Keeping Connecticut Healthy

DPH

Connecticut Department of Public Health

2014
Connecticut Vaccine Program

Blue Folder

Connecticut Department of Public Health; 410 Capital Avenue, MS#11MUN; Hartford, CT 06134-0308
(860) 509-7929 www.ct.gov/dph/immunizations

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CT Vaccine Program

2014 BLUE FOLDER

Visit our website at: www.ct.gov/dph/cvp

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PPSV (10/06/09)	**Multi-vaccine** (11/16/12	**Rotavirus** (8/26/201	**Td** (2/4/14)	Tdap (5/9/13)

Note: Current Vaccine Information Statement dates – Spanish (forms are not enclosed)

Anthrax 3/10/10)	**Chickenpox** (3/13/08)	**DTaP** (5/17/07)	**Hep A** (10/25/11)	**Hep B** (2/12/12)
Hib (2/4/14)	**HPV-Cervarix** (5/3/11)	**HPV-Gardasil** (5/17/13)	**Influenza-TIV** (8/19/14)	**Influenza-LAIV** (8/19/14)
Meningococcal (10/14/11)	**MMR** (4/20/12)	**MMRV (5/21/10)**	**PCV13** (2/27/13)	**Polio** (11/8/11)
PPSV (10/6/09)	**Multi-vaccine** (11/16/12)	**Rotavirus** (8/26/13)	**Td** (2/4/14)	Tdap (5/9/13)

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Connecticut Vaccine Program

VFC Provider Information

Connecticut Department of Public Health; 410 Capital Avenue, MS#11MUN; Hartford, CT 06134-0308
(860) 509-7929 www.ct.gov/dph/immunizations

Connecticut Vaccine Program

2014 Provider Profile

Completed forms can be FAX to: 860-509-8371 or email: DPH.IMMUNIZATIONS@ct.gov

All public and private health care providers who receive vaccine from the Connecticut Vaccine Program **(CVP)** must complete this form. This document provides shipping information and helps to determine the amount of vaccine to be supplied. The form is also used to compare estimated vaccine needs with actual vaccine supply. The Connecticut Vaccine Program will keep this record on file with the SIGNED **"Provider Agreement"**. The Provider Profile form must be updated annually or if: (1) the number of children change, or (2) the address of the facility changes. **Complete one Provider Profile for each office/site/satellite.**

PIN Number

____ ____ ____ ____

Federal Employer Tax ID ____ ____ ------ ____ ____ ____ ____ ____ ____ ____	Please Check One ☐ Re-Enrolling in CVP ☐ New Provider

Facility Shipping Address (Vaccine Delivery Location)

Facility Name		Primary Vaccine Coordinator Contact Name and Title	
		Back Up Vaccine Coordinator Name and Title	
Vaccine Shipping Address (No P.O. Boxes)		Floor or Suite #	Email Address
City	Zip Code	Direct Phone Number to Contact Person	Fax Number

Facility Mailing Address (If Different From Delivery Location)

Mailing Address	
City	Zip Code

Office Days and Hours Staff Available to Receive Vaccine Shipments

Monday	Tuesday	Wednesday	Thursday	Friday

Include any time during normal business hours when the office is closed and will not accept vaccine deliveries.

List of All Providers Who Administer Vaccines

First & Last Name	Title	CT License #	Medicaid Billing #	Group Billing #

Type of Facility (check one)

- ☐ Local Health Department
- ☐ Federally Qualified Health Center (FQHC) or Federally Funded Rural Health Clinic (RHC)
- ☐ School Based Health Center Clinic
- ☐ STD/HIV Clinic
- ☐ Drug Treatment Facility
- ☐ Family Planning Clinic
- ☐ Birthing Hospital
- ☐ Private Practice (Individual or Group)
- ☐ Hospital Clinic
- ☐ Other (please specify)

Specialty (check one)

- ☐ Pediatrics
- ☐ Family Medicine
- ☐ Primary Care
- ☐ OB/GYN
- ☐ Internal Medicine
- ☐ Allergy
- ☐ Urgent Care Center
- ☐ Other (please specify)

Patient Enrollment

All practices must provide total patient enrollment numbers by age group and insurance status in order to receive vaccine from the CVP. New providers can give an estimate.

Total Patient Enrollment

Total Number of **All** Patients in your practice who will be administered state supplied vaccine:	**Birth to 1 yr.**	**1 - 6 yrs.**	**7 -18 yrs.**	**Total**

Patient Insurance Status Do not count a patient in more than one category or use percentages.

The total of 1-6 below must equal the total patient enrollment listed above

	Birth to 1 yr.	**1 - 6 yrs.**	**7 - 18 yrs.**	**Total**
1 Number of Privately Insured Patients				
2 Number of Medicaid Enrolled Patients (HUSKY A)				
3 Number of Patients Without Insurance				
4 Number of Patients who are American Indian or Alaskan Native				
5 Number of S-CHIP Enrolled Patients (HUSKY B)				
6 Number of Underinsured Patients				

Data Source

What data source was used to determine the total number of patients and insurance status provided above:

☐ Immunization Information System ☐ Billing System ☐ Electronic Health/Medical Records ☐ Other, specify _____

Storage Units

Please indicate the type of storage unit(s) used to store state supplied vaccine (check all that apply)

☐ Stand Alone Refrigerator Unit ☐ Stand Alone Freezer Unit ☐ Single Door Refrigerator & Freezer Unit (Dormitory Style)

☐ Double Door Refrigerator and Freezer Unit (top/bottom or side by side)

Temperature Monitors

Indicate type of temperature monitors used in storage

☐ CVP Supplied Continuous Read Dickson Thermometer

☐ Dial Thermometer

☐ Liquid Temperature Probe

☐ Data Logger

☐ Specify:

PLEASE remember to sign the *accompanying "Provider Agreement"* .

State of Connecticut, Department of Public Health; 410 Capitol Avenue, M.S. # 11MUN Hartford, CT 06134-0308
Phone: 860-509-7929
Fax: 860-509-8371

Revised 11/13

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Connecticut Vaccine Program
Provider Agreement

PIN:_____

(To be provided by CVP)

The Undersigned Provider hereby agrees to participate in the Connecticut Vaccine Program (hereafter the "program" or the "CVP") through its below identified facility, which will receive CVP supplied vaccines, which includes Vaccines for Children(VFC) and other state supplied vaccines and agrees that he or she:

1. Shall not impose a charge for the cost of the vaccine received through this program; however may collect a reasonable administration fee per dose given. The administration fee collected for uninsured or underinsured children cannot exceed $21 per dose; the administration fee for all Medicaid recipients shall be the fee schedule established by the Department of Social Services; and the administration fee for private insurance patients can be up to the maximum allowed per the insurance company's policy.

2. Shall not deny administration of a CVP supplied vaccine to an established CVP eligible child due to the inability of the child's parent, guardian or individual of record to pay an administration fee.

3. Shall not bill the client or a third party (e.g., insurance company or Medicaid) for vaccines that the provider has received from the CVP.

4. Shall provide the Department of Public Health ("DPH") with the number of children 0-18 years of age expected to need immunizations at this facility/practice for the 12-month period beginning on January 1, 2014. This information shall be submitted to the DPH on the Provider Profile form as part of the annual CVP enrollment process.

5. Shall for each immunization encounter indicate on the most current DPH Patient Eligibility Screening Record (www.ct.gov/dph) whether a patient who is 18 years old or younger is VFC eligible, non-VFC eligible or covered by S-CHIP (as defined on the most current DPH Eligibility Criteria form); and shall administer CVP provided vaccines to each patient who is eligible to receive CVP provided vaccines as determined by the most current DPH Eligibility Criteria form.

6. Shall comply with the immunization schedules, dosages and contraindications that are approved by the Advisory Committee on Immunization Practices (ACIP), unless (a) in the exercise of medical judgment, and in accordance with accepted medical practice, such compliance is deemed to be medically inappropriate; or (b) such compliance contradicts Connecticut General Statutes §§ 10-204a, 19a-7f or Regulations of Connecticut State Agencies §19a-79-6a(e) regarding immunizations, school and daycare immunization requirements and religious or medical exemptions.

7. Shall provide Vaccine Information Statements (VIS) with each vaccine administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).

8. Shall report adverse vaccine reactions (i.e., reactions requiring medical attention) to DPH (by phone or fax) within 2 weeks of the adverse reaction.

9. Shall maintain all CVP-related records for at least three (3) years and, if requested, shall make such records available to DPH or the U.S. Department of Health and Human Services (DHHS).

10. Shall comply with CVP requirements for vaccine ordering, including, without limitation, timely and properly completing the State Vaccine Order Form, which may be periodically amended, including the information regarding the number of vaccine doses administered per age group per vaccine.

11. Shall maintain good vaccine storage and handling practices to avoid vaccine wastage, and shall promptly report to the CVP any vaccine wastage or loss. Providers shall not permanently store vaccines in a dorm style refrigeration unit. Providers are financially liable for all vaccines ordered through the CVP and will make every attempt to administer or transfer to another provider every dose ordered from the program.

12. Shall permit only appropriately licensed personnel to administer vaccines to patients.

13. Shall grant DPH access to the practice or clinic to conduct program and patient record reviews.

14. Understands that should my staff, my representative or I access VTrckS, I am bound by the Centers for Disease Control and Prevention's ("CDC") terms of use for interacting with the online ordering system. I further agree to be bound by any applicable federal laws, regulations or guidelines related to accessing a CDC system and ordering publically funded vaccines.

15. Understands that before my staff, my representative or I access VTrckS, I will identify each person who is authorized to order vaccines for me and maintain a record identifying all such authorized persons. If someone becomes authorized or is no longer authorized to order for me, I will inform the CDC of such change within twenty-four (24) hours of such change.

16. Certifies that my identification is represented correctly on this agreement and the Provider Profile.

17. Understands that either party may terminate this agreement at any time for any reason, including, without limitation, provider's failure to comply with all CVP requirements. The provider shall give thirty (30) days written notice before terminating this agreement.

18. Shall properly return any unused CVP vaccine if the provider or CVP opts to terminate this agreement.

This Agreement is effective upon execution and acceptance into the CVP until December 31, 2014 unless terminated sooner as provided herein. Except for continuing to receive publicly purchased vaccines, the foregoing provisions of this agreement shall survive its termination. This agreement supersedes any previous written or oral agreement.

This Agreement is subject to Executive Order No. 3 of Governor Thomas J. Meskill, promulgated June 16, 1971, concerning labor employment practices; Executive Order No. 17 of Governor Thomas J. Meskill, promulgated February 15, 1973, concerning the listing of employment openings; and Executive Order No. 16 of Governor John G. Rowland, promulgated August 4, 1999, concerning violence in the workplace. This Agreement may also be subject to Executive Order 7C of Governor M. Jodi Rell, promulgated July 13, 2006, concerning contracting reforms and Executive Order 14 of Governor M. Jodi Rell, promulgated April 17, 2006, concerning procurement of cleaning products and services, in accordance with their respective terms and conditions. All of these Executive orders are incorporated into

and made a part of this Agreement as if they had been fully set forth in it. At the provider's request, the Agency shall provide a copy of these Orders to the provider.

THE UNDERSIGNED, BEING THE PROVIDER OR HAVING THE SPECIFIC AUTHORITY TO BIND THE PROVIDER TO THE TERMS OF THIS AGREEMENT, HEREBY AGREES TO ABIDE BY AND COMPLY WITH ALL OF THE STIPULATIONS, CONDITIONS AND TERMS SET FORTH HEREIN INCLUDING REPRESENTING THAT THE PROVIDER WILL COMPLY WITH THE NONDISCRIMINATION AGREEMENTS AND WARRANTIES OF CONNECTICUT GENERAL STATUTES §§ 4a-60 AND 4a-60a, AS AMENDED.

_____

Provider Name (must be a practitioner who is authorized by state law to administer pediatric vaccines) (Print)

_____

Facility Name (print)

_____

Provider's Title (Must be an Authorized Officer, Owner or Partner of facility) (Print**)**

_____ _____

Signature Date

This record is to be submitted to and kept on file at the Connecticut Vaccine Program and must be updated at least once annually. A copy of this form shall be retained at the provider's office. It shall be shared with all relevant persons at the facility/practice including persons administering vaccines, staff responsible for billing procedures and any others determined at the provider site that need to know the information herein.

Connecticut Vaccine Program
Vaccine Fraud & Abuse Statement

Cooperation

Compliance with the Vaccines For Children (VFC) and Connecticut Vaccine Program (CVP) requirements is an important step in preventing fraud and abuse of state and federal resources. The VFC and CVP programs distribute approximately $62 million dollars' worth of vaccine per year. A variety of methods are used to control and monitor misuse of state supplied vaccine. Monthly doses administered data reports and vaccine ordering patterns are monitored to ensure that vaccine is given to appropriate age groups. All complaints regarding vaccine misuse will be promptly followed up by the Immunization Program.

Fraud

Fraud is defined as the intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or someone else. It includes any act that constitutes fraud under applicable federal or state laws.

Abuse

Abuse is defined as provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to the Medicaid program, and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient; or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid Program.

What Can Be Done to Prevent Fraud & Abuse?

If you become aware of a situation or practice that you consider to be potential fraud or abuse, please contact the CVP at (860) 509-7929. There is also a Fraud and Abuse Hotline telephone number 1-800-842-2155. All reports of Fraud and Abuse by individuals or providers are strictly confidential. The name and phone number of the individual or the provider reporting the event is optional however it would be extremely helpful in the event the program would need to conduct further follow-up with the individual/provider for additional or clarifying information.

Examples of fraud and abuse include:

-A provider discontinues privately purchasing vaccine for patients whose insurance covers immunizations and gives every patient in the practice state supplied vaccine whether they are eligible or not

-A provider bills Medicaid for administration reimbursement when no vaccines were given

-A provider administers state supplied vaccine to a child, then bills the child's insurance company for the cost of the vaccine

-A provider charges the patient for state supplied vaccine

FRAUD AND ABUSE HURTS EVERYONE!

Revised 2/4/2014

Connecticut Vaccine Program
HOW TO ESTABLISH AND MAINTAIN RECORDS OF PATIENT ELIGIBILITY

The following information will help you establish that a patient is eligible to receive vaccines from the CT Vaccine Program (CVP).

Why is eligibility screening required?
Vaccines are provided through a combination of both federal and state funding. Patient screening helps to ensure that children only receive the specific vaccine(s) for which they are eligible.

Who should complete the form?
The parent, guardian, individual of record or the healthcare provider may complete this form. Verification of responses is not required.

What form should I use?
The *Patient Eligibility Screening Record*

What procedure do I follow?
Maintain the screening record form with the patient's chart. If patient eligibility is unchanged from the date of the previous screening, simply date and initial the screening immediately in the record or EMR. If the patient eligibility has changed since the previous screening, then begin a new form with the new patient eligibility category completed. The screening record should be maintained for a minimum of 3 years after service to the patient is complete.

When do I use the form?
A record must be kept for *each* child receiving CVP vaccines. Screening and documentation that screening was performed is required at every immunization visit.

Helpful Information:

- The *Patient Eligibility Screening Record*, with the seven eligibility options, may be incorporated into a form your practice or clinic is presently using. Document the information in the electronic medical record (EMR) or paper chart and update the patient's status when the insurance changes. Always include the date of the screening.

- If you choose to use the CVP-provided *Patient Eligibility Screening Record*, the form may be copied as needed.

- If you have any questions, please call **(860) 509-7929** and a CVP representative can assist you.

CONNECTICUT VACCINE PROGRAM (CVP)

Patient Eligibility Screening Record

Child's Name:_____

Date of Birth:_____

Parent/Guardian:_____

Provider:_____

This child qualifies for immunization through the Connecticut Vaccine Program since he/she is under 19 years of age and (check only one box):

VFC eligible:

(A) Is enrolled in Medicaid (HUSKY A) ☐

(B) Has no health insurance/self-pay ☐

(C) Is American Indian or Alaskan Native ☐

(D) Is under-insured (has health insurance that does not cover vaccines or only covers select vaccines) and is a patient of a Federally Qualified Health Center (FQHC). These patients can receive all vaccines at their FQHC. ☐

State eligible:

(E) Is under-insured (has health insurance that does not cover vaccines or only covers select vaccines) and is a patient of a private health care provider. These patients can receive all vaccines at their private health care provider's office. ☐

(F) Is enrolled in S-CHIP (HUSKY B) ☐

(G) *Is Privately Insured ☐

*Note private insurance patients can receive all vaccines from the CVP except for Rotavirus, Human Papillomavirus Vaccine (HPV), Influenza for 5 through 18 year olds, and Hepatitis A for 2 through 18 year olds; these vaccines are only available for patients in categories A, B, C, D, E & F.

A record must be kept in the healthcare provider's office that reflects the status of all children 18 years of age and younger who receive vaccine from the CVP. The record may be completed by the parent, guardian, or individual of record, or by the healthcare provider. The record does not have to be updated unless the status of the child has changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

Patient Eligibility must be verified and documented for **every immunization visit**. Please document that eligibility screening was verified with the initials of the person who performed the screening. If the screening result above (A-G) changed, please complete a new patient eligibility screening record.

Date of screening (mo/day/year)	Initials

Date of screening (mo/day/year)	Initials

CONNECTICUT VACCINE PROGRAM

Formulario Para La Elegibilidad del Paciente

Nombre del Paciente: _____

Fecha de nacimiento: _____

Nombre de Padres/tutores: _____

Proveedor de Servicios: _____

Este paciente califica para inmunizaciones por medio del Programa de Vacunas de Connecticut porque él / ella tiene menos de 19 años y (marque solamente uno):

Elegible para CVP:

(A) Está registrado en Medicaid (Husky A) ☐

(B) No tiene seguro médico / pago propio ☐

(C) Es Indio Americano o persona nacida en Alaska ☐

(D) Seguro limitado (tiene seguro que no cubre las vacunas o solo cubre selección de vacunas) y es un paciente de un Centro de Salud que sea calificado federalmente (FQHC). Estos pacientes pueden recibir todas las vacunas en el Centro calificado federalmente FQHC. ☐

Estado elegible:

(E) Seguro limitado (tiene seguro que no cubre las vacunas o solo cubre selección de vacunas) y es un paciente de una oficina de los proveedores de salud privado. Estos pacientes pueden recibir todas las vacunas en su oficina de proveedor de salud privado. ☐

(F) Está registrado en S-CHIP (Husky B) ☐

(G) *Seguro privado ☐

*Pacientes que tienen **seguro privado** pueden recibir toda las vacunas del programa CVP excepto la vacuna Rotavirus, la Influenza de 5 a 18 años de edad, la Hepatitis A de 2 a 18 años de edad, y el virus del papiloma humano (VPH). Estas vacunas son disponibles solamente para los pacientes en las categorías A, B, C, D, E, y F.

Un historial debe de mantenerse guardado en la oficina del proveedor médico que refleje el estado de todos los pacientes que tengan 18 años o menos que reciben vacunas del programa CVP. El historial puede ser completado por los padres, tutores, o individual del historial, o por el proveedor médico. El historial no tiene que estar al día a menos que el estado del niño o niña ha cambiado. Mientras que la verificación de respuesta no es requerido, si es necesario retener este historial o uno similar para cada paciente que recibe una vacuna.

La Elegibilidad del Paciente debe ser verificada y documentada en **cada visita de inmunización**. Por favor documente que el formulario de elegibilidad fue verificado con las iniciales de la persona que realizo el cribado. Si los resultados sobre las preguntas de arriba (A-G) han cambiado, por favor complete un formulario de elegibilidad nuevo.

Fecha de examen (mes/dia/año)	Iniciales

Fecha de examen (mes/dia/año)	Iniciales

CONNECTICUT VACCINE PROGRAM (CVP)

Adult Patient Eligibility Screening Record

Patient's Name:_____

Date of Birth:_____

Provider:_____

This patient qualifies for immunization through the Connecticut Vaccine Program (CVP) since he/she is 19 years of age or older and (check only one box):

(A) Has no health insurance/self-pay ☐

(B) Is under-insured (has health insurance that does not cover vaccines or only covers select vaccines). ☐

(C) Is receiving a Tdap vaccine as part of the Tdap cocoon program. ☐

A record must be kept in the healthcare provider's office that reflects the status of all individuals who receive vaccine from the CVP. The record may be completed by the individual or by the healthcare provider. The record does not have to be updated unless the eligibility status of the patient has changed. While verification of responses is not required, it is necessary to retain this or a similar record for each patient receiving vaccine for a minimum of three years after service to the patient has been completed.

Patient Eligibility must be verified and documented for **every immunization visit**. Please document that eligibility screening was verified with the initials of the person who performed the screening.

Date of screening (mo/day/year)	Initials

Date of screening (mo/day/year)	Initials

Programa de Vacunas de Connecticut (CVP)

Formulario de Elegibilidad para Pacientes Adultos

Nombre del Paciente:_____

Fecha de nacimiento:_____

Proveedor de Servicios:_____

Este paciente califica para inmunizaciones por medio del Programa de Vacunas de Connecticut (CVP) porqúe el /ella tiene 19 años o más y (marque solamente uno):

(A) No tiene seguro médico / pago propio ☐

(B) Seguro limitado (tiene seguro que no cubre las vacunas o solo cubre selección de vacunas) ☐

(C) Esta recibiendo la vacuna Tdap que es parte del Programa de Cocoon ☐

Un historial debe de mantenerse guardado en la oficina del proveedor médico que refleje el estado de todos los pacientes que reciben vacunas del programa CVP. El historial puede ser completado por el individual del historial, o por el proveedor médico. El historial no tiene que estar al día a menos que el estado de elegibilidad del paciente ha cambiado. Mientras que la verificación de respuesta no es requerido, si es necesario retener este historial o uno similar para cada paciente que recibe una vacuna, durante un minimo de tres años después de que se ha completado el servicio al paciente.

La Elegibilidad del Paciente debe ser verificada y documentada en **cada visita de inmunización**. Por favor documente que el formulario de elegibilidad fue verificado con las iniciales de la persona que realizo el cribado.

Fecha de examen (mes/dia/año)	Iniciales

Fecha de examen (mes/dia/año))	Iniciales

Connecticut Vaccine Program

Eligibility Criteria for vaccines as of November 1, 2014

Vaccine	Age Group	Status of Children VFC and State Supplied Vaccine				CPT Code(s)
		VFC Eligible[1]	Non-VFC Eligible Privately Insured[2]	Non-VFC Eligible Under-Insured[2]	S-CHIP[2]	
Hepatitis B	Newborns in hospital Children 0-18 years	YES YES	YES YES	YES YES	YES YES	**90744** **90744**
Varicella (Doses 1 & 2)	12 months-18 years[3]	YES	YES	YES	YES	**90716**
Td	7-18 years[4]	YES	YES	YES	YES	**90714**
MMR (Doses 1 & 2)	12 months-18 years College (any age)	YES YES	YES YES	YES YES	YES YES	**90707** **90707**
MMRV (Doses 1 & 2)	12 months-12 years	YES	YES	YES	YES	**90710**
DTaP	2 months – 6 years	YES	YES	YES	YES	**90700**
Hib	2-59 months	YES	YES	YES	YES	**90647, 90648**
IPV	2 months-18 years	YES	YES	YES	YES	**90713**
DTaP/IPV	4-6 years	YES	YES	YES	YES	**90696**
DTaP/IPV/Hep B	2-83 months	YES	YES	YES	YES	**90723**
DTaP/IPV/Hib	2-59 months	YES	YES	YES	YES	**90698**
Meningococcal Conjugate Dose 1 Dose 2	11-18 years 16-18 years	YES YES	YES YES	YES YES	YES YES	**90734** **90734**
Meningocoocal Conjugate/Hib	6 weeks-18 months	YES	YES	YES	YES	**90644**
Tdap	7-18 years[5]	YES	YES	YES	YES	**90715**
Pneumococcal Conjugate (PCV13)	2-71 months	YES	YES	YES	YES	**90670**
Influenza	6-59 months 5-18 years	YES YES	YES **NO**	YES YES	YES YES	**90685, 90672, 90686** **90672, 90686**
Hepatitis A	12-23 months 2-18 years	YES YES	YES **NO**	YES YES	YES YES	**90633** **90633**
Rotavirus	6 weeks-8 months	YES	**NO**	YES	YES	**90680, 90681**
HPV (males & females)	9-18 years	YES	**NO**	YES	YES	**90649, 90650**

1 VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; (c) American Indian or Alaskan native; or (d) underinsured seen at a Federally Qualified Health Center (FQHC).

2 Non-VFC children refers to patients who have private insurance that covers the cost of immunizations, patients that are under-insured for some or all vaccines seen by a private provider; and S-CHIP children- those children enrolled in HUSKY B.

3 Susceptible children who do not have a clinical history of chicken pox.

4 Td vaccine can be given to children 7-18 years of age to complete their primary series, or to those children 7-18 years of age who are in need of a Tetanus containing vaccine and cannot receive Tdap.

5 Tdap vaccine should be administered routinely to children at the 11-12 year old preventive health care visit, and to children 7-10 years old who have not been fully vaccinated against pertussis and for whom no contraindication to pertussis containing vaccine exists.

As of March 1, 2013 the only recommended childhood vaccines not available from the Connecticut Vaccine Program are: Influenza for privately insured patients 5-18 years of age; Hepatitis A for privately insured patients 2-18 years of age; Rotavirus for privately insured patients 6 weeks-8 months of age; and HPV for privately insured patients 9-18 years of age. For those vaccines providers can purchase them privately and submit billing requests to the appropriate private insurer in accordance with normal billing procedures.

Revised 10/16/2014

Connecticut Vaccine Program

Financial Restitution Policy
Effective November 1, 2012

The Financial Restitution Policy was developed in accordance with the Connecticut Vaccine Program (CVP) for the purpose of replacing vaccine wasted or spoiled due to negligence and/or failure to properly store, handle, or rotate vaccine inventory. The policy has been updated to address the increased costs of replacing wasted, expired or spoiled vaccines provided through the Connecticut Vaccine Program. The policy also includes a provision that providers who notify the CVP of vaccine they will not be administering four months or more prior to expiration will not be financially liable for replacing any doses that ultimately expire.

Definitions

Wasted: Any vaccine that cannot be used. This includes expired, spoiled and lost vaccines.

Expired: Any vaccine with an expiration date that has passed.

Spoiled: Any vaccine that exceeds the limits of the approved cold chain procedures or is pre-drawn / reconstituted and not used within acceptable time frames. Always consult with the State Immunization Program before determining if a vaccine is non-viable.

Lost: Any vaccine ordered but not delivered (or not delivered in a timely manner) by McKesson resulting in lost and/or spoiled vaccine.

Situations Requiring Financial Restitution

The following situations are examples of negligence that may require financial restitution. This list is not exhaustive:

- Failure to rotate vaccine that results in expired doses
- Handling and storage mistakes by provider staff
- Vaccine left out of the refrigeration unit that becomes non-viable
- Freezing vaccine meant to be refrigerated
- Refrigerating vaccine meant to be frozen
- Refrigerator left unplugged or electrical breaker switched off
- Refrigerator door left open or ajar by provider staff, contractors, or guests
- Refrigerator/freezer equipment problems where proof of repair or equipment replacement is not provided to the Immunization Program within 30 days from the date the problem is identified
- Situations in which health care providers must re-vaccinate due to previous administration of non-viable vaccine (i.e. spoiled or expired) or improper administration. Provider will be responsible for the cost of vaccine for re-vaccination.
- Ordering habits resulting in overstock that lead to expiration of vaccines
- Delivery of vaccine during the provider's stated business hours but the office is closed resulting in the loss of vaccine product

Examples of Situations Not Requiring Financial Restitution

The following examples are situations considered to be out of the providers' control, and generally do not require financial restitution. This list is not exhaustive. Providers should always contact the Connecticut Vaccine Program for a determination regarding the viability of suspect vaccine.

- Vaccine that is damaged, improperly stored during transit, or not delivered to the provider in a timely manner
- A company contracted to alert a provider when a refrigerator malfunctions fails to notify the provider
- A provider moves vaccine to a location with a secure power source due to anticipated inclement weather, but power is lost at that location
- Partially used multi-dose vials
- Vaccine drawn up but not administered due to a parent changing their mind
- A vial that is accidentally dropped or broken by a provider
- Vaccine that a provider transfers to another provider four months or more prior to expiration
- Vaccine accepted by a provider that expires in four months or less
- Vaccine returned to the immunization program for redistribution to another provider four months or more prior to expiration
- Expired doses of influenza vaccine
- Refrigerator/freezer equipment problems where proof of repair or equipment replacement is provided to the Immunization Program within 30 days from the date you become aware of the situation
- Extraordinary situations not listed above which are deemed by the Connecticut Vaccine Program to be beyond the provider's control (e.g. acts of mother nature). When reporting wastage of any kind, providers should document the staff's use of the practice's Back-Up Protocol For Vaccine Recovery Plan.

Wastage Allowance

All practices will be allowed a "one strike" credit towards vaccine wastage up to a limit of $1300. On the first instance of vaccine wastage the Connecticut Vaccine Program will absorb the cost of vaccine replacement up to $1300; any vaccine wastage totaling over $1300 will result in the provider being responsible for replacing the vaccine on a dose for dose basis at their own cost. Any subsequent occurrences will require that the provider replace all wasted doses again at their own cost. **Providers will not be allowed to order additional doses of vaccine until they submit to the Connecticut Vaccine Program an invoice showing that they have replaced all wasted doses.**

Procedure for Financial Restitution

This policy applies to any vaccine reported to the Connecticut Vaccine Program as wasted on or after May 1, 2011. Providers who already have reported vaccine wastage since January 1, 2010 and experience a subsequent loss of vaccine will need to replace vaccine on a dose for dose basis at their own cost since they have already used up their one strike credit.

- Each incident reported will be reviewed on a case-by-case basis by the Connecticut Vaccine Program to determine whether restitution will be required or if extenuating circumstances prevail.
- The provider will be required to submit an invoice to the Connecticut Vaccine Program showing they have privately purchased the vaccine reported as wasted.
- Failure to replace any wasted vaccine will result in a delay or forfeiture of future program enrollment for the practice.

Procedure for Returning Vaccine

- Call the Connecticut Vaccine Program as soon as you suspect vaccine may be spoiled to determine viability status.
- Complete and fax a copy of the **Vaccine Return Form** to the Connecticut Vaccine Program. The Connecticut Vaccine Program will request a postage paid mailing label be sent from McKesson to the provider for return of the wasted vaccine.
- Once the mailing label is received the provider will return all **unopened vials & pre-filled syringes** of wasted vaccine to McKesson along with a copy of the **Vaccine Return Form.**

Connecticut Vaccine Program

Vaccine Administration Information

Connecticut Department of Public Health; 410 Capital Avenue, MS#11MUN; Hartford, CT 06134-0308
(860) 509-7929 www.ct.gov/dph/immunizations

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Standards for Child and Adolescent Immunization Practices

National Vaccine Advisory Committee

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SPECIAL ARTICLE

Standards for Child and Adolescent Immunization Practices

National Vaccine Advisory Committee

ABBREVIATIONS. NVAC, National Vaccine Advisory Committee; ACIP, Advisory Committee on Immunization Practices; AAP, American Academy of Pediatrics; AAFP, American Academy of Family Physicians; VFC, Vaccines for Children Program; CDC, Centers for Disease Control and Prevention; VIS, Vaccine Information Statement; VAERS, Vaccine Adverse Events Reporting System; VICP, Vaccine Injury Compensation Program.

In 1992, the National Vaccine Advisory Committee (NVAC), in collaboration with the Ad Hoc Working Group for the Development of Standards for Pediatric Immunization Practices, a working group representing public and private agencies with input from state and local health departments, physician and nursing organizations, and public and private providers, developed a set of standards as to what constitutes the most essential and desirable immunization policies and practices. These standards were endorsed by a variety of medical and public health organizations and represented an important element in our national strategy to protect America's children against vaccine-preventable diseases.

Since that time, vaccine delivery in the United States has changed in several important ways. First, vaccination coverage rates among preschool children have increased substantially and are now monitored by the National Immunization Survey.[1,2] Second, vaccination of children has shifted markedly from the public to the private sector,[3–5] with an emphasis on vaccination in the context of primary care and the medical home.[6] The Vaccines for Children Program has provided critical support to this shift by covering the cost of vaccines for the most economically disadvantaged children and adolescents. Third, the development and introduction of performance measures, such as the National Committee for Quality Assurance's Health Plan Employer Data and Information Set,[7] have focused national attention on the quality of preventive care, including vaccination. Finally, high-quality research in health services has helped to refine strategies for raising and sustaining vaccination coverage levels among children, adolescents, and adults.[8]

Health care professionals who vaccinate children and adolescents continue to face important challenges. These challenges include a diminishing level of experience—among patients, parents, and physicians—with the diseases that vaccines prevent, the ready availability of vaccine-related information that may be inaccurate or misleading, the increasing complexity of the vaccination schedule, and the failure of many health plans to pay for the costs associated with vaccination. In addition, recommendations from the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American Medical Association in 1996 underscored the need to focus on adolescent vaccination.[9]

In this context, NVAC, along with partners representing the federal agencies, state and local health departments, and professional organizations, revised and updated the standards during 2001–2002 to reflect these changes and challenges in vaccine delivery. The revision was approved by NVAC on February 8, 2002 (Table 1), and distributed widely among a variety of medical and public health organizations for review and endorsement. Table 2 lists those organizations that have formally endorsed the Standards for Child and Adolescent Immunization Practices.

The standards are directed toward "health care professionals," an inclusive term for the many people in clinical settings who share in the responsibility for vaccination of children and adolescents: physicians, nurses, midlevel practitioners (eg, nurse practitioners, physician assistants), medical assistants, and clerical staff. In addition to this primary audience, the standards are intended to be useful to public health professionals, policy makers, health plan administrators, employers who purchase health care coverage, and others whose efforts shape and support the delivery of vaccination services.

Of note, the use of the term "standards" should not be confused with a minimum standard of care. Rather, these standards represent the most desirable immunization practices, which health care professionals should strive to achieve. Given current resource limitations, some health care professionals may find it difficult to implement all of the standards, because of circumstances over which they have little control. The expectation is that, by summarizing best immunization practices in a clear and concise format, the standards will assist these providers in securing the resources necessary to implement this set of recommendations.

From the National Vaccine Advisory Committee, Providence, Rhode Island.
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TABLE 1. Standards for Child and Adolescent Immunization Practices

Availability of vaccines
1. Vaccination services are readily available.
2. Vaccinations are coordinated with other health care services and provided in a medical home[6] when possible.
3. Barriers to vaccination are identified and minimized.
4. Patient costs are minimized.

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

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

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

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

By adopting these standards, health care professionals can enhance their own policies and practices, making achievement of vaccination objectives for children and adolescents as outlined in *Healthy People 2010*, a nationwide health promotion and disease prevention agenda from the US Department of Health and Human Services,[10] both feasible and likely. Achieving these objectives will improve the health and welfare of all children and adolescents as well as the communities in which they live.

THE STANDARDS

Availability of Vaccines

1. Vaccination Services Are Readily Available

All health care professionals who provide primary care to children and adolescents should always include routinely recommended vaccines as a part of the care that they deliver in the medical home.[6] For some children and adolescents, the main contact with the health care system is not in a primary care provider's office; therefore, opportunities for vaccination may be missed. Thus, specialists and health care professionals in settings such as schools and school health clinics, sports physical clinics, family planning clinics, sexually transmitted disease clinics, and substance abuse treatment centers should assess each patient's vaccination status and either offer indicated vaccines or refer for vaccination if necessary. Information on vaccines administered outside the primary care setting should be communicated to the primary care provider.

2. Vaccinations Are Coordinated With Other Health Care Services and Provided in a Medical Home When Possible

Ideally, vaccines should be given as part of comprehensive health care. In primary care settings, vaccination services should be coordinated with routine well-care visits and other visits.[6] Patients who are vaccinated in other settings should be encouraged to receive subsequent vaccines in their primary care setting. Patients without a primary care provider should be assisted with identifying one.

3. Barriers to Vaccination Are Identified and Minimized

Barriers to receiving vaccines include delays in scheduling appointments, requiring a well-care visit, long waiting periods in the office, and lack of culturally and age-appropriate educational materials. A physical examination, although an important part of well care, should not be required before administering vaccines: simply observing the patient and questioning about the patient's health status, immunization history, and vaccine contraindications are sufficient. In addition, vaccination-only visits should be available. Health care professionals should seek advice from parents/guardians and patients to identify ways to make vaccination services easier to use.

4. Patient Costs Are Minimized

Out-of-pocket costs—including vaccine, administration, and office visit fees—should be as low as possible for all patients, and no child or adolescent should be denied vaccination because of inability to pay. Resources should be identified to keep patient vaccination costs as low as possible. Free vaccine is

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TABLE 2. Organizations That Provide Endorsement for the Revised Standards for Child and Adolescent Immunization Practices

Advisory Committee on Immunization Practices
Albert B. Sabin Vaccine Institute
Ambulatory Pediatric Association
American Academy of Family Physicians
American Academy of Pediatrics
American Academy of Physician Assistants
American College of Emergency Physicians
American College of Osteopathic Pediatricians
American College of Preventive Medicine
American Medical Association
American Nurses Association
American Osteopathic Association
American Public Health Association
Association of Immunization Program Managers
Association of Maternal and Child Health Programs
Association of State and Territorial Health Officials
Center for Pediatric Research
Centers for Medicare and Medicaid Services
Council of State and Territorial Epidemiologists
Every Child by Two
Health Resources and Services Administration
Immunization Action Coalition
Infectious Diseases Society of America
National Alliance for Hispanic Health
National Asian Women's Health Organization
National Assembly on School-Based Health Care
National Association for City and County Health Officials
National Association for Pediatric Nurse Practitioners
National Association of School Nurses
National Coalition for Adult Immunization
National Foundation for Infectious Diseases
National Institute of Allergy and Infectious Diseases
National Medical Association
National Network of Immunization Nurses and Associates
National Partnership for Immunization
National Perinatal Association
Partnership for Prevention
Pediatric Infectious Disease Society
Project Immunize Virginia
Rotary International
Society for Adolescent Medicine
Society for Teachers of Family Medicine
Vaccine Education Center at the Children's Hospital of Philadelphia

available through some public programs, although health care professionals who offer these vaccines may charge a reasonable administration fee. Sources of publicly funded vaccines include the Vaccines for Children Program (VFC), Public Health Service Section 317 grants to states, and state or local programs. Children and adolescents should be screened for their eligibility to receive vaccines through these programs. Vaccinations provided through VFC or Section 317 grants may not be denied because of an inability to pay the administration fee, and health care professionals should ensure that parents/guardians and patients are aware of this requirement (applies to all vaccines purchased using Centers for Disease Control and Prevention [CDC] contracts, regardless of the setting—private or public—in which the vaccines are administered).

To minimize costs for patients, health plans and insurance plans should include the provision and administration of all routinely recommended vaccines as a covered benefit for all children and adolescents. Furthermore, to minimize costs for health care professionals, purchasers and health plans should reimburse health care professionals adequately for delivering vaccines, including the time required for vaccine administration and for communication about vaccine benefits and risks. The CDC maintains a web page about VFC at http://www.cdc.gov/nip/vfc.

Assessment of Vaccination Status

5. Health Care Professionals Review the Vaccination and Health Status of Patients at Every Encounter to Determine Which Vaccines Are Indicated

Health care professionals should review the vaccination status of all patients at all health care visits to minimize the number of missed opportunities to vaccinate. This review should determine whether the patient has received any vaccinations elsewhere or is at high risk for disease or undervaccination. This information should be documented in the patient's chart and preventive health summary. Health care professionals who do not offer vaccinations should refer patients to a primary care provider for needed vaccinations.

6. Health Care Professionals Assess for and Follow Only Medically Accepted Contraindications

Withholding vaccinations because of medical concerns that are not contraindications results in missed opportunities for prevention. Health care professionals should ask about any condition or circumstance that might indicate that a vaccination should be withheld or delayed and about previous adverse events temporally associated with any vaccination. Health care professionals should support their decisions about what constitutes a contraindication or deferral for each vaccine by consulting the Guide to Contraindications to Vaccinations published by the CDC (available at: http://www.cdc.gov/nip/recs/contraindications.pdf); the harmonized recommendations of the ACIP, the AAP, and the AAFP (available at: http://www.cdc.gov/nip/recs/child-schedule.htm#Printable); the AAP's *Red Book* and other relevant recommendations; Vaccine Information Statements; and manufacturers' package inserts. Contraindications and deferrals should be documented in the medical record.

Effective Communication About Vaccine Benefits and Risks

7. Parents/Guardians and Patients Are Educated About the Benefits and Risks of Vaccination in a Culturally Appropriate Manner and in Easy-to-Understand Language

Health care professionals should allow sufficient time with parents/guardians and adolescent patients to discuss the benefits of vaccines, the diseases that they prevent, any known risks from vaccines, the immunization schedule and the need to receive vaccines at the recommended ages, and the importance of bringing the patient's hand-held vaccination record to each health care visit. Health care professionals should encourage parents/guardians and adolescent patients to take responsibility for ensuring that the patient is fully vaccinated.

For all commonly used childhood vaccines, all

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health care professionals are required by federal law to give a Vaccine Information Statement (VIS) to vaccine recipients or their parents/guardians at each visit. A VIS is a vaccine-specific, 2-page information sheet, produced by the CDC, that describes the benefits and risks of a vaccine. If necessary, health care professionals should supplement the VIS with oral explanations or other written materials that are culturally and linguistically appropriate. Health care professionals should review written materials with patients and their parents/guardians and address questions and concerns.

Health care professionals should encourage parents/guardians and adolescent patients to inform the health care professional of adverse events after the vaccine to be administered and explain how to obtain medical care, if necessary. (See Standard 13 for a description of the Vaccine Adverse Events Reporting System [VAERS]).

General vaccination information for health care professionals, parents, and members of the public may be obtained by calling the CDC National Immunization Information Hotline at 1-800-232-2522 (English) or 1-800-232-0233 (Spanish). Information about vaccine risk communication for health care professionals can be found at http://www.cdc.gov/nip/vacsafe/research/peds.htm and in the latest edition of the *Red Book*. VISs are available in English and numerous other languages from state health departments and at http://www.cdc.gov/nip/publications/VIS/default.htm and http://www.immunize.org. Recommendations for national standards for culturally and linguistically appropriate services in health care may be found at http://www.omhrc.gov/omh/programs/2pgprograms/finalreport.pdf.

Proper Storage and Administration of Vaccines and Documentation of Vaccinations

8. Health Care Professionals Follow Appropriate Procedures for Vaccine Storage and Handling

Vaccines should be handled and stored as recommended in the manufacturers' package inserts; the expiration date for each vaccine should be noted. Temperatures at which vaccines are stored and transported should be monitored and recorded twice daily. Summary information about vaccine storage and handling procedures are also available from state and local health departments and the CDC. Health care professionals should monitor vaccine inventory and undertake efforts to reduce wastage and loss. CDC-recommended storage and handling procedures are available from the CDC by calling 404-639-8222.

9. Up-to-Date, Written Vaccination Protocols Are Accessible at All Locations Where Vaccines Are Administered

To promote the safe and effective use of vaccines, health care professionals should maintain written protocols that detail the following: vaccine storage and handling; the recommended vaccination schedule, vaccine contraindications, and administration techniques; treatment and reporting of adverse events; vaccine benefit and risk communication; and vaccination record maintenance and accessibility. These protocols should be consistent with established guidelines, reviewed frequently, and revised as needed to ensure that they remain up-to-date.

10. People Who Administer Vaccines and Staff Who Manage or Support Vaccine Administration Are Knowledgeable and Receive Ongoing Education

Health care professionals or others who administer vaccinations should be knowledgeable and receive continuing education in vaccine storage and handling; the recommended vaccine schedule, contraindications, and administration techniques; treatment and reporting of adverse events; vaccine benefit and risk communication; and vaccination record maintenance and accessibility. With appropriate training and in accordance with state law/regulation/policy, people other than physicians and nurses may administer vaccines. In addition, other staff should receive training and continuing education related to their specific roles and responsibilities that affect vaccination services.

The CDC sponsors distance-based training opportunities (eg, satellite broadcasts, web-based training, videotapes, self-administered print materials) for health care professionals. Information about training is available at http://www.cdc.gov/nip/ed.

11. Health Care Professionals Simultaneously Administer as Many Indicated Vaccine Doses as Possible

Administering vaccines simultaneously (at the same visit), in accordance with recommendations from the ACIP, the AAP, and the AAFP, is safe, effective and indicated. Although the immunization schedule provides age flexibility for administering certain vaccine doses, simultaneous administration decreases the number of visits needed and the potential for missed doses and enables earlier protection. When indicated vaccines are not simultaneously administered, arrangements should be made for the patient's earliest return to receive the needed vaccination(s). Additional information on the safety of simultaneous vaccination may be found at http://www.cdc.gov/nip/vacsafe/research/simultaneous.htm.

12. Vaccination Records for Patients Are Accurate, Complete, and Easily Accessible

Vaccination records for patients should be recorded on a standard form in an easily accessible location in the medical record to facilitate rapid review of vaccination status. Accurate record keeping helps to ensure that only needed vaccinations are given. As required by federal law (42 US Code 300aa-25), health care professionals should ensure that records contain the following information for each vaccination: the date of administration, the vaccine manufacturer and lot number, the signature and title of the person administering the vaccine, and the address where the vaccine was given. Vaccine refusal should also be documented.

The medical record maintained by the primary care provider should document all vaccines received, including those received at a specialist's office or in another health care setting. When a health care pro-

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fessional who does not routinely care for a patient vaccinates that patient, the patient's primary care provider should be informed.

All vaccinations administered should be reported to state or local immunization registries, where available, to ensure that each patient's vaccination history remains accurate and complete. Registries also may be useful for verifying the vaccination status of new patients, determining which vaccines are needed at a visit, printing official records, and providing reminders and recalls to parents, guardians, and patients.

Health care professionals should ensure that each patient has a hand-held vaccination record that documents each vaccine received, including the date and the name of the health care professional who administered the vaccine. Health care professionals should encourage parents/guardians and adolescent patients to bring the patient's hand-held record to each health care visit so that it can be updated.

The CDC maintains an Immunization Registry Clearinghouse. Information about this clearinghouse is available at http://www.cdc.gov/nip/registry/.

13. Health Care Professionals Report Adverse Events After Vaccination Promptly and Accurately to the Vaccine Adverse Events Reporting System (VAERS) and Are Aware of a Separate Program, the National Vaccine Injury Compensation Program (VICP)

Health care professionals should promptly report all clinically significant adverse events after vaccination to the VAERS even if the health care professional is not certain that the vaccine caused the event. Health care professionals should document in detail the adverse event in the patient's medical record as soon as possible. Providers should be aware that parents/guardians and patients may report to VAERS and that if they choose to do so, they are encouraged to seek the help of their health care provider.

The National Vaccine Injury Compensation Program (VICP) is a no-fault system that compensates people of any age for injuries or conditions that may have been caused by a vaccine recommended by the CDC for routine use in children. Health care professionals should be aware of the VICP to address questions raised by parents/guardians and patients.

Because VAERS and VICP are separate programs, a report of an event to VAERS does not result in the submission of a compensation claim to VICP. A brief description and contact information for both programs is provided on each VIS for those vaccines covered by the National Childhood Vaccine Injury Act.

Information about VAERS, as well as guidance about how to obtain and complete a VAERS form, can be found at http://www.vaers.org or by calling 1-800-822-7967. Information about the VICP is available at http://www.hrsa.gov/osp/vicp or by calling 1-800-338-2382.

14. All Personnel Who Have Contact With Patients Are Appropriately Vaccinated

Health care professionals and other personnel who have contact with patients should be appropriately vaccinated. Offices and clinics should have policies to review and maintain the vaccination status of staff and trainees. ACIP recommendations for vaccinating health care workers are available at ftp://ftp.cdc.gov/pub/publications/mmwr/rr/rr4618.pdf.

Implementation of Strategies to Improve Vaccination Coverage

15. Systems Are Used to Remind Parents/Guardians, Patients, and Health Care Professionals When Vaccinations Are Due and to Recall Those Who Are Overdue

Evidence demonstrates that reminder/recall systems improve vaccination coverage.[11] Patient reminder/recall interventions inform individuals that they are due (reminder) or overdue (recall) for specific vaccinations. Patient reminders/recalls can be mailed or communicated by telephone; an autodialer system can be used to expedite telephone reminders. Patients who might be at high risk for not complying with medical recommendations, for example, those who have missed previous appointments, should receive more intensive follow-up. Similarly, provider reminder/recall systems alert health care professionals when vaccines are due or overdue. Notices should be placed in patient charts or communicated to health care professionals by computer or other means. Immunization registries can facilitate automatic generation of reminder/recall notices.

16. Office- or Clinic-Based Patient Record Reviews and Vaccination Coverage Assessments Are Performed Annually

Evidence shows that assessments are most effective in improving vaccination coverage in a practice when they combine chart reviews to determine coverage with the provision of results to health care professionals and staff.[11] Effective interventions also may incorporate incentives or compare performance with a goal or a standard. Coverage should be assessed regularly so that reasons for low coverage in the practice or in a subgroup of patients are identified and addressed. For assistance in conducting vaccination coverage assessments, health care professionals should contact their state or local immunization program.

17. Health Care Professionals Practice Community-Based Approaches

All health care professionals share in the responsibility to achieve the highest possible degree of community protection against vaccine-preventable diseases. Immunization protects the entire community as well as the individual. No community is optimally protected against vaccine-preventable diseases without high vaccination coverage. Therefore, health care professionals should consider the needs of the community (especially underserved populations) as well as those of their patients. Community-based approaches may involve working with partners in the community, including public health departments, managed care organizations, other service providers such as the US Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), advocacy groups, schools,

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and service organizations to determine community needs and develop vaccination services that address these needs.

NATIONAL VACCINE ADVISORY COMMITTEE (NVAC)

The NVAC was chartered in 1988 to advise and make recommendations to the director of the National Vaccine Program and the assistant secretary for health, Department of Health and Human Services, on matters related to the prevention of infectious diseases through immunization and the prevention of adverse reactions to vaccines. The NVAC is composed of 15 members from public and private organizations representing vaccine manufacturers, physicians, parents, and state and local health agencies. In addition, representatives from governmental agencies involved in health care or allied services serve as ex-officio members of the NVAC.

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ERRATA

Numerical errors occurred in the article by Holt et al, titled "Response to Intravenous Immunoglobulin Predicts Splenectomy Response in Children With Immune Thrombocytopenic Purpura," that was published in the January 2003 issue of *Pediatrics* (2003;111:87–90). On page 88, right column (fourth paragraph of the "Response to IVIG" section), the second sentence currently reads: "Response to IVIG was a sensitive predictor of response to splenectomy in *91%* of patients, with a specificity of *66%*, a positive predictive value of *87%*, and a negative predictive value of *75%*." It should read: "Response to IVIG was a sensitive predictor of response to splenectomy in *88%* of patients, with a specificity of *75%*, a positive predictive value of *91%*, and a negative predictive value of *67%*."

Two errors occurred in the article by the National Vaccine Advisory Committee, titled "Standards for Child and Adolescent Immunization Practices," that was published in the October 2003 issue of *Pediatrics* (2003;112:958–963). On page 958, left column (first footnote), the National Vaccine Advisory Committee is based in Washington, DC. On page 963, left column (second paragraph of the "National Vaccine Advisory Committee (NVAC)" section), the correct affiliation for Peter R. Paradiso, PhD, is Wyeth Vaccines.

Decimal errors occurred in the article by Verstraeten et al, titled "Safety of Thimerosal-Containing Vaccines: A Two-Phased Study of Computerized Health Maintenance Organization Databases," that was published in the November 2003 issue of *Pediatrics* (2003;112:1039–1048). On page 1039, right column (first paragraph), the fifth sentence currently reads: ". . . may have exceeded the 1995 EPA guidelines for exposure to organic Hg (*1* μg/kg/d vs *3* μg/kg/d). . . ." It should read: ". . . may have exceeded the 1995 EPA guidelines for exposure to organic Hg (*0.1* μg/kg/d vs *0.3* μg/kg/d). . . ."

Also in this article, as indicated, Thomas Verstraeten, MD, was an employee of the Centers for Disease Control and Prevention when he worked on the study. He is currently employed by GlaxoSmithKline.

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Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2014.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13–15 yrs	16–18 yrs
Hepatitis B[1] (HepB)	1st dose	2nd dose			3rd dose											
Rotavirus[2] (RV) RV1 (2-dose series); RV5 (3-dose series)			1st dose	2nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis[3] (DTaP: <7 yrs)			1st dose	2nd dose	3rd dose			4th dose				5th dose				
Tetanus, diphtheria, & acellular pertussis[4] (Tdap: ≥7 yrs)														(Tdap)		
Haemophilus influenzae type b[5] (Hib)			1st dose	2nd dose	See footnote 5		3rd or 4th dose, See footnote 5									
Pneumococcal conjugate[6] (PCV13)			1st dose	2nd dose	3rd dose		4th dose									
Pneumococcal polysaccharide[6] (PPSV23)																
Inactivated poliovirus[7] (IPV) (<18 yrs)			1st dose	2nd dose	3rd dose							4th dose				
Influenza[8] (IIV; LAIV) 2 doses for some: See footnote 8					Annual vaccination (IIV only)						Annual vaccination (IIV or LAIV)					
Measles, mumps, rubella[9] (MMR)							1st dose					2nd dose				
Varicella[10] (VAR)							1st dose					2nd dose				
Hepatitis A[11] (HepA)							2-dose series, See footnote 11									
Human papillomavirus[12] (HPV2: females only; HPV4: males and females)														(3-dose series)		
Meningococcal[13] (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥ 2 mos)			See footnote 13											1st dose		Booster

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Range of recommended ages during which catch-up is encouraged and for certain high-risk groups

Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2014. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (http://www.vaers.hhs.gov) or by telephone (800-822-7967).Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (http//www.cdc.gov/vaccines/acip), the American Academy of Pediatrics (http://www.aap.org), the American Academy of Family Physicians (http://www.aafp.org), and the American College of Obstetricians and Gynecologists (http://www.acog.org).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2014

For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
For vaccine recommendations for persons 19 years of age and older, see the adult immunization schedule.

Additional information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Vaccine doses administered 4 days or less before the minimum interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see *MMWR, General Recommendations on Immunization and Reports* / Vol. 60 / No. 2; Table 1. *Recommended and minimum ages and intervals between vaccine doses* available online at http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.
- Information on travel vaccine requirements and recommendations is available at http://wwwnc.cdc.gov/travel/destinations/list.
- For vaccination of persons with primary and secondary immunodeficiencies, see Table 13, "*Vaccination of persons with primary and secondary immunodeficiencies*," in General Recommendations on Immunization (ACIP), available at http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.; and American Academy of Pediatrics. Immunization in Special Clinical Circumstances, in Pickering LK, Baker CJ, Kimberlin DW, Long SS eds. *Red Book: 2012 report of the Committee on Infectious Diseases. 29th ed.* Elk Grove Village, IL: American Academy of Pediatrics.

1. **Hepatitis B (HepB) vaccine. (Minimum age: birth)**
   Routine vaccination:
   At birth:
   - Administer monovalent HepB vaccine to all newborns before hospital discharge.
   - For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
   - If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG for infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

   Doses following the birth dose:
   - The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
   - Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.
   - Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the **first** dose. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks.
   - Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.

   Catch-up vaccination:
   - Unvaccinated persons should complete a 3-dose series.
   - A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
   - For other catch-up guidance, see Figure 2.
2. **Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV1 [Rotarix] and RV5 [RotaTeq])**
   Routine vaccination:
   Administer a series of RV vaccine to all infants as follows:
   1. If Rotarix is used, administer a 2-dose series at 2 and 4 months of age.
   2. If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
   3. If any dose in the series was RotaTeq or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

   Catch-up vaccination:
   - The maximum age for the first dose in the series is 14 weeks, 6 days; vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
   - The maximum age for the final dose in the series is 8 months, 0 days.
   - For other catch-up guidance, see Figure 2.
3. **Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks. Exception: DTaP-IPV [Kinrix]: 4 years)**
   Routine vaccination:
   - Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

   Catch-up vaccination:
   - The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
   - For other catch-up guidance, see Figure 2.
4. **Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix, 11 years for Adacel)**
   Routine vaccination:
   - Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
   - Tdap may be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
   - Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of time since prior Td or Tdap vaccination.

   Catch-up vaccination:
   - Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should NOT be administered. Td should be administered instead 10 years after the Tdap dose.
   - Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
   - Inadvertent doses of DTaP vaccine:
     - If administered inadvertently to a child aged 7 through 10 years may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11 through 12 years.
     - If administered inadvertently to an adolescent aged 11 through 18 years, the dose should be counted as the adolescent Tdap booster.
   - For other catch-up guidance, see Figure 2.
5. ***Haemophilus influenzae* type b (Hib) conjugate vaccine. (Minimum age: 6 weeks for PRP-T [ACTHIB, DTaP-IPV/Hib (Pentacel) and Hib-MenCY (MenHibrix)], PRP-OMP [PedvaxHIB or COMVAX], 12 months for PRP-T [Hiberix])**
   Routine vaccination:
   - Administer a 2- or 3-dose Hib vaccine primary series and a booster dose (dose 3 or 4 depending on vaccine used in primary series) at age 12 through 15 months to complete a full Hib vaccine series.
   - The primary series with ActHIB, MenHibrix, or Pentacel consists of 3 doses and should be administered at 2, 4, and 6 months of age. The primary series with PedvaxHib or COMVAX consists of 2 doses and should be administered at 2 and 4 months of age; a dose at age 6 months is not indicated.
   - One booster dose (dose 3 or 4 depending on vaccine used in primary series) of any Hib vaccine should be administered at age 12 through 15 months. An exception is Hiberix vaccine. Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years who have received at least 1 prior dose of Hib-containing vaccine.

5. ***Haemophilus influenzae* type b (Hib) conjugate vaccine (cont'd)**
   - For recommendations on the use of MenHibrix in patients at increased risk for meningococcal disease, please refer to the meningococcal vaccine footnotes and also to *MMWR* March 22, 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

   Catch-up vaccination:
   - If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
   - If the first 2 doses were PRP-OMP (PedvaxHIB or COMVAX), and were administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
   - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later, regardless of Hib vaccine used for first dose.
   - If first dose is administered at younger than 12 months of age and second dose is given between 12 through 14 months of age, a third (and final) dose should be given 8 weeks later.
   - For unvaccinated children aged 15 months or older, administer only 1 dose.
   - For other catch-up guidance, see Figure 2. For catch-up guidance related to MenHibrix, please see the meningococcal vaccine footnotes and also *MMWR* March 22, 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

   Vaccination of persons with high-risk conditions:
   - Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.
   - For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.
   - Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.
   - A single dose of any Hib-containing vaccine should be administered to unimmunized* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.
   - Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized* persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons 5 through 18 years of age with human immunodeficiency virus (HIV) infection.

   ** Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.*

6. **Pneumococcal vaccines. (Minimum age: 6 weeks for PCV13, 2 years for PPSV23)**

   Routine vaccination with PCV13:
   - Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.
   - For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).

   Catch-up vaccination with PCV13:
   - Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
   - For other catch-up guidance, see Figure 2.

   Vaccination of persons with high-risk conditions with PCV13 and PPSV23:
   - All recommended PCV13 doses should be administered prior to PPSV23 vaccination if possible.
   - For children 2 through 5 years of age with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; solid organ transplantation; or congenital immunodeficiency:
     1. Administer 1 dose of PCV13 if 3 doses of PCV (PCV7 and/or PCV13) were received previously.
     2. Administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV (PCV7 and/or PCV13) were received previously.

6. **Pneumococcal vaccines (cont'd)**
     3. Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.
     4. The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.
     5. For children with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.
   - For children aged 6 through 18 years who have cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma:
     1. If neither PCV13 nor PPSV23 has been received previously, administer 1 dose of PCV13 now and 1 dose of PPSV23 at least 8 weeks later.
     2. If PCV13 has been received previously but PPSV23 has not, administer 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13.
     3. If PPSV23 has been received but PCV13 has not, administer 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.
   - For children aged 6 through 18 years with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus, alcoholism, or chronic liver disease, who have not received PPSV23, administer 1 dose of PPSV23. If PCV13 has been received previously, then PPSV23 should be administered at least 8 weeks after any prior PCV13 dose.
   - A single revaccination with PPSV23 should be administered 5 years after the first dose to children with sickle cell disease or other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma.

7. **Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)**

   Routine vaccination:
   - Administer a 4-dose series of IPV at ages 2, 4, 6 through 18 months, and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

   Catch-up vaccination:
   - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
   - If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
   - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
   - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age. IPV is not routinely recommended for U.S. residents aged 18 years or older.
   - For other catch-up guidance, see Figure 2.

8. **Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine [IIV], 2 years for live, attenuated influenza vaccine [LAIV])**

   Routine vaccination:
   - Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) those with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) those who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV, see *MMWR* 2013; 62 (No. RR-7):1-43, available at http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf.

   For children aged 6 months through 8 years:
   - For the 2013–14 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. Some children in this age group who have been vaccinated previously will also need 2 doses. For additional guidance, follow dosing guidelines in the 2013-14 ACIP influenza vaccine recommendations, *MMWR* 2013; 62 (No. RR-7):1-43, available at http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf.
   - For the 2014–15 season, follow dosing guidelines in the 2014 ACIP influenza vaccine recommendations.

   For persons aged 9 years and older:
   - Administer 1 dose.

For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

9. **Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)**

Routine vaccination:

- Administer a 2-dose series of MMR vaccine at ages12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
- Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.
- Administer 2 doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.

Catch-up vaccination:

- Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.

10. **Varicella (VAR) vaccine. (Minimum age: 12 months)**

Routine vaccination:

- Administer a 2-dose series of VAR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

Catch-up vaccination:

- Ensure that all persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007; 56 [No. RR-4], available at http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2 doses of varicella vaccine. For children aged 7 through 12 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.

11. **Hepatitis A (HepA) vaccine. (Minimum age: 12 months)**

Routine vaccination:

- Initiate the 2-dose HepA vaccine series at 12 through 23 months; separate the 2 doses by 6 to 18 months.
- Children who have received 1 dose of HepA vaccine before age 24 months should receive a second dose 6 to 18 months after the first dose.
- For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.

Catch-up vaccination:

- The minimum interval between the two doses is 6 months.

Special populations:

- Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection. This includes persons traveling to or working in countries that have high or intermediate endemicity of infection; men having sex with men; users of injection and non-injection illicit drugs; persons who work with HAV-infected primates or with HAV in a research laboratory; persons with clotting-factor disorders; persons with chronic liver disease; and persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. The first dose should be administered as soon as the adoption is planned, ideally 2 or more weeks before the arrival of the adoptee.

12. **Human papillomavirus (HPV) vaccines. (Minimum age: 9 years for HPV2 [Cervarix] and HPV4 [Gardisil])**

Routine vaccination:

- Administer a 3-dose series of HPV vaccine on a schedule of 0, 1-2, and 6 months to all adolescents aged 11 through 12 years. Either HPV4 or HPV2 may be used for females, and only HPV4 may be used for males.
- The vaccine series may be started at age 9 years.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose 24 weeks after the first dose and 16 weeks after the second dose (minimum interval of 12 weeks).

Catch-up vaccination:

- Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals (see above) for vaccine series catch-up.

13. **Meningococcal conjugate vaccines. (Minimum age: 6 weeks for Hib-MenCY [MenHibrix], 9 months for MenACWY-D [Menactra], 2 months for MenACWY-CRM [Menveo])**

Routine vaccination:

- Administer a single dose of Menactra or Menveo vaccine at age 11 through 12 years, with a booster dose at age 16 years.
- Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of Menactra or Menveo with at least 8 weeks between doses.
- For children aged 2 months through 18 years with high-risk conditions, see below.

Catch-up vaccination:

- Administer Menactra or Menveo vaccine at age 13 through 18 years if not previously vaccinated.
- If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
- If the first dose is administered at age 16 years or older, a booster dose is not needed.
- For other catch-up guidance, see Figure 2.

Vaccination of persons with high-risk conditions and other persons at increased risk of disease:

- Children with anatomic or functional asplenia (including sickle cell disease):
  1. For children younger than 19 months of age, administer a 4-dose infant series of MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
  2. For children aged 19 through 23 months who have not completed a series of MenHibrix or Menveo, administer 2 primary doses of Menveo at least 3 months apart.
  3. For children aged 24 months and older who have not received a complete series of MenHibrix or Menveo or Menactra, administer 2 primary doses of either Menactra or Menveo at least 2 months apart. If Menactra is administered to a child with asplenia (including sickle cell disease), do not administer Menactra until 2 years of age and at least 4 weeks after the completion of all PCV13 doses.
- Children with persistent complement component deficiency:
  1. For children younger than 19 months of age, administer a 4-dose infant series of either MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
  2. For children 7 through 23 months who have not initiated vaccination, two options exist depending on age and vaccine brand:
     a. For children who initiate vaccination with Menveo at 7 months through 23 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.
     b. For children who initiate vaccination with Menactra at 9 months through 23 months of age, a 2-dose series of Menactra should be administered at least 3 months apart.
     c. For children aged 24 months and older who have not received a complete series of MenHibrix, Menveo, or Menactra, administer 2 primary doses of either Menactra or Menveo at least 2 months apart.
- For children who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or the Hajj, administer an age-appropriate formulation and series of Menactra or Menveo for protection against serogroups A and W meningococcal disease. Prior receipt of MenHibrix is not sufficient for children traveling to the meningitis belt or the Hajj because it does not contain serogroups A or W.
- For children at risk during a community outbreak attributable to a vaccine serogroup, administer or complete an age- and formulation-appropriate series of MenHibrix, Menactra, or Menveo.
- For booster doses among persons with high-risk conditions, refer to *MMWR* 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm.

Catch-up recommendations for persons with high-risk conditions:

1. If MenHibrix is administered to achieve protection against meningococcal disease, a complete age-appropriate series of MenHibrix should be administered.
2. If the first dose of MenHibrix is given at or after 12 months of age, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.
3. For children who initiate vaccination with Menveo at 7 months through 9 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.
4. For other catch-up recommendations for these persons, refer to *MMWR* 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm.

For complete information on use of meningococcal vaccines, including guidance related to vaccination of persons at increased risk of infection, see *MMWR* March 22, 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States, 2014.

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Persons aged 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5
Hepatitis B[1]	Birth	4 weeks	8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks		
Rotavirus[2]	6 weeks	4 weeks	4 weeks[2]		
Diphtheria, tetanus, & acellular pertussis [3]	6 weeks	4 weeks	4 weeks	6 months	6 months[3]
Haemophilus influenzae type b[5]	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12 through 14 months No further doses needed if first dose administered at age 15 months or older	4 weeks[5] if current age is younger than 12 months and first dose administered at < 7 months old 8 weeks and age 12 months through 59 months (as final dose)[5] if current age is younger than 12 months and first dose administered between 7 through 11 months (regardless of Hib vaccine [PRP-T or PRP-OMP] used for first dose); OR if current age is 12 through 59 months and first dose administered at younger than age 12 months; OR first 2 doses were PRP-OMP and administered at younger than 12 months. No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 (PRP-T) doses before age 12 months and started the primary series before age 7 months	
Pneumococcal[6]	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	
Inactivated poliovirus[7]	6 weeks	4 weeks[7]	4 weeks[7]	6 months[7] minimum age 4 years for final dose	
Meningococcal[13]	6 weeks	8 weeks[13]	See footnote 13	See footnote 13	
Measles, mumps, rubella[9]	12 months	4 weeks			
Varicella[10]	12 months	3 months			
Hepatitis A[11]	12 months	6 months			
Persons aged 7 through 18 years					
Tetanus, diphtheria; tetanus, diphtheria, & acellular pertussis[4]	7 years[4]	4 weeks	4 weeks if first dose of DTaP/DT administered at younger than age 12 months 6 months if first dose of DTaP/DT administered at age 12 months or older and then no further doses needed for catch-up	6 months if first dose of DTaP/DT administered at younger than age 12 months	
Human papillomavirus[12]	9 years	Routine dosing intervals are recommended[12]			
Hepatitis A[11]	12 months	6 months			
Hepatitis B[1]	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated poliovirus[7]	6 weeks	4 weeks	4 weeks[7]	6 months[7]	
Meningococcal[13]	6 weeks	8 weeks[13]			
Measles, mumps, rubella[9]	12 months	4 weeks			
Varicella[10]	12 months	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2014

For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
For vaccine recommendations for persons 19 years of age and older, see the adult immunization schedule.

Additional information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Vaccine doses administered 4 days or less before the minimum interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see *MMWR, General Recommendations on Immunization and Reports* / Vol. 60 / No. 2; Table 1. *Recommended and minimum ages and intervals between vaccine doses* available online at http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.
- Information on travel vaccine requirements and recommendations is available at http://wwwnc.cdc.gov/travel/destinations/list.
- For vaccination of persons with primary and secondary immunodeficiencies, see Table 13, "*Vaccination of persons with primary and secondary immunodeficiencies*," in General Recommendations on Immunization (ACIP), available at http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.; and American Academy of Pediatrics. Immunization in Special Clinical Circumstances, in Pickering LK, Baker CJ, Kimberlin DW, Long SS eds. *Red Book: 2012 report of the Committee on Infectious Diseases. 29th ed.* Elk Grove Village, IL: American Academy of Pediatrics.

1. **Hepatitis B (HepB) vaccine. (Minimum age: birth)**
   Routine vaccination:
   At birth:
   - Administer monovalent HepB vaccine to all newborns before hospital discharge.
   - For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
   - If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG for infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

   Doses following the birth dose:
   - The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
   - Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.
   - Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the **first** dose. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks.
   - Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.

   Catch-up vaccination:
   - Unvaccinated persons should complete a 3-dose series.
   - A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
   - For other catch-up guidance, see Figure 2.
2. **Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV1 [Rotarix] and RV5 [RotaTeq])**
   Routine vaccination:
   Administer a series of RV vaccine to all infants as follows:
   1. If Rotarix is used, administer a 2-dose series at 2 and 4 months of age.
   2. If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
   3. If any dose in the series was RotaTeq or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

   Catch-up vaccination:
   - The maximum age for the first dose in the series is 14 weeks, 6 days; vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
   - The maximum age for the final dose in the series is 8 months, 0 days.
   - For other catch-up guidance, see Figure 2.
3. **Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks. Exception: DTaP-IPV [Kinrix]: 4 years)**
   Routine vaccination:
   - Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

   Catch-up vaccination:
   - The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
   - For other catch-up guidance, see Figure 2.
4. **Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix, 11 years for Adacel)**
   Routine vaccination:
   - Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
   - Tdap may be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
   - Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of time since prior Td or Tdap vaccination.

   Catch-up vaccination:
   - Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should NOT be administered. Td should be administered instead 10 years after the Tdap dose.
   - Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
   - Inadvertent doses of DTaP vaccine:
     - If administered inadvertently to a child aged 7 through 10 years may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11 through 12 years.
     - If administered inadvertently to an adolescent aged 11 through 18 years, the dose should be counted as the adolescent Tdap booster.
   - For other catch-up guidance, see Figure 2.
5. ***Haemophilus influenzae* type b (Hib) conjugate vaccine. (Minimum age: 6 weeks for PRP-T [ACTHIB, DTaP-IPV/Hib (Pentacel) and Hib-MenCY (MenHibrix)], PRP-OMP [PedvaxHIB or COMVAX], 12 months for PRP-T [Hiberix])**
   Routine vaccination:
   - Administer a 2- or 3-dose Hib vaccine primary series and a booster dose (dose 3 or 4 depending on vaccine used in primary series) at age 12 through 15 months to complete a full Hib vaccine series.
   - The primary series with ActHIB, MenHibrix, or Pentacel consists of 3 doses and should be administered at 2, 4, and 6 months of age. The primary series with PedvaxHib or COMVAX consists of 2 doses and should be administered at 2 and 4 months of age; a dose at age 6 months is not indicated.
   - One booster dose (dose 3 or 4 depending on vaccine used in primary series) of any Hib vaccine should be administered at age 12 through 15 months. An exception is Hiberix vaccine. Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years who have received at least 1 prior dose of Hib-containing vaccine.

5. ***Haemophilus influenzae* type b (Hib) conjugate vaccine (cont'd)**
   - For recommendations on the use of MenHibrix in patients at increased risk for meningococcal disease, please refer to the meningococcal vaccine footnotes and also to *MMWR* March 22, 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

   Catch-up vaccination:
   - If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
   - If the first 2 doses were PRP-OMP (PedvaxHIB or COMVAX), and were administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
   - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later, regardless of Hib vaccine used for first dose.
   - If first dose is administered at younger than 12 months of age and second dose is given between 12 through 14 months of age, a third (and final) dose should be given 8 weeks later.
   - For unvaccinated children aged 15 months or older, administer only 1 dose.
   - For other catch-up guidance, see Figure 2. For catch-up guidance related to MenHibrix, please see the meningococcal vaccine footnotes and also *MMWR* March 22, 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

   Vaccination of persons with high-risk conditions:
   - Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.
   - For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.
   - Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.
   - A single dose of any Hib-containing vaccine should be administered to unimmunized* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.
   - Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized* persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons 5 through 18 years of age with human immunodeficiency virus (HIV) infection.

   ** Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.*

6. **Pneumococcal vaccines. (Minimum age: 6 weeks for PCV13, 2 years for PPSV23)**

   Routine vaccination with PCV13:
   - Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.
   - For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).

   Catch-up vaccination with PCV13:
   - Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
   - For other catch-up guidance, see Figure 2.

   Vaccination of persons with high-risk conditions with PCV13 and PPSV23:
   - All recommended PCV13 doses should be administered prior to PPSV23 vaccination if possible.
   - For children 2 through 5 years of age with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; solid organ transplantation; or congenital immunodeficiency:
     1. Administer 1 dose of PCV13 if 3 doses of PCV (PCV7 and/or PCV13) were received previously.
     2. Administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV (PCV7 and/or PCV13) were received previously.

6. **Pneumococcal vaccines (cont'd)**
     3. Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.
     4. The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.
     5. For children with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.
   - For children aged 6 through 18 years who have cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma:
     1. If neither PCV13 nor PPSV23 has been received previously, administer 1 dose of PCV13 now and 1 dose of PPSV23 at least 8 weeks later.
     2. If PCV13 has been received previously but PPSV23 has not, administer 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13.
     3. If PPSV23 has been received but PCV13 has not, administer 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.
   - For children aged 6 through 18 years with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus, alcoholism, or chronic liver disease, who have not received PPSV23, administer 1 dose of PPSV23. If PCV13 has been received previously, then PPSV23 should be administered at least 8 weeks after any prior PCV13 dose.
   - A single revaccination with PPSV23 should be administered 5 years after the first dose to children with sickle cell disease or other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma.

7. **Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)**

   Routine vaccination:
   - Administer a 4-dose series of IPV at ages 2, 4, 6 through 18 months, and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

   Catch-up vaccination:
   - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
   - If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
   - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
   - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age. IPV is not routinely recommended for U.S. residents aged 18 years or older.
   - For other catch-up guidance, see Figure 2.

8. **Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine [IIV], 2 years for live, attenuated influenza vaccine [LAIV])**

   Routine vaccination:
   - Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) those with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) those who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV, see *MMWR* 2013; 62 (No. RR-7):1-43, available at http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf.

   For children aged 6 months through 8 years:
   - For the 2013–14 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. Some children in this age group who have been vaccinated previously will also need 2 doses. For additional guidance, follow dosing guidelines in the 2013-14 ACIP influenza vaccine recommendations, *MMWR* 2013; 62 (No. RR-7):1-43, available at http://www.cdc.gov/mmwr/pdf/rr/rr6207.pdf.
   - For the 2014–15 season, follow dosing guidelines in the 2014 ACIP influenza vaccine recommendations.

   For persons aged 9 years and older:
   - Administer 1 dose.

For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

9. **Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)**

Routine vaccination:

- Administer a 2-dose series of MMR vaccine at ages12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
- Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.
- Administer 2 doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.

Catch-up vaccination:

- Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.

10. **Varicella (VAR) vaccine. (Minimum age: 12 months)**

Routine vaccination:

- Administer a 2-dose series of VAR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

Catch-up vaccination:

- Ensure that all persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007; 56 [No. RR-4], available at http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2 doses of varicella vaccine. For children aged 7 through 12 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.

11. **Hepatitis A (HepA) vaccine. (Minimum age: 12 months)**

Routine vaccination:

- Initiate the 2-dose HepA vaccine series at 12 through 23 months; separate the 2 doses by 6 to 18 months.
- Children who have received 1 dose of HepA vaccine before age 24 months should receive a second dose 6 to 18 months after the first dose.
- For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.

Catch-up vaccination:

- The minimum interval between the two doses is 6 months.

Special populations:

- Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection. This includes persons traveling to or working in countries that have high or intermediate endemicity of infection; men having sex with men; users of injection and non-injection illicit drugs; persons who work with HAV-infected primates or with HAV in a research laboratory; persons with clotting-factor disorders; persons with chronic liver disease; and persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. The first dose should be administered as soon as the adoption is planned, ideally 2 or more weeks before the arrival of the adoptee.

12. **Human papillomavirus (HPV) vaccines. (Minimum age: 9 years for HPV2 [Cervarix] and HPV4 [Gardisil])**

Routine vaccination:

- Administer a 3-dose series of HPV vaccine on a schedule of 0, 1-2, and 6 months to all adolescents aged 11 through 12 years. Either HPV4 or HPV2 may be used for females, and only HPV4 may be used for males.
- The vaccine series may be started at age 9 years.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose 24 weeks after the first dose and 16 weeks after the second dose (minimum interval of 12 weeks).

Catch-up vaccination:

- Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals (see above) for vaccine series catch-up.

13. **Meningococcal conjugate vaccines. (Minimum age: 6 weeks for Hib-MenCY [MenHibrix], 9 months for MenACWY-D [Menactra], 2 months for MenACWY-CRM [Menveo])**

Routine vaccination:

- Administer a single dose of Menactra or Menveo vaccine at age 11 through 12 years, with a booster dose at age 16 years.
- Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of Menactra or Menveo with at least 8 weeks between doses.
- For children aged 2 months through 18 years with high-risk conditions, see below.

Catch-up vaccination:

- Administer Menactra or Menveo vaccine at age 13 through 18 years if not previously vaccinated.
- If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
- If the first dose is administered at age 16 years or older, a booster dose is not needed.
- For other catch-up guidance, see Figure 2.

Vaccination of persons with high-risk conditions and other persons at increased risk of disease:

- Children with anatomic or functional asplenia (including sickle cell disease):
  1. For children younger than 19 months of age, administer a 4-dose infant series of MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
  2. For children aged 19 through 23 months who have not completed a series of MenHibrix or Menveo, administer 2 primary doses of Menveo at least 3 months apart.
  3. For children aged 24 months and older who have not received a complete series of MenHibrix or Menveo or Menactra, administer 2 primary doses of either Menactra or Menveo at least 2 months apart. If Menactra is administered to a child with asplenia (including sickle cell disease), do not administer Menactra until 2 years of age and at least 4 weeks after the completion of all PCV13 doses.
- Children with persistent complement component deficiency:
  1. For children younger than 19 months of age, administer a 4-dose infant series of either MenHibrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
  2. For children 7 through 23 months who have not initiated vaccination, two options exist depending on age and vaccine brand:
     a. For children who initiate vaccination with Menveo at 7 months through 23 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.
     b. For children who initiate vaccination with Menactra at 9 months through 23 months of age, a 2-dose series of Menactra should be administered at least 3 months apart.
     c. For children aged 24 months and older who have not received a complete series of MenHibrix, Menveo, or Menactra, administer 2 primary doses of either Menactra or Menveo at least 2 months apart.
- For children who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or the Hajj, administer an age-appropriate formulation and series of Menactra or Menveo for protection against serogroups A and W meningococcal disease. Prior receipt of MenHibrix is not sufficient for children traveling to the meningitis belt or the Hajj because it does not contain serogroups A or W.
- For children at risk during a community outbreak attributable to a vaccine serogroup, administer or complete an age- and formulation-appropriate series of MenHibrix, Menactra, or Menveo.
- For booster doses among persons with high-risk conditions, refer to *MMWR* 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm.

Catch-up recommendations for persons with high-risk conditions:

1. If MenHibrix is administered to achieve protection against meningococcal disease, a complete age-appropriate series of MenHibrix should be administered.
2. If the first dose of MenHibrix is given at or after 12 months of age, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.
3. For children who initiate vaccination with Menveo at 7 months through 9 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.
4. For other catch-up recommendations for these persons, refer to *MMWR* 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a1.htm.

For complete information on use of meningococcal vaccines, including guidance related to vaccination of persons at increased risk of infection, see *MMWR* March 22, 2013; 62(RR02);1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

Recommended and Minimum Ages and Intervals Between Doses				
Vaccine and dose number	**Recommended age for this dose**	**Minimum age for this dose**	**Recommended interval to next dose**	**Minimum interval to next dose**
Hepatitis B (HepB)-1[3]	Birth	Birth	1-4 months	4 weeks
HepB-2	1-2 months	4 weeks	2-17 months	8 weeks
HepB-3[4]	6-18 months	24 weeks	—	—
Diphtheria-tetanus-acellular pertussis (DTaP)-1[3]	2 months	6 weeks	2 months	4 weeks
DTaP-2	4 months	10 weeks	2 months	4 weeks
DTaP-3	6 months	14 weeks	6-12 months	6 months[5,6]
DTaP-4	15-18 months	12 months	3 years	6 months[5]
DTaP-5	4-6 years	4 years	—	—
Haemophilus influenzae type b (Hib)-1[3,7]	2 months	6 weeks	2 months	4 weeks
Hib-2	4 months	10 weeks	2 months	4 weeks
Hib-3[8]	6 months	14 weeks	6-9 months	8 weeks
Hib-4	12-15 months	12 months	—	—
Inactivated poliovirus (IPV)-1[3]	2 months	6 weeks	2 months	4 weeks
IPV-2	4 months	10 weeks	2-14 months	4 weeks
IPV-3	6-18 months	14 weeks	3-5 years	6 months
IPV-4[9]	4-6 years	4 years	—	—
Pneumococcal conjugate (PCV)-1[7]	2 months	6 weeks	8 weeks	4 weeks
PCV-2	4 months	10 weeks	8 weeks	4 weeks
PCV-3	6 months	14 weeks	6 months	8 weeks
PCV-4	12-15 months	12 months	—	—
Measles-mumps-rubella (MMR)-1[10]	12-15 months	12 months	3-5 years	4 weeks
MMR-2[10]	4-6 years	13 months	—	—
Varicella (Var)-1[10]	12-15 months	12 months	3-5 years	12 weeks[11]
Var-2[10]	4-6 years	15 months	—	—
Hepatitis A (HepA)-1	12-23 months	12 months	6-18 months[5]	6 months[5]
HepA-2	≥18 months	18 months	—	—
Influenza, inactivated (TIV)[12]	≥6 months	6 months[13]	1 month	4 weeks
Influenza, live attenuated (LAIV)[12]	2-49 years	2 years	1 month	4 weeks
Meningococcal conjugate (MCV4)-1[14]	11-12 years	2 years	4-5 years	8 weeks
MCV4-2	16 years	11 years (+ 8 weeks)	—	—
Meningococcal polysaccharide (MPSV4)-1[14]	—	2 years[15]	5 years	5 years
MPSV4-2	—	7 years	—	—
Tetanus-diphtheria (Td)	11-12 years	7 years	10 years	5 years
Tetanus-diphtheria-acellular pertussis (Tdap)[16]	≥11 years	7 years	—	—
Pneumococcal polysaccharide (PPSV)-1	—	2 years	5 years	5 years
PPSV-2[17]	—	7 years	—	—
Human papillomavirus (HPV)-1[18]	11-12 years	9 years	2 months	4 weeks
HPV-2	11-12 years (+ 2 months)	9 years (+ 4 weeks)	4 months	12 weeks[19]
HPV-3[19]	11-12 years (+ 6 months)	9 years (+24 weeks)	—	—
Rotavirus (RV)-1[21]	2 months	6 weeks	2 months	4 weeks
RV-2	4 months	10 weeks	2 months	4 weeks
RV-3[21]	6 months	14 weeks	—	—
Herpes zoster[22]	≥60 years	60 years	—	—

1 Combination vaccines are available. Use of licensed combination vaccines is generally preferred to separate injections of their equivalent component vaccines. When administering combination vaccines, the minimum age for administration is the oldest age for any of the individual components; the minimum interval between doses is equal to the greatest interval of any of the individual components.

2 Information on travel vaccines including typhoid, Japanese encephalitis, and yellow fever, is available at www.cdc.gov/travel. Information on other vaccines that are licensed in the US but not distributed, including anthrax and smallpox, is available at www.bt.cdc.gov.

3 Combination vaccines containing a hepatitis B component (Comvax, Pediarix, and Twinrix) are available. These vaccines should not be administered to infants younger than 6 weeks because of the other components (i.e., Hib, DTaP, HepA, and IPV).

4 HepB-3 should be administered at least 8 weeks after HepB-2 and at least 16 weeks after HepB-1, and should not be administered before age 24 weeks.

5 Calendar months.

6 The minimum recommended interval between DTaP-3 and DTaP-4 is 6 months. However, DTaP-4 need not be repeated if administered at least 4 months after DTaP-3.

7 Children receiving the first dose of Hib or PCV vaccine at age 7 months or older require fewer doses to complete the series.

8 If PRP-OMP (Pedvax-Hib) was administered at ages 2 and 4 months, a dose at age 6 months is not required.

9 A fourth dose is not needed if the third dose was administered on or after the 4th birthday and at least 6 months after the previous dose.

10 Combination measles-mumps-rubella-varicella (MMRV) vaccine can be used for children aged 12 months through 12 years. (See CDC. General recommendations on Immunization: recommendations of the ACIP. *MMWR* 2011;60[No. RR-2],7.)

11 For persons beginning the series on or after the 13th birthday, the minimum interval from varicella-1 to varicella-2 is 4 weeks.

12 One dose of influenza vaccine per season is recommended for most people. Children younger than 9 years of age who are receiving influenza vaccine for the first time should receive 2 doses this season. See current influenza recommendations for other factors affecting the decision to administer one vs. two doses to children younger than 9 years.

13 The minimum age for inactivated influenza vaccine varies by vaccine manufacturer and formulation. See package inserts for vaccine-specific minimum ages.

14 Revaccination with meningococcal vaccine is recommended for previously vaccinated persons who remain at high risk for meningococcal disease. (See CDC. Updated recommendations from the ACIP for vaccination of persons at prolonged increased risk for meningococcal disease. *MMWR* 2009;58:[1042-3])

15 Menactra may be given as young as 9 months for high-risk children.

16 Only one dose of Tdap is recommended. Subsequent doses should be given as Td. For one brand of Tdap (Adacel), the minimum age is 11 years. For management of a tetanus-prone wound in a person who has received a primary series of a tetanus-toxoid containing vaccine, there is no minimum interval between a previous dose of any tetanus-containing vaccine and Tdap.

17 A second dose of PPSV 5 years after the first dose is recommended for persons ≤65 years of age at highest risk for serious pneumococcal infection, and for those who are likely to have a rapid decline in pneumococcal antibody concentration. (See CDC. Prevention of pneumococcal disease: recommendations of the ACIP. *MMWR* 1997;46[No. RR-8].)

18 Bivalent HPV vaccine (Cervarix) is approved for females 10 through 25 years of age. Quadravalent HPV vaccine (Gardasil) is approved for males and females 9 through 26 years of age.

19 The minimum age for HPV-3 is based on the baseline minimum age for the first dose (108 months) and the minimum interval of 24 weeks between the first and third doses. Dose 3 need not be repeated if it is given at least 16 weeks after the first dose (and if the intervals between doses 1 and 2 and doses 2 and 3 are maintained at 4 weeks and 12 weeks, respectively).

20 The first dose of rotavirus must be administered between 6 weeks 0 days and 14 weeks 6 days. The vaccine series should not be started after age 15 weeks 0 days. Rotavirus should not be administered to children older than 8 months 0 days, regardless of the number of doses received before that age.

21 If two doses of Rotarix are administered as age appropriate, a third dose is not necessary.

22 Herpes zoster vaccine is recommended as a single dose for persons 60 years of age and older.

Summary of Recommendations for Child/Teen Immunization *(Age birth through 18 years)*

Vaccine name and route	Schedule for routine vaccination and other guidelines (any vaccine can be given with another)	Schedule for catch-up vaccination and related issues	Contraindications and precautions (mild illness is not a contraindication)
Hepatitis B (HepB) *Give IM*	• Vaccinate all children age 0 through 18yrs. • Vaccinate all newborns with monovalent vaccine prior to hospital discharge. Give dose #2 at age 1–2m and the final dose at age 6–18m (the last dose in the infant series should not be given earlier than age 24wks). After the birth dose, the series may be completed using 2 doses of single-antigen vaccine or up to 3 doses of Comvax (ages 2m, 4m, 12–15m) or Pediarix (ages 2m, 4m, 6m), which may result in giving a total of 4 doses of hepatitis B vaccine. • **If mother is HBsAg-positive:** give the newborn HBIG + dose #1 within 12hrs of birth; complete series at age 6m or, if using Comvax, at age 12–15m. • **If mother's HBsAg status is unknown:** give the newborn dose #1 within 12hrs of birth. If low birth weight (less than 2000 grams), also give HBIG within 12hrs. For infants weighing 2000 grams or more whose mother is subsequently found to be HBsAg positive, give the infant HBIG ASAP (no later than 7d of birth) and follow HepB immunization schedule for infants born to HBsAg-positive mothers.	• Do not restart series, no matter how long since previous dose. • 3-dose series can be started at any age. • Minimum intervals between doses: 4wks between #1 and #2, 8wks between #2 and #3, and at least 16wks between #1 and #3.	**Contraindication** Previous anaphylaxis to this vaccine or to any of its components. **Precautions** • Moderate or severe acute illness. • For infants who weigh less than 2000 grams, see ACIP recs.*
DTaP, DT (Diphtheria, tetanus, acellular pertussis) *Give IM*	• Give to children at ages 2m, 4m, 6m, 15–18m, 4–6yrs. • May give dose #1 as early as age 6wks. • May give #4 as early as age 12m if 6m have elapsed since #3. • Do not give DTaP/DT to children age 7yrs and older; use Tdap or Td. • If possible, use the same DTaP product for all doses.	• #2 and #3 may be given 4wks after previous dose. • #4 may be given 6m after #3. • If #4 is given before 4th birthday, wait at least 6m for #5 (age 4–6yrs). • If #4 is given after 4th birthday, #5 is not needed.	**Contraindications** • Previous anaphylaxis to this vaccine or to any of its components. • For DTaP/Tdap only: encephalopathy not attributable to an identifiable cause, within 7d after DTP/DTaP/Tdap. **Precautions** • Moderate or severe acute illness. • History of arthus reaction following a prior dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10yrs have elapsed since the last tetanus toxoid-containing vaccine. • Guillain-Barré syndrome (GBS) within 6wks after previous dose of tetanus-toxoid-containing vaccine. • For DTaP only: Any of these events following a previous dose of DTP/DTaP: 1) temperature of 105°F (40.5°C) or higher within 48hrs; 2) continuous crying for 3hrs or more within 48hrs; 3) collapse or shock-like state within 48hrs; 4) seizure within 3d. • For DTaP/Tdap only: Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.
Tdap, Td (Tetanus, diphtheria, acellular pertussis) *Give IM*	• For children and teens lacking previous Tdap: give Tdap routinely at age 11–12yrs and vaccinate older teens on a catch-up basis; then boost every 10yrs with Td. • Make special efforts to give Tdap to children and teens who are 1) in contact with infants younger than age 12m and 2) healthcare workers with direct patient contact. • Give Tdap to pregnant adolescents during each pregnancy (preferred during 27–36 weeks' gestation), regardless of number of years since prior Td or Tdap.	• Children as young as age 7yrs and teens who are unvaccinated or behind schedule should complete a primary Td series (spaced at 0, 1–2m, and 6–12m intervals); substitute Tdap for any dose in the series, preferably as dose #1. • Tdap should be given regardless of interval since previous Td.	
Inactivated Polio (IPV) *Give SC or IM*	• Give to children at ages 2m, 4m, 6–18m, 4–6yrs. • May give dose #1 as early as age 6wks. • Not routinely recommended for U.S. residents age 18yrs and older (except certain travelers).	• The final dose should be given on or after the 4th birthday and at least 6m from the previous dose. • If dose #3 is given after 4th birthday, dose #4 is not needed if dose #3 is given at least 6m after dose #2.	**Contraindication** Previous anaphylaxis to this vaccine or to any of its components. **Precautions** • Moderate or severe acute illness. • Pregnancy.

Special Notes on Hepatitis B Vaccine (HepB)

Dosing of HepB: Monovalent vaccine brands are interchangeable. For people age 0 through 19yrs, give 0.5 mL of either Engerix-B or Recombivax HB.

Alternative dosing schedule for unvaccinated adolescents age 11 through 15yrs: Give 2 doses Recombivax HB 1.0 mL (adult formulation) spaced 4–6m apart. (Engerix-B is not licensed for a 2-dose schedule.)

For preterm infants: Consult ACIP hepatitis B recommendations (*MMWR* 2005; 54 [RR-16]).*

*This document was adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP). To obtain copies of these recommendations, visit CDC's website at www.cdc.gov/vaccines/pubs/ACIP-list.htm or visit the Immunization Action Coalition (IAC) website at www.immunize.org/acip.

This table is revised periodically. Visit IAC's website at www.immunize.org/childrules to make sure you have the most current version.

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p2010.pdf • Item #P2010 (5/13)

Summary of Recommendations for Child/Teen Immunization *(Age birth through 18 years)*

Vaccine name and route	Schedule for routine vaccination and other guidelines (any vaccine can be given with another)	Schedule for catch-up vaccination and related issues	Contraindications and precautions (mild illness is not a contraindication)
Influenza Inactivated influenza vaccine (IIV) *Give IM* Live attenuated influenza vaccine (LAIV) *Give intranasally*	• Vaccinate all children and teens age 6m through 18yrs. • LAIV may be given to healthy, non-pregnant people age 2–49yrs. • Give 2 doses, spaced 4wks apart, to children age 6m through 8yrs who 1) are first-time vaccinees or 2) who meet any of the additional guidance in the current year's ACIP influenza vaccine recommendations*. • For IIV, give 0.25 mL dose to children age 6–35m and 0.5 mL dose if age 3yrs and older. • If LAIV and either MMR, Var, and/or yellow fever vaccine are not given on the same day, space them at least 28d apart.		**Contraindications** • Previous anaphylaxis to this vaccine, to any of its components, including egg protein. • For LAIV only: age younger than 2yrs; pregnancy; chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurological/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression (including that caused by medications or HIV); for children and teens ages 6m through 18yrs, current long-term aspirin therapy; for children age 2 through 4yrs, wheezing or asthma within the past 12m, per healthcare provider statement. For children/teens who experience only hives with exposure to eggs, give IIV with additional safety precautions as found in the 2012 ACIP influenza recommendations, pages 613–618.* **Precautions** • Moderate or severe acute illness. • History of Guillain-Barré syndrome (GBS) within 6wks of a previous influenza vaccination. • For LAIV only: Receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48hrs before vaccination. Avoid use of these antiviral drugs for 14d after vaccination.
Varicella (Var) (Chickenpox) *Give SC*	• Give dose #1 at age 12–15m. • Give dose #2 at age 4–6yrs. Dose #2 of Var or MMRV may be given earlier if at least 3m since dose #1. If the 2nd dose was given at least 4wks after 1st dose, it can be accepted as valid. • Give a 2nd dose to all older children/teens with history of only 1 dose. • MMRV may be used in children age 12m through 12yrs (see note below). Note: For the first dose of MMR and varicella given at age 12–47mos, either MMR and Var or MMRV may be used. Unless the parent or caregiver expresses a preference for MMRV, CDC recommends that MMR and Var be used for the first doses in this age group.	• If younger than age 13yrs, space dose #1 and #2 at least 3m apart. If age 13yrs and older, space at least 4wks apart. • May use as postexposure prophylaxis if given within 5d. • If Var and either MMR, LAIV, and/or yellow fever vaccine are not given on the same day, space them at least 28d apart.	**Contraindications** • Previous anaphylaxis to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks. • Children on high-dose immunosuppressive therapy or who are immunocompromised because of malignancy and primary or acquired immunodeficiency, including HIV/AIDS (although vaccination may be considered if CD4+ T-lymphocyte percentages are either 15% or greater in children age 1 through 8yrs or 200 cells/µL or greater in children age 9yrs and older). **Precautions** • Moderate or severe acute illness. • If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11m, see ACIP's *General Recommendations on Immunization** regarding time to wait before vaccinating. • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination, if possible; delay resumption of these antiviral drugs for 14d after vaccination. • For MMRV only, personal or family (i.e., sibling or parent) history of seizures. **Note:** For patients with humoral immunodeficiency or leukemia, see ACIP recommendations.*
MMR (Measles, mumps, rubella) *Give SC*	• Give dose #1 at age 12–15m. • Give MMR at age 6 through 11m if traveling internationally; revaccinate with 2 doses of MMR at age 12–15m (and at least 4wks later). The dose given at younger than 12m does not count toward the 2-dose series. • Give dose #2 at age 4–6yrs. Dose #2 may be given earlier if at least 4wks since dose #1. For MMRV: dose #2 may be given earlier if at least 3m since dose #1. • Give a 2nd dose to all older children and teens with history of only 1 dose. • MMRV may be used in children age 12m through 12yrs (see note above).	• If MMR and either Var, LAIV, and/or yellow fever vaccine are not given on the same day, space them at least 28d apart. • When using MMR for both doses, minimum interval is 4wks. • When using MMRV for both doses, minimum interval is 3m. • Within 72hrs of measles exposure, give 1 dose of MMR as postexposure prophylaxis to susceptible healthy children age 12m and older.	**Contraindications** • Previous anaphylaxis to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks. • Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy, or severely symptomatic HIV). Note: HIV infection is NOT a contraindication to MMR for children who are not severely immunocompromised (consult ACIP MMR recommendations [*MMWR* 1998;47 [RR-8] for details*). Vaccination is recommended if indicated for 1) children age 12m through 5yrs whose CD4+ T-lymphocyte percentage has been greater than 15% for at least 6m or 2) for children age 6yrs and older whose CD4+ T-lymphocyte counts have been 200 cells/µL or greater for at least 6m. **Precautions** • Moderate or severe acute illness. • If blood, plasma, or immune globulin given in past 11m, see ACIP's *General Recommendations on Immunization** regarding time to wait before vaccinating. • History of thrombocytopenia or thrombocytopenic purpura. • For MMRV only, personal or family (i.e., sibling or parent) history of seizures. • Need for tuberculin skin testing (TST). If TST needed, give TST before or on same day as MMR, or give TST 4wks following MMR.

Summary of Recommendations for Child/Teen Immunization *(Age birth through 18 years)*

Vaccine name and route	Schedule for routine vaccination and other guidelines (any vaccine can be given with another)	Schedule for catch-up vaccination and related issues	Contraindications and precautions (mild illness is not a contraindication)
Hib (*Haemophilus influenzae* type b) *Give IM*	• ActHib: give at ages 2m, 4m, 6m, 12–15m (booster dose). • PedvaxHIB or Comvax: give at ages 2m, 4m, 12–15m (booster dose). • Dose #1 of Hib vaccine should not be given earlier than age 6wks. • Give final dose (booster dose) of any Hib vaccine no earlier than age 12m and a minimum of 8wks after the previous dose. • Hib vaccines are interchangeable; however, if different brands of Hib vaccines are administered for dose #1 and dose #2, a total of 3 doses is necessary to complete the primary series in infants. • Give 1 dose of Hib vaccine to unvaccinated or partially vaccinated children age 5yrs and older who have leukemia, malignant neoplasms, anatomic or functional asplenia (including sickle cell disease), HIV infection, or other immunocompromising condition. • Hib is not routinely given to healthy children age 5yrs and older. • Hiberix is approved ONLY for the booster dose at age 12m through 4yrs.	**All Hib vaccines:** • If #1 was given at age 12–14m, give booster in 8wks. • Give only 1 dose to unvaccinated children age 15 through 59m. **ActHib:** • #2 and #3 may be given 4wks after previous dose. • If #1 was given at age 7–11m, only 3 doses are needed; #2 is given 4–8wks after #1, then boost at age 12–15m (wait at least 8wks after dose #2). **PedvaxHIB and Comvax:** • #2 may be given 4wks after dose #1. Recipients of hematopoietic stem cell transplant should receive 3 doses of Hib vaccine at least 4wks apart beginning 6–12m after transplant, regardless of Hib vaccination history.	**Contraindications** • Previous anaphylaxis to this vaccine or to any of its components. • Age younger than 6wks. **Precaution** Moderate or severe acute illness.
Pneumococcal conjugate (PCV13) *Give IM*	• Give at ages 2m, 4m, 6m, 12–15m (booster dose). • Dose #1 may be given as early as age 6wks. • When children are behind on PCV13 schedule, minimum interval between doses given to children younger than age 12m is 4wks; for doses given at 12m and older, it is 8wks. • For age 24–59m and healthy: if unvaccinated or any incomplete schedule or if 4 doses of PCV7 or any other age-appropriate complete PCV7 schedule, give 1 supplemental dose of PCV13 at least 8wks after the most recent dose. • For high-risk** children age 24–71m: Give 2 doses at least 8wks apart if they previously received fewer than 3 doses; give 1 dose at least 8wks after the most recent dose if they previously received 3 doses. • PCV13 is not routinely given to healthy children age 5yrs and older. ****High-risk:** Those with sickle cell disease; anatomic or functional asplenia; chronic cardiac, pulmonary, or renal disease; diabetes; cerebrospinal fluid leaks; HIV infection; immunosuppression; diseases associated with immunosuppressive and/or radiation therapy; or who have or will have a cochlear implant.	• For minimum intervals, see 3rd bullet at left. • For age 7–11m: If history of 0 doses, give 2 doses of PCV13, 4wks apart, with a 3rd dose at age 12–15m; if history of 1 or 2 doses, give 1 dose of PCV13 with a 2nd dose at age 12–15m at least 8wks later. • For age 12–23m: If unvaccinated or history of 1 dose before age 12m, give 2 doses of PCV13 8wks apart; if history of 1 dose at or after age 12m or 2 or 3 doses before age 12m, give 1 dose of PCV13 at least 8wks after most recent dose; if history of 4 doses of PCV7 or other age-appropriate complete PCV7 schedule, give 1 supplemental dose of PCV13 at least 8wks after the most recent dose. • For age 24–71m and at high risk**: If unvaccinated or any incomplete schedule of 1 or 2 doses, give 2 doses of PCV13, 1 at least 8wks after the most recent dose and another dose at least 8wks later; if any incomplete series of 3 doses, or if 4 doses of PCV7 or any other age-appropriate complete PCV7 schedule, give 1 supplemental dose of PCV13 at least 8wks after the most recent PCV7 dose. • For children age 6 through 18yrs with functional or anatomic asplenia (including sickle cell disease), HIV infection or other immunocompromising condition, cochlear implant, or CSF leak, give 1 dose of PCV13 if no prior history of PCV13.	**Contraindication** Previous anaphylaxis to a PCV vaccine, to any of its components, or to any diphtheria toxoid-containing vaccine. **Precaution** Moderate or severe acute illness.
Pneumococcal polysaccharide (PPSV23) *Give IM or SC*	• Give 1 dose at least 8wks after final dose of PCV13 to high-risk** children age 2yrs and older. • For children who have an immunocompromising condition or have sickle cell disease or functional or anatomic asplenia, give a 2nd dose of PPSV 5yrs after previous PPSV (consult ACIP PPSV recommendations at www.cdc.gov/vaccines/pubs/ACIP-list.htm*).		**Contraindication** Previous anaphylaxis to this vaccine or to any of its components. **Precaution** Moderate or severe acute illness.
Human papillomavirus (HPV) (HPV2, Cervarix) (HPV4, Gardasil) *Give IM*	• Give 3-dose series of either HPV2 or HPV4 to girls and 3-dose series of HPV4 to boys at age 11–12yrs on a 0, 1–2, 6m schedule. (May be given as early as age 9yrs.) • Give a 3-dose series of either HPV2 or HPV4 to all older girls/women (through age 26yrs) and 3-dose series of HPV4 to all older boys/men (through age 21yrs) who were not previously vaccinated.	Minimum intervals between doses: 4wks between #1 and #2; 12 wks between #2 and #3. Overall, there must be at least 24wks between doses #1 and #3. If possible, use the same vaccine product for all doses.	**Contraindication** Previous anaphylaxis to this vaccine or to any of its components. **Precautions** • Moderate or severe acute illness. • Pregnancy.

Summary of Recommendations for Child/Teen Immunization *(Age birth through 18 years)*

Vaccine name and route	Schedule for routine vaccination and other guidelines (any vaccine can be given with another)	Schedule for catch-up vaccination and related issues	Contraindications and precautions (mild illness is not a contraindication)
Rotavirus (RV) *Give orally*	• Rotarix (RV1): give at ages 2m, 4m. • RotaTeq (RV5): give at ages 2m, 4m, 6m. • May give dose #1 as early as age 6wks. • Give final dose no later than age 8m 0 days.	• Do not begin series in infants older than age 14wks 6 days. • Intervals between doses may be as short as 4wks. • If prior vaccination included use of different or unknown brand(s), a total of 3 doses should be given.	**Contraindications** • Previous anaphylaxis to this vaccine or to any of its components. If allergy to latex, use RV5. • History of intussusception. • Diagnosis of severe combined immunodeficiency (SCID). **Precautions** • Moderate or severe acute illness. • Altered immunocompetence other than SCID. • Chronic gastrointestinal disease. • Spina bifida or bladder exstrophy.
Hepatitis A (HepA) *Give IM*	• Give 2 doses spaced 6 to 18m apart to all children at age 1yr (12–23m). • Vaccinate all previously unvaccinated children and adolescents age 2yrs and older who - Want to be protected from HAV infection and lack a specific risk factor. - Live in areas where vaccination programs target older children. - Travel anywhere except U.S., W. Europe, N. Zealand, Australia, Canada, or Japan. - Have chronic liver disease, clotting factor disorder, or are adolescent males who have sex with other males. - Use illicit drugs (injectable or non-injectable). - Anticipate close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days following the adoptee's arrival in the U.S.	• Minimum interval between doses is 6m. • Children who are not fully vaccinated by age 2yrs can be vaccinated at subsequent visits. • Consider routine vaccination of children age 2yrs and older in areas with no existing program. • Give 1 dose as postexposure prophylaxis to incompletely vaccinated children and teens age 12m and older who have recently (during the past 2wks) been exposed to hepatitis A virus.	**Contraindication** Previous anaphylaxis to this vaccine or to any of its components. **Precaution** Moderate or severe acute illness.
Meningococcal conjugate, quadrivalent (MCV4) Menactra (MCV4-D) Menveo (MCV4-CRM) *Give IM* —— **Hib-MenCY** *Give IM* —— **Meningococcal polysaccharide** (MPSV4) *Give SC*	• Give quadrivalent MCV (Menactra [MCV4-D] or Menveo [MCV4-CRM]) dose #1 routinely at age 11 through 12yrs and a booster dose at age 16yrs. • Give MCV4 to all unvaccinated teens age 13 through 18yrs; if vaccinated at age 13–15yrs, give booster dose at age 16–18yrs with a minimum interval of at least 8 weeks between doses. • Give 1 initial dose to unvaccinated first-year college students age 19–21yrs who live in residence halls; give booster dose if most recent dose given when younger than age 16yrs. • Give Hib-MenCY (MenHibrix) to children age 2 through 18m with persistent complement component deficiency or anatomic/functional asplenia; give at ages 2, 4, 6, 12–15m • For unvaccinated or partially vaccinated children age 9 through 23m with persistent complement component deficiency, complete a series of 2 doses of MCV4-D at least 12wks apart. • Give either brand of MCV4 to unvaccinated or partially vaccinated children age 24m and older with persistent complement component deficiency or anatomic or functional asplenia; complete a series of 2 doses, 2m apart. If MCV4-D is given, it must be separated by 4wks from the final dose of PCV13. • Give age-appropriate series of MCV (brand must be licensed for age of child) to 1) children age 2m and older at risk during a community outbreak attributable to a vaccine serogroup and 2) children age 9m and older travelling to or living in countries with hyperendemic or epidemic meningococcal disease. Prior receipt of Hib-MenCY is not sufficient for children traveling to the meningitis belt or the Hajj.	• If previously vaccinated with MPSV4 or MCV4 and risk of meningococcal disease persists, revaccinate with MCV4 in 3yrs (if previous dose given when younger than age 7yrs) or in 5yrs (if previous dose given at age 7yrs or older). Then, give additional booster doses every 5yrs if risk continues. • When administering MCV4 to children and teens with HIV infection, give 2 initial doses, separated by 8wks. • Minimum ages for MCV: 6 wks (Hib-MenCY), 9m (MCV4-D), 2yrs (MCV4-CRM).	**Contraindication** Previous anaphylaxis to this vaccine or to any of its components. **Precaution** Moderate or severe acute illness. **Note:** Only use MPSV4 if there is a permanent contraindication or precaution to MCV4.

Patient name: _____ Date of birth: ____/____/____
(mo.) (day) (yr.)

Screening Questionnaire for Child and Teen Immunization

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

		Yes	No	Don't Know
1.	Is the child sick today?	☐	☐	☐
2.	Does the child have allergies to medications, food, a vaccine component, or latex?	☐	☐	☐
3.	Has the child had a serious reaction to a vaccine in the past?	☐	☐	☐
4.	Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?	☐	☐	☐
5.	If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	☐	☐	☐
6.	If your child is a baby, have you ever been told he or she has had intussusception?	☐	☐	☐
7.	Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	☐	☐	☐
8.	Does the child have cancer, leukemia, AIDS, or any other immune system problem?	☐	☐	☐
9.	In the past 3 months, has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?	☐	☐	☐
10.	In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☐	☐
11.	Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	☐	☐	☐
12.	Has the child received vaccinations in the past 4 weeks?	☐	☐	☐

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

Did you bring your child's immunization record card with you? **yes** ☐ **no** ☐

It is important to have a personal record of your child's vaccinations. If you don't have a personal record, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep this record in a safe place and bring it with you every time you seek medical care for your child. Your child will need this important document for the rest of his or her life to enter day care or school, for employment, or for international travel.

Technical content reviewed by the Centers for Disease Control and Prevention, February 2012

www.immunize.org/catg.d/p4060.pdf • Item #P4060 (2/12)

Information for Health Professionals about the Screening Questionnaire for Child & Teen Immunization

Are you interested in knowing why we included a certain question on the Screening Questionnaire? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.

1. Is the child sick today? *[all vaccines]*
There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Does the child have allergies to medications, food, a vaccine component, or latex? *[all vaccines]*
If a person reports they have an allergy to egg, ask if they can eat lightly cooked eggs (e.g., scrambled eggs). If they can, trivalent influenza vaccine (TIV) may be administered. If after eating eggs or egg-containing foods, they have a reaction consisting of only hives, TIV may be given and the person should be observed for at least 30 minutes. If a person experiences a serious systemic or anaphylactic reaction (e.g., hives and either swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs, do not administer TIV or live attenuated influenza vaccine (LAIV). It is possible that they may be eligible to be given TIV, but only after they have seen a physician with expertise in the management of allergic conditions. If a person has anaphylaxis after eating gelatin, do not administer LAIV, measles-mumps-rubella (MMR), MMR+varicella (MMRV), or varicella vaccine. A local reaction is not a contraindication. For a table of vaccines supplied in vials or syringes that contain latex, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf. For an extensive table of vaccine components, see reference 3.

3. Has the child had a serious reaction to a vaccine in the past?
[all vaccines] History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. Precautions to DTaP (not Tdap) include the following: (a) seizure within 3 days of a dose, (b) pale or limp episode or collapse within 48 hours of a dose, (c) continuous crying for 3 or more hours within 48 hours of a dose, and (d) fever of 105°F (40°C) within 48 hours of a previous dose. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

4. Has the child had a health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy? *[LAIV]*
Children with any of the health conditions listed above should not be given the intranasal, live attenuated influenza vaccine (LAIV). These children should be vaccinated with the injectable influenza vaccine.

5. If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? *[LAIV]*
Children who have had a wheezing episode within the past 12 months should not be given the live attenuated influenza vaccine. Instead, these children should be given the inactivated influenza vaccine.

6. If your child is a baby, have you ever been told that he or she has had intussusception? *[Rotavirus]*
Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should not be given rotavirus vaccine.

7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem? *[DTaP, Td, Tdap, TIV, LAIV, MMRV]* DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap, and a progressive neurologic disorder in a teen is a precaution to the use of Td. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (*exception:* children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). A history of Guillain-Barré syndrome (GBS) is a consideration with the following:
1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give age-appropriate Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (TIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with TIV if at high risk for severe influenza complications.

8. Does the child have cancer, leukemia, AIDS, or any other immune system problem? *[LAIV, MMR, MMRV, RV, VAR]*
Live virus vaccines (e.g., MMR, MMRV, varicella, rotavirus, and the intranasal live, attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, varicella vaccine should be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage at 15% or greater and may be considered for children age 8 years and older with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/μL. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including rotavirus (RV) vaccine. For details, consult the ACIP recommendations (4, 5, 6).

9. In the past 3 months, has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments? *[LAIV, MMR, MMRV, VAR]*
Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can be given only to healthy non-pregnant individuals age 2–49 years.

10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? *[LAIV, MMR, MMRV, VAR]*
Certain live virus vaccines (e.g., LAIV, MMR, MMRV, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the current *Red Book* for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines (1, 2).

11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? *[LAIV, MMR, MMRV, VAR]*
Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus (1, 6). Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine (5, 8). On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent (e.g., travel to endemic areas) and immediate protection is needed. Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester (9).

12. Has the child received vaccinations in the past 4 weeks?
[LAIV, MMR, MMRV, VAR, yellow fever]
If the child was given either live, attenuated influenza vaccine (LAIV) or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at the same time or at any spacing interval.

References:
1. CDC. General recommendations on immunization, at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. AAP. *Red Book: Report of the Committee on Infectious Diseases* at www.aapredbook.org.
3. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
4. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
5. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
6. CDC. Prevention and Control of Influenza—Recommendations of ACIP at www.cdc.gov/flu/professionals/vaccination/.
7. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), www.cdc.gov/vaccines/pubs/down-loads/b_hsct-recs.pdf.
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).

Nombre del paciente: _____ Fecha de nacimiento: ____/____/____
(mes) (día) (año)

Cuestionario de contraindicaciones para vacunación de niños y adolescentes

A los padres/tutores: Las siguientes preguntas nos ayudarán a determinar cuáles vacunas le podremos dar hoy a su hijo. Si contesta "sí" a alguna pregunta, eso no siempre quiere decir que no deben vacunar a su hijo. Simplemente quiere decir que hay que hacerle más preguntas. Si alguna pregunta no está clara, pida a su profesional de la salud que se la explique.

		Sí	No	No sabe
1.	¿Está enfermo hoy el niño?	☐	☐	☐
2.	¿Es alérgico el niño a algún medicamento, alimento, a algún componente de las vacunas o al látex?	☐	☐	☐
3.	¿Tuvo alguna vez el niño alguna reacción seria a una vacuna en el pasado?	☐	☐	☐
4.	¿Ha tenido el niño algún problema de salud como enfermedad de los pulmones, del corazón, de los riñones o metabólica (como diabetes), asma o un trastorno de la sangre? ¿Está en terapia de aspirina a largo plazo?	☐	☐	☐
5.	Si el niño que va a ser vacunado tiene entre 2 y 4 años de edad, ¿le dijo algún profesional de la salud en los últimos 12 meses que el niño tuvo sibilancias o asma?	☐	☐	☐
6.	Si el niño es bebé, ¿le dijeron alguna vez que tuvo intususcepción?	☐	☐	☐
7.	¿El niño, uno de sus hermanos o padres, ha tenido convulsiones; ha tenido el niño problemas del cerebro o algún otro problema del sistema nervioso?	☐	☐	☐
8.	¿Tiene el niño cáncer, leucemia, VIH/SIDA o algún otro problema del sistema inmunológico?	☐	☐	☐
9.	En los últimos 3 meses, ¿ha tomado el niño medicamento que debiliten su sistema inmunológico, tales como cortisona, prednisona, otros esteroides o medicamentos contra el cáncer, o le han hecho tratamientos de radiación?	☐	☐	☐
10.	Durante el año pasado, ¿le hicieron al niño una transfusión de sangre o de productos de la sangre, o le dieron inmunoglobulina o gamaglobulina o algún medicamento antiviral?	☐	☐	☐
11.	¿Está la niña/adolescente embarazada o hay alguna posibilidad de que quede embarazada durante el próximo mes?	☐	☐	☐
12.	¿Le aplicaron alguna vacuna al niño en las últimas 4 semanas?	☐	☐	☐

Formulario llenado por: _____ Fecha: _____

Formulario revisado por: _____ Fecha: _____

¿Trajo el comprobante de vacunación de su hijo? **sí** ☐ **no** ☐

Es importante que tenga un comprobante de vacunación personal de las vacunas de su hijo. Si no lo tiene, pídale al profesional de la salud de su hijo que le dé uno con todas las vacunas de a su hijo. Guárdelo en un lugar seguro y llévelo todas las veces que su hijo reciba atención médica. Su hijo necesitará este documento importante por el resto de su vida para ingresar a la guardería o a la escuela, para empleos o para viajar al extranjero.

Translation by Transcend, Davis, CA

www.immunize.org/catg.d/p4060-01.pdf • Item #P4060-01 Spanish (10/12)

Information for Health Professionals about the Screening Checklist for Contraindications (Children & Teens)

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

1. Is the child sick today? *[all vaccines]*
There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Does the child have allergies to medications, food, a vaccine component, or latex? *[all vaccines]*
If a person reports they have an allergy to egg, ask if they can eat lightly cooked eggs (e.g., scrambled eggs). If they can, trivalent influenza vaccine (TIV) may be administered. If after eating eggs or egg-containing foods, they have a reaction consisting of only hives, TIV may be given and the person should be observed for at least 30 minutes. If a person experiences a serious systemic or anaphylactic reaction (e.g., hives and either swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs, do not administer TIV or live attenuated influenza vaccine (LAIV). It is possible that they may be eligible to be given TIV, but only after they have seen a physician with expertise in the management of allergic conditions. If a person has anaphylaxis after eating gelatin, do not administer LAIV, measles-mumps-rubella (MMR), MMR+varicella (MMRV), or varicella vaccine. A local reaction is not a contraindication. For a table of vaccines supplied in vials or syringes that contain latex, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf. For an extensive table of vaccine components, see reference 3.

3. Has the child had a serious reaction to a vaccine in the past?
[all vaccines] History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. Precautions to DTaP (not Tdap) include the following: (a) seizure within 3 days of a dose, (b) pale or limp episode or collapse within 48 hours of a dose, (c) continuous crying for 3 or more hours within 48 hours of a dose, and (d) fever of 105°F (40°C) within 48 hours of a previous dose. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

4. Has the child had a health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy? *[LAIV]*
Children with any of the health conditions listed above should not be given the intranasal, live attenuated influenza vaccine (LAIV). These children should be vaccinated with the injectable influenza vaccine.

5. If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? *[LAIV]*
Children who have had a wheezing episode within the past 12 months should not be given the live attenuated influenza vaccine. Instead, these children should be given the inactivated influenza vaccine.

6. If your child is a baby, have you ever been told that he or she has had intussusception? *[Rotavirus]*
Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should not be given rotavirus vaccine.

7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem? *[DTaP, Td, Tdap, TIV, LAIV, MMRV]* DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap, and a progressive neurologic disorder in a teen is a precaution to the use of Td. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (*exception:* children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). A history of Guillain-Barré syndrome (GBS) is a consideration with the following:
1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give age-appropriate Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (TIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with TIV if at high risk for severe influenza complications.

8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? *[LAIV, MMR, MMRV, RV, VAR]*
Live virus vaccines (e.g., MMR, MMRV, varicella, rotavirus, and the intranasal live, attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, varicella vaccine should be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage at 15% or greater and may be considered for children age 8 years and older with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/μL. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including rotavirus (RV) vaccine. For details, consult the ACIP recommendations (4, 5, 6).

9. In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments? *[LAIV, MMR, MMRV, VAR]*
Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can be given only to healthy non-pregnant individuals age 2–49 years.

10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? *[LAIV, MMR, MMRV, VAR]*
Certain live virus vaccines (e.g., LAIV, MMR, MMRV, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the current *Red Book* for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines (1, 2).

11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? *[LAIV, MMR, MMRV, VAR]*
Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus (1, 6). Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine (5, 8). On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent (e.g., travel to endemic areas) and immediate protection is needed. Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester (9).

12. Has the child received vaccinations in the past 4 weeks?
[LAIV, MMR, MMRV, VAR, yellow fever]
If the child was given either live, attenuated influenza vaccine (LAIV) or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at the same time or at any spacing interval.

References:
1. CDC. General recommendations on immunization, at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. AAP. *Red Book: Report of the Committee on Infectious Diseases* at www.aapredbook.org.
3. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
4. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
5. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
6. CDC. Prevention and Control of Influenza—Recommendations of ACIP at www.cdc.gov/flu/professionals/vaccination/.
7. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), www.cdc.gov/vaccines/pubs/down-loads/b_hsct-recs.pdf.
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).

Guide to Contraindications and Precautions to Commonly Used Vaccines[1,*,†] (Page 1 of 2)

Vaccine	Contraindications	Precautions
Hepatitis B (HepB)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Infant weighing less than 2000 grams (4 lbs, 6.4 oz)[2]
Rotavirus (RV5 [RotaTeq], RV1 [Rotarix])	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Severe combined immunodeficiency (SCID) • History of intussusception	• Moderate or severe acute illness with or without fever • Altered immunocompetence other than SCID • Chronic gastrointestinal disease[3] • Spina bifida or bladder exstrophy[3]
Diphtheria, tetanus, pertussis (DTaP) **Tetanus, diphtheria, pertussis (Tdap)** **Tetanus, diphtheria (DT, Td)**	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • For pertussis-containing vaccines: encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of DTP or DTaP (for DTaP); or of previous dose of DTP, DTaP, or Tdap (for Tdap)	• Moderate or severe acute illness with or without fever • Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine • History of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine • For pertussis-containing vaccines: progressive or unstable neurologic disorder (including infantile spasms for DTaP), uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized **For DTaP only:** • Temperature of 105° F or higher (40.5° C or higher) within 48 hours after vaccination with a previous dose of DTP/DTaP • Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP • Seizure within 3 days after receiving a previous dose of DTP/DTaP • Persistent, inconsolable crying lasting 3 or more hours within 48 hours after receiving a previous dose of DTP/DTaP
***Haemophilus influenzae* type b (Hib)**	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Age younger than 6 weeks	• Moderate or severe acute illness with or without fever
Inactivated poliovirus vaccine (IPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Pregnancy
Pneumococcal (PCV13 or PPSV23)	• For PCV13, severe allergic reaction (e.g., anaphylaxis) after a previous dose of PCV7 or PCV13 or to a vaccine component, including to any vaccine containing diphtheria toxoid • For PPSV23, severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR)[4]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy[5] or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised)[6] • Pregnancy	• Moderate or severe acute illness with or without fever • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[7] • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing[8]
Varicella (Var)[4]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, primary or acquired immunodeficiency, or long-term immunosuppressive therapy[5] or patients with HIV infection who are severely immunocompromised)[6] • Pregnancy	• Moderate or severe acute illness with or without fever • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[7] • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination.

(continued on page 2)

Guide to Contraindications and Precautions to Commonly Used Vaccines[1,*,†] (continued)

Vaccine	Contraindication	Precautions
Hepatitis A (HepA)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Influenza, inactivated injectable (IIV)[9]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose of any IIV or LAIV or to a vaccine component, including egg protein	• Moderate or severe acute illness with or without fever • History of GBS within 6 weeks of previous influenza vaccination • Persons who experience only hives with exposure to eggs may receive RIV (if age 18–49) or, with additional safety precautions, IIV.[9]
Influenza, recombinant (RIV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose of RIV or to a vaccine component. RIV does not contain any egg protein.[9]	• Moderate or severe acute illness with or without fever • History of GBS within 6 weeks of previous influenza vaccination
Influenza, live attenuated (LAIV)[4,9]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose of IIV or LAIV or to a vaccine component, including egg protein • Conditions for which the ACIP recommends against use, but which are not contraindications in vaccine package insert: immune suppression, certain chronic medical conditions such as asthma, diabetes, heart or kidney disease, and pregnancy[4,9]	• Moderate or severe acute illness with or without fever • History of GBS within 6 weeks of previous influenza vaccination • Receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48 hours before vaccination. Avoid use of these antiviral drugs for 14 days after vaccination.
Human papillomavirus (HPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Pregnancy
Meningococcal: conjugate (MCV4), polysaccharide (MPSV4)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Zoster (HZV)[4]	• Severe allergic reaction (e.g., anaphylaxis) to a vaccine component • Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppressive therapy[5] or patients with HIV infection who are severely immunocompromised). • Pregnancy	• Moderate or severe acute illness with or without fever • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination.

Footnotes

1. Vaccine package inserts and the full ACIP recommendations for these vaccines should be consulted for additional information on vaccine-related contraindications and precautions and for more information on vaccine excipients. Events or conditions listed as precautions should be reviewed carefully. Benefits of and risks for administering a specific vaccine to a person under these circumstances should be considered. If the risk from the vaccine is believed to outweigh the benefit, the vaccine should not be administered. If the benefit of vaccination is believed to outweigh the risk, the vaccine should be administered. A contraindication is a condition in a recipient that increases the chance of a serious adverse reaction. Therefore, a vaccine should not be administered when a contraindication is present. Whether and when to administer DTaP to children with proven or suspected underlying neurologic disorders should be decided on a case-by-case basis.
2. Hepatitis B vaccination should be deferred for preterm infants and infants weighing less than 2000 g if the mother is documented to be hepatitis B surface antigen (HBsAg)-negative at the time of the infant's birth. Vaccination can commence at chronological age 1 month or at hospital discharge. For infants born to women who are HBsAg-positive, hepatitis B immunoglobulin and hepatitis B vaccine should be administered within 12 hours of birth, regardless of weight.
3. For details, see CDC. "Prevention of Rotavirus Gastroenteritis among Infants and Children: Recommendations of the Advisory Committee on Immunization Practices. (ACIP)" *MMWR* 2009;58(No. RR–2), available at www.cdc.gov/vaccines/pubs/acip-list.htm.
4. LAIV, MMR, varicella, and zoster vaccines can be administered on the same day. If not administered on the same day, these live vaccines should be separated by at least 28 days.
5. Immunosuppressive steroid dose is considered to be 2 or more weeks of daily receipt of 20 mg prednisone or equivalent. Vaccination should be deferred for at least 1 month after discontinuation of such therapy. Providers should consult ACIP recommendations for complete information on the use of specific live vaccines among persons on immune-suppressing medications or with immune suppression because of other reasons.
6. HIV-infected children may receive varicella and measles vaccine if CD4+ T-lymphocyte count is >15%. (Source: Adapted from American Academy of Pediatrics. Immunization in Special Clinical Circumstances. In: Pickering LK, ed. *Red Book: 2012 Report of the Committee on Infectious Diseases*. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics: 2012.)
7. Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered (see "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" *MMWR* 2011;60(No. RR-2) available at www.cdc.gov/vaccines/pubs/acip-list.htm.)
8. Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine may be administered on the same day as tuberculin skin testing. If testing cannot be performed until after the day of MMR vaccination, the test should be postponed for at least 4 weeks after the vaccination. If an urgent need exists to skin test, do so with the understanding that reactivity might be reduced by the vaccine.
9. For more information on use of influenza vaccines among persons with egg allergies and a complete list of conditions that CDC considers to be reasons to avoid getting LAIV, see CDC "Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2013–14. *MMWR* 2013;62(No. RR07):1–43, available at www.cdc.gov/vaccines/pubs/acip-list.htm.

* Adapted from "Table 6. Contraindications and Precautions to Commonly Used Vaccines" found in: CDC. "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)." *MMWR* 2011; 60(No. RR-2), p. 40–41, and from Atkinson W, Wolfe S, Hamborsky J, eds. Appendix A. *Epidemiology and Prevention of Vaccine-Preventable Diseases* (www.cdc.gov/vaccines/pubs/pinkbook/index.html).

† Regarding latex allergy: some types of prefilled syringes contain natural rubber latex or dry natural latex rubber. Consult the package insert for any vaccine given.

U.S. Vaccines

Vaccine	Trade Name	Abbreviation	Manufacturer	Type	Route	Comments
Adenovirus	Adenovirus		Barr Labs Inc.	Live Viral	Oral	Adenovirus Type 4 & Type 7. Two tablets taken together. Approved for military populations 17 through 50 years of age.
Anthrax	BioThrax	AVA	Emergent BioSolutions	Inactivated Bacterial	IM	
DTaP	Daptacel	DTaP	sanofi	Inactivated Bacterial	IM	Tetanus & diphtheria toxoids and acellular pertussis vaccine.
	Infanrix	DTaP	GlaxoSmithKline	Inactivated Bacterial	IM	Tetanus & diphtheria toxoids and acellular pertussis vaccine.
	Tripedia	DTaP	sanofi	Inactivated Bacterial	IM	Tetanus & diphtheria toxoids and acellular pertussis vaccine.
DT	Generic	DT	sanofi	Inactivated Bacterial Toxoids	IM	Pediatric formulation (through age 6).
DTaP–IPV	Kinrix	DTaP-IPV	GlaxoSmithKline	Inactivated Bacterial & Viral	IM	Licensed for 5th (DTaP) and 4th (IPV) booster at 4-6 years.
DTaP-HepB-IPV	Pediarix	DTaP-HepB-IPV	GlaxoSmithKline	Inactivated Bacterial & Viral	IM	Licensed for doses at 2, 4, & 6 months (through 6 years of age). Not licensed for boosters.
DTaP-IPV/Hib	Pentacel	DTaP-IPV/Hib	sanofi	Inactivated Bacterial & Viral	IM	Licensed for 4 doses at 2, 4, 6, and 15-18 months.
Haemophilus influenzae type b (Hib)	PedvaxHIB	Hib	Merck	Inactivated Bacterial	IM	**PRP-OMP**. Polysaccharide conjugate (mening. protein carrier). 2-dose primary series.
	ActHIB	Hib	sanofi	Inactivated Bacterial	IM	**PRP-T**. Polysaccharide conjugate (tetanus toxoid carrier). 3-dose primary series.
	Hiberix	Hib	GlaxoSmithKline	Inactivated Bacterial	IM	Polysaccharide conjugate (tetanus toxoid carrier). Booster only.
Haemophilus influenzae type b – hepatitis B	Comvax	Hib-HepB	Merck	Inactivated Bacterial & Viral	IM	Should not be used for hepB birth dose.
Hepatitis A	Havrix	HepA	GlaxoSmithKline	Inactivated Viral	IM	Pediatric (≤18) and adult formulations. Pediatric = 720 EL.U., 0.5mL Adult = 1,440 EL.U., 1.0mL Minimum age = 1 year

Vaccine	Trade Name	Abbreviation	Manufacturer	Type	Route	Comments
Hepatitis A	Vaqta	HepA	Merck	Inactivated Viral	IM	Pediatric (≤18) and adult formulations. Pediatric = 25 U. 0.5mL Adult = 50 U. 1.0mL Minimum age = 1 year
Hepatitis B	Engerix-B	HepB	GlaxoSmithKline	Inactivated Viral	IM	Pediatric (≤19) and adult formulations. Pediatric formulation not licensed for adults.
	Recombivax HB	HepB	Merck	Inactivated Viral	IM	Pediatric (≤19), adult, and dialysis formulations. Two pediatric doses may be substituted for an adult dose.
Hepatitis A - Hepatitis B	Twinrix	HepA-HepB	GlaxoSmithKline	Inactivated Viral	IM	Pediatric dose of HepA + adult dose of HepB. Minimum age = 18 years. 3-dose routine series (4-dose alternate schedule for rapid protection).
Herpes Zoster (Shingles)	Zostavax	ZOS	Merck	Live Attenuated Viral	SC	Licensed for age 50 and older.
Human Papillomavirus (HPV)	Gardasil	HPV4	Merck	Inactivated Viral	IM	Quadrivalent (types 6, 11, 16, 18). Licensed for males and females 9 through 26 years.
	Cervarix	HPV2	GlaxoSmithKline	Inactivated Viral	IM	Bivalent (types 16, 18). Licensed for females 10 through 26 years.
Influenza (Trivalent, types A & B)	Fluarix	TIV	GlaxoSmithKline	Inactivated Viral	IM	Minimum age = 3 years.
	Fluvirin	TIV	Chiron	Inactivated Viral	IM	Purified surface antigen. Minimum age = 4 years.
	Fluzone	TIV	sanofi	Inactivated Viral	IM	Subvirion. Minimum age (multidose vial) = 6 mo. Age range (0.25mL prefilled syringe) = 6 through 35 mo. Minimum age (0.5mL prefilled syringe) = 3 years.
	Fluzone High- Dose	TIV	sanofi	Inactivated Viral	IM	Licensed for age 65 and older.
	Fluzone Intradermal	TIV	sanofi	Inactivated Viral	Intradermal	Age range 18 through 64 years. 0.1 mL dose.
	FluLaval	TIV	GlaxoSmithKline	Inactivated Viral	IM	Minimum age = 18 years.
	Afluria	TIV	CSL	Inactivated Viral	IM	Minimum age = 6 months.
	Agriflu	TIV	Novartis	Inactivated Viral	IM	Minimum age 18 years.
	FluMist	LAIV	Medimmune	Live Attenuated Viral	Intranasal	Age range = 2 through 49 years.

Vaccine	Trade Name	Abbreviation	Manufacturer	Type	Route	Comments
Japanese encephalitis	Ixiaro	JE	Novartis	Inactivated Viral	IM	Licensed for age 17 and older. 2-dose series.
Measles, Mumps, Rubella	M-M-R II	MMR	Merck	Live Attenuated Viral	SC	Minimum age = 12 months
Measles, Mumps, Rubella, Varicella	ProQuad	MMRV	Merck	Live Attenuated Viral	SC	Age range = 1 through 12 years.
Meningococcal	Menomune	MPSV4	sanofi	Inactivated Bacterial	SC	Polysaccharide (serogroups A, C, Y, W135). Minimum age = 2 years.
	Menactra	MCV4	sanofi	Inactivated Bacterial	IM	Polysaccharide conjugate (diphtheria toxoid carrier, serogroups A, C, Y, W135). Age range = 9 months through 55 years.
	Menveo	MCV4	Novartis	Inactivated Bacterial	IM	Polysaccharide conjugate (diphtheria toxoid carrier, serogroups A, C, Y, W135). Age range = 2 through 55 years.
Pneumococcal	Pneumovax 23	PPSV23	Merck	Inactivated Bacterial	SC or IM	Polysaccharide (contains 23 strains). Minimum age = 2 years.
	Prevnar 13	PCV13	Wyeth	Inactivated Bacterial	IM	Polysaccharide conjugate (diphtheria protein carrier, contains 13 strains). Age ranges = 6 months through 5 years ***and*** 50 years & older.
Polio	Ipol	IPV	sanofi	Inactivated Viral	SC or IM	Trivalent, Types 1, 2, 3
Rabies	Imovax Rabies		sanofi	Inactivated Viral	IM	
	RabAvert		Chiron	Inactivated Viral	IM	
Rotavirus	Rota Teq	RV5	Merck	Live Viral	Oral	Pentavalent. First dose between 6 weeks and 14 weeks 6 days; complete 3-dose series by 8 months 0 days.
	Rotarix	RV1	GlaxoSmithKline	Live Viral	Oral	Monovalent. First dose between 6 weeks and 14 weeks 6 days; complete 2-dose series by 8 months 0 days.
Tetanus – (reduced) Diphtheria	Decavac	Td	sanofi	Inactivated Bacterial Toxoids	IM	Adult formulation (age 7 and older).
	Tenivac	Td	sanofi	Inactivated Bacterial Toxoids	IM	Adult formulation (age 7 and older).
	(Generic)	Td	Massachusetts Biological Labs	Inactivated Bacterial Toxoids	IM	Adult formulation (age 7 and older).

Vaccine	Trade Name	Abbreviation	Manufacturer	Type	Route	Comments
Tetanus – (reduced) Diphtheria (reduced) Pertussis	Boostrix	Tdap	GlaxoSmithKline	Inactivated Bacterial	IM	Tetanus and diphtheria toxoids & pertussis vaccine. Minimum age = 10 years.
Tetanus – (reduced) Diphtheria (reduced) Pertussis	Adacel	Tdap	sanofi	Inactivated Bacterial	IM	Tetanus and diphtheria toxoids & acellular pertussis vaccine. Age range 11 through 64 years.
Tetanus toxoid	(Generic)	TT	sanofi	Inactivated Bacterial Toxoid	IM	May be used for adults or children.
Typhoid	Typhim Vi		sanofi	Inactivated Bacterial	IM	Polysaccharide
	Vivotif Berna		Berna	Live Attenuated Bacterial	Oral	Ty21a strain.
Varicella	Varivax	VAR	Merck	Live Attenuated Viral	SC	Minimum age = 12 months.
Vaccinia (Smallpox)	ACAM2000		Acambis	Live Attenuated Viral	Percutaneous	
Yellow Fever	YF-Vax	YF	sanofi	Live Attenuated Viral	SC	Minimum age = 9 months.

February, 2012

The abbreviations on this table (Column 3) were standardized jointly by staff of the Centers for Disease Control and Prevention, ACIP Work Groups, the editor of the *Morbidity and Mortality Weekly Report* (*MMWR*), the editor of *Epidemiology and Prevention of Vaccine-Preventable Diseases* (the *Pink Book*), ACIP members, and liaison organizations to the ACIP.

These abbreviations are intended to provide a uniform approach to vaccine references used in ACIP Recommendations and Policy Notes published in the *MMWR*, the *Pink Book*, and the American Academy of Pediatrics *Red Book*, and in the U.S. immunization schedules for children, adolescents, and adults.

A dash (-) in an abbreviation for a combination vaccine indicates products that are supplied in their final form by the manufacturer and do not require mixing or reconstitution. A slash (/) indicates products that must be mixed or reconstituted by the user.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

IMMUNIZATION PROGRAM

Vaccines supplied by the Connecticut Vaccine Program as of November 1, 2014

VACCINE	BRAND NAME	Packaging	NDC #
DTaP	Daptacel	10 pack single dose vials	49281-0286-10
DTaP	Infanrix	10 pack single dose vials	58160-0810-11
DTaP/IPV	Kinrix	10 pack single dose vials	58160-0812-11
DTaP/IPV/Hep B	Pediarix	10 pack single dose syringes	58160-0811-52
DTaP/IPV/Hib	Pentacel	5 pack single dose vials	49281-0510-05
IPV	IPOL	10 dose vial	49281-0860-10
Hepatitis A	Havrix	10 pack single dose vials	58160-0825-11
Hepatitis A	Vaqta	10 pack single dose vials	00006-4831-41
Hepatitis B	Engerix-B	10 pack single dose vials	58160-0820-11
Hepatitis B	Recombivax	10 pack single dose vials	00006-4981-00
Hib	ActHib	5 pack single dose vials	49281-0545-05
Hib	Pedvax	10 pack single dose vials	00006-4897-00
HPV	Cervarix	10 pack single dose vials	58160-0830-52
HPV	Gardasil	10 pack single dose vials	00006-4045-41
MCV4	Menactra	5 pack single dose vials	49281-0589-05
MCV4	Menveo	5 pack single dose vials	46028-0208-01
Meningococcal Conjugate/Hib	MenHibrix	1 single dose vial	58160-0801-11
MMR	MMR II	10 pack single dose vials	00006-4681-00
MMRV	ProQuad	10 pack single dose vials	00006-4999-00
PCV13	Prevnar 13	10 pack single dose syringes	00005-1971-02
Rotavirus	Rotarix	10 pack single dose vials	58160-0854-52
Rotavirus	Rotateq	10 pack single dose tubes	00006-4047-41
Td	Tenivac	10 pack single dose vials	49281-0215-10
Tdap	Adacel	10 pack single dose vials	49281-0400-10
Tdap	Boostrix	10 pack single dose vials	58160-0842-11
Varicella	Varivax	10 pack single dose vials	00006-4827-00
Influenza .5mL	Fluarix-Quad	10 pack single dose syringes	58160-0901-52
Influenza .2mL	Flumist-Quad	10 pack single dose sprayer	66019-0301-10
Influenza .25 mL	Fluzone-Quad	10 pack single dose syringes	49281-0514-25
Influenza .5mL	Fluzone-Quad	10 pack single dose vials	49281-0414-10
Influenza .5mL	Fluzone-Quad	10 pack single dose syringes	49281-0414-50

List of available state supplied vaccines as of 11 1 2014

Administering Vaccines: Dose, Route, Site, and Needle Size

Vaccine	Dose	Route
Diphtheria, Tetanus, Pertussis (DTaP, DT, Tdap, Td)	0.5 mL	IM
***Haemophilus influenzae* type b** (Hib)	0.5 mL	IM
Hepatitis A (HepA)	≤18 yrs; 0.5 mL ≥19 yrs; 1.0 mL	IM
Hepatitis B (HepB) **Persons 11–15 yrs may be given Recombivax HB (Merck) 1.0 mL adult formulation on a 2-dose schedule.*	<19yrs: 0.5 mL ≥20 yrs: 1.0 mL	IM
Human papillomavirus (HPV)	0.5 mL	IM
Influenza, live attenuated (LAIV)	0.2 mL	Intranasal spray
Influenza, trivalent inactivated (TIV)	6-35 mos: 0.25 mL ≥3 yrs: 0.5 mL	IM
TIV: Fluzone intradermal (18–64 yrs)	0.1 mL	ID
Measles, Mumps, Rubella (MMR)	0.5 mL	SC
Meningococcal – conjugate (MCV)	0.5 mL	IM
Meningococcal – polysaccharide (MPSV)	0.5 mL	SC
Pneumococcal conjugate (PCV)	0.5 mL	IM
Pneumococcal polysaccharide (PPSV)	0.5 mL	IM or SC
Polio, inactivated (IPV)	0.5 mL	IM or SC
Rotavirus (RV)	Rotarix: 1.0 mL Rotateq: 2.0 mL	Oral
Varicella (Var)	0.5 mL	SC
Zoster (Zos)	0.65 mL	SC
Combination Vaccines		
DTaP-HepB-IPV (Pediarix) DTaP-IPV/Hib (Pentacel) DTaP-IPV (Kinrix) Hib-HepB (Comvax)	0.5 mL	IM
MMRV (ProQuad)	≤12 yrs: 0.5 mL	SC
HepA-HepB (Twinrix)	≥18 yrs: 1.0 mL	IM

Injection Site and Needle Size

Subcutaneous (SC) injection

Use a 23–25 gauge needle. Choose the injection site that is appropriate to the person's age and body mass.

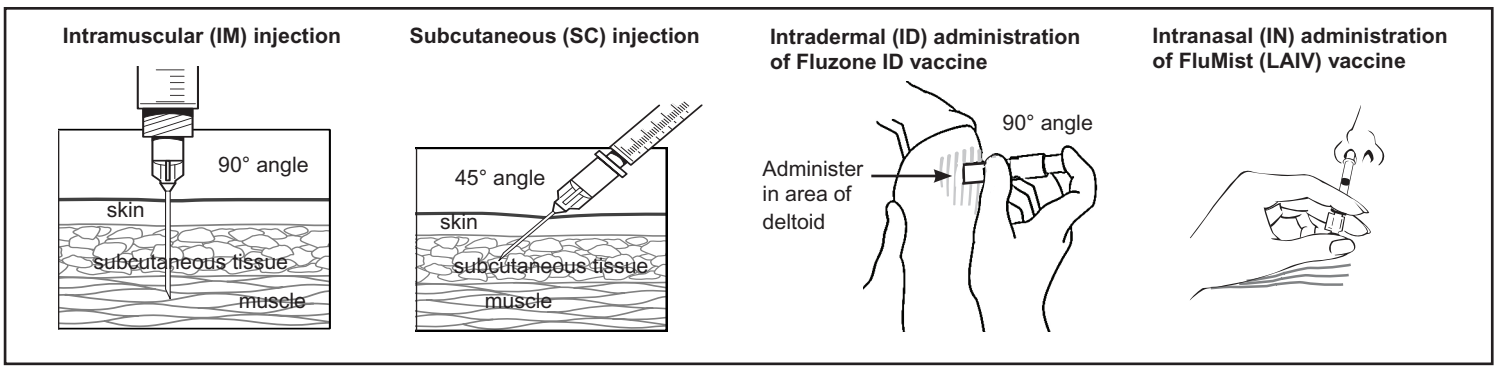
Age	Needle Length	Injection Site
Infants (1–12 mos)	5/8"	Fatty tissue over anterolateral thigh muscle
Children 12 mos or older, adolescents, and adults	5/8"	Fatty tissue over anterolateral thigh muscle or fatty tissue over triceps

Intramuscular (IM) injection

Use a 22–25 gauge needle. Choose the injection site and needle length appropriate to the person's age and body mass.

Age	Needle Length	Injection Site
Newborns (1st 28 days)	5/8"*	Anterolateral thigh muscle
Infants (1–12 mos)	1"	Anterolateral thigh muscle
Toddlers (1–2 yrs)	1–1¼" 5/8–1"*	Anterolateral thigh muscle or deltoid muscle of arm
Children & teens (3–18 years)	5/8–1"* 1"–1¼"	Deltoid muscle of arm or anterolateral thigh muscle
Adults 19 yrs or older		
Male or female less than 130 lbs	5/8–1"*	Deltoid muscle of arm
Female 130–200 lbs Male 130–260 lbs	1–1½"	Deltoid muscle of arm
Female 200+ lbs Male 260+ lbs	1½"	Deltoid muscle of arm

**A 5/8" needle may be used for patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.*



Please note: Always refer to the package insert included with each biologic for complete vaccine administration information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well (see www.immunize.org/acip).

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p3085.pdf • Item #P3085 (7/12)

CT DPH Vaccine Administration Record

Revised 10/08 Page 1 of 2

CIRTS

Provider Name/Address:

Patient's Name:_____DOB:_____
Parent/Guardian:_____
Address:_____
Insurance:_____Medicaid#:_____

Vaccine and route (circle type given)	Date Vaccine & VIS given	Site given	Vaccine lot number	Vaccine manufacturer	VIS publication date	Signature/ initials of vaccine administrator	Signature/initials of parent or guardian *(optional)*
Hepatitis B - 1 __ mcg (IM)							
Hepatitis B - 2 __ mcg (IM)							
Hepatitis B –3 __mcg (IM)							
Hepatitis B __mcg (IM)							
DTaP/IPV/Hib- 1 (IM)							
DTaP/IPV/Hib- 2 (IM)							
DTaP/IPV/Hib- 3 (IM)							
DTaP/IPV/Hib- 4 (IM)							
DTaP/IPV- 1 (IM)							
DTaP/Hep B/IPV comb –1 (IM)							
DTaP/Hep B/IPV comb –2 (IM)							
DTaP/Hep B/IPV comb –3 (IM)							
Hib – 1 (IM)							
Hib – 2 (IM)							
Hib – 3 (IM)							
Hib – 4 (IM)							
Polio – 1 (SQ•IM)							
Polio – 2 (SQ•IM)							
Polio – 3 (SQ•IM)							
Polio – 4 (SQ•IM)							
Pneum conj (PCV) - 1 (IM)							
Pneum conj (PCV) – 2 (IM)							
Pneum conj (PCV) – 3 (IM)							
Pneum conj (PCV) – 4 (IM)							
DTaP • DT • Td – 1 (IM)							
DTaP • DT • Td – 2 (IM)							
DTaP • DT • Td – 3 (IM)							
DTaP • DT • Td – 4 (IM)							
DTaP • DT • Td – 5 (IM)							
Rotavirus- 1 oral							
Rotavirus- 2 oral							
Rotavirus- 3 oral							

CT DPH Vaccine Administration Record

Revised 10/08 Page 2 of 2

CIRTS

Provider Name/Address:

Patient's Name:_____DOB:_____
Parent/Guardian:_____
Address:_____
Insurance:_____Medicaid#:_____

Vaccine and route (circle type given)	Date Vaccine & VIS given	Site given	Vaccine lot number	Vaccine manufacturer	VIS publication date	Signature/ initials of vaccine administrator	Signature/ initials of parent/ guardian *(optional)*
Varicella –1 (SQ)							
Varicella –2 (SQ)							
MMR · MMRV – 1 (SQ)							
MMR · MMRV – 2 (SQ)							
Hepatitis A – 1 (IM)							
Hepatitis A – 2 (IM)							
DTaP/Hib –4 (IM)							
Hib/Hep B –1 (IM)							
Hib/Hep B –2 (IM)							
Hib/Hep B –3 (IM)							
HPV- 1 (IM)							
HPV- 2 (IM)							
HPV- 3 (IM)							
Tdap- 1 (IM)							
Meningococcal Conj. (IM)							
Meningococcal Poly. (SC)							
Pneumococcal Poly. (SQ-IM)							
Pneumococcal Poly. (SQ-IM)							
Herpes Zoster (SQ)							
Hepatitis A/B- 1 (IM)							
Hepatitis A/B- 2 (IM)							
Hepatitis A/B- 3 (IM)							
Influenza- 1 (IM) or nasal							
Influenza- 2 (IM) or nasal							
Influenza- 3 (IM) or nasal							
Influenza- 4 (IM) or nasal							

WEBSITE: www.vaers.hhs.gov E-MAIL: info@vaers.org FAX: 1-877-721-0366

VACCINE ADVERSE EVENT REPORTING SYSTEM

24 Hour Toll-Free Information 1-800-822-7967
P.O. Box 1100, Rockville, MD 20849-1100
PATIENT IDENTITY KEPT CONFIDENTIAL

For CDC/FDA Use Only
VAERS Number _____
Date Received _____

Patient Name: _____
Last First M.I.
Address _____
City State Zip
Telephone no. (____) _____

Vaccine administered by (Name): _____
Responsible Physician _____
Facility Name/Address _____
City State Zip
Telephone no. (____) _____

Form completed by (Name): _____
Relation to Patient ☐ Vaccine Provider ☐ Patient/Parent ☐ Manufacturer ☐ Other
Address *(if different from patient or provider)* _____
City State Zip
Telephone no. (____) _____

1. State
2. County where administered
3. Date of birth ___/___/___ mm dd yy
4. Patient age
5. Sex ☐ M ☐ F
6. Date form completed ___/___/___ mm dd yy

7. Describe adverse events(s) (symptoms, signs, time course) and treatment, if any

8. Check all appropriate:
☐ Patient died (date ___/___/___ mm dd yy)
☐ Life threatening illness
☐ Required emergency room/doctor visit
☐ Required hospitalization (_____days)
☐ Resulted in prolongation of hospitalization
☐ Resulted in permanent disability
☐ None of the above

9. Patient recovered ☐ YES ☐ NO ☐ UNKNOWN

10. Date of vaccination ___/___/___ mm dd yy
Time _____ AM PM

11. Adverse event onset ___/___/___ mm dd yy
Time _____ AM PM

12. Relevant diagnostic tests/laboratory data

13. Enter all vaccines given on date listed in no. 10

	Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous Doses
a.					
b.					
c.					
d.					

14. Any other vaccinations within 4 weeks prior to the date listed in no. 10

	Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses	Date given
a.						
b.						

15. Vaccinated at:
☐ Private doctor's office/hospital
☐ Public health clinic/hospital
☐ Military clinic/hospital
☐ Other/unknown

16. Vaccine purchased with:
☐ Private funds
☐ Public funds
☐ Military funds
☐ Other/unknown

17. Other medications

18. Illness at time of vaccination (specify)

19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)

20. Have you reported this adverse event previously? ☐ No ☐ To health department ☐ To doctor ☐ To manufacturer

Only for children 5 and under

22. Birth weight _____ lb. _____ oz.

23. No. of brothers and sisters

21. Adverse event following prior vaccination (check all applicable, specify)

	Adverse Event	Onset Age	Type Vaccine	Dose no. in series
☐ In patient				
☐ In brother or sister				

Only for reports submitted by manufacturer/immunization project

24. Mfr./imm. proj. report no.

25. Date received by mfr./imm.proj.

26. 15 day report? ☐ Yes ☐ No

27. Report type ☐ Initial ☐ Follow-Up

Health care providers and manufacturers are required by law (42 USC 300aa-25) to report reactions to vaccines listed in the Table of Reportable Events Following Immunization. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.

Form VAERS-1(FDA)

"Fold in thirds, tape & mail — DO NOT STAPLE FORM"

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES OR APO/FPO

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1895 ROCKVILLE, MD

POSTAGE WILL BE PAID BY ADDRESSEE

VAERS
P.O. Box 1100
Rockville MD 20849-1100

DIRECTIONS FOR COMPLETING FORM

(Additional pages may be attached if more space is needed.)

GENERAL

- Use a separate form for each patient. Complete the form to the best of your abilities. Items 3, 4, 7, 8, 10, 11, and 13 are considered essential and should be completed whenever possible. Parents/Guardians may need to consult the facility where the vaccine was administered for some of the information (such as manufacturer, lot number or laboratory data.)
- Refer to the Reportable Events Table (RET) for events mandated for reporting by law. Reporting for other serious events felt to be related but not on the RET is encouraged.
- Health care providers other than the vaccine administrator (VA) treating a patient for a suspected adverse event should notify the VA and provide the information about the adverse event to allow the VA to complete the form to meet the VA's legal responsibility.
- These data will be used to increase understanding of adverse events following vaccination and will become part of CDC Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems". Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.
- Postage will be paid by addressee. Forms may be photocopied (must be front & back on same sheet).

SPECIFIC INSTRUCTIONS

Form Completed By: To be used by parents/guardians, vaccine manufacturers/distributors, vaccine administrators, and/or the person completing the form on behalf of the patient or the health professional who administered the vaccine.

Item 7: Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, duration of symptoms, diagnosis, treatment and recovery should be noted.

Item 9: Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if the patient has not returned to the pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.

Item 10: and 11: Give dates and times as specifically as you can remember. If you do not know the exact time, please indicate "AM" or "PM" when possible if this information is known. If more than one adverse event, give the onset date and time for the most serious event.

Item 12: Include "negative" or "normal" results of any relevant tests performed as well as abnormal findings.

Item 13: List ONLY those vaccines given on the day listed in Item 10.

Item 14: List any other vaccines that the patient received within 4 weeks prior to the date listed in Item 10.

Item 16: This section refers to how the person who gave the vaccine purchased it, not to the patient's insurance.

Item 17: List any prescription or non-prescription medications the patient was taking when the vaccine(s) was given.

Item 18: List any short term illnesses the patient had on the date the vaccine(s) was given (i.e., cold, flu, ear infection).

Item 19: List any pre-existing physician-diagnosed allergies, birth defects, medical conditions (including developmental and/or neurologic disorders) for the patient.

Item 21: List any suspected adverse events the patient, or the patient's brothers or sisters, may have had to previous vaccinations. If more than one brother or sister, or if the patient has reacted to more than one prior vaccine, use additional pages to explain completely. For the onset age of a patient, provide the age in months if less than two years old.

Item 26: This space is for manufacturers' use only.

National Childhood Vaccine Injury Act
Vaccine Injury Table[a]

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
I. Vaccines containing tetanus toxoid (e.g., DTaP, DTP, DT, Td, TT)	A. Anaphylaxis or anaphylactic shock B. Brachial neuritis C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed.	4 hours 2-28 days Not applicable
II. Vaccines containing whole cell pertussis bacteria, extracted or partial cell pertussis bacteria, or specific pertussis antigen(s) (e.g., DTP, DTaP, P, DTP-Hib).	A. Anaphylaxis or anaphylactic shock B. Encephalopathy (or encephalitis) C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed.	4 hours 72 hours Not applicable
III. Measles, mumps and rubella vaccine or any of its components (e.g., MMR, MR, M, R)	A. Anaphylaxis or anaphylactic shock B. Encephalopathy (or encephalitis) C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed.	4 hours 5-15 days (not less than 5 days and not more than 15 days) Not applicable
IV. Vaccines containing rubella virus (e.g., MMR, MR, R)	A. Chronic arthritis B Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed.	7-42 days Not applicable
V. Vaccines containing measles virus (e.g., MMR, MR, M)	A Thrombocytopenic purpura B. Vaccine-Strain Measles Viral Infection in an immunodeficient recipient C Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed.	7-30 days 6 months Not applicable
VI. Vaccines containing polio live virus (OPV)	A. Paralytic polio --- in a non-immunodeficient recipient --- in an immunodeficient recipient --- in a vaccine assoc. community case B. Vaccine-strain polio viral infection --- in a non-immunodeficient recipient --- in an immunodeficient recipient --- in a vaccine assoc. community case	 30 days 6 months Not applicable 30 days 6 months

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
	C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed.	Not applicable Not applicable
VII. Vaccines containing polio inactivated (e.g., IPV)	A Anaphylaxis or anaphylactic shock B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed.	4 hours Not applicable
VIII. Hepatitis B. vaccines	A. Anaphylaxis or anaphylactic shock B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed.	4 hours Not applicable
IX. Hemophilus influenzae type b polysaccharide conjugate vaccines	No Condition Specified	Not applicable
X. Varicella vaccine	No Condition Specified	Not applicable
XI. Rotavirus vaccine	No Condition Specified	Not applicable
XII. Pneumococcal conjugate vaccines	No Condition Specified	Not applicable
XIII. Hepatitis A vaccines	No Condition Specified	Not applicable
XIV. Trivalent influenza vaccines	No Condition Specified	Not applicable
XV. Meningococcal vaccines	No Condition Specified	Not applicable
XVI. Human papillomavirus (HPV) vaccines	No Condition Specified	Not applicable
XII. Any new vaccine recommended by the Centers for Disease Control and Prevention for routine administration to children, after publication by Secretary, HHS of a notice of coverage[b,c,d]	No Condition Specified	Not applicable

[a]**Effective date: July 22, 2011** See Revisions to the Vaccine Injury Table, www.hrsa.gov/vaccinecompensation/tablerevisions06222011.pdf

Qualifications and Aids to Interpretation

(1) Anaphylaxis and anaphylactic shock mean an acute, severe, and potentially lethal systemic allergic reaction. Most cases resolve without sequelae. Signs and symptoms begin minutes to a few hours after exposure. Death, if it occurs, usually results from airway obstruction caused by laryngeal edema or bronchospasm and may be associated with cardiovascular collapse. Other significant clinical signs and symptoms may include the following: Cyanosis, hypotension, bradycardia, tachycardia, arrhythmia, edema of the pharynx and/or trachea and/or larynx with stridor and dyspnea. Autopsy findings may include acute emphysema which results from lower respiratory tract obstruction, edema of the hypopharynx, epiglottis, larynx, or trachea and minimal findings of eosinophilia in the liver, spleen and lungs. When death occurs within minutes of exposure and without signs ofrespiratory distress, there may not be significant pathologic findings.

(2) Encephalopathy. For purposes of the Vaccine Injury Table, a vaccine recipient shall be considered to have suffered an encephalopathy only if such recipient manifests, within the applicable period, an injury meeting the description below of an acute encephalopathy, and then a chronic encephalopathy persists in such person for more than 6 months beyond the date of vaccination.

(i) An acute encephalopathy is one that is sufficiently severe so as to require hospitalization (whether or not hospitalization occurred).

(A) For children less than 18 months of age who present without an associated seizure event, an acute encephalopathy is indicated by a "significantly decreased level of consciousness" (see "D" below) lasting for at least 24 hours. Those children less than 18 months of age who present following a seizure shall be viewed as having an acute encephalopathy if their significantly decreased level of consciousness persists beyond 24 hours and cannot be attributed to a postictal state (seizure) or medication.

(B) For adults and children 18 months of age or older, an acute encephalopathy is one that persists for at least 24 hours and characterized by at least two of the following:

(1) A significant change in mental status that is not medication related; specifically a confusional state, or a delirium, or a psychosis;

(2) A significantly decreased level of consciousness, which is independent of a seizure and cannot be attributed to the effects of medication; and

(3) A seizure associated with loss of consciousness.

(C) Increased intracranial pressure may be a clinical feature of acute encephalopathy in any age group.

(D) A "significantly decreased level of consciousness" is indicated by the presence of at least one of the following clinical signs for at least 24 hours or greater (see paragraphs (2)(I)(A) and (2)(I)(B) of this section for applicable timeframes):

(1) Decreased or absent response to environment (responds, if at all, only to loud voice or painful stimuli);

(2) Decreased or absent eye contact (does not fix gaze upon family members or other individuals); or

(3) Inconsistent or absent responses to external stimuli (does not recognize familiar people or things).

(E) The following clinical features alone, or in combination, do not demonstrate an acute encephalopathy or a significant change in either mental status or level of consciousness as described above: Sleepiness, irritability (fussiness), high-pitched and unusual screaming, persistent inconsolable crying, and bulging fontanelle. Seizures in themselves are not sufficient to constitute a diagnosis of encephalopathy. In the absence of other evidence of an acute encephalopathy, seizures shall not be viewed as the first symptom or manifestation of the onset of an acute encephalopathy.

(ii) Chronic encephalopathy occurs when a change in mental or neurologic status, first manifested during the applicable time period, persists for a period of at least 6 months from the date of vaccination. Individuals who return to a normal neurologic state after the acute encephalopathy shall not be presumed to have suffered residual neurologic damage from that event; any subsequent chronic encephalopathy shall not be presumed to be a sequela of the acute encephalopathy. If a preponderance of the evidence indicates that a child's chronic encephalopathy is secondary to genetic, prenatal or perinatal factors, that chronic encephalopathy shall not be considered to be a condition set forth in the Table.

(iii) An encephalopathy shall not be considered to be a condition set forth in the Table if in a proceeding on a petition, it is shown by a preponderance of the evidence that the encephalopathy was caused by an infection, a toxin, a metabolic disturbance, a structural lesion, a genetic disorder or trauma (without regard to whether the cause of the infection, toxin, trauma, metabolic disturbance, structural lesion or genetic disorder is known). If at the time a decision is made on a petition filed under section 2111(b) of the Act for a vaccine-

related injury or death, it is not possible to determine the cause by a preponderance of the evidence of an encephalopathy, the encephalopathy shall be considered to be a condition set forth in the Table.

(iv) In determining whether or not an encephalopathy is a condition set forth in the Table, the Court shall consider the entire medical record.

(3) Seizure and convulsion. For purposes of paragraphs (b)(2) of this section, the terms, "seizure" and "convulsion" include myoclonic, generalized tonic-clonic (grand mal), and simple and complex partial seizures. Absence (petit mal) seizures shall not be considered to be a condition set forth in the Table. Jerking movements or staring episodes alone are not necessarily an indication of seizure activity.

(4) Sequela. The term "sequela" means a condition or event which was actually caused by a condition listed in the Vaccine Injury Table.

(5) Chronic Arthritis. For purposes of the Vaccine Injury Table, chronic arthritis may be found in a person with no history in the 3 years prior to vaccination of arthropathy (joint disease) on the basis of:

A) Medical documentation, recorded within 30 days after the onset, of objective signs of acute arthritis (joint swelling) that occurred between 7 and 42 days after a rubella vaccination;

(B) Medical documentation (recorded within 3 years after the onset of acute arthritis) of the persistence of objective signs of intermittent or continuous arthritis for more than 6 months following vaccination:

(C) Medical documentation of an antibody response to the rubella virus.

For purposes of the Vaccine Injury Table, the following shall not be considered as chronic arthritis: Musculoskeletal disorders such as diffuse connective tissue diseases (including but not limited to rheumatoid arthritis, juvenile rheumatoid arthritis, systemic lupus erythematosus, systemic sclerosis, mixed connective tissue disease, polymyositis/dermatomyositis, fibromyalgia, necrotizing vasculitis and vasculopathies and Sjogren's Syndrome), degenerative joint disease, infectious agents other than rubella (whether by direct invasion or as an immune reaction), metabolic and endocrine diseases, trauma, neoplasms, neuropathic disorders, bone and cartilage disorders and arthritis associated with ankylosing spondylitis, psoriasis, inflammatory bowel disease, Reiter's syndrome, or blood disorders.

Arthralgia (joint pain) or stiffness without joint swelling shall not be viewed as chronic arthritis for purposes of the Vaccine Injury Table.

(6) Brachial neuritis is defined as dysfunction limited to the upper extremity nerve plexus (i.e., its trunks, divisions, or cords) without involvement of other peripheral (e.g., nerve roots or a single peripheral nerve) or central (e.g., spinal cord) nervous system structures. A deep, steady, often severe aching pain in the shoulder and upper arm usually heralds onset of the condition. The pain is followed in days or weeks by weakness and atrophy in upper extremity muscle groups. Sensory loss may accompany the motor deficits, but is generally a less notable clinical feature. The neuritis, or plexopathy, may be present on the same side as or the opposite side of the injection; it is sometimes bilateral, affecting both upper extremities. Weakness is required before the diagnosis can be made. Motor, sensory, and reflex findings on physical examination and the results of nerve conduction and electromyographic studies must be consistent in confirming that dysfunction is attributable to the brachial plexus. The condition should thereby be distinguishable from conditions that may give rise to dysfunction of nerve roots (i.e., radiculopathies) and peripheral nerves (i.e., including multiple mononeuropathies), as well as other peripheral and central nervous system structures (e.g., cranial neuropathies and myelopathies).

(7) Thrombocytopenic purpura is defined by a serum platelet count less than 50,000/mm3. Thrombocytopenic purpura does not include cases of thrombocytopenia associated with other causes such as hypersplenism, autoimmune disorders (including alloantibodies from previous transfusions) myelodysplasias, lymphoproliferative disorders, congenital thrombocytopenia or hemolytic uremic syndrome. This does not include cases of immune (formerly called idiopathic) thrombocytopenic purpura (ITP) that are mediated, for example, by viral or fungal infections, toxins or drugs. Thrombocytopenic purpura does not include cases of thrombocytopenia associated with disseminated intravascular coagulation, as observed with bacterial and viral infections. Viral infections include, for example, those infections secondary to Epstein Barr virus, cytomegalovirus, hepatitis A and B, rhinovirus, human immunodeficiency virus (HIV), adenovirus, and dengue virus. An antecedent viral infection may be demonstrated by clinical signs and symptoms and need not be confirmed by culture or serologic testing. Bone marrow examination, if performed, must reveal a normal or an increased number of megakaryocytes in an otherwise normal marrow.

(8) Vaccine-strain measles viral infection is defined as a disease caused by the vaccine-strain that should be determined by vaccine-specific monoclonal antibody or polymerase chain reaction tests.

(9)Vaccine-strain polio viral infection is defined as a disease caused by poliovirus that is isolated from the affected tissue and should be determined to be the vaccine-strain by oligonucleotide or polymerase chain reaction. Isolation

of poliovirus from the stool is not sufficient to establish a tissue specific infection or disease caused by vaccine-strain poliovirus.

Connecticut Vaccine Program

Vaccine Order Form (VOF)

FAX TO: 860-509-8371 or email: DPH.IMMUNIZATIONS@ct.gov

1. As a requirement of this program, your VOF is due on or before the first business day of each month, even if you do not need additional vaccine.
2. Complete the box below with any dates your practice will be closed this month. Do not include weekends.
3. Balance your inventory from last month's report to match your our current physical inventory:
   (inventory + order – DA) = actual inventory (+ / – transfers & returns).
4. Calculate your order up to at least a 5 week supply of vaccine.
5. Report doses administered totals with **WHOLE NUMBERS ONLY**.
6. Please retain copies of this report for three years.
7. Report state-supplied vaccine only. **Questions?** Please Call: **(860) 509-7929.** To download additional VOF's go to: www.ct.gov/dph/cvp/cwp/view.asp?a=313&q=511138

Facility Name and Shipping Address	Date of Report	Completed by	Dates Practice will be closed for the month. Do not include weekends.	Provider PIN #
	Doses Administered Month / Year Reporting:	Phone Number		

Vaccine Products			Order	Inventory									Doses Administered Totals
Vaccine	Brand & NDC#	Doses Per Pack	Doses Ordered	Doses on Hand	Expiration Date	Lot #	Doses on Hand	Expiration Date	Lot #	Doses on Hand	Expiration Date	Lot #	
DTaP/IPV/HIB	**Pentacel** 49281-0510-05	5											
DTaP/IPV/HepB	**Pediarix** 58160-0811-52	10											
DTaP	**Infanrix** *58160-0810-52*	10											
	Daptacel *49281-0286-10*	10											
HIB	**ActHIb** *49281-0545-05*	5											
	Pedvax *00006-4897-00*	10											
IPV	**IPOL** *49281-0860-10*	10											
Hepatitis B	**Engerix-B** *58160-0820-11*	10											
	Recombivax *00006-4981-00*	10											
HPV	**Gardasil** *00006-4045-41*	10											
	Cervarix *58160-0830-52*	10											

Facility Name Vaccine Products			Order	Inventory									PIN #
Vaccine	Brand NDC #	Doses Per Pack	Doses Ordered	Doses on Hand	Expiration Date	Lot #	Doses on Hand	Expiration Date	Lot #	Doses on Hand	Expiration Date	Lot #	Doses Administered Totals
Rotarvirus	**Rotarix** *58160-0854-52*	10											
	Rotateq *00006-4047-41*	10											
PCV13 Pneumo. Conj.	**Prevnar** *00005-1971-02*	10											
Hepatitis A	**Havrix** *58160-0825-11*	10											
	Vaqta *00006-4831-41*	10											
MMR	**MMRII** *00006-4681-00*	10											
Varicella	**Varivax** *00006-4827-00*	10											
DTaP/IPV	**Kinrix** *58160-0812-11*	10											
Meningococcal Conjugate	**Menactra** *49281-0589-05*	5											
	Menveo *46028-0208-01*	5											
Tdap	**Boostrix** *58160-0842-11*	10											
	Adacel *49281-0400-10*	10											
MMRV	**ProQuad** *00006-4999-00*	10											
Td	**Tenivac** *49281-0215-10*	10											
Influenza .25mL 6-35 mos.	**Fluzone** Sanofi –Syr *49281-0514-25*	10											
Influenza *.5 mL 3-18 yrs*	**Fluzone** *Sanofi –Syr* *49281-0414-50*	10											
	Fluzone *Sanofi-Vial* *49281-0414-10*	10											
	Fluarix *GSK-Syr* *58160-0901-52*	10											
Influenza .2mL 2-18 yrs	**FluMist** MedImmune 66019-0301-10	10											
Meningococcal Coniugate/Hib	MenHibrix GSK-Vial 58160-0801-11	1											

Revised 10/14

Connecticut Vaccine Program

Vaccine Order Form Instruction Sheet

How To Submit Your Vaccine Order Form (VOF)

- Please FAX or email your VOF to the Immunization Program each month even if you do not require additional vaccine. Forms must be received by the 1st business day of the month.
- Fillable pdf forms are available on our website at www.ct.gov/dph/cvp. You may either FAX the completed forms to 860-509-8371 or email them to our central email address: dph.immunizations@ct.gov.
- If emailing, please save the document as a pdf file and name the form with your pin number first and then the name of the document. For example: PIN *2000.VOF.pdf.* Attach your completed form and email to our central email address. We recommend that you save and print a copy for your records. Please note that this email address is only for receiving and processing forms. Please call the program at 860-509-7929 with any questions.

Identification & Shipping information

- Complete all the information at the top of form including facility name, vaccine shipping address, date of order, completed by, PIN and phone.
- Complete the box with any dates your practice will be closed during the month. Do not include weekends.
- **IMPORTANT! Please notify the immunization program if changes have occurred to your name, shipping address, hours and days to receive vaccine.**

Order

- Indicate number of doses needed for each vaccine. Round up to the nearest whole number of doses per pack according to the VOF. Do not order by number of boxes.
- It is recommended that providers maintain at least a 5 week supply of vaccine in inventory to avoid running out of vaccine.

Vaccine Inventory

- The Centers for Disease Control and Prevention (CDC) requires inventory tracking by NDC, lot number, and expiration date. Indicate number of doses on hand for each lot number and expiration date. Four spaces per vaccine have been provided to record this data. If you have more than four lot numbers, please indicate additional vaccine inventory on a separate vaccine form and note this as an addendum to vaccine inventory accounting.
- Balance inventory from last month's report to physical current inventory: (inventory + order – DA) = actual inventory (+ / – transfers & returns).

Expiration Dates

- Record complete expiration dates for all state supplied inventory. If vaccines are approaching their expiration dates and may expire before they can be used an attempt to transfer the vaccine to another practice should be made 4 months before expiration. Please call the Immunization Program to help facilitate transfer of the vaccine.

Doses Administered Data

- **ONLY DOSES ADMINISTERED WITH STATE SUPPLIED VACCINE should be included in this count.**
- Indicate the **Month and Year** for which you are reporting administration data. Record all totals as whole numbers, please do not use hash or tick marks.

Thank you for following the above instructions. VOFs that are complete and accurate enable us to process your order quickly!

Revised 9/12

Connecticut Vaccine Program

Vaccine Discrepancy Report

If you did not receive all requested doses from this month's vaccine order and wish to file a descrepancy report, please complete the form below and send to the Immunization Program for review. Fax this completed form to 860-509-8371 or e-mail to dph.immunizations@ct.gov.

Name of Facility		Date of Order	Completed By	Provider Pin:

Vaccine	Brand Name	Doses Requested	Doses Received	Comments

Dept. of Public Health • Immunizations Program • 410 Capitol Avenue; Hartford, Connecticut 06134 Phone (860) 509-7929 • Fax (860) 509-8371 • www.ct.gov/dph/immunizations

Connecticut Vaccine Program

Vaccine Storage & Handling Information

Connecticut Department of Public Health; 410 Capital Avenue, MS#11MUN; Hartford, CT 06134-0308
(860) 509-7929 www.ct.gov/dph/immunizations

Checklist for Safe Vaccine Storage and Handling

Are you doing everything you should to safeguard your vaccine supply? Review this list to see where you might make improvements in your vaccine management practices. Check each listed item with either YES *or* NO.

Establish Storage and Handling Policies

YES NO 1. We have designated a primary vaccine coordinator and at least one alternate coordinator to be in charge of vaccine storage and handling at our facility.

YES NO 2. Both the primary and alternate vaccine coordinator(s) have completely reviewed either CDC's Vaccine Storage & Handling Toolkit (www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf) or equivalent training materials offered by our state or local health department's immunization program.

YES NO 3. We have detailed, up-to-date, written policies for general vaccine management, including policies for routine activities and an emergency vaccine retrieval and storage plan for power outages and other problems. Our policies are based on CDC's Vaccine Storage & Handling Toolkit and/or on instruction from our state or local health department's immunization program.

YES NO 4. We review these policies with all staff annually and with new staff, including temporary staff, when they are hired.

Log In New Vaccine Shipments

5. We maintain a vaccine inventory log that we use to document the following:

YES NO a. Vaccine name and number of doses received

YES NO b. Date we received the vaccine

YES NO c. Condition of vaccine when we received it

YES NO d. Vaccine manufacturer and lot number

YES NO e. Vaccine expiration date

Use Proper Storage Equipment

YES NO 6. We store vaccines in separate, self-contained units that refrigerate or freeze only. If we must use a household-style combination unit, we use it only for storage of our refrigerated vaccines, maintaining frozen vaccines in a separate stand-alone freezer.

YES NO 7. We store vaccines in units with enough room to maintain the year's largest inventory without crowding.

YES NO 8. We never store any vaccines in a dormitory-style unit (a small combination freezer-refrigerator unit with the freezer compartment inside the refrigerator).

YES NO 9. We use only calibrated thermometers that have a Certificate of Traceability and Calibration Testing* ("Report of Calibration") and are calibrated every 1 to 2 years from the last calibration testing date or according to the manufacturer's suggested timeline.

YES NO 10. We have planned back-up storage unit(s) in the event of a power failure or other unforeseen event.

* Certificate of Traceability and Calibration Testing ("Report of Calibration") with calibration measurements traceable to a laboratory with accreditation from the International Laboratory Accreditation Cooperations (ILAC) Mutual Recognition Arrangement (MRA) signatory body.

continued on page 2 ▶

Technical content reviewed by the Centers for Disease Control and Prevention

Immunization Action Coalition St. Paul, Minnesota ▪ 651-647-9009 ▪ www.immunize.org ▪ www.vaccineinformation.org

www.immunize.org/catg.d/p3035.pdf ▪ Item #P3035 (10/13)

Ensure Optimal Operation of Storage Units

YES NO 11. We have a "Do Not Unplug" sign (e.g., www.immunize.org/catg.d/p2090.pdf) next to the electrical outlets for the refrigerator and freezer and a "Do Not Stop Power" warning label (e.g., www.immunize.org/catg.d/p2091.pdf) by the circuit breaker for the electrical outlets. Both signs include emergency contact information.

YES NO 12. We perform regular maintenance on our vaccine storage units to assure optimal functioning. For example, we keep the units clean, dusting the coils and cleaning beneath the units every 3–6 months.

Maintain Correct Temperatures

YES NO 13. We always keep at least one accurate calibrated thermometer (+/-1°F [+/-0.5°C]) with the vaccines in the refrigerator and a separate calibrated thermometer with the vaccines in the freezer.

YES NO 14. We use a thermometer that

YES NO a. uses an active display to provide continuous monitoring information

YES NO b. is digital and has a probe in a glycol-filled bottle

YES NO c. includes an alarm for out-of-range temperatures

YES NO d. has a reset button with a min/max display (applies only to thermometers that have a data logger)

YES NO e. is capable of showing the current temperature, as well as minimum and maximum temperatures

YES NO f. can measure temperatures within +/-1°F (+/-0.5°C)

YES NO g. has a low-battery indicator

YES NO 15. We maintain the refrigerator temperature at 35–46°F (2–8°C), and we aim for 40°F (5°C).

YES NO 16. We maintain the freezer at an average temperature of +5°F (-15°C) or colder, but no colder than -58°F (-50°C).

YES NO 17. We keep extra containers of water in the refrigerator (e.g., in the door and/or on the floor of the unit where the vegetable bins were located) to help maintain cool temperatures. We keep ice packs or ice-filled containers in the freezer to help maintain cold temperatures.

Maintain Daily Temperature Logs

YES NO 18. On days when our practice is open, we visually inspect the vaccine storage unit twice a day (first thing in the morning and right before our facility closes) and document refrigerator and freezer temperatures on the appropriate log. (See selections at www.immunize.org/clinic/storage-handling.asp.)

YES NO 19. We document the minimum and maximum temperature readings in the refrigerator and freezer once each day, preferably in the morning.

YES NO 20. We consistently record temperatures on the log either in Fahrenheit or Celsius. We never mix temperature scales when we record our temperatures.

YES NO 21. If the temperature log prompts us to insert an "x" by the temperature that's preprinted on the form, we do not attempt to write in the actual temperature.

YES NO 22. We follow the directions on the temperature log to call appropriate personnel if the temperature in a storage unit goes out of range.

YES NO 23. If out-of-range temperatures occur in the unit, we complete the Vaccine Storage Troubleshooting Record (www.immunize.org/catg.d/p3041.pdf) to document actions taken when the problem was discovered and what was done to prevent a recurrence of the problem.

YES NO 24. Trained staff (other than staff designated to record the temperatures) review the temperature logs weekly.

YES NO 25. We keep the temperature logs on file for at least 3 years.

continued on page 3 ▶

Store Vaccines Correctly

YES NO 26. We post signs (e.g., www.immunize.org/catg.d/p3048.pdf) on the doors of the refrigerator and freezer that indicate which vaccines should be stored in the refrigerator and which in the freezer.

YES NO 27. We do not store any food or drink in any vaccine storage unit.

YES NO 28. We store vaccines in the middle of the refrigerator or freezer (away from walls and vents), leaving room for air to circulate around the vaccine. We never store vaccine in the doors.

YES NO 29. We have removed all vegetable and deli bins from the storage unit, and we do not store vaccines in these empty areas.

YES NO 30. If we must use a combination refrigerator-freezer unit, we store vaccines only in the refrigerator section of the unit. We do not place vaccines in front of the cold-air outlet that leads from the freezer to the refrigerator (often near the top shelf). In general, we try to avoid storing vaccines on the top shelf, and we place water bottles in this location.

YES NO 31. We check vaccine expiration dates and rotate our supply of each type of vaccine so that vaccines with the shortest expiration dates are located close to the front of the storage unit, facilitating easy access.

YES NO 32. We store vaccines in their original packaging in clearly labeled uncovered containers.

Take Emergency Action As Needed

33. In the event that vaccines are exposed to improper storage conditions, we take the following steps:

YES NO a. We restore proper storage conditions as quickly as possible. If necessary, we label the vaccine "Do Not Use" and move it to a unit where it can be stored under proper conditions. We do not discard the vaccine before discussing the circumstances with our state/local health department and/or the appropriate vaccine manufacturers.

YES NO b. We follow the Vaccine Storage Troubleshooting Record's (www.immunize.org/catg.d/p3041.pdf) instructions for taking appropriate action and documenting the event. This includes recording details such as the length of time the vaccine was out of appropriate storage temperatures and the current room temperature, as well as taking an inventory of affected vaccines.

YES NO c. We contact our clinic supervisor or other appropriate clinic staff to report the incident. We contact our state/local health department and/or the appropriate vaccine manufacturers for consultation about whether the exposed vaccine can still be used.

YES NO d. We address the storage unit's mechanical or electrical problems according to guidance from the unit's manufacturer or a qualified repair service.

YES NO e. In responding to improper storage conditions, we do not make frequent or large changes in thermostat settings. After changing the setting, we give the unit at least a day to stabilize its temperature.

YES NO f. We do not use exposed vaccines until our state/local health department's immunization program or the vaccine manufacturer has confirmed that the vaccine is acceptable for use. We review this information with our clinic medical director before returning the vaccine to our supply. If the vaccine is not acceptable for use, we follow our state/local health department instructions for vaccine disposition.

If we answer YES to all of the above, we give ourselves a pat on the back! If not, we assign someone to implement needed changes!

Technical content reviewed by the Centers for Disease Control and Prevention

Vaccine Storage & Handling Toolkit

May 2014

TO VIEW OR PRINT GO TO: http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf

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

Temperature Log for Refrigerator – Fahrenheit

DAYS 1–15

Month/Year _____ VFC PIN or other ID # _____

Facility Name _____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Record temps twice each workday.
3. Record the min/max temps once each workday—preferably in the morning.
4. Put an "X" in the row that corresponds to the refrigerator's temperature.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range—too warm (above 46°F) or too cold (below 35°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials															
Exact Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Min/Max Temp (since previous reading)															
Danger! Temperatures above 46°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!															
TEMPERATURES 46°F															
45°F															
44°F															
43°F															
42°F															
41°F															
Aim for 40° 40°F															
ACCEPTABLE 39°F															
38°F															
37°F															
36°F															
35°F															
Danger! Temperatures below 35°F are too cold! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!															
ACTION Write any out-of-range temps (above 46°F or below 35°F) here:															
Room Temperature															

If you have a vaccine storage issue, also complete "Vaccine Storage Troubleshooting Record" found on page 3.

Adapted with appreciation from California Department of Public Health

DISTRIBUTED BY THE
IMMUNIZATION ACTION COALITION 1573 Selby Avenue • St. Paul, MN 55104 • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

Technical content reviewed by the Centers for Disease Control and Prevention
www.immunize.org/catg.d/p3037F.pdf • Item #P3037F (8/13)

Temperature Log for Refrigerator – Fahrenheit

DAYS 16–31

Month/Year _____ VFC PIN or other ID # _____

Facility Name _____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Record temps twice each workday.
3. Record the min/max temps once each workday—preferably in the morning.
4. Put an "X" in the row that corresponds to the refrigerator's temperature.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range—too warm (above 46°F) or too cold (below 35°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Staff Initials																
Exact Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Min/Max Temp (since previous reading)																
Danger! Temperatures above 46°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!																
TEMPERATURES — 46° F																
45° F																
44° F																
43° F																
42° F																
41° F																
Aim for 40° — 40° F																
ACCEPTABLE — 39° F																
38° F																
37° F																
36° F																
35° F																
Danger! Temperatures below 35°F are too cold! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!																
ACTION — Write any out-of-range temps (above 46°F or below 35°F) here:																
Room Temperature																

If you have a vaccine storage issue, also complete "Vaccine Storage Troubleshooting Record" found on page 3.

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Technical content reviewed by the Centers for Disease Control and Prevention
www.immunize.org/catg.d/p3037F.pdf • Item #P3037F (8/13)

Temperature Log for Freezer – Fahrenheit

DAYS 1–15

Month/Year _____ VFC PIN or other ID # _____

Facility Name _____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Record temps twice each workday.
3. Record the min/max temps once each workday—preferably in the morning.
4. Put an "X" in the row that corresponds to the freezer's temperature.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range—too warm (above 5°F) or too cold (below -58°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials															
Exact Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Min/Max Temp (since previous reading)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Danger! Temperatures above 5°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!															
ACCEPTABLE TEMPERATURES: 5°F															
4°F															
3°F															
2°F															
1°F															
0°F															
-1°F															
-2°F															
-3°F															
-4°F															
-58°F to -5°F															
ACTION: Write any out-of-range temps (above 5°F or below -58°F) here.															
Room Temperature															

If you have a vaccine storage issue, also complete "Vaccine Storage Troubleshooting Record" found on page 3.

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Technical content reviewed by the Centers for Disease Control and Prevention
www.immunize.org/catg.d/p3038F.pdf • Item #P3038F (9/13)

Temperature Log for Freezer – Fahrenheit

DAYS 16–31

Month/Year_____ VFC PIN or other ID #_____

Facility Name _____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Record temps twice each workday.
3. Record the min/max temps once each workday—preferably in the morning.
4. Put an "X" in the row that corresponds to the freezer's temperature.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range—too warm (above 5°F) or too cold (below -58°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Staff Initials																
Exact Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Min/Max Temp (since previous reading)																
Danger! Temperatures above 5°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!																
ACCEPTABLE TEMPERATURES: 5°F																
4°F																
3°F																
2°F																
1°F																
0°F																
-1°F																
-2°F																
-3°F																
-4°F																
-58°F to -5°F																
ACTION: Write any out-of-range temps (above 5°F or below -58°F) here.																
ACTION: Room Temperature																

If you have a vaccine storage issue, also complete "Vaccine Storage Troubleshooting Record" found on page 3.

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www.immunize.org/catg.d/p3038F.pdf • Item #P3038F (9/13)

Vaccine Storage Troubleshooting Record (check one) ☐ Refrigerator ☐ Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.
A fillable troubleshooting record (i.e., editable PDF or WORD document) can also be found at www.immunize.org/clinic/storage-handling.asp.

Date & Time of Event If multiple, related events occurred, see Description of Event below.	**Storage Unit Temperature** at the time the problem was discovered		**Room Temperature** at the time the problem was discovered	**Person Completing Report**	
Date:	Temp when discovered:		Temp when discovered:	Name:	
Time:	Minimum temp:	Maximum temp:	Comment (optional):	Title:	Date:

Description of Event *(If multiple, related events occurred, list each date, time, and length of time out of storage.)*

- General description (i.e., what happened?)
- Estimated length of time between event and last documented reading of storage temperature in acceptable range (35° to 46°F [2° to 8°C] for refrigerator; -58° to 5°F [-50° to -15°C] for freezer)
- Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.)
- At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer?
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?
- Include any other information you feel might be relevant to understanding the event.

Action Taken *(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)*

- When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer[s].)
- Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)
- IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

Results

- What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.)

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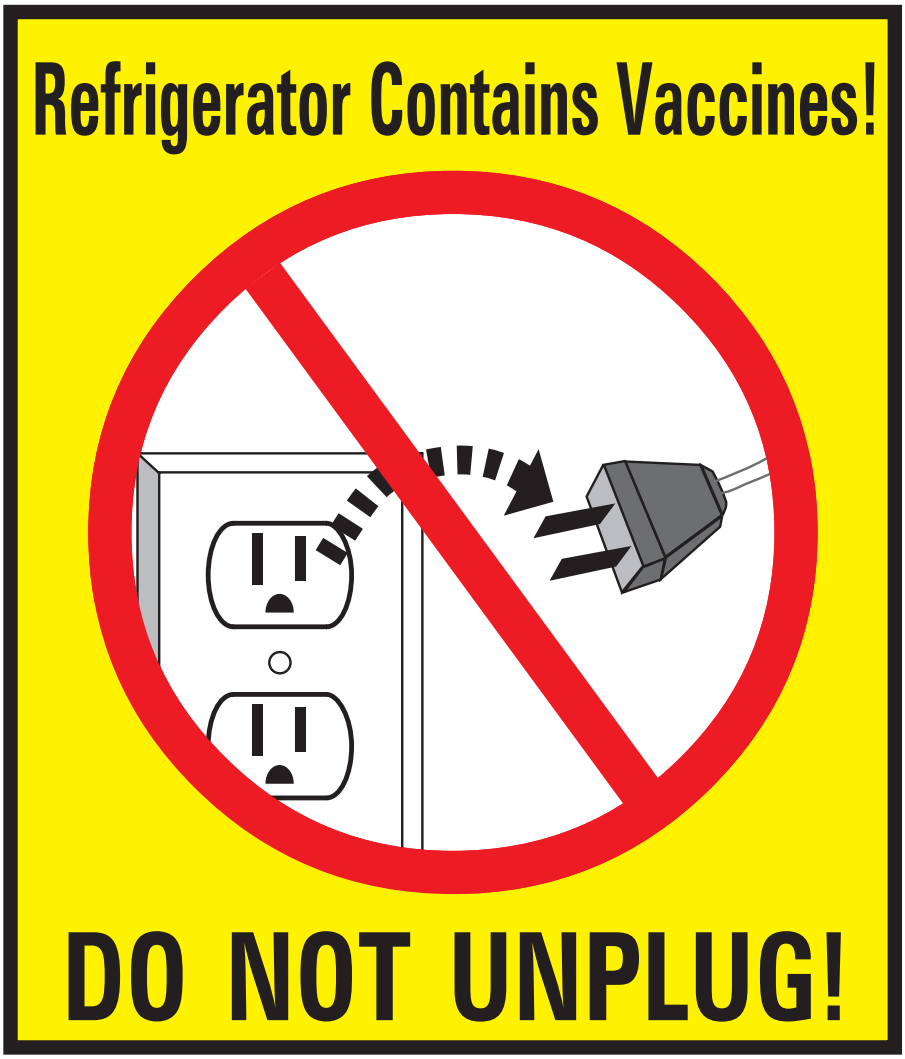
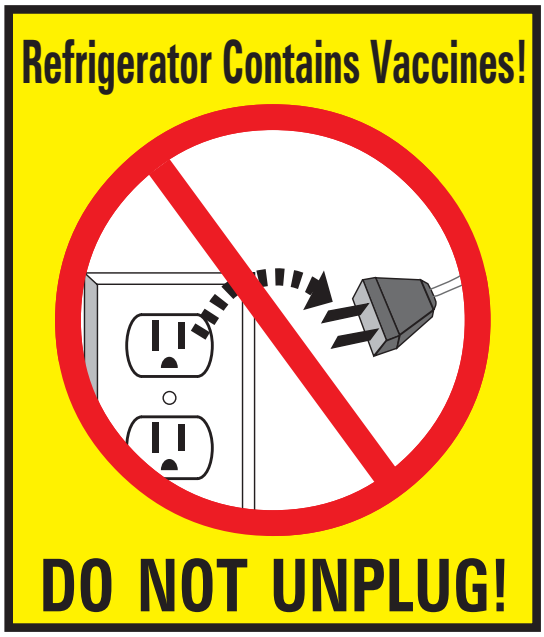
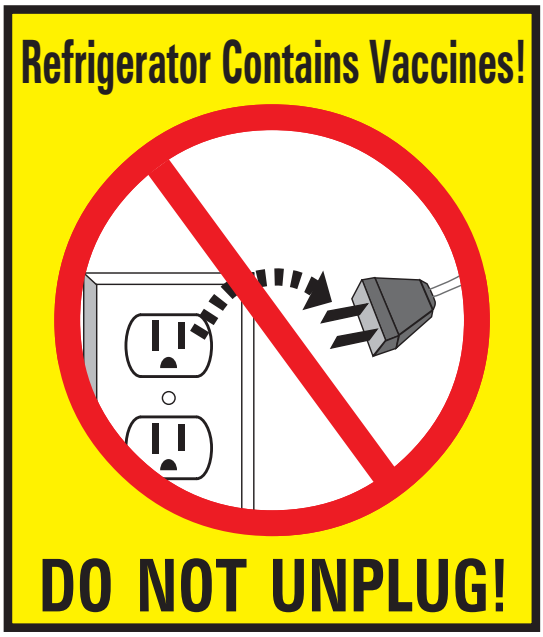
Technical content reviewed by the Centers for Disease Control and Prevention
www.immunize.org/catg.d/p3041.pdf • Item #P3041 (8/13)


Refrigerator Contains Vaccines!
DO NOT UNPLUG!


Refrigerator Contains Vaccines!
DO NOT UNPLUG!


Refrigerator Contains Vaccines!
DO NOT UNPLUG!

WARNING

Do not unplug the refrigerator/freezer or break circuit.
Expensive vaccine in storage.

In event of electrical problem, immediately contact:

WARNING

Do not unplug the refrigerator/freezer or break circuit.
Expensive vaccine in storage.

In event of electrical problem, immediately contact:

WARNING

Do not unplug the refrigerator/freezer or break circuit.
Expensive vaccine in storage.

In event of electrical problem, immediately contact:

Connecticut Immunization Program
Recommended Back-up Protocol for Vaccine Recovery

PRACTICE NAME: _____ PIN #: _____

CITY/TOWN:_____PHONE NUMBER: _____

PERSON COMPLETING FORM: _____ DATE:_____

The Back-up Plan must be reviewed annually and updated whenever personnel responsible for vaccines change. Please record the date in the space to the right each time the form is reviewed.

Date	Initials
/ /	
/ /	
/ /	
/ /	

This document offers guidance for developing a vaccine disaster recovery plan. Included are steps to follow when your refrigerator or freezer malfunctions due to mechanical failure or natural disaster. ***If you have any questions about vaccine transportation or stability call (860) 509-7929.***

I. Vaccine Recovery Plan

A. Designated Person(s)

Designate a Vaccine Coordinator and a Back-up person within your practice to:

- Monitor the operation of the vaccine storage equipment and systems daily;
- Track inclement weather conditions. Set up and maintain a monitoring/notification system during times of inclement weather or other conditions that would create a shut down in power. An alarm/notification system is recommended for practices with an inventory or $5,000 or more;
- Assure the appropriate handling of the vaccine during the disaster or power outage.
- Ensure procedures are in place to notify the Vaccine Coordinator and/or Back-up person if power is lost and that they have access on weekends and off hours.

Names of designated employees:

NAME	TITLE	HOME PHONE

B. Back-Up Systems

If you do not have a back-up generator, identify a location with one. This may be the local hospital, pharmacy, fire station, another practice, or an employee's home.

- Make arrangements with the site to store your vaccine there when weather predictions call for inclement conditions (severe ice/snow storms, hurricanes etc.) and when your vaccine storage equipment cannot be fixed or the power cannot be restored within 6 hours.

Document the location(s), contact person and phone number of your back-up system/generator:

Location Name/Phone #	Contact Person	Home Telephone Number

- Determine if your refrigerator is having a mechanical failure (no lights in the refrigerator, no fan noise, etc.) or if the building has lost electrical power. Check with building maintenance to ensure that the generator is operational and has been activated. If a time-frame for the restoration of electrical power cannot be determined, contact your back-up location for temporary storage of vaccine.
- In situations where a location with a back-up generator cannot be identified within a reasonable distance, preparations should be made to have coolers, and frozen ice packs available to temporarily and safely store your vaccine.

C. Transport of vaccine

- **Conduct an inventory before you transport vaccine.**
- **Package vaccine in a well-insulated container with ice packs.**
- Insulate refrigerated vaccine from direct contact with the ice packs by wrapping vaccine packaging in newspaper, bubble wrap, or a similar material. Do not expose refrigerated vaccine to freezing temperatures.
- Remember that varicella and MMRV vaccine must be kept frozen between -58°F and +5°F (-50°C to -5°C) and should be packaged separately from other vaccines (with the exception of MMR vaccine, which can be either kept frozen or refrigerated). Use of dry ice to transport varicella and MMRV may subject the vaccine to temperatures colder than recommended and should not be used.

D. Staff Training/Posted Information

Post your Vaccine Recovery Plan on or near the vaccine storage equipment. Ensure that all staff (current and new) read the plan and understand it as part of their orientation

E. Large Practices and Medical Centers

If you are a very large practice or a medical center, and have large quantity of vaccine, consider joining with other practices and rent a refrigerated truck to transport or store your vaccine. Have the name and telephone number of a local refrigeration company available. You will need to monitor the temperature of the refrigerated truck until you can get your vaccine safely returned to your office.

Refrigeration Company(s)	Telephone Number	Contact Person and Home Telephone Number

II. THINGS TO DO NOW…BEFORE IT IS TOO LATE!

A. Complete this plan and update as staff changes occur. It will only take a few minutes and may save you hours of work later, not to mention our federal and state tax dollars.

B. Fill the empty spaces in your refrigerator with jugs of water and line the sides and bottom of your freezer with ice packs. In the event that your refrigerator/freezer is out of order, this exercise will help maintain the temperature for a longer period of time.

III. IT IS IMPORTANT TO CUSTOMIZE A BACK-UP PLAN RELEVANT TO YOUR PRACTICE!

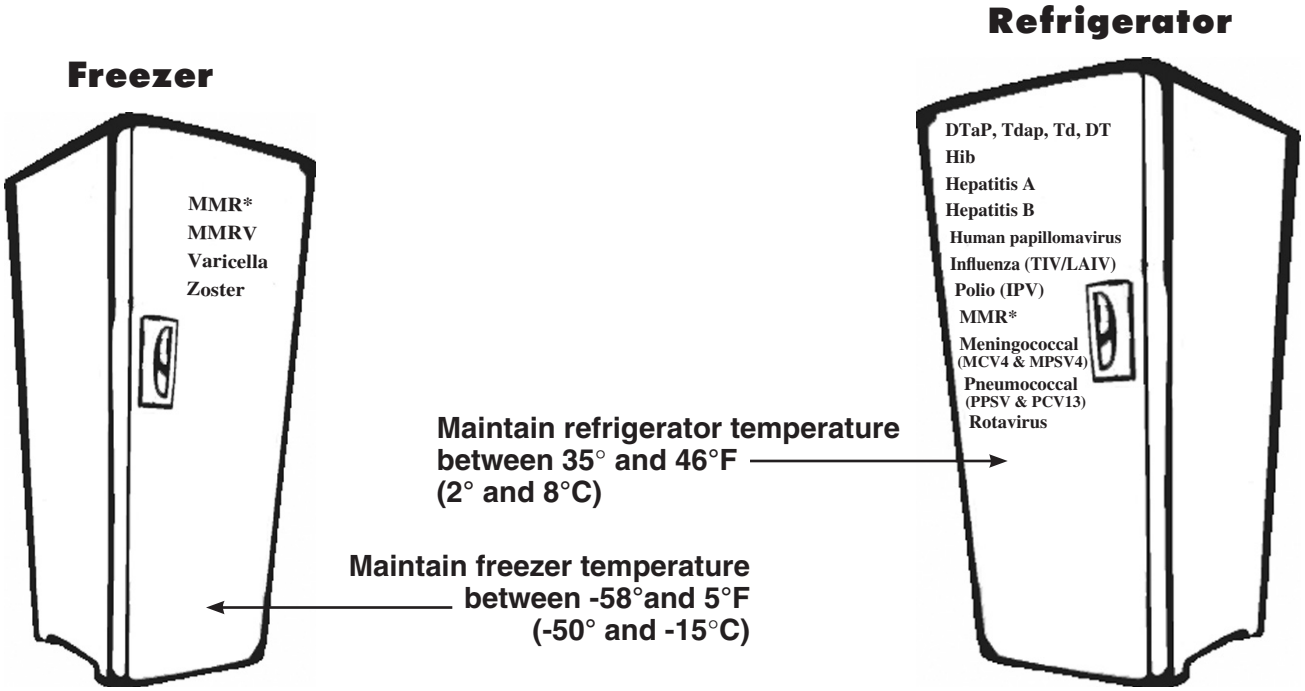
IV. HELPFUL HINTS

A. Fill a cup with water and put it in the freezer containing vaccine; once the water has frozen put a penny or paper clip on top of the frozen water. If you find the object has been frozen over you'll know the temperature rose above freezing at some point in time. This is especially helpful over a holiday weekend or school break.

B. Use the blinking light of a digital clock or microwave as an indicator that power was lost some time during closing hours.

Vaccine Handling Tips

Outdated or improperly stored vaccines won't protect patients!



Manage vaccine inventories.

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

Always use the vaccine with the soonest expiration date first.

Move vaccine with the soonest expiration date to the front of the storage unit and mark it to be used first. Keep vaccine vials in their original boxes.

Store vaccine appropriately.†

Place vaccines in refrigerator or freezer immediately upon receiving shipment. Keep vaccine vials in their original packaging. Place vaccine in clearly labeled wire baskets or other open containers with a 2–3" separation between baskets and from wall of unit. Separate vaccines that have been supplied from your state's Vaccines for Children program from vaccines that are privately purchased. Do not store vaccines in the door or on the floor of the unit.

Stabilize temperatures.

Store ice packs in the freezer and large jugs of water in the refrigerator along with the vaccines. This will help maintain a stable, cold temperature in case of a power failure or if the refrigerator or freezer doors are opened frequently or left open. Frequent opening of either the refrigerator or freezer door can lead to temperature variations inside, which could affect vaccine efficacy. For this reason you should not store food or beverages in the refrigerator or freezer.

Safeguard the electrical supply to the refrigerator.

Make sure the refrigerator and freezer are plugged into outlets in a protected area where they cannot be disconnected accidentally. Label the refrigerator, freezer, electrical outlets, fuses, and circuit breakers on the power circuit with information that clearly identifies the perishable nature of vaccines and the immediate steps to be taken in case of interruption of power. If your building has auxiliary power, use the outlet supplied by that system.

---

*MMR may be stored in either the freezer or the refrigerator.

†Refer to package insert for specific instructions on the storage of each vaccine. If you have questions about the condition of the vaccine upon arrival, you should immediately place the vaccine in recommended storage, mark it "do not use," and then call your state health department or the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected. For other questions, call the immunization program at your state or local health department.

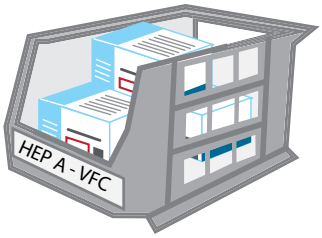
Record your health department's phone number here: _____

Technical content reviewed by the Centers for Disease Control and Prevention, December 2011.

www.immunize.org/catg.d/p3048.pdf • Item #P3048 (12/11)

Vaccine Storage Best Practices for Refrigerated Vaccines–Fahrenheit (F)

1 Unpack vaccines immediately

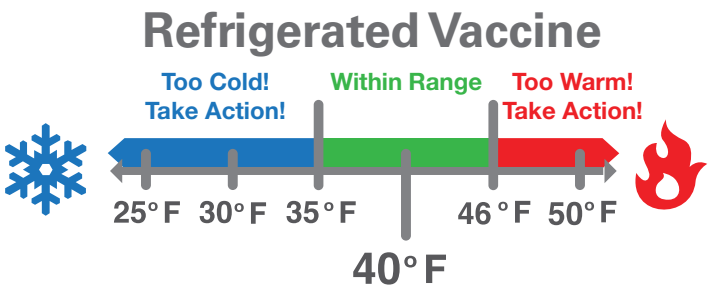


1. Place the vaccines in trays or uncovered containers for proper air flow.
2. Put vaccines that are first to expire in front.
3. Keep vaccines in original boxes with lid closed to prevent light exposure.
4. Separate and label by vaccine type and VFC/Public or private vaccine.

2 Store vaccine at ideal temperature: 40°F

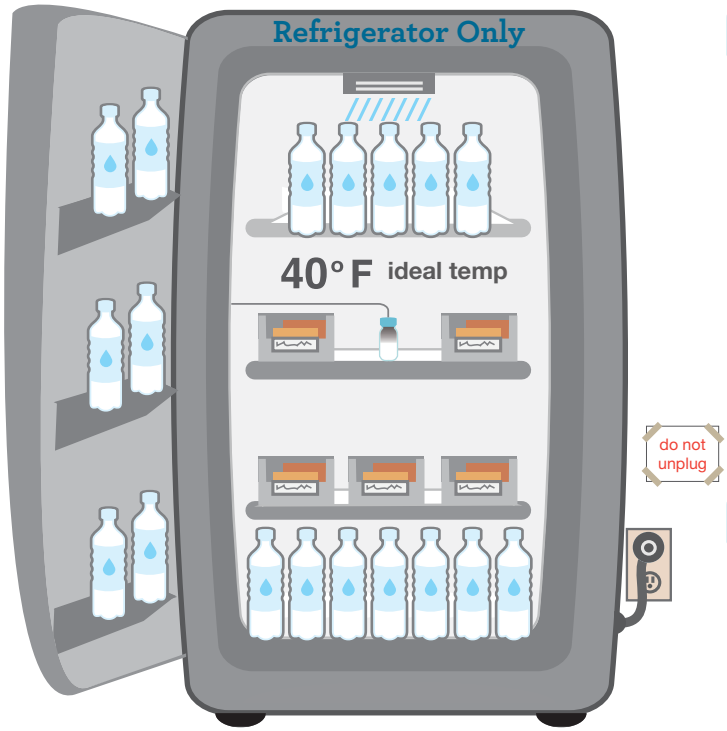
Never freeze refrigerated vaccine!

Exception: MMR can be stored in fridge or freezer



Report out of range temperatures immediately!

3 Use vaccine storage best practices



DO

- Do make sure the refrigerator door is shut!
- Do replace crisper bins with water bottles to help maintain consistent temperature.
- Do label water bottles "Do Not Drink".
- Do leave 2-3 inches between all vaccines containers and refrigerator walls.
- Do post "Do Not Unplug" signs on refrigerator and by electrical outlet.

DON'T

- Don't use dormitory-style refrigerator.
- Don't use top shelf for vaccine storage.
- Don't put food or beverages in refrigerator.
- Don't put vaccines or diluent in doors or floor of refrigerator.
- Don't drink or remove water bottles.

CS243541-C Revision Jan 24, 2014

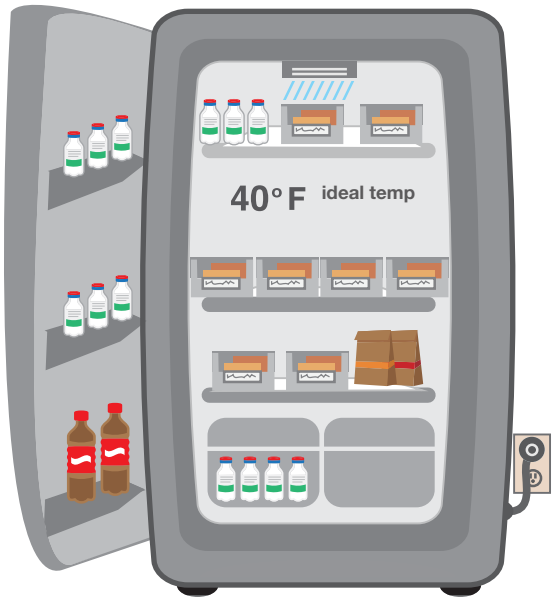
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Distributed by DPH Connecticut Department of Public Health

Visit www.cdc.gov/vaccines/SandH for more information, or your state health department.

Test Your Knowledge

1 **Can you find at least 8 things that are wrong with vaccine storage in this refrigerator?**



2 **When unpacking vaccine it is important to put the first to expire in the front**

A. It reduces the risk that an expired vaccine will be given

B. It saves money by reducing wastage

C. It reduces time spent on returns

D. All of the above

E. None of the above—it's really about organization

3 **It is okay to use the water bottles as long as you replace them. True / False**

4 **One of the most common reasons refrigerators are out of temperature range is:**

A. Power outages

B. Thermometer is broken

C. Staff doesn't shut the refrigerator door

D. The refrigerator thermostat is not working properly

5 **Refrigerated vaccines should be stored between _____°F and _____ °F. But the ideal temperature is _____°F**

1. There are 10 things wrong: Vaccines are too close to the vent, there is no "do not unplug" sign, there is no thermometer, vaccines not in bins, bins on the top shelf, food and beverages in the refrigerator, some bins stored too closely together and too close to the unit walls, crisper bins not replaced with water bottles, vaccine stored in crisper bins and door shelves, no water bottles in the door shelves.

2. D - There are many important reasons to ensure the first to expire vaccines are stored in the front!

3. False - water bottles are intended to help maintain proper temperature. If you keep replacing them it takes time for them to get to the right temperature and then they are not doing their job.

4. C - believe it or not, staff not shutting the refrigerator door is one of the most common reasons a refrigerator is out of temperature range!

5. Refrigerated vaccines should be stored between 35°F and 46°F. But the ideal temperature is 40°F.

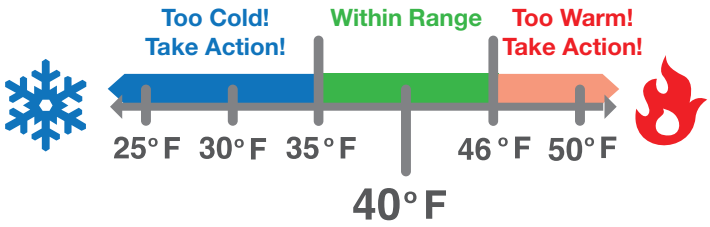
Vaccine Temperature Best Practices for Refrigerated Vaccines–Fahrenheit (F)

1 Store vaccine at ideal temperature: 40°F

Never freeze refrigerated vaccine!

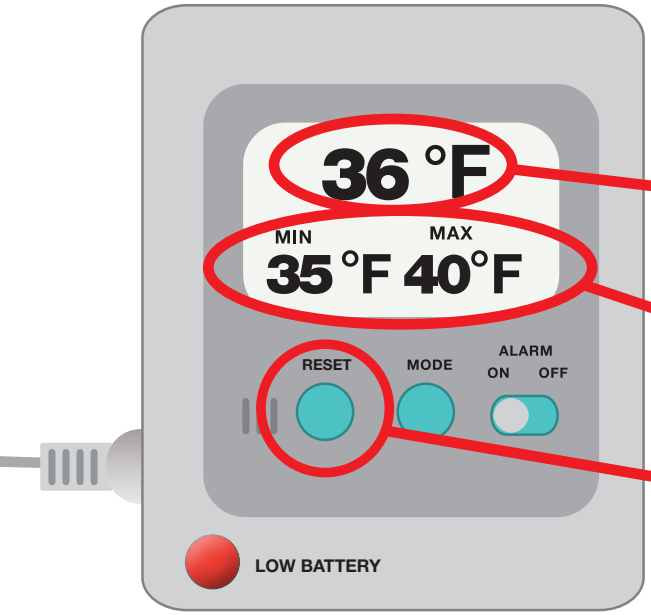
Exception: MMR can be stored in fridge or freezer

Refrigerated Vaccine



Report out of range temperatures immediately!

2 Record daily temperatures



Three Steps - Twice a Day: Temperatures should be checked and recorded first thing in the morning and before leaving at night.

1. **Current Temperature:** The temperature that the refrigerator is right now.
2. **Min/Max:** The coldest and warmest the refrigerator has been since you last reset the thermometer.
3. **Reset:** The button you push after you have checked the Min/Max.

Best Practices

- **Take your time** - Read and record temperatures accurately.
- **Make your mark!** Initial the log when recording temperatures.
- **Leave it blank** - if a temp was not recorded, leave the space blank!

3 Take action if out of range!

- Contact your state or local health department immediately. Or if private vaccine call the manufacturer directly.
- Tell them the total amount of time the refrigerator was out of range.

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Visit www.cdc.gov/vaccines/SandH for more information, or your state health department.

Test Your Knowledge

Review the below temperature readings and select the correct answer.

1

A. Current temp and min/max are within range - no action necessary

B. Current temp is within range, min/max out of range - take action

C. Current temp is within range, min/max out of range - no action necessary

D. Current temp and min/max are out of range - take action

2

A. Current temp and min/max are within range - no action necessary

B. Current temp is within range, min/max out of range - take action

C. Current temp is within range, min/max out of range - no action necessary

D. Current temp and min/max are out of range - take action

3

A. Current temp and min/max are within range - no action necessary

B. Current temp is within range, min/max out of range - take action

C. Current temp is within range, min/max out of range - no action necessary

D. Current temp and min/max are out of range - take action

4

A. Current temp and min/max are within range - no action necessary

B. Current temp is within range, min/max out of range - take action

C. Current temp is within range, min/max out of range - no action necessary

D. Current temp and min/max are out of range - take action

5

Take action means (circle any that apply)

A. Remove all vaccines that were out of range and discard them

B. Call the state/local VFC program (or manufacturer if private vaccine) for guidance

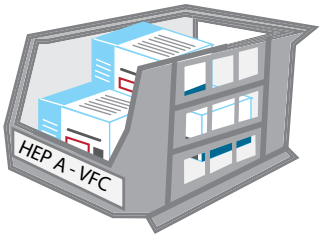
C. Notify practice vaccine coordinator to change the temperature controls to get the refrigerator back in range

D. Thaw any vaccines that got frozen for 45 minutes

Answers: 1-B, 2-A, 3-D, 4-B, 5-B and C

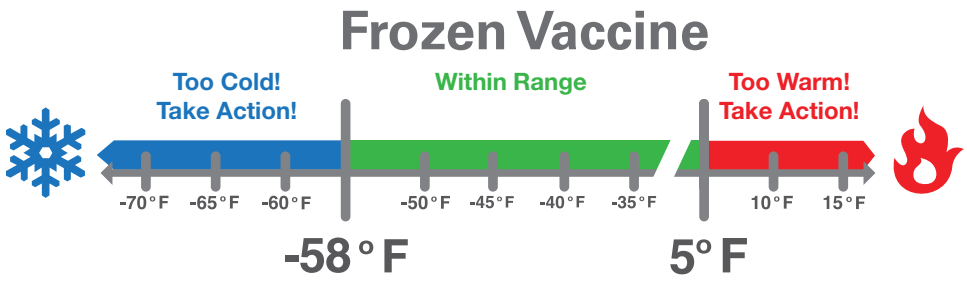
Vaccine Storage Best Practices for Frozen Vaccines–Fahrenheit (F)

1 Unpack vaccines immediately



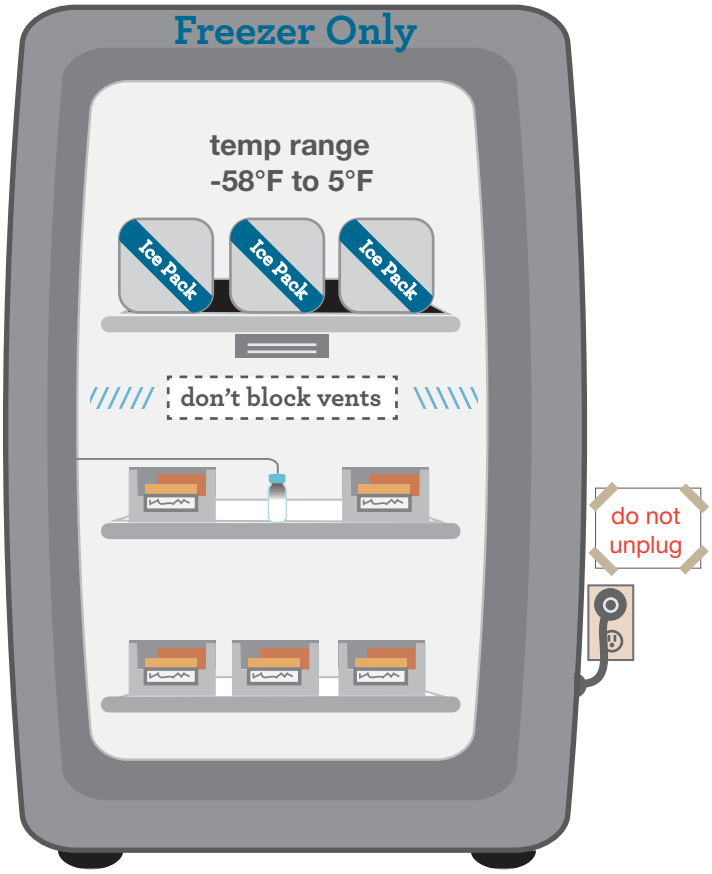
1. Place the vaccines in trays or uncovered containers for proper air flow.
2. Put vaccines that are first to expire in front.
3. Keep vaccines in original boxes with lid closed to prevent light exposure.
4. Separate and label by vaccine type and VFC/Public or private vaccine.

2 Store vaccine at ideal temperature range: -58°F to 5°F



Report out of range temperatures immediately!

3 Use vaccine storage best practices



DO

- Do make sure the freezer door is shut!
- Do use ice packs to help maintain consistent temperature
- Do leave 2 to 3 inches between all vaccines and freezer walls
- Do post "Do Not Unplug" signs on freezer and by electrical outlet

DON'T

- Don't use dormitory-style refrigerator/freezer
- Don't use combo fridge/freezer unit
- Don't put food in freezer
- Don't store vaccines in doors

CS243541-D Revision Jan 24, 2014

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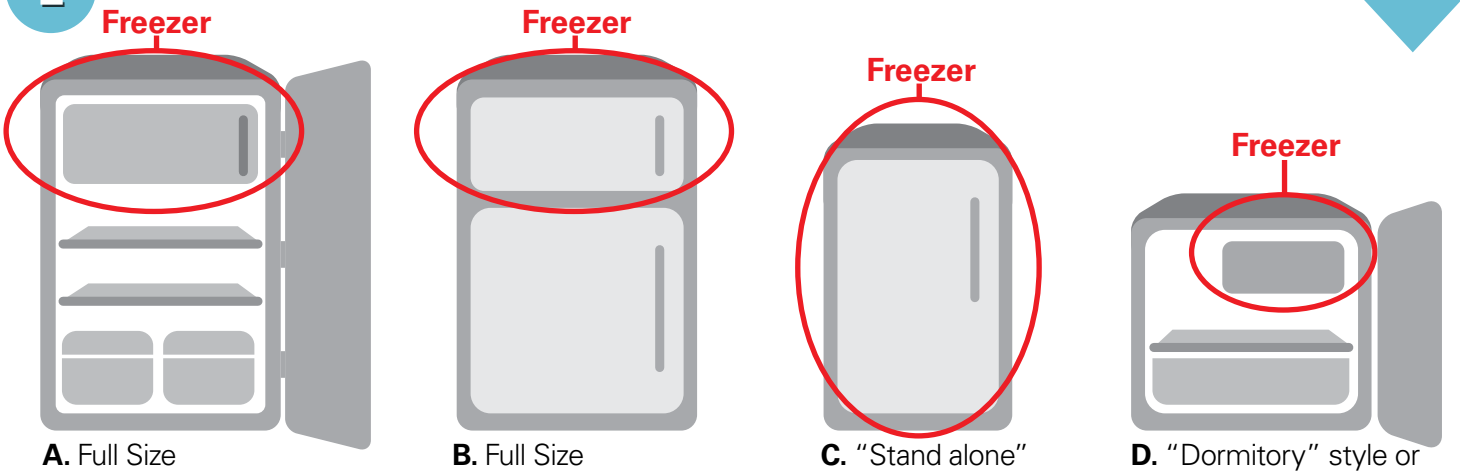
Visit www.cdc.gov/vaccines/SandH for more information, or your state health department.

Test Your Knowledge

Review the below temperature readings and select the correct answer.

1 **Which of the following unit is the best for storing frozen vaccine?**



A. Full Size Refrigerator/Freezer (1 outside door/freezer is part of refrigerator)

B. Full Size Refrigerator/Freezer (2 outside doors, separate compartments)

C. "Stand alone" freezer only unit

D. "Dormitory" style or mini refrigerator (1 outside door/freezer is part of refrigerator

2 **Circle the TRUE statements**

A. It is okay to remove vaccine from the original boxes as long as they are stored in the freezer.

B. Ice packs in the freezer are important to help maintain consistent temperature.

C. You can "eye test" frozen vaccines - if they look frozen they are okay.

D. Leave 2 - 3 Inches between all vaccines and freezer walls.

3 **Circle the vaccines that MUST be stored in the freezer:**

A. Varicella vaccine

B. MMR vaccine

C. Zoster vaccine

D. HPV vaccine

4 **One of the most common reasons freezers are out of temperature range is:**

A. Staff doesn't shut the freezer door

B. Power outages

C. The freezer thermostat is not working properly

D. Thermometer is broken

5 **Frozen vaccines should be stored between _____ºF and _____ ºF.**

1. C is the best way to store frozen vaccines. NO vaccines - refrigerated OR frozen should ever be stored in D (a dormitory style unit).

2. B and D are true statements. All vaccines should stay in their original boxes; proper temperature monitoring is very important and cannot be done by eye.

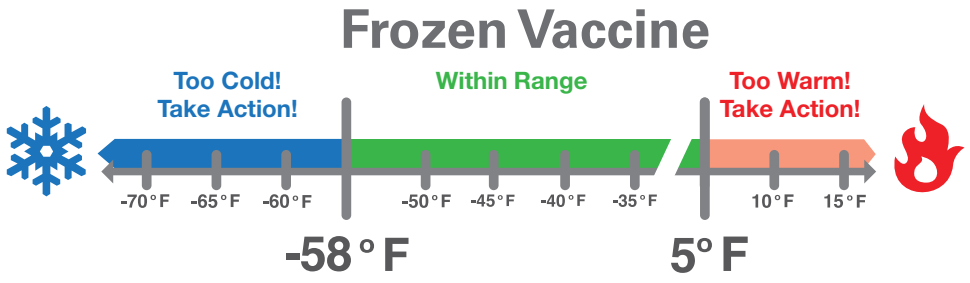
3. A (Varicella) and C (Zoster) vaccines MUST be stored in freezer. B (MMR) can be stored in the refrigerator or freezer. D (HPV) must be stored in the refrigerator.

4. A - believe it or not, staff not shutting the freezer door is one of the most common reasons a freezer is out of temperature range!

5. Frozen vaccines should be stored between -58ºF and 5ºF

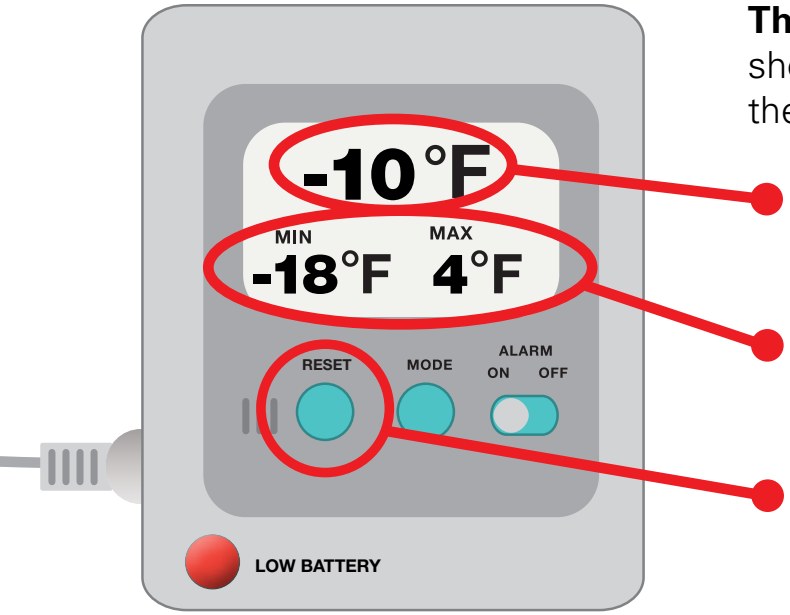
Vaccine Temperature Best Practices for Frozen Vaccines–Fahrenheit (F)

1 Store vaccine at ideal temperature



Report out of range temperatures immediately!

2 Record daily temperatures



Three Steps - Twice a Day: Temperatures should be checked and recorded first thing in the morning and before leaving at night.

1. **Current Temperature:** The temperature that the freezer is right now.
2. **Min/Max:** The coldest and warmest the freezer has been since you last reset the thermometer.
3. **Reset:** The button you push after you have checked the Min/Max.

3 Take action if out of range!

- Contact your state or local health department immediately. Or if private vaccine call the manufacturer directly.
- Tell them the total amount of time the freezer was out of range.

Best Practices

- **Take your time** - Read and record temperatures accurately.
- **Make your mark!** Initial the log when recording temperatures.
- **Leave it blank** - if a temp was not recorded, leave the space blank!

CS243541-B Revision Jan 24, 2014

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

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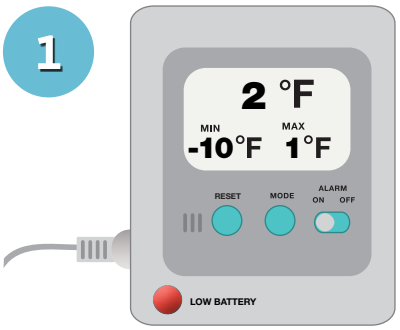
Visit www.cdc.gov/vaccines/SandH for more information, or your state health department.

Test Your Knowledge

Review the below temperature readings and select the correct answer.

1



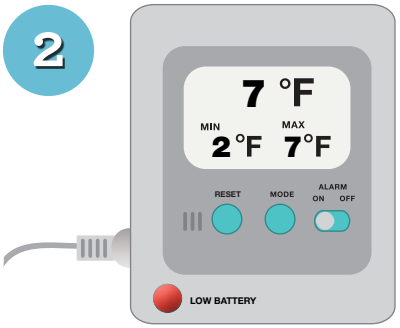
A. Current temp and min/max are within range - no action necessary

B. Current temp is within range, min/max out of range - take action

C. Current temp is within range, min/max out of range - no action necessary

D. Current temp and min/max are out of range - take action

2



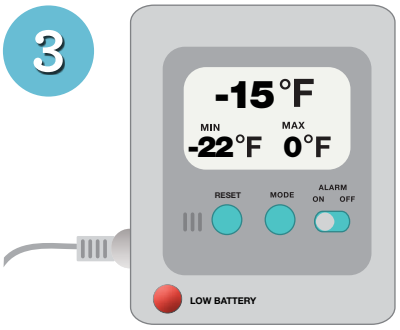
A. Current temp and min/max are within range - no action necessary

B. Current temp is within range, min/max out of range - take action

C. Current temp is within range, min/max out of range - no action necessary

D. Current temp and min/max are out of range - take action

3



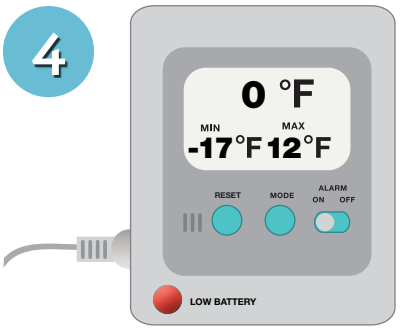
A. Current temp and min/max are within range - no action necessary

B. Current temp is within range, min/max out of range - take action

C. Current temp is within range, min/max out of range - no action necessary

D. Current temp and min/max are out of range - take action

4



A. Current temp and min/max are within range - no action necessary

B. Current temp is within range, min/max out of range - take action

C. Current temp is within range, min/max out of range - no action necessary

D. Current temp and min/max are out of range - take action

5

Take action means (circle any that apply)

A. Call the state/local VFC program (or manufacturer if private vaccine) for guidance

B. Notify practice vaccine coordinator to change the temperature controls to get the freezer back in range

C. Remove all vaccines that were out of range and discard them

D. Discard any vaccine that does not look frozen

Answers: 1-A, 2-D, 3-A, 4-B, 5-A and B

VACCINE MANAGEMENT PLAN AND RELATED DOCUMENTS

CONNECTICUT VACCINE PROGRAM (CVP)

Purpose

The purpose of this document is to ensure proper management of vaccines received under the Connecticut Vaccine Program (CVP), including vaccine ordering, receipt, cold storage, transfer, and inventory control. All documents referenced in this plan as well as additional vaccine information may be found in the Department of Public Health Immunization Program provided "Blue Folder"*. In addition, many of these documents can be found on the Immunization Program web site under the "Forms" section at: http://www.ct.gov/dph/immunizations

- **Designate a primary vaccine coordinator and at least one back-up staff at each practice site enrolled in the CVP** (it is preferable for the primary vaccine coordinator to be a full time employee of the site) – the vaccine coordinator is responsible for ensuring that the details of this plan are followed.
- **Complete and follow the "Vaccine Back Up Plan"**, which is a contingency plan for vaccines in the event of a power failure. This plan should be reviewed and updated annually, or when there is a change in staff responsible for the plan.
- **Upon receipt of CVP vaccine from the distributor (McKesson or Merck), ensure that the shipment matches the packing slip, the appropriate diluent is included, the vaccine is unpacked/properly stored, and report any discrepancies to the state Immunization Program immediately.** It may be helpful to maintain a running log for each shipment of vaccines for inventory control purposes; the log could include the number doses of vaccine received, the date the vaccine was received, the date of expiry and the new running total.
- **Vaccine stock should be rotated as it is received to ensure that vaccine expiring first will be used first.**
- **Store vaccines at their proper temperatures –** see "Vaccine Management: Recommendations for Storage and Handling of Selected Biologicals" for further information on proper storage and handling of each vaccine.
- **Refer to the Vaccine Ordering Form (VOF) Instructions when ordering CVP vaccines.**
- **Return all expired vaccine doses to McKesson. Call the Immunization Program first; we will request a shipping label be sent to you by McKesson.**
- **Report all expired or otherwise wasted vaccine doses on the "Vaccine Return Form".**
- **Complete and fax a "Vaccine Transfer Form" if CVP vaccine is transferred between sites.**

* The "Blue Folder" refers to the packet that contains the policies, procedures and related forms pertaining to the CVP Program. Every participating provider is given this packet for reference.

Please contact the CVP Program at 860-509-7929 if you require further assistance.

Connecticut Vaccine Program

Vaccine Return Form

FAX TO: 860-509-8371 or email: DPH.Immunizations@ct.gov

Use this form to report all spoiled or wasted state supplied vaccines

1. If the stamped expiration date is documented with month and year only, the vaccine is good until the ***last day*** of the month.
2. For vaccine spoilage, complete this form **and a letter explaining why the vaccine spoiled and steps you will take to prevent future incidents from occurring. Fax the vaccine return form and letter to Mick Bolduc (860) 509-8371.** A determination will be made if vaccine replacement is required. Go to http://www.ct.gov/dph/lib/dph/infectious_diseases/immunization/cvp/vaccine_restitution_policy.pdf for details on our Financial Restitution Policy or call the Connecticut Vaccine Program (CVP) to request a copy, 860-509-7929.
3. In a week to 10 days you will receive an envelope in the mail from McKesson containing a UPS return label. If you do not receive this label within 10 days of submitting your return form call CVP at 860-509-7929.
4. Pack the spoiled vaccine along with a copy of this form, vaccines do not require cold packs. Return only the vaccine and quantities reported on this form. Affix the UPS return label to the package and give to your UPS driver. N**ever return open multi-dose vials or vaccine with needles affixed**.

Facility Name			Completed By	Date of Report	Phone	Spoilage Letter Attached?	Pin #
Vaccine	**Brand**	**NDC #**	**Lot #**	**Doses**	**Expiration Date(s)**	**Cost**	**Reason for Return**
DTaP/IPV/HIB	Pentacel	49281-0510-05				**$52.43**	
DTaP/IPV/HepB	Pediarix	58160-0811-52				**$53.86**	
DTaP	Infanrix	*58160-0810-11*				***$16.17***	
	Daptacel	*49281-0286-10*				***$15.38***	
HIB	ActHIb	*49281-0545-05*				***$9.36***	
	Pedvax	*00006-4897-00*				***$12.34***	
IPV	IPOL	*49281-0860-10*				***$12.46***	
Hepatitis B	Engerix-B	*58160-0820-11*				***$11.08***	
	Recombivax	*00006-4981-00*				***$11.00***	
Hep B/Hib	Comvax	*00006-4898-00*				***$30.20***	
Rotarvirus	Rotarix	*58160-0854-52*				***$95.20***	
	Rotateq	*00006-4047-41*				***$63.96***	
PCV13 Pneumo.	Prevnar	*00005-1971-02*				***$112.44***	
Hepatitis A	Havrix	*58160-0825-11*				***$16.15***	
	Vaqta	*00006-4831--41*				***$16.17***	
MMR	MMRII	*00006-4681-00*				***$19.91***	
Varicella	Varivax	*00006-4827-00*				***$78.34***	
DTaP/IPV	Kinrix	*58160-0812-11*				***$38.50***	
Meningococcal Conjugate	Menactra	*49281-0589-05*				***$82.12***	
	Menveo	*46028-0208-01*				***$83.42***	
Tdap	Boostrix	*58160-0842-11*				***$31.25***	
	Adacel	*49281-0400-10*				***$30.25***	
MMRV	ProQuad	*00006-4999-00*				***$103.16***	
HPV	Gardasil	*00006-4045-41*				***$121.03***	
	Cervarix	*58160-0830-52*				***$103.85***	
Td	Tenivac	*49281-0215-10*				***$17.69***	
Influenza .25 mL (6-35 months.)	Fluzone Syringe	*49281-0514-25*				***$12.23***	
Influenza .5 mL (3-18 years)	Fluzone Syringe	*49281-0414-50*				***$10.53***	
	Fluzone Vial	*49281-0414-10*				***$10.85***	
	Fluarix Syringe	*58160-0901-52*				***$13.65***	
Influenza 2mL (2-18 years)	FluMist Sprayer	66019-0301-10				***$17.30***	

Revised 9/14

Dept. of Public Health • Immunizations Program • 410 Capitol Avenue; Hartford, Connecticut 06134
Phone (860) 509-7929 • Fax (860) 509-7945 • www.ct.gov/dph/immunizations

Clear Save Print

Keeping Connecticut Healthy DPH Connecticut Department of Public Health

Connecticut Vaccine Program
Vaccine Transfer Form

FAX TO: 860-509-8371 or email: DPH.IMMUNIZATIONS@ct.gov

This form is to be used in the event of transferring viable vaccine from provider to provider.

Transferring Provider Instructions:

1. Notify the State Immunization Program of the intent to transfer vaccine.
2. Complete the transfer form in its entirety.
3. Follow cold chain instructions including transporting vaccine in an insulated container with cold packs.
4. Both providers need to sign and date the bottom of this form upon the date of actual transfer.
5. Fax a copy of this completed form to the Connecticut Vaccine Program at (860) 509-8371 and be sure to keep a copy for your records. To download additional forms please go to http://www.ct.gov/dph/cwp/view.asp?a=3136&q=511138

Cold Chain Instructions:

1. For refrigerated vaccines: keep cold at 35 to 45 degrees, do not freeze. Use refrigerated or ice packs (frozen ice packs for hot weather, refrigerated packs for cold weather).
2. Make sure vaccines are kept in their original boxes. Place insulation (crumpled paper or bubble wrap) between vaccines boxes and refrigerated or frozen ice packs to prevent vaccine freezing. Put crushed paper in cooler to keep vaccines from shifting during transport.
3. Do not leave vaccine container unattended or in the trunk of your car.
4. For transport of varicella vaccine please go to www.ct.gov/dph/lib/dph/infectious_diseases/immunization/policymemos/update_varicella_transport_instructions_12_12_11.pdf

	Transferring Provider PIN #
Transferring Provider Facility Name	Date
Address	Phone
City	Person Completing Form

Receiving Transferred Vaccine

1. Upon arrival of vaccine, check the quantities and lot numbers against what is listed below.
2. Sign and date the bottom of the form in the appropriate place (Signature of Receiving Provider).
3. Store vaccines immediately.
4. Submit completed form to CVP via FAX: (860) 509-8371 or email: DPH.Immunizations@ct.gov

Receiving Provider Facility Name			**Receiving Provider PIN #**	
Address			Phone	
Vaccine	**NDC Number**	**Lot Number**	**Number of Doses Transferred**	**Expiration Date**

Before Transfer please check that you have included all corresponding diluent.

Signature of Transferring Provider: _____ Date: _____

Signature of Receiving Provider: _____ Date: _____

Revised 6/13

Department of Public Health • Immunization Program • 410 Capitol Avenue; MS # 11MUN, Hartford, CT 06134-0308
Phone (860) 509-7929 • Fax (860) 509-7945 • www.ct.gov/dph/cvp

SAMPLE COMPLETED VFC Vaccine Borrowing Report

Guidance:

VFC-enrolled providers are expected to maintain an adequate inventory of vaccine for both their VFC and non-VFC-eligible patients. VFC vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory. The provider must assure that borrowing VFC vaccine will not prevent a VFC-eligible child from receiving a needed vaccination because VFC vaccine was administered to a non-VFC eligible child. Borrowing would occur only when there is lack of appropriate stock vaccine (VFC or provider-purchased) due to unexpected circumstances such as a delayed vaccine shipment, vaccine spoiled in-transit to provider, or new staff that calculated ordering time incorrectly. The reason cannot be provider planned borrowing from either the private stock or the VFC stock.

Directions for use of this form:

When a provider has borrowed vaccine from one stock to administer to a child who is only eligible to receive vaccine from the other stock, this form must be COMPLETELY FILLED OUT for each borrowing occurrence. **Each vaccine a child receives must be listed on a separate row.** As soon as the borrowed doses of vaccine are replaced to the appropriate vaccine stock that date must be entered on this form. These borrowing reports must be kept as part of the VFC program records and be made available to the VFC staff during the VFC Site Visit.

Vaccine Borrowed	Patient Name/Patient Identifier/ Insurance status (VFC or private)	DOB	Date Borrowed	Reason no appropriate stock vaccine was available (circle one)	Date vaccine returned to appropriate stock
DTaP	Shirley Temple VFC	08/01/20007	10/19/2007	1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	10/21/2007
IPV	" "	" "	" "	1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	10/21/2007
DTaP	Mickey Rooney private	08/15/2007	10/19/2007	1.Private stock order delayed 2. Private stock non-viable on arrival 3. VFC order delayed 4.VFC order non-viable on arrival 3. other (specify)	10/21/2007
IPV	Mickey Rooney private	08/15/2007	10/19/2007	1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	10/21/2007
				1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	

"I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form.

"Provider Name:___Dr. Sam Who_____Provider Signature: _Dr. Sam Who____ Date: 02/21/2009

VFC Vaccine Borrowing Report

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Vaccine Borrowed	Patient Name/Patient Identifier/ Insurance status (VFC or private)	DOB	Date Borrowed	Reason no appropriate stock vaccine was available (circle one)	Date vaccine returned to appropriate stock
				1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	
				1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	
				1.Private stock order delayed 2. Private stock non-viable on arrival 3. VFC order delayed 4.VFC order non-viable on arrival 3. other (specify)	
				1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	
				1.Private stock order delayed 2..Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	

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"Provider Name:_____Provider Signature: _____Date:_____

This document can be found on the CDC website at:
http://www.cdc.gov/vaccines/programs/vfc/downloads/borrowforms-508.doc

Connecticut Vaccine Program

Vaccine Information Statements

It's Federal Law!

You must give your patients current Vaccine Information Statements (VISs)

To obtain current VISs in more than 30 languages, visit the Immunization Action Coalition's website at www.immunize.org/vis

As healthcare professionals understand, the risks of serious consequences following vaccination are many hundreds or thousands of times less likely than the risks associated with the diseases that the vaccines protect against. Most adverse reactions from vaccines are mild and self-limited. Serious complications are rare, but they can have a devastating effect on the recipient, family members, and the providers involved with the care of the patient. We must continue the efforts to make vaccines as safe as possible.

Equally important is the need to furnish vaccine recipients (or the parents/legal representatives of minors) with objective information on vaccine safety and the diseases that the vaccines protect against, so that they are actively involved in making decisions affecting their health or the health of their children. When people are not informed about vaccine adverse events, even common, mild events, they can lose their trust in healthcare providers and vaccines. Vaccine Information Statements (VISs) provide a standardized way to present objective information about vaccine benefits and adverse events.

What are VISs?

VISs are developed by the staff of the Centers for Disease Control and Prevention (CDC) and undergo intense scrutiny by panels of experts for accuracy. Each VIS provides information to properly inform the adult vaccine recipient or the minor child's parent or legal representative about the risks and benefits of each vaccine. VISs are not meant to replace interactions with healthcare providers, who should answer questions and address concerns that the recipient or the parent/legal representative may have.

According to CDC, every time one of these vaccines is given — regardless of what combination vaccine it is given in — regardless of whether it is given by a public health clinic or a private provider — regardless of how the vaccine was purchased — and regardless of the age of the recipient — the appropriate VIS must be given out prior to the vaccination.

Source: www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html

Use of the VIS is mandatory!

Before a healthcare provider vaccinates a child or an adult with a dose of any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or varicella (chickenpox) vaccine, the provider is required by the National Childhood Vaccine Injury Act (NCVIA) to provide a copy of the VIS to either the adult recipient or to the child's parent/legal representative.

How to get VISs

All available VISs can be downloaded from the website of the Immunization Action Coalition at www.immunize.org/vis or from CDC's website at www.cdc.gov/vaccines/hcp/vis/index.html. Ready-to-copy versions may also be available from your state or local health department.

You can find VISs in more than 30 languages on the Immunization Action Coalition website at www.immunize.org/vis. To find VISs in alternative formats (e.g., audio, web-video), go to: www.immunize.org/vis/vis_sources.asp

Most current versions of VISs

As of August 19, 2014, the most recent versions of the VISs are as follows:

Adenovirus	6/11/14
Anthrax	3/10/10
Chickenpox	3/13/08
DTaP	5/17/07
Hib	2/4/14
Hepatitis A	10/25/11
Hepatitis B	2/2/12
HPV-Cervarix	5/3/11
HPV-Gardasil	5/17/13
Influenza	8/19/14
Japanese enceph.	1/24/14
MMR	4/20/12
MMRV	5/21/10
Meningococcal	10/14/11
Multi-vaccine	unavailable Expected mid-2014
PCV13	2/27/13
PPSV	10/6/09
Polio	11/8/11
Rabies	10/6/09
Rotavirus	8/26/13
Shingles	10/6/09
Td	2/4/14
Tdap	5/9/13
Typhoid	5/29/12
Yellow fever	3/30/11

immunization action coalition
IAC
immunize.org

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

www.immunize.org/catg.d/p2027.pdf ▪ Item #P2027 (8/14)

Top 10 Facts about VISs

Fact 1 It's federal law!

Federal law requires that VISs must be used for the following vaccines when vaccinating patients of ALL ages:

- DTaP (includes DT)
- Td and Tdap
- Hib
- hepatitis A
- hepatitis B
- HPV
- influenza (inactivated and live vaccines)
- MMR and MMRV
- meningococcal
- pneumococcal conjugate
- polio
- rotavirus
- varicella

According to CDC, every time one of these vaccines is given — regardless of what combination vaccine it is given in — regardless of whether it is given by a public health clinic or a private provider — regardless of how the vaccine was purchased — and regardless of the age of the recipient — the appropriate VIS must be given out prior to the vaccination. There are also VISs for vaccines not covered by NCVIA: anthrax, Japanese encephalitis, pneumococcal polysaccharide, rabies, shingles, smallpox, typhoid, and yellow fever. CDC recommends the use of VISs whenever these vaccines are given. The VIS must always be used if vaccine was purchased under CDC contract.

By using the VISs with your patients, you are helping to develop a better educated patient population and you are doing the right thing.

Fact 2 VISs are required for both public and private sectors

Federal law requires use of VISs in both the public and private sector settings and regardless of the source of payment for the vaccine.

Fact 3 VIS must be provided *before* vaccine is administered to the patient

The VIS provides information about the disease and the vaccine and should be given to the patient before vaccine is administered. It is also acceptable to hand out the VIS well before administering vaccines (e.g., at a prenatal visit or at birth for vaccines an infant will receive during infancy), as long as you still provide the VIS right before administering vaccines.

Fact 4 You must provide a current VIS for each dose of vaccine

The most current VIS must be provided before each dose of vaccine is given, including vaccines given as a series of doses. If five doses of a single vaccine are required, the patient (parent/legal representative) must have the opportunity to read the information on the VIS before each dose is given.

Fact 5 You must provide VISs for combination vaccines too

There is a VIS available for MMRV (ProQuad). An alternative VIS — the multi-vaccine VIS — is an option to providing single-vaccine VISs when administering one or more of these routine birth-through-6-month vaccines: DTaP, hepatitis B, Hib, pneumococcal (PCV), polio (IPV), or rotavirus (RV). The multi-vaccine VIS can also be used when giving combination vaccines (e.g., Pediarix, Pentacel, Comvax) or when giving two or more routine vaccines at other pediatric visits (e.g., 12–15 months, 4–6 years). However, when giving combination vaccines for which no VIS exist (e.g., Twinrix), give out all relevant single VISs. For example, before administering Twinrix give your patient the VISs for both hepatitis A and hepatitis B vaccines.

Fact 6 VISs are available in other formats, including more than 30 languages

You may use laminated copies of VISs for patients and parents to read and return before leaving the clinic, but you must **also** offer the patient (parent/legal representative) a printed copy of the VIS to take home.

If they prefer to download the VIS onto a mobile device, direct them to CDC's VIS Mobile Downloads web page: http://m.cdc.gov/VIS

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Fact 7 Federal law does not require signed consent in order for a person to be vaccinated

Signed consent is not required by federal law (although some states may require them).

Fact 8 To verify that a VIS was given, providers must record in the patient's chart (or permanent office log or file) the following information:

- The published date of the VIS
- The date the VIS is given to the patient
- Name, address (office address), and title of the person who administers the vaccine
- The date the vaccine is administered
- The vaccine manufacturer and lot number of each dose administered

Fact 9 VISs should not be altered before giving them to patients

Providers should not change a VIS or write their own VISs. It is permissible to add a practice's name, address, or phone number to an existing VIS. Providers are encouraged to supplement the VIS with additional patient-education materials.

Fact 10 Provide VISs to all patients

For patients who don't read or speak English, the law requires that providers ensure all patients (parent/legal representatives) receive a VIS, regardless of their ability to read English. If available, provide a translation of the VIS in the patient's language.

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Instructions for the Use of
Vaccine Information Statements

Required Use

1. Provide a Vaccine Information Statement (VIS) when a vaccination is given.

As required under the National Childhood Vaccine Injury Act (42 U.S.C. §300aa-26), all health care providers in the United States who administer, to any child or adult, any of the following vaccines — diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), trivalent influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or varicella (chickenpox) — shall, prior to administration of each dose of the vaccine, provide a copy to keep of the relevant current edition vaccine information materials that have been produced by the Centers for Disease Control and Prevention (CDC):

- to the parent or legal representative[1] of any child to whom the provider intends to administer such vaccine, or
- to any adult[2] to whom the provider intends to administer such vaccine.

If there is not a single VIS for a combination vaccine, use the VISs for all component vaccines.

VISs should be supplemented with visual presentations or oral explanations as appropriate.

[1] "Legal representative" is defined as a parent or other individual who is qualified under State law to consent to the immunization of a minor child or incompetent adult.

[2] In the case of an incompetent adult, relevant VISs shall be provided to the individual's legal representative. If the incompetent adult is living in a long-term care facility, all relevant VISs may be provided at the time of admission, or at the time of consent if later than admission, rather than prior to each vaccination.

2. Record information for each VIS provided.

Health care providers shall make a notation in each patient's permanent medical record at the time vaccine information materials are provided, indicating:

(1) the edition date of the Vaccine Information Statement distributed, and
(2) the date the VIS was provided.

This recordkeeping requirement supplements the requirement of 42 U.S.C. §300aa-25 that all health care providers administering these vaccines must record in the patient's permanent medical record (or in a permanent office log):

(3) the name, address and title of the individual who administers the vaccine,
(4) the date of administration, and
(5) the vaccine manufacturer and lot number of the vaccine used.

Applicability of State Law

Health care providers should consult their legal counsel to determine additional State requirements pertaining to immunization. The Federal requirement to provide the vaccine information materials supplements any applicable State laws.

Availability of Copies

Copies are available in English and many other languages from CDC's website at **www.cdc.gov/vaccines/pubs/vis**. Single camera-ready copies may also be available from State health departments.

Current VIS Editions

DTaP/DT: 5/17/07
Hib: 2/4/14†
Hepatitis A: 10/25/11†
Hepatitis B: 2/2/12†
HPV (Cervarix): 5/3/11†
HPV (Gardasil): 5/17/13†
Influenza (inactivated): 8/19/14†
Influenza (live): 8/19/14†
MMR: 4/20/12†
MMRV: 5/21/10†
Meningococcal: 10/14/11†
Pneumococcal (PCV13): 2/27/13†
Polio: 11/8/11†
Rotavirus: 8/26/13†
Td: 2/4/14†
Tdap: 5/9/13†
Varicella: 3/13/08†
Multi-Vaccine*: 11/16/12†

*An optional alternative when two or more routine childhood vaccines (i.e., DTaP, hepatitis B, Hib, pneumococcal, polio, or rotavirus) are administered at the same visit.

†Interim

Reference 42 U.S.C. §300aa-26
August 19, 2014

Connecticut Vaccine Program

Immunization Laws & Regulations

Connecticut Department of Public Health; 410 Capital Avenue, MS#11MUN; Hartford, CT 06134-0308
(860) 509-7929 www.ct.gov/dph/immunizations

19a-79-6a. Health and safety

(d) Immunization requirements

(1) A child seeking admission to or attending a child day care center or group day care home shall be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type b, hepatitis b if such child was born after December 31, 1993, and varicella if such child was born after December 31, 1996, and against any other disease for which vaccination is recommended in the current schedule for active immunization adopted by the Commissioner in accordance with Connecticut General Statutes Section 19a-7f.

(2) The provider shall admit no child to a child day care center or group day care home unless such child's parent furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption from immunization as specified in subdivision (3) of this subsection. No child shall be permitted to continue to attend a child day care center or group day care home for more than thirty (30) days unless such child continues to meet said requirements of subdivision (3) of this subsection.

(3) For each enrolled child, the operator shall obtain from the child's parent and keep on file at the child day care center or group day care home one or more of the following types of documentation for each of the diseases listed in subdivision (1) of this subsection:

(A) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child is current or in progress with immunizations according to the schedule adopted by the Commissioner in accordance with Connecticut General Statutes Section 19a-7f and that names the appointment date for the child's next immunization;

(B) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has an appointment that will keep the immunizations current or in progress as required by said schedule and that names the date for the child's next immunization;

(C) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has laboratory confirmed proof of immunity to natural infection, or, in the case of varicella, a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has already had chickenpox based on family and/or medical history;

(D) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has a medical contraindication to immunization;

(E) a written statement that immunization is contrary to the religious beliefs and practices of the child or the parent of such child. Such statement shall be signed by the child's parent.

(4) For each child to whom subparagraph (B) of subdivision (3) of this section applies, continued enrollment in day care for more than thirty days after the named immunization appointment shall be contingent on the provider receiving written documentation from a physician, physician assistant, or an advanced practice registered nurse stating either: that the named appointment was kept and the child received the scheduled immunizations, or that the child was unable

to receive the scheduled immunizations for medical reasons and a new appointment date is named.

(Effective July 27, 1993; Amended August 29, 1996; Amended December 28, 1999.)

School-Related Immunizations Immunization Of School Children Against Measles, Mumps, Rubella, Poliomyelitis, Diptheria, Tetanus, Pertussis, Hemophilus Influenzae Type B (Hib), Hepatitis B, And Varicella

10-204a-1. Definitions

As used in sections 10-204a-2 through 10-204a-4 of the Regulations of Connecticut State Agencies:

(a) "Commissioner" means the Commissioner of Public Health.

(b) "Department" means the Department of Public Health.

(c) "Local health authority" means and includes the town, city, borough and local district director of health, local superintendent and Commissioner of Public Health and any officer or person having the usual powers and duties of a local director of health.

(Effective September 25, 1996; Amended effective February 25, 2000; Amended effective February 15, 2011.)

10-204a-2. [REPEALED]

(Repealed July 26, 1993.)

10-204a-2a. Adequate immunization

(a) Measles. An individual shall be considered adequately protected against measles if that individual:

(1) is enrolled in preschool and was immunized by use of one (1) dose of live attenuated measles vaccine on or after that individual's first birthday; or

(2) on or after August 1, 2011, is enrolled in kindergarten through grade 12 and was immunized against measles by use of two (2) doses of a live attenuated measles vaccine given at least twenty-eight (28) days apart, the first on or after that individual's first birthday; or

(3) has had protection against measles confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.

(b) Rubella. An individual shall be considered adequately protected against rubella, if that individual:

(1) is enrolled in preschool and was immunized by use of one (1) dose of live attenuated rubella vaccine on or after that individual’s first birthday; or

(2) on or after August 1, 2011, is enrolled in kindergarten through grade 12 and was immunized against rubella by use of two (2) doses of a live attenuated rubella vaccine given at least twenty-eight (28) days apart, the first on or after that individual’s first birthday; or

(3) has had protection against rubella confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.

(c) Poliomyelitis

(1) An individual eighteen (18) months of age or older shall be considered adequately protected against poliomyelitis if that individual has had a minimum of (3) doses of either trivalent oral polio vaccine (TOPV) or inactivated polio vaccine (IPV), two (2) doses of polio vaccine given at least four (4) weeks apart and a third dose given at least two (2) months after the previous dose.

(2) For individuals enrolled in grades kindergarten through twelve (12) and at least forty-eight (48) months of age, at least one (1) dose of polio vaccine must been given on or after the fourth birthday.

(d) Diphtheria, Tetanus, Pertussis

(1) An individual eighteen to eighty-three (18-83) months of age shall be considered adequately protected against diphtheria, tetanus and pertussis if such individual was immunized with a minimum of four (4) doses of diphtheria, tetanus, and pertussis containing vaccine, three (3) doses given at a minimum of four (4) week intervals followed by a fourth dose at least six (6) months after the third.

(2) For individuals enrolled in grades kindergarten and above, at least one (1) dose of diphtheria, tetanus and pertussis containing vaccine must have been given on or after the fourth birthday.

(3) An individual eighty-four (84) months of age or older shall be considered adequately protected if such individual was immunized with a minimum of two (2) doses of tetanus, diphtheria toxoid at a minimum of four (4) week intervals, followed by a third dose of tetanus, diphtheria toxoid at least six (6) months after the second dose.

(4) On or after August 1, 2011, an individual eleven (11) years of age or older enrolled in the seventh grade shall show proof of one (1) dose of diphtheria, tetanus and pertussis containing vaccine in addition to completion of the recommended primary diphtheria, tetanus and pertussis containing vaccination series unless such individual has a medical exemption for this dose confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on having last received diphtheria, tetanus and pertussis containing vaccine less than five (5) years earlier and no increased risk of pertussis according to the most recent standards of care for immunizations in Connecticut as prescribed in section 19a-7f of the Connecticut General Statutes.

(e) Mumps. An individual shall be considered adequately protected against mumps if such individual:

(1) is enrolled in preschool and was immunized by use of one (1) dose of live attenuated mumps vaccine on or after that individual's first birthday; or

(2) on or after August 1, 2011, is enrolled in kindergarten through grade 12 and was immunized against mumps by use of two (2) doses of a live attenuated mumps vaccine given at least twenty-eight (28) days apart, the first on or after that individual's first birthday; or

(3) has had protection against rubella confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory

(f) Hemophilus influenzae Type b (Hib). An individual shall be considered adequately protected against Hib invasive disease if such individual:

(1) was immunized before age five (5) years with a single dose of Hib vaccine given at age twelve (12) months or older, or

(2) is currently age five (5) years or older, or

(3) had a natural laboratory confirmed infection with hemophilus influenzae type b at age twenty-four (24) months or older confirmed in writing by a physician, physician assistant or advanced practice registered nurse.

(g) Hepatitis B. An individual shall be considered adequately protected against hepatitis B if such individual:

(1) is enrolled in preschool through grade 12 and was immunized with three (3) doses of hepatitis B vaccine as follows: two (2) doses given at least four (4) weeks apart followed by a third dose at least sixteen (16) weeks after the first dose and at least eight (8) weeks after the second dose, and the third dose shall be given no earlier than twenty-four (24) weeks of age; or

(2) has had protection against hepatitis B confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.

(h) Varicella. An individual shall be considered adequately protected against varicella if that individual:

(1) is enrolled in preschool and was immunized with one (1) dose of live attenuated varicella vaccine on or after that individual's first birthday; or

(2) on or before July 31, 2011, is enrolled in kindegarten through grade 12 and was immunized with one (1) dose of live attenuated varicella vaccine on or after that individual's first birthday; or

(3) on or after August 1, 2011, is enrolled in kindergarten and was immunized against varicella by use of two (2) doses of live attenuated varicella vaccine given at least three (3) months apart, the first dose on or after that individual's first birthday; or

(4) on or after August 1, 2011, is enrolled in seventh (7th) grade and was immunized with two doses of live attenuated varicella vaccine given at least three (3) months apart, the first dose on or after that individual's first birthday and before that individual's thirteenth birthday or two (2) doses of live attenuated varicella vaccine given at least twenty eight (28) days apart if the first dose was given on or after the individual's thirteenth birthday; or

(5) on or after August 1, 2011, is enrolled in preschool or kindergarten and has a written statement signed and dated by a physician, physician assistant or advanced practice registered nurse indicating that the individual has already had varicella based on diagnosis of varicella or verification of history of varicella according to the most recent standards of care for immunizations in Connecticut as prescribed in section 19a-7f of the Connecticut General Statutes; or

(6) has had protection against varicella confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory; or

(7) has a written statement signed and dated by a physician, physician assistant or advanced practice registered nurse indicating that the individual has a history of herpes zoster; or

(8) is enrolled in seventh grade on or after August 1, 2011 and has a written statement signed and dated by a physician, physician assistant or advanced practice registered nurse indicating that the individual has already had varicella based on family or medical history.

(i) Hepatitis A . An individual shall be considered adequately protected against hepatitis A if that individual:

(1) was born on or after January 1, 2007, is enrolled in preschool or kindergarten on or after August 1, 2011, and was immunized with at least two (2) doses of hepatitis A virus vaccine given at least six (6) months apart, the first dose given on or after that individual's first birthday; or

(2) has had protection against hepatitis A confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.

(j) Pneumococcal disease. An individual shall be considered adequately protected against pneumococcal disease if that individual:

(1) was born on or after January 1, 2007, is enrolled in preschool or kindergarten on or after August 1, 2011 and was immunized with one dose of pneumococcal conjugate vaccine on or after the individual's first birthday; or

(2) is currently age five (5) years or older.

(k) Influenza (Flu). On or after August 1, 2011, an individual enrolled in preschool shall be considered adequately protected against flu if that individual is not less than twenty-four (24) months and not more than fifty-nine (59) months of age and annually has received one (1) dose of flu vaccine between August 1st and December 31st, except that

individuals receiving flu vaccine for the first time must be given a second dose at least twenty-eight (28) days after the first dose.

(l) Meningococcal disease. An individual shall be considered adequately protected against meningococcal disease if that individual is enrolled in seventh (7th) grade on or after August 1, 2011 and was immunized with at least one dose of meningococcal vaccine.

(m) Religious exemption. Any individual whose parents or guardian presents a statement that such immunization is contrary to the religious beliefs of such child is exempted from immunization requirements.

(n) Medical exemption. Any individual whose parents or guardian presents a statement from a physician licensed to practice medicine in the United States that such immunization is medically contraindicated in accordance with the current recommendation of the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices shall be exempted from immunization requirements.

(Effective September 25, 1996; amended effective February 25, 2000; amended October 3, 2005; amended effective February 15, 2011.)

10-204a-3. [REPEALED]

(Repealed July 26, 1993.)

10-204a-3a. Immunization in progress

(a) In those instances at school entry where a school-aged child is not adequately immunized school attendance shall be permitted only if that child:

(1) has received a dose of each required vaccine for which that child is behind in the month prior to first attendance; and

(2) continues on the catch-up schedule recommended in the most recent standards of care for immunizations in Connecticut as prescribed in accordance with the provisions of section 19a-7f of the Connecticut General Statutes until adequately immunized.

(Effective September 25, 1996; amended effective February 25, 2000; amended effective February 15, 2011.)

10-204a-4. Procedures for reporting immunization data

(a) Immunization data specific to the individual shall be recorded on a student's health assessment record according to Connecticut General Statutes, Section 10-206 (d).

(b) Annually, the department shall prepare and distribute to all public and non-public schools a school immunization survey summary form. Schools shall complete the survey form and return the completed form to the department at a place and time determined by the department.

(c) All immunization information collected by the department shall be confidential.

(Effective July 26, 1993.)

CHAPTER 185b
CONSTITUENT UNITS

Available at: http://www.cga.ct.gov/2009/pub/chap185b.htm#Sec10a-155.htm

Sec. 10a-155. Required immunizations for college students. (a) Each institution of higher education shall require each full-time or matriculating student born after December 31, 1956, to provide proof of adequate immunization against measles, rubella and on and after August 1, 2010, to provide proof of adequate immunization against mumps and varicella as recommended by the national Advisory Committee for Immunization Practices before permitting such student to enroll in such institution. Any such student who (1) presents a certificate from a physician stating that in the opinion of such physician such immunization is medically contraindicated, (2) provides a statement that such immunization would be contrary to his religious beliefs, (3) presents a certificate from a physician, or from the director of health in the student's present or previous town of residence, stating that the student has had a confirmed case of such disease, (4) is enrolled exclusively in a program for which students do not congregate on campus for classes or to participate in institutional-sponsored events, such as students enrolled in distance learning programs for individualized home study or programs conducted entirely through electronic media in a setting without other students present, or (5) graduated from a public or nonpublic high school in this state in 1999 or later and was not exempt from the measles, rubella and on and after August 1, 2010, the mumps vaccination requirement pursuant to subdivision (2) or (3) of subsection (a) of section 10-204a shall be exempt from the appropriate provisions of this section.

(b) Each institution of higher education shall keep uniform records of the immunizations and immunization status of each student, based on the certificate of immunization or other evidence acceptable pursuant to subsection (a) of this section. The record shall be part of the student's permanent record. By November first of each year, the chief administrative officer of each institution of higher education shall cause to be submitted to the Commissioner of Public Health, on a form provided by the commissioner, a summary report of the immunization status of all students enrolling in such institution.

(P.A. 89-90, S. 1, 3; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 98-252, S. 31, 80; P.A. 03-13, S. 1; P.A. 08-184, S. 44.)

History: P.A. 93-381 replaced commissioner of health services with commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 98-252 added Subsec. (a)(4) re exemption for students enrolled in certain types of programs, effective July 1, 1998; P.A. 03-13 added Subsec. (a)(5) re graduation from high school in this state in 1999 or later and not exempt pursuant to Sec. 10-204a (a)(2) or (3), effective July 1, 2003; P.A. 08-184 amended Subsec. (a) by requiring proof of adequate immunization against mumps and varicella on and after August 1, 2010, and, in Subdiv. (5), by adding "and on and after August 1, 2010, the mumps" re exemptions from certain vaccination requirements.

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Sec. 10a-155a. Presence in institution of a student who has not been immunized. When a public health official has reason to believe that the continued presence in an institution of higher education of a student who has not been immunized against measles or rubella presents a clear danger to the health of others, the public health official shall notify the chief administrative officer of such institution. Such chief administrative officer shall cause the student to be excluded from the institution, or confined in an infirmary or other medical facility at the institution, until the student presents to such chief administrative officer a certificate from a physician stating that, in the opinion of such physician, the presence in the institution of the student does not present a clear danger to the health of others.

(P.A. 89-90, S. 2, 3.)

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Sec. 10a-155b. Meningitis vaccination for residents of on-campus housing. Meningitis information and records. (a) For the 2002-2003 school year, and each school year thereafter, each public or private college or university in this state shall require that each student who resides in on-campus housing be vaccinated against meningitis as a condition of such residence. The provisions of this subsection shall not apply to any such student who (1) presents a certificate from a physician stating that, in the opinion of such physician, such vaccination is medically contraindicated because of the physical condition of such student, or (2) presents a statement that such vaccination would be contrary to the religious beliefs of such student.

(b) For the 2002-2003 school year, and each school year thereafter, each public or private college or university in this state shall (1) provide information about meningitis to all prospective students prior to their matriculation and include with that information notice of the availability and benefits of a meningitis vaccine, and (2) develop procedures for receiving and keeping a record of student vaccination status.

(P.A. 01-93.)

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Sec. 10a-155c. Hepatitis B information. For the school year commencing in 2005, and each school year thereafter, each public or independent institution of higher education shall provide (1) information about hepatitis B and the risks of contracting hepatitis B by college-age individuals, to all matriculated students, and (2) notice of the availability and benefits of a hepatitis B vaccine.

(P.A. 04-221, S. 20.)

Connecticut Epidemiologist

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If you require aid/accommodation to fully and fairly enjoy this publication, please contact 860-509-7994.

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Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2014

As required by Connecticut General Statutes Section 19a-2a and Section 19a-36-A2 of the Public Health Code, the lists of Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings are revised annually by the Department of Public Health (DPH). An advisory committee, consisting of public health officials, clinicians, and laboratorians, contribute to the process. There are 1 addition, 1 removal, and 1 modification to the healthcare provider list, and 2 additions, and 5 modifications to the laboratory list.

Changes to the List of Reportable Diseases, Emergency Illnesses and Health Conditions

HIV-2 Infection

Reporting of HIV-2 infection has been added. Advances in testing technology allow for differentiation between HIV-1 and HIV-2 infection. Changes in national reporting and testing will allow for better identification of HIV infections.

Rheumatic Fever

Reporting of rheumatic fever has been removed. It ceased to be nationally reportable in 1995 and the DPH has not received a report of this syndrome in over 10 years. Rapid testing and antibiotic treatment has eliminated most of this disease. Surveillance is now focused on invasive Group A streptococcal infections.

Hepatitis C

Reporting of hepatitis C infection has been modified. It is now required to report all positive antibody test results when using the rapid HCV testing method.

Changes to the List of Reportable Laboratory Findings

Carbapenem-resistant Enterobacteriaceae (CRE)

Laboratory reporting of CRE from sterile sites, sputum, and urine has been added. CRE are gram-negative bacteria that are resistant to carbapenems, a class of broad spectrum antibiotics. CRE resistance is easily spread and associated with increased morbidity and mortality. Some CRE isolates are pan-resistant to antibiotics. In healthcare settings, CRE most often affect those receiving treatment for conditions that require devices like urinary catheters, intravenous catheters, or ventilators, and those taking long courses of certain antibiotics. Additional details will be sent in a separate correspondence to laboratories that will outline the specifics of this reporting requirement.

HIV/AIDS

Laboratory reporting of HIV EIA was added and significant modifications have been made. All CD4 test results are now required to be reported in an electronic file. There are a variety of supplemental reports published intermittently that address specific analyses using data from HIV surveillance. Some report on several national HIV prevention and care objectives that are measured using HIV surveillance data from states. Since some of these measures require all CD4 counts, Connecticut is not included in the analyses. The new testing algorithm will perform better in identifying HIV infections. Details for testing criteria can be found on page 3.

Hepatitis C (HCV)

Laboratory testing methods have been modified. The RIBA test method has been removed. Positive rapid antibody test results are reportable. Laboratories with automated electronic reporting to the DPH are now also required to report negative HCV RNA results.

Electronic reporting of positive rapid influenza tests

Laboratory influenza test methods have been modified. Only laboratories with automated electronic reporting to the DPH are required to report rapid influenza antigen results. Manual data entry of rapid tests does not provide timely information. Electronic syndromic surveillance systems monitor morbidity due to respiratory infections during influenza season. Because

(Continued on page 4)

REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2014

The Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions. The Reportable Disease Confidential Case Report form (PD-23) or other disease specific form should be used to report the disease, illness, or condition. Reports (mailed, faxed, or telephoned into the DPH) should include the full name and address of the person reporting, attending physician, disease, illness or condition, and full name, address, date of birth, race/ethnicity, sex and occupation of the person affected. Forms can be found on the DPH website. See page 4 for a list of persons required to report Reportable Diseases, Emergency Illnesses and Health Conditions. Mailed reports must be sent in envelopes marked "CONFIDENTIAL." Changes for 2014 are noted in **bold** and with an asterisk (*).

Category 1 Diseases: Report immediately by telephone on the day of recognition or strong suspicion of disease for those diseases marked with a telephone (☎). Also mail a report within 12 hours.

Category 2 Diseases: Diseases not marked with a telephone are Category 2 diseases. Report by mail within 12 hours of recognition or strong suspicion of disease.

Acquired Immunodeficiency Syndrome (1,2)
☎ Anthrax
Babesiosis
☎ Botulism
☎ Brucellosis
California group arbovirus infection
Campylobacteriosis
Carbon monoxide poisoning (3)
Chancroid
Chickenpox
Chickenpox-related death
Chlamydia (*C. trachomatis*) (all sites)
☎ Cholera
Cryptosporidiosis
Cyclosporiasis
Dengue
☎ Diphtheria
Eastern equine encephalitis virus infection
Ehrlichia chaffeensis infection
Escherichia coli O157:H7 gastroenteritis
Gonorrhea
Group A Streptococcal disease, invasive (4)
Group B Streptococcal disease, invasive (4)
Haemophilus influenzae disease, invasive all serotypes (4)
Hansen's disease (Leprosy)
Healthcare-associated Infections (5)
Hemolytic-uremic syndrome (6)
Hepatitis A
Hepatitis B
- acute infection (2)
- HBsAg positive pregnant women

Hepatitis C
- **acute infection (2)**
- **positive rapid antibody test result***

HIV-1 / **HIV-2*** infection in (1)
- persons with active tuberculosis disease
- persons with a latent tuberculous infection (history or tuberculin skin test ≥5mm induration by Mantoux technique)
- persons of any age
- pregnant women

HPV: biopsy proven CIN 2, CIN 3 or AIS or their equivalent (1)
Influenza-associated death
Influenza-associated hospitalization (7)
Lead toxicity (blood level ≥ 15 µg/dL)
Legionellosis
Listeriosis
Lyme disease
Malaria
☎ Measles
☎ Melioidosis
☎ Meningococcal disease
Mercury poisoning
Mumps
Neonatal herpes (≤ 60 days of age)
Neonatal bacterial sepsis (8)
Occupational asthma
☎ Outbreaks:
- Foodborne (involving ≥ 2 persons)
- Institutional
- Unusual disease or illness (9)

☎ Pertussis
☎ Plague
Pneumococcal disease, invasive (5)
☎ Poliomyelitis
☎ Q fever
☎ Rabies (human and animal)
☎ Ricin poisoning
Rocky Mountain spotted fever
Rotavirus
☎ Rubella (including congenital)
Salmonellosis
☎ SARS-CoV
☎ Septicemia or meningitis with growth of gram positive rods within 32 hours of inoculation
Shiga toxin-related disease (gastroenteritis)
Shigellosis
Silicosis
☎ Smallpox
St. Louis encephalitis virus infection
☎ Staphylococcal enterotoxin B pulmonary poisoning
☎ *Staphylococcus aureus* disease, reduced or resistant susceptibility to vancomycin (1)
Staphylococcus aureus methicillin-resistant disease, invasive, community acquired (5,10)
Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin (1)
Syphilis
Tetanus
Trichinosis
☎ Tuberculosis
☎ Tularemia
Typhoid fever
Vaccinia disease
☎ Venezuelan equine encephalitis
Vibrio infection (*parahaemolyticus, vulnificus*, other)
☎ Viral hemorrhagic fever
West Nile virus infection
☎ Yellow fever

FOOTNOTES:
1. Report only to State.
2. CDC case definition.
3. Includes persons being treated in hyperbaric chambers for suspect CO poisoning.
4. Invasive disease: confirmed by isolation from sterile fluid (blood, CSF,pericardial, pleural, peritoneal, joint, or vitreous) bone, internal body sites, or other normally sterile site including muscle.
5. **Report HAIs according to current CMS pay-for-reporting or pay-for-performance requirements: CLABSI and CAUTI in ICUs, inpatient colon surgery and abdominal hysterectomy SSIs, and MRSA bacteremia and *C. difficile* LabID Event data from acute care hospitals; CLABSIs and CAUTIs from LTACHs; CAUTI from IRFs; and Dialysis Event measures from outpatient hemodialysis centers. Use CDC's National Healthcare Safety Network (NHSN) surveillance protocols and software. ***
6. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
7. Reporting requirements are satisfied by submitting the Hospitalized and Fatal Cases of Influenza—Case Report Form to the DPH in a manner specified by the DPH.
8. Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age.
9. Individual cases of "significant unusual illness" are also reportable.
10. Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.

How to report: The PD-23 is the general disease reporting form and should be used if other specialized forms are not available. Specialized reporting forms from the following programs are available: on the website or by calling the following telephone numbers HIV/AIDS Surveillance (860-509-7900), Sexually Transmitted Disease Program (860-509-7920), Tuberculosis Control Program (860-509-7722), Occupational Health Surveillance Program (860-509-7740), or Epidemiology and Emerging Infections Program for the PD-23 or Hospitalized and Fatal Cases of Influenza—Case Report Form (860-509-7994). The PD-23 can be found on the DPH website or by writing the Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308 (860-509-7994); or by calling the individual program.

Telephone reports of Category 1 disease should be made to the local director of health for the town in which the patient resides and to the Epidemiology and Emerging Infections Program (860-509-7994). Tuberculosis cases should be directly reported to the Tuberculosis Control Program (860-509-7722). For the name, address, or telephone number of the local Director of Health for a specific town contact the Office of Local Health Administration (860-509-7660). **For public health emergencies, an epidemiologist can be reached evenings, weekends, and holidays through the DPH emergency number (860-509-8000).**

REPORTABLE LABORATORY FINDINGS 2014

The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases. The Laboratory Report of Significant Findings form (OL-15C) can be obtained from the Connecticut Department of Public Health (DPH), 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308; telephone: 860-509-7994 or on the DPH website. The OL-15Cs are not substitutes for physician reports; they are supplements to physician reports, which allow verification of diagnosis. A listing of possible bioterrorism diseases is highlighted at the end of this list. Changes for 2014 are noted in **bold** and with an asterisk (*).

Anaplasma phagocytophilum* by PCR
Babesiosis: ❑ IFA IgM (titer) _____ IgG (titer)_____
❑ Blood smear (1) ❑ PCR ❑ Other _____
❑ *microti* ❑ *divergens* ❑ *duncani* ❑ Unspeciated
California group virus (species) (2) _____
Carbapenem-resistant enterobacteriaceae
Genus: _____ Species:_____(3) *
Campylobacteriosis (species) _____
❑ Culture ❑ EIA ❑ Other: _____
Carboxyhemoglobin ≥ 5%: _____% COHb*
Chancroid
Chickenpox, acute ❑ Culture ❑ PCR ❑ DFA ❑ Other _____
Chlamydia (*C. trachomatis)* (test type) _____
Cryptosporidiosis (method of ID): _____
Cyclosporiasis (method of ID): _____
Dengue
Diphtheria (1)
Eastern equine encephalitis virus
***Ehrlichia chaffeensis* (2) ***
❑ IFA IgM titer _____ IgG titer _____
❑ Blood smear ❑ PCR ❑ Other _____
Enterococcal infection, vancomycin-resistant (2,3)_____
Escherichia coli O157 infection (1)
Giardiasis
Gonorrhea (test type) _____
Group A streptococcal disease, invasive (3)
Group B streptococcal disease, invasive (3)
Haemophilus influenzae disease, invasive, all serotypes (1,3)
Hansen's disease (Leprosy)
Hepatitis A IgM anti-HAV ALT_____ AST _____ ❑ Not Done(4)
Hepatitis B ❑ HBsAg ❑ IgM anti-HBc
Hepatitis C (anti-HCV) Ratio: _____ ❑ Rapid antibody ❑ RNA (5)*
Herpes simplex virus (infants ≤ 60 days of age) (specify type) _____
❑ Culture ❑ PCR ❑ IFA ❑ Ag detection
HIV Related Testing (report only to the State) (6) *
❑ Detectable Antibody Screen (EIA/CIA)
Detectable Antibody Confirmation (WB/IFA/Multispot) (1,6)
❑ HIV 1 ❑ HIV 2 ❑ HIV 1/HIV 2
❑ HIV Viral Load:_____copies/mL ❑ Not Detectable
❑ HIV genotype (electronic file)
❑ CD4 count: _____cells/µL; _____ % (electronic file)
HPV (report only to the State) (7)
Biopsy proven ❑ CIN 2 ❑ CIN 3 ❑ AIS
or their equivalent (specify) _____
Influenza: **❑ Rapid antigen (8)*** ❑ RT-PCR ❑ Culture
❑ A ❑ B ❑ Unk. ❑ Subtype _____
Lead Poisoning (blood lead ≥10 µg/dL) (9)
❑ Finger Stick: _____ µg/dL ❑ Venous: _____ µg/dL
Legionellosis
❑ Culture ❑ DFA ❑ Ag positive
❑ Four-fold serologic change (titers) _____
Listeriosis (1)
Lyme disease (8)
Malaria/blood parasites (1,2) _____
Measles (Rubeola) (10) (titer) _____
Meningococcal disease, invasive (1,3)
Mercury poisoning
❑ Urine ≥ 35 µg/g creatinine: _____ µg/g
❑ Blood ≥ 15 µg/L: _____ µg/L
Mumps (10) (titer): _____
Neonatal bacterial sepsis (11) spp: _____
Pertussis (titer) _____
❑ Culture (1)❑ Non-pertussis Bordetella (specify) _____(1)
❑ DFA ❑ PCR
Pneumococcal disease, invasive (1,3)
Poliomyelitis
Rabies
Rocky Mountain spotted fever
Rotavirus
Rubella (10) (titer): _____
St. Louis encephalitis virus
Salmonellosis (1,2) (serogroup/serotype): _____
SARS-CoV infection (1) ❑ IgM/IgG
❑ PCR: _____ (specimen) ❑ Other: _____
Shiga toxin-related disease (1)
Shigellosis (1,2) (serogroup/species): _____
Staphylococcus aureus infection with MIC to
vancomycin ≥ 4 µg/mL (1) MIC to vancomycin: _____ µg/mL
Staphylococcus aureus disease, invasive (3)
methicillin-resistant Date pt. Admitted: _____/_____/_____
Staphylococcus epidermidis infection with MIC to vancomycin
≥ 32 µg/mL (1) MIC to vancomycin: _____ µg/mL
Syphilis ❑ RPR (titer): _____ ❑ FTA
❑ VDRL (titer): _____ ❑ TPPA
Trichinosis
Tuberculosis (1)
AFB Smear: ❑ Positive ❑ Negative
If positive: ❑ Rare ❑ Few ❑ Numerous
NAAT: ❑ Positive ❑ Negative ❑ Indeterminate
Culture: ❑ *Mycobacterium tuberculosis*
❑ Non-tuberculosis mycobact. (specify: *M.* _____)
Vibrio infection (1) (species): _____
West Nile virus
Yellow fever
Yersiniosis (species): _____

Diseases that are possible indicators of bioterrorism
Anthrax (1,12)
Botulism (12)
Brucellosis (1,12)
Glanders (1,12)
Melioidosis (1,12)
Plague (1,12)
Q fever (12)
Ricin poisoning (12)
Smallpox (1,12)
Staphylococcal enterotoxin B pulmonary poisoning (12)
Tularemia (12)
Venezuelan equine encephalitis (12)
Viral hemorrhagic fever (12)

1. Send isolate, culture, or slide to the DPH Laboratory for confirmation. **For Shiga-toxin, send positive broth or stool in transport media.*** For positive HIV, send ≥ 0.5mL residual serum.
2. Specify species/serogroup.
3. Sterile site isolates: defined as sterile fluids (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, or ovary), or other normally sterile site including muscle. **For CRE also include urine or sputum but not stool.***
4. Report the peak liver function tests (ALT, AST) conducted within one week of patient's HAV IgM positive test, if available. Check "Not Done" when appropriate.
5. **Report all RNA results, but negative RNA results are required only by laboratories with automated electronic reporting to the DPH.***
6. **Report all positive HIV antibody, antigen, and all viral load results (including not detectable values). Laboratories conducting HIV genotype or CD4 testing should report HIV DNA sequence and all CD4 test results in an electronic file.***
7. On request from the DPH, and if adequate tissue is available, send fixed tissue from the specimen used to diagnose CIN2, 3 or cervical AIS or their equivalent for HPV typing according to instructions from the DPH.
8. **Only laboratories with automated electronic reporting to the DPH are required to report positive results.***
9. Report lead results ≥10µg/dL within 48 hours to the Local Health Director and the DPH; submit ALL lead results at least monthly to the DPH.
10. Report all IgM positive titers, but only IgG titers that are considered significant by the laboratory performing the test.
11. Report all bacterial isolates from blood or CSF obtained from an infant ≤72 hours of age.
12. Report by telephone to the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.

PCR tests can also be considered rapid, the test name will be changed to "rapid antigen" test.

Anaplasmosis

Laboratory reporting of anaplasmosis has been modified. Only positive PCR results are required to be reported to the DPH.

Carboxyhemoglobin levels

Laboratory reporting of the carboxyhemoglobin (COHb) levels has been modified. The Council of State and Territorial Epidemiologists revised the national surveillance criteria to include laboratory reporting of COHb levels ≥5%. Interest in carbon monoxide (CO) has increased in Connecticut due to recent poisoning "outbreaks" resulting from storm power outages. To bring the state's reporting requirements in line with the national recommendation, reporting COHb levels ≥5% as measured by either blood sample or pulse CO-oximetry is now required for all laboratories.

Persons Required to Report Reportable Diseases, Emergency Illnesses and Health Conditions

1. Every health care provider who treats or examines any person who has or is suspected to have a reportable disease, emergency illness or health condition shall report the case to the local director of health or other health authority within whose jurisdiction the patient resides and to the Department of Public Health.
2. If the case or suspected case of reportable disease, emergency illness or health condition is in a health care facility, the person in charge of such facility shall ensure that reports are made to the local director of health and Department of Public Health. The person in charge shall designate appropriate infection control or record keeping personnel for this purpose.
3. If the case or suspected case of reportable disease, emergency illness or health condition is not in a health care facility, and if a health care provider is not in attendance or is not known to have made a report within the appropriate time, such report of reportable disease, emergency illness or health condition shall be made to the local director of health or other health authority within whose jurisdiction the patient lives and the Department of Public Health by:
   A. the administrator serving a public or private school or day care center attended by any person affected or apparently affected with such disease, emergency illness or health condition;
   B. The person in charge of any camp;
   C. The master or any other person in charge of any vessel lying within the jurisdiction of the state;
   D. The master or any other person in charge of any aircraft landing within the jurisdiction of the state;
   E. The owner or person in charge of any establishment producing, handling, or processing dairy products, other food or non-alcoholic beverages for sale or distribution;
   F. Morticians and funeral directors.

Persons Required to Report Reportable Laboratory Findings

The director of a laboratory that receives a primary specimen or sample, which yields a reportable laboratory finding, shall be responsible for reporting such findings within 48 hours to the local director of health of the town in which the affected person normally resides. In the absence of such information, the reports should go to the town from which the specimen originated and to the Department of Public Health.

IMPORTANT NOTICE

Reporting forms are available electronically on the Department of Public Health (DPH) website. Persons required to report reportable diseases must use the Reportable Disease Confidential Case Report Form PD-23 to report any diseases found on the current list of reportable diseases, emergency illnesses and health conditions unless there is a specialized reporting form available. The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases using the Laboratory Report of Significant Findings Form OL-15C or other method specified by the DPH. Reporting forms can be obtained by writing or calling the Connecticut Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308; telephone: (860-509-7994), or from the DPH website. Please follow these guidelines when submitting reports:

- Complete all required information (at minimum: full name and address of the person reporting and/or attending physician, disease/test result being reported, onset of illness date, and full name, address, date of birth, race/ethnicity, sex and occupation of the person affected if known).
- Make 2 copies of the report:
  - ► Send one copy to the DPH via fax (860-509-7910), or mail to the State of Connecticut, Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308. Any mailed documents should have "CONFIDENTIAL" marked on the envelope.
  - ► Send a copy of the report to the local health department of the town in which the patient resides.
  - ► Keep a copy for the patient's medical record.

Jewel Mullen, MD, MPH, MPA
Commissioner of Public Health

Matthew L. Cartter, MD, MPH
State Epidemiologist

Lynn Sosa, MD
Deputy State Epidemiologist

HIV Surveillance	860-509-7900
Epidemiology and Emerging Infections	860-509-7994
Immunizations	860-509-7929
Tuberculosis Control	860-509-7722
Sexually Transmitted Diseases (STD)	860-509-7920

Connecticut Epidemiologist

Editor: Matthew L. Cartter, MD, MPH

Assistant Editor & Producer:
Starr-Hope Ertel

State of Connecticut

Reportable Disease Confidential Case Report Form PD-23

(rev. 01/01/2013)

Department of Public Health
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
Hartford, CT 06134-0308

For information or weekday disease reporting call 860-509-7994. For reporting on evenings, weekends, and holidays call 860-509-8000.

Instructions for Submitting the PD-23

This is a three-part form for reporting diseases as required under Sections 19a-36-A3 and 19a-36-A4 **(see back side of form)** of the Public Health Code and Sections 19a-2a and 19a-215 of the Connecticut General Statutes. The list of reportable diseases is revised annually. Mail the *white* copy to the Connecticut Department of Public Health, Epidemiology Program at the address above. Mail the *canary* copy to the Director of Health of the patient's town of residence. Retain the *pink* copy in the patient's record. Mail reports in envelopes marked "**Confidential**."

Use Other Forms or Methods to Report

- **Epidemiology and Emerging Infections Program** 860-509-7994
  Confidential Case Report Form PD-23 and Hospitalized and Fatal Cases of Influenza Case Report Form
- **Healthcare-associated infections** 860-509-7995
  Use the National Healthcare Safety Network (NHSN)
- **HIV/AIDS** 860-509-7900
  AIDS Case Form
- **Immunization Program** 860-509-7929
  Chickenpox (Varicella) Case Report Form
- **Occupational Diseases** 860-509-7740
  Physician's Report Form
- **Sexually Transmitted Diseases** 860-509-7920
  STD-23 Form
- **Tuberculosis** 860-509-7722
  TB-86 Form

Category 1 Diseases:	Report immediately by telephone on the day of recognition or strong suspicion of disease for those diseases marked with a telephone (☎). Also mail a report within 12 hours.
Category 2 Diseases:	All other diseases not marked with a telephone are Category 2 diseases. Report by mail within 12 hours of recognition or strong suspicion of disease.

Acquired Immunodeficiency Syndrome (1,2)
☎ Anthrax
Arboviral disease (California group, Dengue, EEE, SLE, WNV)
Babesiosis
☎ Botulism
☎ Brucellosis
Campylobacteriosis
Carbon monoxide poisoning (3)
Chancroid
Chickenpox
Chickenpox-related death
Chlamydia (*C. trachomatis*) (all sites)
☎ Cholera
Cryptosporidiosis
Cyclosporiasis
☎ Diphtheria
Ehrlichiosis/Anaplasmosis
Escherichia coli O157:H7 gastroenteritis
Gonorrhea
Group A Streptococcal disease, invasive (4)
Group B Streptococcal disease, invasive (4)
Haemophilus influenzae disease, invasive all serotypes (4)
Hansen's disease (Leprosy)
Healthcare-associated infections (5)
Hemolytic-uremic syndrome (6)
Hepatitis A
Hepatitis B
- acute infection
- HBsAg positive pregnant women

Hepatitis C - acute infection
HIV-1 infection in (1)
- persons with active tuberculosis disease
- persons with a latent tuberculous infection (history or tuberculin skin test ≥5mm induration by Mantoux technique)
- persons of any age
- pregnant women

HPV: biopsy proven CIN 2, CIN 3, or AIS or their equivalent (1)
Influenza-associated death
Influenza-associated hospitalization (7)
Lead toxicity (blood level ≥ 15 µg/dL)
Legionellosis
Listeriosis
Lyme disease
Malaria
☎ Measles
☎ Melioidosis
☎ Meningococcal disease
Mercury poisoning
Mumps
Neonatal herpes (≤ 60 days of age)
Neonatal bacterial sepsis (8)
Occupational asthma
☎ Outbreaks:
- Foodborne (involving ≥ 2 persons)
- Institutional
- Unusual disease or illness (9)

☎ Pertussis
☎ Plague
Pneumococcal disease, invasive (5)
☎ Poliomyelitis
☎ Q fever
☎ Rabies (human and animal)
Rheumatic fever
☎ Ricin poisoning
Rocky Mountain spotted fever
Rotavirus
☎ Rubella (including congenital)
Salmonellosis
☎ SARS-CoV
☎ Septicemia or meningitis with growth of gram positive rods within 32 hours of inoculation
Shiga toxin-related disease (gastroenteritis)
Shigellosis
Silicosis
☎ Smallpox
☎ Staphylococcal enterotoxin B pulmonary poisoning
☎ *Staphylococcus aureus* disease, reduced or resistant susceptibility to vancomycin (1)
Staphylococcus aureus methicillin-resistant disease, invasive, community acquired (5,10)
Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin (1)
Syphilis
Tetanus
Trichinosis
☎ Tuberculosis
☎ Tularemia
Typhoid fever
Vaccinia disease
☎ Venezuelan equine encephalitis
Vibrio infection (*parahaemolyticus, vulnificus*, other)
☎ Viral hemorrhagic fever
☎ Yellow fever

FOOTNOTES:

1. Report only to State.
2. CDC case definition.
3. Includes persons being treated in hyperbaric chambers for suspect CO poisoning.
4. Invasive disease: confirmed by isolation from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body sites, or other normally sterile site including muscle.
5. The Reportable Conditions list is expanded to follow the CMS annual payment update pay-for-reporting or pay-for-performance reporting requirements for 2013. Therefore, reporting in Connecticut, which uses the CDC's National Healthcare Safety Network (NSHN) surveillance definitions, protocols, and software, is expanded to include MRSA and *C. difficile* LabID event data from acute care hospitals, CLABSIs and CAUTIs from LTACHs and IRFs, and NHSN dialysis event measures from outpatient hemodialysis centers.
6. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
7. Reporting requirements are satisfied by submitting the Hospitalized and Fatal Cases of Influenza – Case Report Form to the DPH (or in Middlesex and New Haven counties- to Yale Emerging Infections Program at 203-764-4357); in a manner specified by the DPH.
8. Clinical sepsis and blood or CSF isolate obtained from an infant ≤72 hours of age.
9. Individual cases of "significant unusual illness" are also reportable.
10. Community-acquired: infection present on admission to hospital and person has no previous hospitalizations or regular contact with the health-care setting.

State of Connecticut

Reportable Disease Confidential Case Report Form PD-23 (rev. 01/01/2013)

Date Completed: ☐ *Check this box to request additional PD-23 forms, or call 860-509-7994.*

Department of Public Health
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
Hartford, CT 06134-0308

For information or weekday disease reporting, call 860-509-7994. For reporting on evenings, weekends, and holidays, call 860-509-8000.

Patient Name (Last) (First) (MI)	Parent or Guardian Name	Age	Birth Date	Patient's Telephone Home Work Cell

Address (No. and Street) (Apt. #)	(City or Town)	(State)	(Zip Code)	(Primary Language Spoken) ☐ English ☐ Spanish ☐ Other specify:_____

Sex ☐ Male ☐ Female ☐ Other specify:_____ ☐ Unknown

Race ☐ White ☐ Black/African American ☐ Asian
☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander
☐ Other specify: _____ ☐ Unknown

Is patient a (please check): ☐ Health care worker ☐ Student/Day care attendee
☐ Day care worker ☐ Food handler ☐ LTC facility resident

Name and address of workplace, school, day care or other facility:

Hispanic/Latino	Is patient pregnant?	Did patient die of this illness?
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown Due date: _____	☐ Yes ☐ No ☐ Unknown

Disease Name	Onset Date	Diagnosis Date

Is this condition work related? ☐ Yes ☐ No ☐ Unknown

If yes, occupation _____

Confirmatory laboratory data, immunization status, dates and comments (be specific)

Physician's name and address Telephone _____

Office contact name Direct telephone

If hospitalized, hospital
Name
City
State

For Local Health Department Use

Will follow-up be conducted?
☐ Yes ☐ No

Date Admitted	Date Discharged

Patient ID #

Case Status
1 ☐ Confirmed
2 ☐ Probable
3 ☐ Suspect
9 ☐ Unknown

Name of person completing report: _____

Address:_____

Telephone: _____ Report Date: _____

(Please print)

Viral Hepatitis

Symptoms: ☐ Jaundice ☐ Flu-like ☐ Discrete Onset ☐ Fatigue
ALTs: _____ AST: _____

IgM anti-HAV:	☐ Positive	☐ Negative	☐ Not Done
HBsAg:	☐ Positive	☐ Negative	☐ Not Done
IgM anti-HBc:	☐ Positive	☐ Negative	☐ Not Done
Anti-HCV:	☐ Positive	☐ Negative	☐ Not Done
HCV confirmed by:	☐ Signal to cut off value: _____	☐ RIBA	☐ PCR
Chronic/Carrier:	☐ Yes	☐ No	☐ Unknown

Risk Factors: ☐ IDU (☐ present ☐ past) ☐ Blood Transfusion < July 1992 ☐ Hemodialysis
☐ Multiple sex partners ☐ Perinatal (infected mom to baby)
☐ Contact w/ infected person (☐ household ☐ sexual)
☐ Incarcerated (☐ present ☐ past) ☐ MSM (men who have sex with men)

Vaccine: Completed hepatitis A vaccine series ☐ Yes ☐ No ☐ Unknown
Completed hepatitis B vaccine series ☐ Yes ☐ No ☐ Unknown

Lyme disease surveillance case definition signs and symptoms

Physician diagnosed EM rash ≥ 5cm	☐ Yes	☐ No	☐ Unknown
Lesion:	☐ Single	☐ Multiple	
Arthritis (objective joint swelling)	☐ Yes	☐ No	☐ Unknown
Bell's palsy or other cranial neuritis	☐ Yes	☐ No	☐ Unknown
Radiculoneuropathy	☐ Yes	☐ No	☐ Unknown
Lymphocytic meningitis	☐ Yes	☐ No	☐ Unknown
Encephalomyelitis	☐ Yes	☐ No	☐ Unknown
If yes, is antibody to *B. burgdorferi* higher in CSF than serum	☐ Yes	☐ No	☐ Unknown
2nd or 3rd degree atrioventricular block	☐ Yes	☐ No	☐ Unknown
Was patient diagnosed with Lyme disease in current year?	☐ Yes	☐ No	☐ Unknown

Lyme disease laboratory results:

EIA/IFA
☐ Positive ☐ Negative ☐ Unknown

Culture
☐ Positive ☐ Negative ☐ Unknown

Western Blot: IgM
☐ Positive ☐ Negative ☐ Unknown

Western Blot: IgG
☐ Positive ☐ Negative ☐ Unknown

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) GUIDELINES

Pursuant to Connecticut General Statutes (CGS) § 19a-2a and § 19a-215 and to the Regulations of Connecticut State Agencies §s 19a-36-A3-4, the requested information is required to be provided to the Department of Public Health (DPH).

Please note that CGS § 52-146(b)(1) authorizes the release of these records to the Department without the patient's consent. Additionally, the federal Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) also authorizes you, as a provider, to release this information without an authorization, consent, release, opportunity to object by the patient, as information (i) required by law to be disclosed [HIPAA Privacy regulation 42 CFR § 164.512(a)] and (ii) as part of the Department's public health activities [HIPAA Privacy regulation § 164.512(b)]. The requested information is what is minimally necessary to achieve the purpose of the disclosure, and you may rely upon this representation in releasing the requested information, pursuant to 42 CFR § 164.514(d)(3)(iii)(A) of the HIPAA Privacy regulations.

REPORTING (Section *19a-36-A4*)

Each report should include: 1) name, address, and phone number of the person reporting and of the physician attending; 2) name, address, date of birth, age, sex, race/ethnicity, and occupation of person affected; and 3) the diagnosed or suspected disease, and date of onset. Reports must be mailed in envelopes marked "**CONFIDENTIAL**" within 12 hours of recognition or strong suspicion to the:

1. **Local Director of Health of town in which the patient resides** (Canary) **AND**
2. **Connecticut Department of Public Health** (White)
   410 Capitol Avenue, MS#11FDS
   P.O. Box 340308
   Hartford, CT 06134-0308

PERSONS REQUIRED TO REPORT, REPORTABLE DISEASES (Section *19a-36-A3*)

1. Every health care provider who treats or examines any person who has or is suspected to have a reportable disease shall report the case to the local director of health or other health authority within whose jurisdiction the patient resides and to the DPH.
2. If the case or suspected case of reportable disease is in a health care facility, the person in charge of such facility shall ensure that reports are made to the local director of health and DPH. The person in charge shall designate appropriate infection control or record keeping personnel for this purpose.
3. If the case or suspected case of reportable disease is not in a health care facility, and if a health care provider is not in attendance or is not known to have made a report within the appropriate time, such report of reportable diseases shall be made to the local director of health or other health authority within whose jurisdiction the patient lives and DPH by:
   A. the administrator serving a public or private school or day care center attended by any person affected or apparently affected with such disease;
   B. the person in charge of any camp;
   C. the master or any other person in charge of any vessel lying within the jurisdiction of the state;
   D. the master or any other person in charge of any aircraft landing within the jurisdiction of the state;
   E. the owner or person in charge of any establishment producing, handling, or processing dairy products, other food, or non-alcoholic beverages for sale or distribution;
   F. morticians and funeral directors.

State of Connecticut
Department of Public Health

Varicella Case Report Form

Please make and use copies of this form.

Report Status

Date reported: _____ _____ _____ Reported by: _____ Phone #: _____

Reporting Site/Clinic: _____ Town/City: _____

Site Type reporting:
☐ School ☐ Daycare ☐ Physician ☐ Health Dept. ☐ Other:_____

Demographic Information

Patient Name: _____ Date of Birth: _____ _____ _____ Age: _____
mm dd yyyy

Address: _____ City: _____ Zip Code: _____ Home Phone: _____

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White
☐ Unknown ☐ Other: _____

Ethnicity: ☐ Hispanic or Latino origin ☐ Not of Hispanic or Latino origin ☐ Unknown **Sex**: ☐ Male ☐ Female ☐ Unknown/Un-specified

Parent/Guardian Name (optional): _____ Parent/Guardian Work Phone (optional):_____

Case Attends: ☐ School ☐ Daycare ☐ Work ☐ College ☐ Other: _____

Name of Institution: _____ City: _____

Clinical Data

Rash Onset: _____/_____/_____
mm dd yyyy

Number of Lesions:
☐ Less than Average (<50) ☐ Average (50-250) ☐ Greater than Average (>250)

Hospitalized? : ☐ Yes ☐ No If yes, Hospital Name: _____ Days Hospitalized: _____

Diagnosed by:
☐ Parent/Guardian ☐ Physician/Nurse ☐ School ☐ Self ☐ Other: _____

Lab Confirmed: ☐ Yes ☐ No ☐ Unknown
Test type: ☐ DFA ☐ IgM ☐ IgG ☐ PCR ☐ Other: _____ Result: _____

Previous History:
Chickenpox?: ☐ Yes ☐ No ☐ Unknown Age: _____

Vaccination?: ☐ Yes ☐ No ☐ Unknown

If yes, Date Administered: VZV Dose 1: _____/_____/_____ VZV Dose 2: _____/_____/_____

History of MMR:
Date Administered: MMR Dose 1: _____/_____/_____ MMR Dose 2: _____/_____/_____

Immunization Services Program
410 Capitol Avenue, MS#11MUN
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7929 Fax: (860) 509-7945

Connecticut Vaccine Program

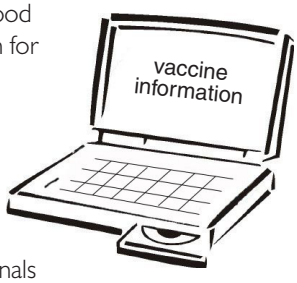
Information Resources

Connecticut Department of Public Health; 410 Capital Avenue, MS#11MUN; Hartford, CT 06134-0308
(860) 509-7929 www.ct.gov/dph/immunizations

Reliable Sources of Immunization Information: Where to go to find answers!

Websites

American Academy of Pediatrics (AAP)
www.aap.org/immunization AAP's childhood immunization website contains information for both parents and clinicians.



Centers for Disease Control and Prevention (CDC)
www.cdc.gov/vaccines The information on this website ranges from official vaccine recommendations for healthcare professionals to information for the general public about vaccines.

Every Child by Two (ECBT) www.ecbt.org and www.vaccinateyourbaby.org ECBT, founded by Rosalynn Carter and Betty Bumpers, has created these two websites. Each contains a broad array of educational materials and information about vaccines, their safety, vaccine research and science, vaccine misperceptions, and many other topics to help clinicians and parents.

Immunization Action Coalition (IAC)
www.immunize.org and www.vaccineinformation.org IAC is a nonprofit organization that promotes immunization for all people against vaccine-preventable diseases. These websites offer educational materials, photos, and video clips for parents, healthcare professionals, the media, and the general public.

National Network for Immunization Information (NNii) www.immunizationinfo.org NNii provides current, science-based, extensively reviewed information to healthcare professionals, the media, policy makers, and the public.

U.S. Dept of Health and Human Services (HHS)
www.vaccines.gov Vaccines.gov is the federal gateway to information on vaccines and immunizations for infants, children, teenagers, adults, and seniors.

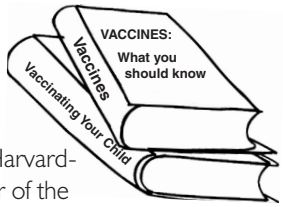
Vaccine Education Center (VEC) www.vaccine.chop.edu
The goal of the VEC at Children's Hospital of Philadelphia is to accurately communicate the facts about each childhood vaccine. VEC publishes a monthly vaccine e-newsletter for parents titled "Parents PACK." For more information or to subscribe, visit www.vaccine.chop.edu/parents

Phone Numbers

CDC–INFO Contact Center
A toll-free number for consumers and healthcare professionals who have questions about immunization and vaccine-preventable diseases. Call (800) CDC-INFO or (800) 232-4636. The Center operates 24/7 in English & Spanish. TTY: (888) 232-6348.

Technical content reviewed by the Centers for Disease Control and Prevention, May 2011.

Books for Parents



Baby 411, 4th edition
By Denise Fields and Ari Brown, MD, Windsor Peak Press, 2009. Written by a Harvard-trained pediatrician (Brown) and the author of the best-selling *Baby Bargains* (Fields), this book is the ultimate compilation of frequently asked questions for baby's first year. It includes a special section on vaccines. To purchase, visit your local bookstore or www.windsorpeak.com/baby411

Do Vaccines Cause That?! A Guide for Evaluating Vaccine Safety, 1st edition
By Martin Myers, MD, and Diego Pineda, MS. Published by Immunizations for Public Health, 2008. Get straight, science-based answers to parents' questions about the safety of vaccines. To purchase, visit your local bookstore or www.dovaccinescausethat.com

Parents Guide to Childhood Immunization, 2010
This 68-page booklet from CDC introduces parents to 14 childhood diseases and the 10 vaccines that can protect children from them. Parents can order a free booklet or print their own copy by visiting www.cdc.gov/vaccines/pubs/parents-guide

Plain Talk About Childhood Immunization, 6th edition
Washington State Department of Health, et al., 2008. This 54-page booklet provides parents with accurate information about immunizations and the diseases they prevent, vaccine safety, and other topics of interest to the public. The publication, available in English and Spanish, can be downloaded at http://here.doh.wa.gov/materials/plain-talk-about-childhood-immunizations in either low resolution (for printing on office copiers) or high resolution (for professional printing).

Vaccines and Your Child, Separating Fact from Fiction, 2011 By Paul Offit, MD, and Charlotte Moser, Columbia University Press, 2011. This book answers questions about the science and safety of modern vaccines. In straightforward prose, Offit and Moser explain how vaccines work, how they are made, and how they are tested. Most important, they separate the real risks of vaccines from feared but unfounded risks. To purchase, visit your local bookstore or www.cup.columbia.edu

Videos

"Vaccines and Your Baby" and **"Vaccines: Separating Fact from Fear"** Available for a nominal charge in English and Spanish in DVD format, these videos answer many questions that new parents have. Ordering information is available at www.chop.edu/service/vaccine-education-center/familyOrder.cfm or parents can watch the videos online at www.chop.edu/service/vaccine-education-center/related-information/multimedia.html.

www.immunize.org/catg.d/p4012.pdf • Item #P4012 (5/11)

More Useful Websites and Telephone Numbers

Adobe: www.adobe.com/products/acrobat/readstep2.html
In order to read .pdf files Adobe Acrobat Reader is necessary. It is free and you can download it from this site.

American Public Health Association:
www.apha.org

Ask the Experts: http://www.immunize.org/askexperts/
A compilation of past questions and answers from *Needle Tips* and the *Hepatitis B Coalition News*, *Vaccinate Adults*, and *Vaccinate Women*.

CDC Influenza Home Page:
www.cdc.gov/flu/

CDC's "Fax-Back" System
You may request a single copy of a VIS and get it back through this CDC Fax-Back system. Call 1-888-232-3299 (1-888-CDC-FAXX) and, when prompted, enter document number 600502. An NIP "Resource Request List" will be faxed to you, from which you can order a VIS as well as other NIP documents.

Connecticut Department of Public Health—Immunization Program:
http://www.ct.gov/dph/cwp/view.asp?a=3136&q=466892

Includes State of Connecticut laws and regulations, Vaccine For Children forms and memos, and answers to frequently asked questions.
Phone number: (860) 509-7929

Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book):
http://www.cdc.gov/vaccines/pubs/pinkbook/index.html

Medline: www.medportal.org
Started by a medical researcher as a way to access research sites.

Medscape: www.medscape.com
Offers specialists, primary care physicians, and other health professionals the Web's most integrated medical information and education tools.

Morbidity and Mortality Weekly Report (MMWR): http://www.cdc.gov/mmwr/
Provides access to weekly newsletter from the CDC offering news, information and advice.

National Foundation For Infectious Diseases (NFID): www.nfid.org
Encourages and supports public and professional education about infectious diseases.

National Vaccine Injury Compensation Program: http://www.hrsa.gov/vaccinecompensation/
Information about a federal program that provides compensation for people who may have been seriously injured by vaccines.

The Institute For Vaccine Safety:
www.vaccinesafety.edu
Objective information of vaccine safety.

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

Travelers Health: www.cdc.gov/travel/
Provides information regarding worldwide outbreaks, specific diseases, vaccination recommendations, special needs travelers and much more.

Vaccine for Children (VFC) Program:
http://www.cdc.gov/vaccines/programs/vfc/index.html

Vaccine Storage and Handling Toolkit:
http://www2a.cdc.gov/nip/isd/shtoolkit/splash.html

Pharmaceutical Companies

Novartis: www.novartis.com

GlaxoSmithKline: www.gskvaccines.com

MedImmune, Inc.: www.medimmune.com

Merck & Co.: www.merckvaccines.com

sanofi pasteur: www.sanofipasteur.us

Wyeth (Pfizer): www.pfizer.com

Provider Resources for Vaccine Conversations with Parents

Links to Documents

Provider Education

Talking with Parents about Vaccines for Infants:
http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/talk-infants-color-office.pdf

American Academy of Pediatrics Addressing Common Concerns of Vaccine-Hesitant Parents:
http://www2.aap.org/immunization/pediatricians/pdf/vaccine-hesitant%20parent_final.pdf

Grow Up Healthy (Growth Chart for Providers):
http://www.cdc.gov/vaccines/parents/downloads/growth-chart-providers.pdf

Parent/Caregiver Education

If You Choose Not to Vaccinate Your Child: Understand the Risks and Responsibilities:
http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/not-vacc-risks-color-office.pdf

How to Hold Your Child During Vaccinations:
http://www.cdc.gov/vaccines/parents/downloads/holds-factsheet.pdf

Tips for a Less Stressful Shot Visit:
http://www.cdc.gov/vaccines/parents/downloads/tips-factsheet.pdf

2014 Recommended Immunizations for Children from Birth Through 6 Years Old:
http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf

Understanding Vaccines and Vaccine Safety

The Childhood Immunization Schedule:
http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/vacsafe-child-immun-color-office.pdf

Understanding MMR Vaccine Safety:
http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/vacsafe-mmr-color-office.pdf

Understanding How Vaccines Work:
http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/vacsafe-understand-color-office.pdf

Understanding the Vaccine Adverse Event Reporting System (VAERS):
http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/vacsafe-vaers-bw-office.pdf

Vaccines and the Diseases they Prevent

Chickenpox:
http://www.cdc.gov/vaccines/vpd-vac/varicella/downloads/PL-dis-chickenpox-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/varicella/downloads/PL-dis-chickenpox-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/varicella/downloads/dis-chickenpox-color-office.pdf

Diphtheria:
http://www.cdc.gov/vaccines/vpd-vac/diphtheria/downloads/PL-dis-diphtheria-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/diphtheria/downloads/PL-dis-diphtheria-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/diphtheria/downloads/dis-diphtheria-color-office.pdf

Hepatitis A:
http://www.cdc.gov/vaccines/vpd-vac/hepa/downloads/PL-dis-hepA-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/hepa/downloads/PL-dis-hepA-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/hepa/downloads/dis-hepA-color-office.pdf

Provider Resources for Vaccine Conversations with Parents

Links to Documents

Hepatitis B:
http://www.cdc.gov/vaccines/vpd-vac/hepb/downloads/PL-dis-hepB-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/hepb/downloads/PL-dis-hepB-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/hepb/downloads/dis-hepB-color-office.pdf

Hib:
http://www.cdc.gov/vaccines/vpd-vac/hib/downloads/PL-dis-hib-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/hib/downloads/PL-dis-hib-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/hib/downloads/dis-hib-color-office.pdf

Influenza (Flu):
http://www.cdc.gov/vaccines/vpd-vac/flu/downloads/PL-dis-influenza-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/flu/downloads/PL-dis-influenza-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/flu/downloads/dis-influenza-color-office.pdf

Measles:
http://www.cdc.gov/vaccines/vpd-vac/measles/downloads/PL-dis-measles-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/measles/downloads/PL-dis-measles-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/measles/downloads/dis-measles-color-office.pdf

Mumps:
http://www.cdc.gov/vaccines/vpd-vac/mumps/downloads/PL-dis-mumps-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/mumps/downloads/PL-dis-mumps-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/mumps/downloads/dis-mumps-color-office.pdf

Pertussis (Whooping Cough):
http://www.cdc.gov/vaccines/vpd-vac/pertussis/downloads/PL-dis-pertussis-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/pertussis/downloads/PL-dis-pertussis-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/pertussis/downloads/dis-pertussis-color-office.pdf

Pneumococcal Disease:
http://www.cdc.gov/vaccines/vpd-vac/pneumo/downloads/PL-dis-pneumo-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/pneumo/downloads/PL-dis-pneumo-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/pneumo/downloads/dis-pneumo-color.pdf

Polio:
http://www.cdc.gov/vaccines/vpd-vac/polio/downloads/PL-dis-polio-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/polio/downloads/PL-dis-polio-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/polio/downloads/dis-polio-color-office.pdf

Rotavirus:
http://www.cdc.gov/vaccines/vpd-vac/rotavirus/downloads/PL-dis-rotavirus-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/rotavirus/downloads/PL-dis-rotavirus-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/rotavirus/downloads/dis-rotavirus-color-office.pdf

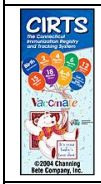
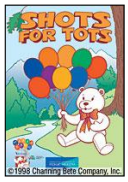
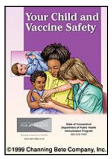
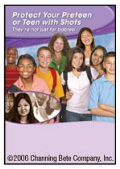
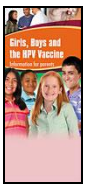
Rubella:
http://www.cdc.gov/vaccines/vpd-vac/rotavirus/downloads/dis-rotavirus-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/rubella/downloads/PL-dis-rubella-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/rubella/downloads/dis-rubella-color-office.pdf

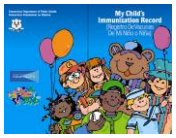
Tetanus:
http://www.cdc.gov/vaccines/vpd-vac/tetanus/downloads/PL-dis-tetanus-color-office.pdf
http://www.cdc.gov/vaccines/vpd-vac/tetanus/downloads/PL-dis-tetanus-color-office-sp.pdf (Spanish)
http://www.cdc.gov/vaccines/vpd-vac/tetanus/downloads/dis-tetanus-color-office.pdf

DPH IMMUNIZATION PROGRAM EDUCATIONAL MATERIALS

Order Form

All materials are free of cost. Please allow 3-4 weeks for processing, and delivery.

TITLE	# Eng	# Span
 **CT Immunization Registry & Tracking System (CIRTS)** Introduces families to the CIRTS program and tells how this statewide database can help ensure that children receive all of the shots they need. Explains how children become enrolled in CIRTS, who has access to CIRTS information, and how parents can obtain their child's shot history. *8 pages, 3 1/2" x 8", Full-color photo illus. brochure*.		
 **Shots For Tots—The Importance of Immunization For Your Child** Clearly explains why immunization is important for every child. Covers the leading childhood illnesses, and gives information on how to obtain a copy of your child's immunization history. Contains current childhood immunization schedule and references the Connecticut school and day care requirements. *16 pages, 5 ½" X 8". Classic illustrated booklet*		
Protect Your Child with Vaccines Easy-reading resource stresses the vital role immunizations play in protecting children's health, lists the serious health problems associated with the illnesses that immunizations can prevent, and provides an immunization record. A must-read for parents! *16 pages, 5 1/2" x 8"*		
Shots – For Your Child's Health A must-have for parents of young children! Stresses the vital role immunizations play in protecting their child's health, lists the serious health problems associated with the illnesses that shots can prevent, and provides an immunization schedule. Also discusses possible side effects, and gives information for those who need help paying for shots. *8 pages, 3 1/2" x 8"*		
 **Your Child and Vaccine Safety** Emphasizes the benefits and safety of vaccines, the very serious health risks un-immunized children face, and the fact that vaccines are now safer than they've ever been. Clearly states that benefits outweigh any risk. Back cover features up-to-date immunization schedule. *16 pages, 5 1/2" x 8" Full-color realistic illustrated brochure*.		
 **Protect Your Preteen or Teen with Shots—They're Not Just for Babies!** This informative, motivational booklet teaches parents that shots are just as important for preteens as they are for infants and toddlers. It provides a handy chart of "catch-up" and older child immunization. Also included: brief explanations of diseases of special concern that shots can protect against, special issues and those considered at high risk. *8 pages, 51/2" X 8". Full-color photo illustrated booklet*		
 **Girls, Boys, and the HPV Vaccine – Information For Parents** Compelling pamphlet helps parents understand what the HPV vaccine could mean for the health of their children. It clearly explains what the vaccine is and how it helps protect recipients from HPV and its complications, including cervical and other cancers. Emphasizes the importance of fully immunizing boys and girls before they become sexually active. Also contains a chart listing all recommended childhood immunizations, and urges parents to make sure children are up-to-date. *8 pages, 3 1/2" x 8"*		
Vaccines For A Healthy Pregnancy Helps dispel fears and confusion about immunizations during pregnancy, and clearly presents the basic information all pregnant women should know—including both the shots they need and the shots they should avoid during pregnancy. *8 panels, 3 1/2" x 8"* *Full color photo illus. folder*		

Up Your Flu IQ *(series)* **- Your best defense : the importance of seasonal flu vaccine** Promotes annual flu shots as a means of preventing the discomfort and potential serious consequences of the flu. Describes the flu, its symptoms, and complications; how it spreads; and how flu shots work. Dispels myths about the shot, and discusses the nasal spray vaccine option. Readers also learn who should get and annual flu shot, and when and where they can get one. Contains local resources. *6 panels, 3 ½" X 8". Full-color photo illustrated brochure*		
Up Your Flu IQ *(series)* **- Someone you love has the flu: How to care for them at home** Describes the most proven effective ways to take care of someone with the flu and recommends when you should seek medical attention. Contains local resources.*6 panels, 3 ½" X 8". Full-color photo illustrated brochure*		
Up Your Flu IQ *(series)* **- Pregnancy, the flu and you** Explains how pregnant women can protect themselves from contracting the flu virus and what they can do if they do have the flu. Contains local resources. *6 pages, 3 ½" X 8". Full-color photo illustrated brochure*		
 **My Child's Immunization Record** A pocket-sized personal 6-page booklet for parents to keep track of their child's shots and other routine tests during a child's checkup. Contains important phone numbers for CT resources.		*Comes bilingual*
 Reminder/Recall Postcards Recall your patients who have missed appointments or who are due for their well-child appointment. *Colorful, 4X6"when folded, HIPAA-compliant*		*Comes bilingual*
POSTER: Anatomic Sites for Immunization An illustrative example to help your staff remember how to administer vaccines depending on vaccine and age. *13" X 33" photo illustrated color poster*		-------

Place your order by phone: (860) 509-7929 or fax: (860) 509-7945 or use this fillable form and email to: ramona.anderson@ct.gov

For more order forms visit: www.ct.gov/dph/immunizations

If faxing, complete the information below and fax both pages (please print legibly)

In case we have questions about your order, please print your email and telephone number:

Email: _____

Phone Number: _____

SHIPPING LABEL

Date of Order: _____

Facility Name: _____

Address: _____

_____

Attn: _____