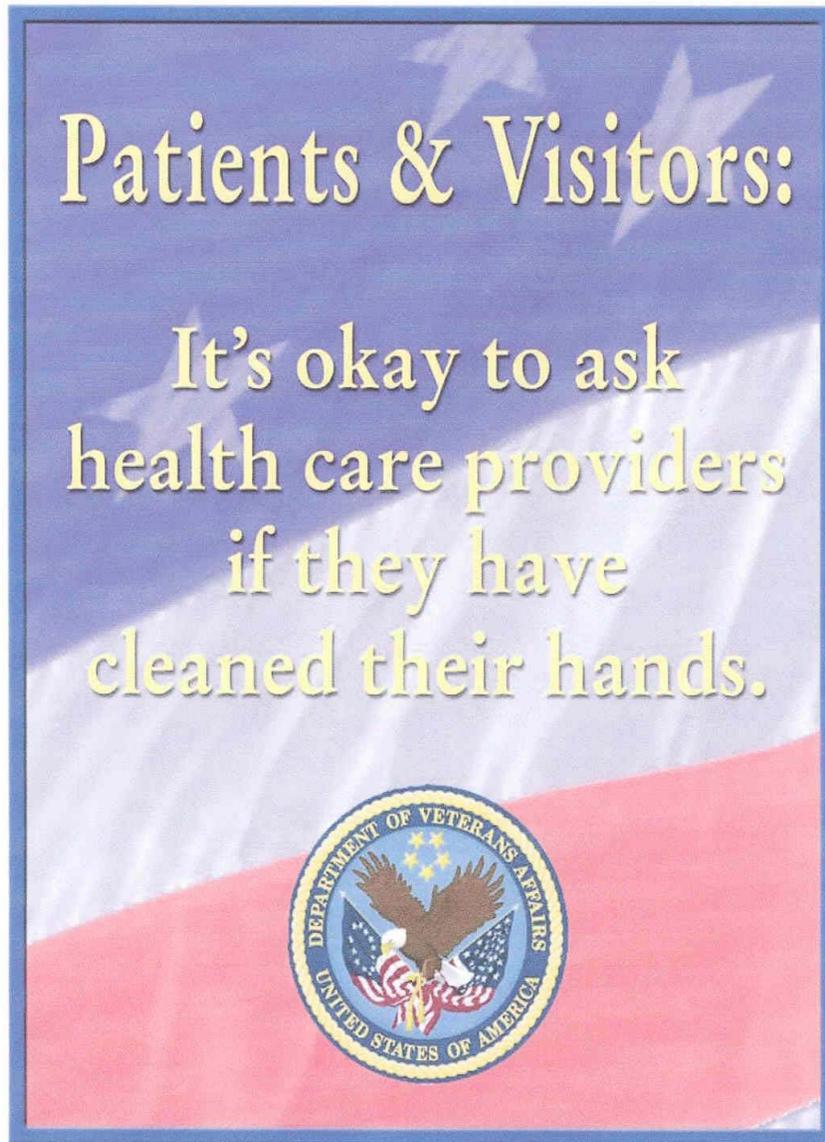


<p>Lávese Lávese Lávese Lávese</p> <h1>LÁVESE</h1> <p>Lávese Lávese Lávese</p>	<p>LAS LAS LAS LAS LAS LAS</p> <h1>LAS</h1>	<p>MANOS MANOS MANOS MANOS</p> <h1>MANOS</h1>
	<h1>1</h1> <p>Lávese las manos a menudo con una solución a base de alcohol. Frótese las manos hasta que la solución seque completamente.</p> <h2>O:</h2>	
<h1>1</h1> <p>Use jabón antibacteriano y agua tibia cuando sus manos estén visiblemente sucias.</p>	<h1>2</h1> <p>Enjabónese bien las manos, los dedos, y las uñas creando espuma.</p>	<h1>3</h1> <p>Enjuáguese las manos por completo.</p>
<h1>4</h1> <p>Séquese las manos con toallas de papel o utilice el secador eléctrico.</p>		<h1>5</h1> <p>Utilice una toalla de papel para cerrar el grifo, no lo toque directamente con las manos.</p>



Hands 8 - Clinical

Poster provided by the Office of Public Health and Environmental Hazards
Department of Veterans Affairs



Hands 34 - All

Poster provided by the Office of Public Health and Environmental Hazards
Department of Veterans Affairs



Pacientes y Visitantes:

Siéntase en libertad
de preguntarle al
personal clínico si se
ha lavado las manos.



Hands 34 - All

Poster provided by the Office of Public Health and Environmental Hazards
Department of Veterans Affairs



What Are the Top 10 Carriers of Infectious Agents?

1 2 3 4 5 6 7 8 9 10

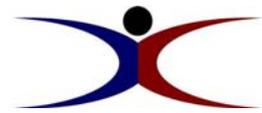
Use an alcohol hand rub
or antimicrobial soap
to decontaminate your hands.



Hands 30 - Clinical

Poster provided by the Office of Public Health and Environmental Hazards
Department of Veterans Affairs

Provider Information



Update on Recent Developments in Influenza and Pneumococcal Vaccinations, 2004

1. A cost-effectiveness analysis of **pneumococcal vaccination** in adults 50-64 years old estimated that the cost of vaccination to gain one year of healthy life was less than the cost of other preventive measures recommended for adults such as colorectal cancer screening.¹ Pneumococcal vaccination saved medical costs and improved health, especially for black people in high-risk categories. **These findings support the current recommendation to vaccinate high-risk adults and provide evidence to support a policy that extends pneumococcal vaccination to all adults 50 and older.**
2. A recent article in the Archives of Internal Medicine suggests that health care providers do not need to obtain **signed consent** from patients for influenza or pneumococcal vaccines.² Obtaining signed consent is not legally mandated and is an obstacle to increasing vaccination rates. The practice of obtaining signed consent for vaccinations, which are low-risk, high-benefit interventions, is inconsistent with the practice of not requiring signed consent before other common treatments such as the prescription of antibiotics. **The authors recommend that providers use vaccine information statements to inform patients about the risks and benefits of vaccination.**
3. Data from the 1989-2001 National Health Interview Survey show that **racial and ethnic disparities** continue to exist in influenza and pneumococcal vaccination levels among adults ≥ 65 years.³ After controlling for potential confounders, non-Hispanic whites consistently had higher vaccination levels than non-Hispanic blacks and Hispanics with the exception of the receipt of influenza vaccination among Hispanics. During 2000-2001, influenza coverage levels were 66% for non-Hispanic whites, 48% for non-Hispanic blacks, and 54% for Hispanics.
4. To address racial and ethnic disparities in immunization rates, HHS in collaboration with the CDC and other federal partners launched the



Racial and Ethnic Adult Disparities Immunization Initiative (READII) in July 2002 (<http://www.cdc.gov/nip/specint/readii/default.htm>). This two-year demonstration project is being conducted in five sites. **READII's goal is to raise immunization rates among racial and ethnic minorities using provider-based and community-based interventions.** The CDC plans an evaluation and will share its results after the project is completed.³

5. A recent study of physician office- and patient-based factors found that an increased number of immunization promotion activities and more time allotted for acute care visits were significantly related to patient receipt of vaccinations.⁴ Patients who believed in the vaccine's efficacy and who were aware of the recommendation for annual influenza vaccination had greater odds of being vaccinated for influenza. **These results show that both office-based factors and patient beliefs are predictors of influenza vaccination, reinforcing the need for practice-based interventions and patient education about immunization.**

References:

1. Sisk JE et al. Cost-effectiveness of vaccination against invasive pneumococcal disease among people 50 through 64 years of age: role of comorbid conditions and race. *Ann Intern Med* 2003;138(12):960.
2. Kissam S et al. Is signed consent for influenza or Pneumococcal polysaccharide vaccination required? *Arch Intern Med* 2004; 164:13.
3. Centers for Disease Control and Prevention. Racial/ethnic disparities in influenza and pneumococcal vaccination levels among persons aged >65 years—United States, 1989-2001. *MMWR* 2003;52(40):958-962.
4. Nowalk MP et al. The physician's office: can it influence adult immunization rates? *Am J Managed Care* 2004;10:13-19.



Updated Statement from CDC on Supply of Influenza Vaccination, 2004-05 Season

MMWR. April 30, 2004;53:1-40.

During the 2003-2004 season approximately 87 million doses of vaccine were produced, but shortages of vaccine were noticed in multiple areas in the United States due to an unprecedented increase in demand for the vaccine. On the basis of early projections from manufacturers, **the CDC estimates that approximately 90-100 million doses of influenza vaccine will be produced for the 2004-05 flu season.** Further CDC updates on the influenza vaccine supply and the recommended timing of influenza vaccination will be posted on the CDC Influenza website (<http://www.cdc.gov/flu/>) or on the VA National Center for Prevention website (<http://vaww.nchpdp.med.va.gov/>).



Frequently Asked Questions about Influenza and Pneumococcal Vaccinations, 2004-2005

What are the current recommendations for giving flu shots to pregnant women?

The CDC changed their stance this year to include, for the first time, women in the first trimester of pregnancy. They previously recommended flu shots only for women in the 2nd and 3rd trimesters, but they now recommend that all pregnant women get it. Specifically the inactivated influenza vaccine (the "flu shot"), not the live attenuated influenza vaccine given by nasal spray, is recommended, since the inactivated vaccine cannot transmit active influenza infection.

Our facility plans to order 5/8" length needles to use with the flu vaccine - is that the right length?

CDC guidelines recommend that 1-1.5" needles are generally to be used for intramuscular (IM) injections. Individual decisions on needle size and length should be made for each person but keep in mind that inactivated influenza vaccine is to be given IM and, for many people, a 5/8" needle won't get deep enough into the deltoid to be intramuscular. The consequence is that patients may not effectively receive the full dose of the vaccine and so don't build up the immunity that's needed. Additionally, the possibility of a local reaction to the vaccine is higher with a subcutaneous injection than it is with an intramuscular injection. We have heard that a lot of medical centers use 5/8" needles, so that's why we decided to make a point of it in this year's toolkit. For a reference on this, you might want to look at this article: <http://bmj.bmjournals.com/cgi/content/full/321/7271/1237>.

Is there an expected shortage of flu vaccine this fall?

No, the CDC thinks there should be an adequate supply. According to the Food and Drug Administration and vaccine manufacturers, vaccine production is on schedule and no delays are anticipated. The situation can



change, however, so be alert for updates about vaccine supply as the flu season gets underway.

Should inpatients be vaccinated for influenza prior to discharge?

Yes, they should. There are no special contraindications to vaccinating hospitalized patients. The CDC recommends that “Persons of all ages (including children) with high-risk conditions and persons aged ≥ 50 years who are hospitalized at any time during September-March should be offered and strongly encouraged to receive influenza vaccine before they are discharged.” For more information, refer to: www.cdc.gov/mmwr/pdf/rr/rr53e430.pdf.

Should standing orders be used to increase the number of patients receiving immunizations?

Yes, a standing orders program is recommended for hospitals, clinics, and outpatient facilities to ensure the administration of vaccinations for adults. Refer to the “Sample Protocols” and “Sample Policies” sections of the toolkit for examples of documents that can be modified and implemented in your facility. For a sample policy on standing orders for administering influenza vaccine, see <http://www.immunize.org/catg.d/p3074.pdf>.

Do you have any advice for what to include in our clinical reminders for influenza and pneumococcal vaccination?

Each patient should be given the most up-to-date version of the Vaccine Information Statement (VIS) about the vaccine they are to receive. It is a good idea to record the date the VIS was published in the patient’s medical record along with the lot number, manufacturer, and site of administration of the vaccine. You may want to ask your clinical reminders administrative team to make pull-down menus or fields for this information in the clinical reminder for each vaccine. Also remember that influenza clinical reminders should be set to recur every September, regardless of when the last flu vaccine was given.

Are there state-level requirements about giving residents of long-term facilities influenza or pneumococcal vaccinations?

Yes, some states have mandates requiring that residents of long-term care facilities be given influenza and pneumococcal vaccinations and other states require facilities to offer the vaccines to their residents. For a list of state mandates, see <http://www.immunize.org/laws/ltc.htm>.



Guidelines for Pneumococcal Vaccination and Revaccination

There have been several questions this year regarding the administration of the pneumococcal vaccine, specifically, who gets it, how often, and what to do if patients are not sure if they have had a pneumococcal vaccination. The NCP endorses the following recommendations of the Advisory Committee on Immunization Practices (ACIP) and the CDC.

Who should get the pneumococcal polysaccharide vaccine (PPV)?

- All adults aged 65 and older.
- Adults ages 19-64 who have chronic illnesses or other risk factors, including chronic cardiac or pulmonary diseases, chronic liver disease, alcoholism, diabetes, CSF leaks, or cochlear implants.
- Adults who are at high risk of fatal pneumococcal infection: those with anatomic or functional asplenia, sickle cell disease, or those who are immunocompromised due to HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome, immunosuppressive chemotherapy (including corticosteroids), cochlear implant candidates or recipients, or who have received an organ or bone marrow transplant.
- *NCP note:* Spinal cord injury and disease patients .

How often should the PPV be given?

- Once to adults age 65 or older if they have not received an earlier dose.
- Adults who received a dose before age 65 should receive a second dose after the age of 65 if 5 or more years have passed since the first dose.
- Adults at the highest risk of pneumococcal infections, defined as those with HIV infection or AIDS, absent or malfunctioning spleen, sickle cell disease, organ or bone marrow transplant recipients, nephrotic syndrome or renal failure, or immunosuppressive treatment with X-rays, cancer drugs, or long-term steroids, should receive a second dose 5 or more years after the first dose, regardless of what age the first dose was given.
- Only 2 doses at most are given. Repeating doses every 5, 6, or 10 years is not recommended.



What about repeating a dose if a patient is uncertain of having received it before?

- If earlier vaccination status is unknown, patients in the recommended groups should be administered the vaccine. Studies have shown that adults who were revaccinated 4 years or more after an initial vaccination did not have an increased incidence of side effects. *NCP note:* Since the risk of not being vaccinated at all is worse than the risk of inadvertently receiving a second dose, patients who are uncertain about their vaccination status should be given the vaccine. Consider giving patients a personal immunization card on which to record their vaccination history. Examples of cards are available at <https://www.immunize.org/adultizcards/index.htm>.

References:

Advisory Committee on Immunization Practices (ACIP). Prevention of pneumococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1997;46(RR-8):1-24. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm>.

Immunization Action Coalition. "Pneumococcal Vaccine: Who Needs It and Who Needs It Again?" Available at <http://www.immunize.org/catg.d/2015pne.htm>.

CDC. Pneumococcal vaccination for cochlear implant recipients. MMWR 2002; 51: 931.

"Maximizing Vaccination Rates for Veterans with SCI&D," VA QUERI Quarterly Newsletter, Vol. 3: No. 4; March 2002.



Inactivated Influenza and Pneumococcal Vaccine Handling and Storage

It is essential that vaccines be handled and stored at the proper temperature to remain viable. The following are steps to help you ensure the viability of your vaccine supply.

1. **Receiving vaccine shipments:** Packages should be opened immediately and inspected for damage. Check the quantities, lot numbers, and expiration dates against the packing slip. Check the temperature indicator on arrival. If the product seems to have been exposed to too-high or too-low temperatures or if there are discrepancies on the vials compared to the packing slip, put the vaccine in a specially marked tray in the refrigerator. Contact the supplier of the vaccine (manufacturer, distributor, state health department) and ask what to do next.
2. **Storage of vaccines:** Inactivated influenza and pneumococcal vaccines should be stored in a refrigerator between 35 to 46° F (2 to 8° C). The vaccines should never freeze. Store the vaccines in the middle of the refrigerator, not in the doors. Be sure that vaccines that will expire soon are kept toward the front of the shelf and are used first.
3. **Monitor temperatures:** You should keep at least two or three big jugs of water in the refrigerator to maintain temperature stability. The refrigerator temperature should be checked at least twice a day, first thing in the morning and late afternoon before closing. Sample temperature log sheets are available at www.immunize.org/catg.d/p3039.pdf or www.immunize.org/news.d/celsius.pdf. Ensure that the refrigerator does not become unplugged by posting “Do Not Unplug” warning stickers, available from www.immunize.org, above outlets.
4. **What to do if the temperature goes out of range:** If the refrigerator temperature goes out of range or vaccines were inadvertently left at room temperature or frozen, record the length of time that elapsed. Mark these vials and transfer them to a functioning refrigerator. Contact the source of your vaccine shipment for advice. If you are told that the



vaccines should not be used, mark the vials “nonviable” with a permanent marker and ask your supplier where you should send the nonviable vaccine.

- 5. Transport of vaccines:** You will need an insulated container with a thermometer to place near the vaccine. Use refrigerated or frozen packs depending on the time of year or situation. During transport, never let vials directly touch ice packs. Keep vaccines in their original boxes.

Content adapted from “Adults Only Vaccination: A Step-by-Step Guide,” Immunization Action Coalition, 2004.

For more information, refer to:

1. CDC. “Notice to readers: Guidelines for maintaining and managing the vaccine cold chain.” MMWR 2003;52(42):1023-25. Available at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5242a6.htm>
1. CDC. “Vaccine Management: Recommendations for Handling and Storage of Selected Biologicals.”
http://www.cdc.gov/nip/publications/vac_mgt_book.pdf
1. The Immunization Action Coalition’s:
 - a. “Maintaining the Cold Chain During Transport.”
<http://www.immunize.org/catg.d/p3048.pdf>
 - b. “Vaccine Handling Tips.”
<http://www.immunize.org/catg.d/p3048.pdf>
 - c. “Emergency Response Worksheet.”
<http://www.immunize.org/catg.d/p3051.pdf>



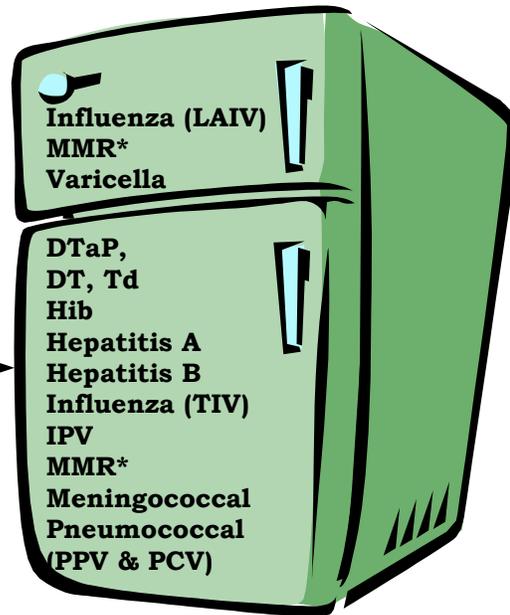
Vaccine Handling Tips

Outdated or improperly stored vaccines won't protect patients!

**Maintain freezer temperature
At 5°F (-15°C) or colder**



**Maintain refrigerator temperature
At 35-46°F (2-8°C)**



Order vaccine carefully.

Inventory your vaccine at least monthly and before placing an order. Expired vaccine must never be used and is money wasted!

Store vaccine correctly.†

Refrigerate or freeze immediately upon receiving shipment. Do not store vaccine in the door of the refrigerator or freezer. Inactivated vaccines should always be placed in the middle of the refrigerator far enough away from the freezer compartment to protect them from freezing.

Always use the vaccine with the earliest expiration date first.

Move vaccine with the earliest expiration date to the front and mark it to be used first. Keep vials in their boxes. Never use outdated vaccine.

Stabilize temperatures.

Store ice packs in the freezer and large jugs of water in the refrigerator along with the vaccine. 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 the refrigerator unit's doors 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.

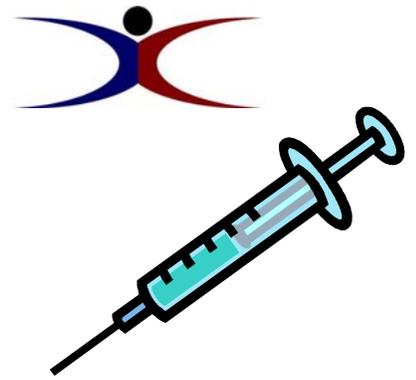
Make sure the refrigerator is plugged into an outlet in a protected area where it cannot be disconnected accidentally. Label the refrigerator, electrical outlets, fuses, and circuit breakers on the power circuit with information that clearly identifies the perishable nature of vaccines and the immediate steps to be taken in case of interruption of power (use DO NOT UNPLUG stickers). 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, you should immediately place the vaccine in recommended storage and call 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 pharmacy's phone number here: _____

Adapted by the Immunization Action Coalition, courtesy of the Minnesota Department of Health
www.immunize.org/catg.d/p3048.pdf • Item #P3048 (11/03)



Administering Vaccines

The following is a brief guide to inactivated influenza and pneumococcal vaccine administration. **Note that the inactivated influenza vaccine MUST be administered intramuscularly with a 1-2" 22-25-gauge needle. Shorter needles should not be used. The pneumococcal polysaccharide vaccine can be administered either IM (1-2" 22-25 gauge needle) or SC (5/8-3/4," 23-25g needle).**

1. Provide the patient with a Vaccine Information Statement (VIS).

The patient should be given a copy of the vaccine's VIS prior to vaccine administration. This must be a copy that the patient can read and take home. Copies of influenza and pneumococcal VISs are included in this toolkit.

2. Give the vaccine properly.

- **Examine and prepare the vaccine.** Always double check the vial label to make sure that you have the vaccine you want to administer. Shake the vial vigorously and visually inspect it for particulate matter. If you cannot shake the vaccine into a relatively even suspension, do not use it. After wiping the rubber stopper with an alcohol swab, load the syringe by injecting air into the vial, the same volume of air as the dose of vaccine to be drawn.
- **Site and route of administration:** Influenza vaccines are administered intramuscularly (IM). The pneumococcal polysaccharide vaccine (PPV) can be administered either IM or subcutaneously (SC). IM injections should be injected directly into the deltoid muscle, below the shoulder on the upper arm. SC injections are given into the fatty tissue on the back of the upper arm.
- **Proper needle gauge and length:** The proper needle length for IM injections is a 1-2", 22-25 gauge needle. SC injections use a 5/8-3/4," 23-25g needle.

3. Safely dispose of the needle and syringe.

Do not recap the needle after use. Discard the uncapped unused needle into a sharps container,



keeping your eyes on the needle continuously until it is inside the container.

4. **Prepare and watch for an allergic reaction (anaphylaxis).** Acute anaphylactic reactions are very rare, occurring after approximately 1 out of every 500,000 doses of vaccine. When they occur, however, you must take immediate action. No vaccine should ever be administered unless epinephrine, diphenhydramine, adult airways, and blood pressure cuffs are on hand. Staff should be familiar with an anaphylaxis protocol and with cardiopulmonary resuscitation (CPR).

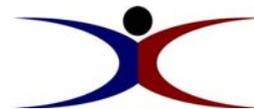
After you have administered a vaccine to a patient, instruct the patient to report any itching, redness (with or without hives), difficulty breathing, or abdominal pain within several minutes of injection. Having the patient wait 20 minutes in a post injection area is suggested but is not officially recommended.

Content adapted from “Adults Only Vaccination: A Step-By-Step Guide” published by the Immunization Action Coalition, 2004.

For a detailed explanation and demonstration of immunization techniques, we recommend the 35-minute video “Immunization Techniques: Safe, Effective, Caring” that can be ordered through the Immunization Action Coalition (IAC) at <http://www.immunize.org>.

Instruction sheets on vaccine administration are also available from the IAC:

1. “How to administer IM and SC injections to adults”
<http://www.immunize.org/catg.d/p2020A.pdf>.
2. “Administering vaccines to adults: Dose, route, site, needle size, and preparation” <http://www.immunize.org/catg.d/p3084.pdf>.



Influenza/Pneumococcal Vaccinations and Special Populations

Spinal Cord Injury and Disease (SCI&D) Patients and the Flu Vaccine

“Persons living with SCI&D are at risk of developing pulmonary complications and are more likely to die as a result of influenza or pneumonia than persons in the general population; therefore, vaccination needs to be emphasized for this high-risk group.” (VHA Directive 2002-044 “Influenza Vaccine-Recommendations for 2002-2003”)

SCI&D patients, even though more prone to deaths from pneumonia or flu than the general public, are less likely than most vets to be vaccinated. According to recent research by QUERI (Quality Enhancement Research Initiative), increasing awareness and information sharing with veterans positively impacts on compliance with vaccination programs. (“Maximizing Vaccination Rates for Veterans with SCI&D,” VA QUERI Quarterly Newsletter, Vol. 3: No. 4; March 2002.)

Blind, Hard of Hearing, Disabled and Homeless Populations will need a multimedia approach to remind/advertise that it is time for flu and pneumonia vaccines. Picture posters, screen savers, public address statements, telephone voice reminders will all be needed to capture patients with one or more sensory deficits. For these groups, as well as the Homeless, taking the flu shot campaign on the road may be the best bet. In some areas, Vet Centers are ideal locations to provide some services, such as flu vaccine clinics, for special populations.

Another targeted special population for the pneumonia vaccination is **cochlear implant recipients**. The implant, a foreign body, and the design of the cochlear implant are considered possible risk factors for bacterial meningitis. CDC recommends that all persons with cochlear implants receive age-appropriate pneumococcal vaccination. The Advisory Committee on Immunization Practices (ACIP) recommends vaccination against pneumococcal disease for people at increased risk for pneumococcal meningitis. Specific recommendations are that persons age five (5)-64 with cochlear implants should receive pneumococcal vaccine according to the schedule used for persons with chronic illnesses; a single dose is indicated. Persons planning to



receive a cochlear implant should be up-to-date on age-appropriate pneumococcal vaccination ≥ 2 weeks before surgery, if possible. (CDC. Pneumococcal vaccination for cochlear implant recipients. MMWR 2002; 51: 931.)

Strategies to consider with these patient populations include:

1. Sharing PHE information materials at each visit, or mailing out materials with appointment reminders.
2. Determining the “real” problem when and if a vaccination is refused-- is the issue **control** or does the vet have a misconception about the vaccine.
3. Encouraging the patients to “**take control**” of their health and destiny by taking a flu shot.
4. Clarifying misconceptions they might have about the flu, the vaccine, flu-related illnesses.
5. Focusing on the patient/provider relationships to encourage more positive participation in health care decision-making.



Improving Influenza Vaccination Rates Among Health Care Workers: Steps to an Effective Employee Immunization Campaign

Did you get vaccinated against influenza last fall? Did you make sure your staff and coworkers did? If not, you may have put at risk the health of some of your most vulnerable patients. Unvaccinated health care workers can potentially spread the vaccine-preventable disease to high-risk patients. There is evidence that influenza vaccination of health care workers is associated with decreased mortality among nursing home patients. Influenza vaccination rates among health care workers, however, are low; rates of vaccination are typically less than 40%.

Because of the benefits from influenza vaccination to both employees and patients, it is essential that health care facilities establish and maintain an employee influenza vaccination program. The CDC recommends that health care workers be vaccinated in October or earlier if possible. The following are steps that will help you develop an effective vaccination campaign in your facility:

1. **Make vaccination convenient.** Examples include:

- Use rolling carts to bring the vaccine to employees in their clinic work areas, workstations, cafeterias, departments, or grand rounds.
- Offer a walk-in vaccination clinic.
- Offer vaccinations at convenient times, including nights and weekends.
- Go to each area multiple times to ensure that all shifts are covered.
- Make the vaccination process as quick and easy as possible.

2. **Develop campaigns to educate employees.** You can:

- Send mass email alerts on Outlook or Vista (sample messages are included in this toolkit).
- Advertise the campaign in employee newsletters, make announcements in departmental meetings, or put up vaccination posters in workstations and break rooms.



- Dispel misinformation employees may have about influenza vaccination such as the fear of developing the flu from the vaccine.

3. Get a commitment for an annual employee vaccination program from facility leadership. Immunization campaigns can lead to better infection control, decrease absenteeism among employees, and help ensure better patient and employee health. With the support of management, departments are more likely to work together to increase immunization rates.

4. Teach health care workers to be advocates for influenza vaccination. Set the example for patients by getting vaccinated. Tell patients about the importance of influenza vaccination—the most important motivator for patients is a recommendation from their health care provider.

Health care workers who should be vaccinated are:

- Physicians, nurses, and other personnel in hospital and outpatient care settings, including emergency response workers.
- Employees of nursing homes and chronic care facilities who have contact with patients or residents.
- Persons who provide home care to persons in groups at high risk.

A 32-page employee vaccination toolkit developed by the Massachusetts Medical Society, MassPRO, and the Massachusetts Department of Health, “Employee Flu Immunization Campaign Kit,” is available at www.massmed.org/pages/flu_kit.pdf.

Another toolkit for healthcare worker vaccination is available from the Association for Professionals in Infection Control and Epidemiology at: <http://66.11.193.197/Content.html>.

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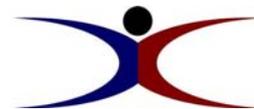


Vaccine Facts

Health Care Providers

Do You Know?

1. The correct dose of inactivated influenza vaccine is always:	0.5 cc
2. The correct needle length and gauge for inactivated influenza vaccine is:	1-2", 22-25g. - 5/8" needles are not acceptable
3. Inactivated influenza vaccine needs to be stored at these temps:	36-46° F; do not freeze
4. Inactivated influenza vaccine can be out of the refrigerator only for:	4 hours is acceptable, but not optimal; leave out only a few doses; store and transport under refrigeration
5. Inactivated influenza vaccine and pneumococcal vaccines can be give together.	TRUE Each vaccine should be given at a different site.



Vaccine Coding Facts

Health Care Providers

Do You Know?

<p>1. The correct CPT code for flu vaccine is:</p>	<p>90658 Flu vaccine, over age 3 years, IM (most commonly used) 90660 CPT code used with nasal flu 90659 CPT code used when giving <u>whole virus</u> IM or jet injection influenza vaccine (rarely used).</p>
<p>2. The correct CPT code for pneumococcal vaccine is:</p>	<p>90732 Pnemococcal vaccine</p>
<p>3. The correct diagnostic ICD-9 codes to support use of the vaccines are:</p>	<p>V04.81 Need for vaccination against influenza V03.82 Need for vaccination against pneumococcus</p>
<p>4. CPT codes for giving the injections are:</p>	<p>90471 For one injection 90472 For each additional injection</p>
<p>5. All 3 types of codes are required.</p>	<p>TRUE The diagnostic ICD-9 code, CPT vaccine code, and CPT injection code are all required.</p>

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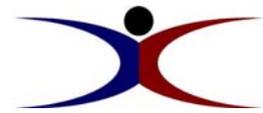
Influenza Immunization Websites

1. <http://www.cdc.gov/nip> This is the website for the National Immunization Program and has a great deal of information for both the public and health care providers on all immunization topics.
 - a. <http://www.cdc.gov/nip/publications/ACIP-list.htm> This page on the NIP site lists all recommendations of the ACIP (Advisory Committee for Immunization Practices).
 - b. <http://www.cdc.gov/nip/recs/adult-schedule.htm> This page includes a printable schedule of adult immunization recommendations, a list of vaccines for adults, and an adult vaccination screening form.
 - c. <http://www.cdc.gov/nip/publications/adultstrat.htm> This page includes strategies for Increasing Adult Vaccination Rates (NIP), March 8, 2002.
2. <http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm> This is a webpage of the National Center for Infectious Diseases at CDC that includes extensive information about the disease of influenza and its prevention and control, for both patients and health care professionals.
3. <http://www.immunize.org> This is the website for the Immunization Action Coalition (IAC) with a wide variety of information about immunizations, including Vaccine Information Statements in many languages. The Directory of Immunization Resources is full of useful information on organizations, websites, hotlines, and agencies that are immunization resources.
 - a. <http://www.vaccineinformation.org> This page from the IAC is comprehensive, organized, and easy to access. For each vaccine-preventable disease, there are answers to many questions about the disease and the vaccine, as well as sections containing photos, case histories, recommendations, references, and links to useful resources. Also included is material about vaccine safety, travel, bioterrorism, state laws—and much more.
4. <http://www.acponline.org/aii> This site from the American College of Physicians provides resources and tools to support physicians in their immunization efforts, with the goal of improving adult immunization rates. It includes physician education, patient education, and practice management tools for immunization and reimbursement.
5. <http://www.nfid.org/> This is the website for the National Foundation for Infectious Diseases and contains a call to action and strategies for increasing influenza immunization among health care workers.



6. <http://www.nfid.org/ncai> This is the website for the National Coalition for Adult Immunization and includes fact sheets, immunization schedules, recommendations, and report cards, and an order form for a “National Adult Immunization Awareness Week” campaign kit.
7. <http://www.vaccines.org> This website provides access to up-to-the-minute news about vaccines and an annotated database of vaccine resources on the Internet.
8. <http://www.medqic.org/content/nationalpriorities/topics/projectdes.jsp?topicID=471> This is a Medicare webpage that describes the CMS Adult Immunization Project, which focuses on increasing rates of preventive vaccination against influenza and pneumococcal disease for Medicare beneficiaries across all health settings.
9. <http://www.ImmunizationEd.org> This is a webpage from the Society of Teachers of Family Medicine that provides news and reports to keep family physicians up-to-date on vaccines for children and adults, links to the most current immunization schedules and vaccine information, downloadable slide presentations and photographs of diseases.
10. <http://www.atpm.org> This website of the Association of Teachers of Preventive Medicine has several educational resources available for download or purchase for training health care professionals and students about immunization issues.
11. <http://www.naccho.org> This is the website of the National Association of County and City Health Officials and has several pages of vaccine information, with links to training and resources pages.
12. <http://www.partnersforimmunization.org> This website of the National Partnership for Immunization, a non-profit organization dedicated to reducing the nationwide incidence of vaccine-preventable diseases through increased use of licensed vaccines, funded, in part, by the Centers for Disease Control and Prevention, is a good source for immunization resources.
13. <http://www.mayoclinic.com/invoke.cfm?objectid=5CB89570-8B46-4961-8BFE66D06D5BDD1B> This is the Mayo clinic patient information page on influenza.

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Influenza/Pneumococcal Resource Toolkit

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