



To achieve its goal of preventing disease, disability and death from vaccine-preventable diseases, the Connecticut Department of Public Health's Immunization Program:

- ◆ Provides vaccine to immunization providers throughout the State;
- ◆ Provides education for medical personnel and the general public;
- ◆ Works with providers, day cares, Head Start, and schools to assure that children are adequately immunized and enrolled in the immunization registry;
- ◆ Conducts surveillance to evaluate the impact of vaccination efforts and to identify groups that are at risk of vaccine-preventable diseases;
- ◆ Initiates case investigations and control of vaccine preventable diseases.

## Taking a Stand—You Are the Key to HPV Cancer Prevention HPV Vaccine Resources for Healthcare Professionals

Cervical cancer once claimed the lives of more American women than any other type of cancer. Low Human Papillomavirus (HPV) vaccination rates are leaving another generation of boys and girls vulnerable to devastating HPV-related cancers, including cervical cancer. Vaccination could prevent most of these cancers. The Centers for Disease Control and Prevention (CDC) and partners, including the American Academy of Pediatrics, recommend HPV vaccination of both girls and boys at ages 11 or 12 years and suggest that clinicians strongly recommend HPV vaccination for preteens and teens who have not yet been fully vaccinated.

### HPV CANCER PREVENTION

**1 HPV VACCINE IS CANCER PREVENTION**  
 HPV vaccine protects against HPV types that most commonly cause anal, cervical, oropharyngeal, penile, vaginal, and vulvar cancers.  
 Every year in the U.S., 27,000 people get cancer caused by HPV. That's 1 person every 20 minutes of every day, all year long.  
 Most of these cancers can be prevented by HPV vaccine.

**2 HPV VACCINE IS RECOMMENDED AT THE SAME TIME AS OTHER TEEN VACCINES**  
 Preteens need three vaccines at 11 or 12. They protect against shingles, cough, cancer, and meningitis.  
 Vaccines for HPV: 11-12 year old, 12-13 year old, 14-16 year old, 17-18 year old.

**3 HPV VACCINE IS BEST AT 11-12 YEARS**  
 Preteens have a higher immune response to HPV vaccine than older teens.  
 While there is very little risk of exposure to HPV before age 11, the risk of exposure increases thereafter.

Parents and healthcare professionals are the key to protecting adolescents from HPV cancers.

**VACCINATE YOUR 11-12 YEAR OLDS.**

[www.cdc.gov/vaccines/teens](http://www.cdc.gov/vaccines/teens)



- HPV is so common that almost everyone will be infected with HPV at some point in their lives; however most people will never know they have been infected.
- HPV exposure can occur with any type of intimate skin-to-skin or sexual contact.
- In the U.S., HPV causes about 17,000 cancers in women, and about 9,000 cancers in men each year.
- It is important to get all 3 doses of HPV vaccine before the onset of any sexual activity in order for it to provide the most protection.
- Preteens have a stronger immune response to HPV vaccine than do older adolescents. Therefore it is best

to NOT delay vaccination to the later teenage years.

The CDC has developed several other resources which vaccine providers may find useful for educating and counseling parents and young adult patients. Tools are available on the CDC website at <http://www.cdc.gov/vaccines/who/teens/for-hcp/hpv-resources.html>.

(Information adapted from the CDC's HPV Vaccine Information for Clinicians - Fact Sheet.)

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## Immunization Program

### Epidemiologists:

#### Region 1 (western CT)

Paul Sookram  
860-509-7835

#### Region 2 (New Haven area)

Dan Wurm  
860-509-7811

#### Region 3 (eastern CT)

Sharon Dunning  
860-509-7757

#### Region 4 (Hartford area)

Nicholanna Prince  
860-509-8187

### Local IAP

### Coordinators:

#### Bridgeport

Joan Lane  
203-372-5503 x15

#### Danbury

Irene Litwak  
203-730-5240

#### Hartford

Tish Ricks Lopez  
860-547-1426 x7048

#### Naugatuck Valley

Elizabeth Green  
203-881-3255

#### New Britain

Melanie Gedraitis  
860-612-2777

#### New Haven

Jennifer Hall  
203-946-7097

#### Norwalk

Pam Bates  
203-854-7728

#### Stamford

Cynthia Vera  
203-977-5098

#### Torrington

Anastasiya Domnich-Kovalevsky  
860-489-0436 X314

#### Waterbury

Randy York  
203-346-3907

#### West Haven

Christine DePierro  
203-937-3660 X 2045

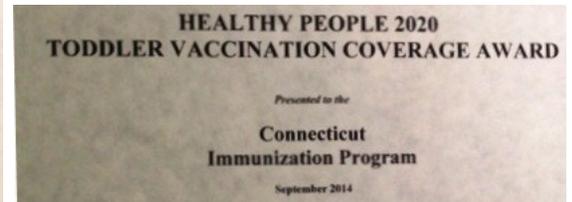
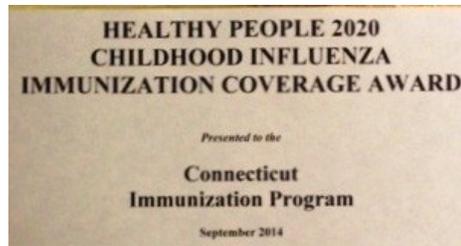
#### Other areas

Summer Payne  
860-509-7241

## Connecticut Receives Immunization Awards



*The Centers for Disease Control and Prevention (CDC) presented 2 awards to the Connecticut Department of Public Health (DPH) Immunization Program during the National Immunization Conference in Atlanta this past September. These awards recognized outstanding efforts to reach Healthy People 2020 goals to achieve high childhood vaccination rates in our state.*



Highlights of the 2014 Connecticut Childhood Immunization Champion ceremony with our champion, Geri Rodda, R.N., at the New Milford Town Hall on April 30, 2014.

From the top (Clockwise): CT DPH's Vincent Sacco presents Geri her award; Executive Director of NMVNA & Hospice Andrea Wilson, Geri. Her granddaughter, Mayor Pat Murphy, Health Director Michael Crespan; Children from the Children's Center of New Milford; Kathie Rocco (Danbury IAP area), Geri, and Nancy Sharova (CT DPH).





## Immunization Program Manager Vincent Sacco Retires

Vincent Sacco may have stepped down from his leadership role in the Connecticut Immunization Program, but not before his colleagues took note of all his contributions and noteworthy successes. Retiring this past summer after 35 years of service, Vin was the recipient of numerous honors. Prior to his leaving he was given a Connecticut General Assembly official citation thanking him for his service to the Immunization Program. He was also selected as the recipient of the Natalie J. Smith, M.D. Award. This award, presented annually by the Association of Immunization Managers (AIM), is the highest form of recognition for Immunization Program Managers and was established to recognize the contributions



Vin receiving the Natalie J. Smith, M.D. Award from Anne Schuchat MD, Assistant Surgeon General

of an Immunization Program Manager who has demonstrated the high ideals, innovation and commitment to excellence in immunization practices that characterized Dr. Smith's career. The award recognizes accomplishments and visionary leadership that have had a significant impact on achieving city, state, territory, and/or national vaccine-preventable disease goals.

Vin joined the Connecticut Immunization Program in 1982, and in 1995, became the first state-hired Immunization Program Manager in Connecticut. He partnered with the Connecticut Chapter of the American Academy of



Vin and Jillian Wood, Executive Director of the CT Chapter of the American Academy of Pediatrics

Pediatrics to achieve some of the highest early childhood immunization levels in the nation. He initiated a successful legislative initiative to support universal vaccine purchase through contributions from health insurers. He developed a case-based varicella surveillance system and was instrumental in the creation of a state mandate for flu vaccinations in daycare and preschool settings. He was awarded the American Academy of Pediatrics ~ Hezekiah Beardsley Connecticut Chapter ~ Martin Sklaire School Health Service Award "In Appreciation For Your Outstanding Contributions To The School Health Committee And To All Of The Children In The State Of Connecticut".

Anyone who has worked with Vin knows the professionalism he has displayed and passion he has given to the Immunization Program, Public Health, and his staff. He leaves behind a program that embraces his leadership and will honor his legacy by continuing the great works he has managed. Ciao, Vinnie!



## ASK THE EXPERTS

Excerpts from  
The Immunization Action Coalition  
<http://www.immunize.org/askexperts/>

**Q** *If a woman's rubella test result shows she is "not immune" during a prenatal visit but she has 2 documented doses of measles-mumps-and rubella (MMR) vaccine, does she need a third dose of MMR vaccine postpartum?*

**A** In 2013 the Advisory Committee on Immunization Practices (ACIP) changed its recommendation for this situation. It is now recommended that women of childbearing age who have received 1 or 2 doses of rubella-containing vaccine and have rubella serum IgG levels that are not clearly positive should be administered 1 additional dose of MMR vaccine (maximum of 3 doses) and do not need to be retested for serologic evidence of rubella immunity. This is the only situation where ACIP recommends a third dose of MMR vaccine. MMR should not be administered to a pregnant woman.

**Q** *If a 5-year-old child has never received any doses of MMR or varicella vaccine and now the parents want him to catch up with the combination vaccine MMRV (ProQuad; Merck), what is the spacing requirement between the two doses?*

**A** Twelve weeks. The spacing between doses of a combination vaccine depends on the longest minimum interval of a component. The minimum interval between doses of MMR is 4 weeks; the minimum interval between doses of varicella vaccine is 12 weeks for a child this age.



# VaxFacts

Volume 15 Autumn 2014

## Connecticut Vaccine Program Updates

### Flu Vaccine Supply

Seven influenza vaccine manufacturers are projecting that as many as 151 million to 156 million doses of influenza vaccine will be available for use in the United States during the 2014–2015 influenza season. Some companies have communicated information to their customers about delays in shipments that had originally been anticipated for August and September. Despite these early season shipping delays, manufacturers anticipate the majority of their flu vaccine distribution will occur by the end of October. While this is slightly later than vaccine was shipped last year, it is not an unusual pattern for seasonal flu vaccine distribution overall. The current state supply of flu vaccine has been shipping to providers as requested.

### Comvax Supply Depleted

Effective immediately, Merck's hepatitis B/Hib combination vaccine (Comvax® CPT 90748) will no longer be available to order. Merck has stopped manufacturing Comvax and the Centers for Disease Control and Prevention has notified the Connecticut Vaccine Program (CVP) that the current inventory of the product at McKesson has been depleted. Merck will continue to manufacture its single antigen Hib (Pedvax®) and hepatitis B (Recombivax®) vaccines.

### Kinrix Supply

KINRIX® (DTaP/IPV) vaccine from GlaxoSmithKline stock is anticipated to be increasing in mid to late October. Please continue to order as needed.

### Menactra Alert

Some Menactra doses shipping from McKesson might have short expiration dates (between 4 and 7 months) for the next several months. In order to best manage your inventory of Menactra, you may want to place smaller and more frequent orders for this product. Make sure you check your expiration dates.

### New Pentacel Packaging

Effective immediately, the blue with purple half moon cap for Pentacel vaccine vials are being replaced with a solid blue cap. As Sanofi Pasteur continues to phase new packaging into the market, you may receive product with the old cap for a brief period of time. There is no change to the product or the NDC.

### Availability of Infant Meningococcal Vaccine

Meningococcal-Hib combination vaccine (brand name MenHibrix®) will be available from the CVP Program beginning November 1, 2014 for use in infants at increased risk for meningococcal disease (includes recognized persistent complement pathway deficiencies or anatomic or functional asplenia). The supply of MenHibrix® allocated to the CVP is only a few hundred doses; providers should only be ordering and administering this vaccine to infants at increased risk. The vaccine is available to order in a quantity as small as one dose.

Visit our website at [www.ct.gov/dph/immunizations](http://www.ct.gov/dph/immunizations)

**Q** *Is it acceptable to give breastfeeding mothers tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine?*

**A** Yes. Women who have never received Tdap and who did not receive it during pregnancy should receive it immediately postpartum or as soon as possible thereafter. Breastfeeding does not decrease the immune response to routine childhood vaccines and is not a contraindication for any vaccine except smallpox. Breastfeeding is a precaution for yellow fever vaccine and the vaccine can be given for travel when indicated.

**Q** *We frequently see children (mostly from certain foreign countries) who have received 6 or more doses of polio vaccine, all administered before age 4 years. How do we handle this when assessing the child's immunization history?*

**A** Because it is common practice in many developing countries to administer oral polio vaccine to children during both routine visits and periodic nationwide vaccination campaigns, a child's record may indicate more than 4 doses. Depending on the timing, some of these doses may be invalid according to the U.S. immunization schedule. To be counted as valid, the doses should all be given after age 6 weeks and be separated from each other by at least 4 weeks. If the history is of a complete series of inactivated polio vaccine (IPV) (unlikely given the context), at least one dose should be administered on or after age 4 years and at least 6 months after the previous dose. If a complete series cannot be identified that meet these criteria, then the child should receive as many doses of IPV as needed to complete the U.S. recommended schedule.

### Reducing Paperwork: Order Your Own Vaccine Online

We have had great reviews from the providers who have begun to use VTrckS, the On-line Vaccine Ordering System. So far we have over 75 providers linked in with over 100 active users. More information on this service can be found on our website at <http://www.ct.gov/dph/cwp/> or call us at 860-509-7929. We can come to your office to do an on-site training which takes about an hour to complete. Eliminate extra paperwork with this streamlined system.

### Still Have Expired Flu Vaccine? Return It!

If you have expired state-supplied flu vaccine in your inventory (from last flu season), there are steps you need to take.

- ⇒ First, pull this vaccine from your refrigerator/cold storage unit.
- ⇒ Label this vaccine as "DO NOT USE."
- ⇒ Fill out your completed [Vaccine Return Form](#).
- ⇒ Fax this form to CVP Program at 860-509-8371.

We will forward this information to McKesson and within 10 days you should receive a UPS mailing label to return this vaccine to McKesson via UPS for proper disposal. Detailed instructions are on the vaccine return form. Please note, you do not need to send in a letter with the return form since influenza vaccine is exempt from the restitution policy.

### Re-enrollment in the Connecticut Vaccine Program

In order to participate in the CVP each provider must complete and submit a provider profile and provider agreement form on a yearly basis. The re-enrollment process allows us to verify and update provider shipping information as well as to estimate the amount of vaccine that will be needed during the upcoming calendar year. As vaccine accountability continues to become increasingly important on the federal level, it is vital that the patient enrollment numbers your office submits are as accurate as possible. These numbers determine the amount of federal and state-CHIP/Husky B funding the CVP receives on an annual basis. The 2015 provider agreement form will be faxed and emailed out to each office in the coming weeks.

### Best Practices for Storage and Handling

The CVP storage and handling requirements prohibit the use of dormitory-style refrigerators (those with a single door on the outside and an embedded freezer inside the refrigerator). Under-the-counter refrigeration units may be used only if they exclude the freezer section. Accidental freezing vaccine is the biggest threat to the potency and efficacy of your refrigerated-vaccine. It is impossible to visually detect whether a vaccine has been briefly frozen. If such a vaccine is given to children, it may not work as well. Take precautions against freezing your vaccine by using the recommended equipment and properly setting up your refrigerator.

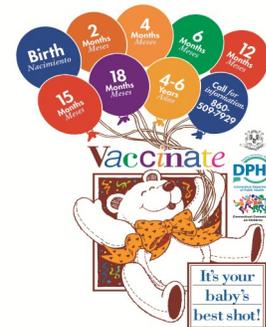
## Connecticut Immunization Registry and Tracking System (CIRTS) Update

**More than 100 pediatric providers and over 50 practices are online with CIRTS.**

The Connecticut Immunization Registry and Tracking System (CIRTS) currently contains **over 714,000 children's records**. Each year, an additional 35,000 children, primarily newborns, are added.

### If you wish to come online with CIRTS:

- ⇒ Please contact [Nancy.Sharova@ct.gov](mailto:Nancy.Sharova@ct.gov) or 860-509-7912.
- ⇒ Sign the Statement of Confidentiality (FAQ #15 <http://www.ct.gov/dph/cwp/view.asp?a=3136&Q=388412&PM=1> ) and fax it to 860-509-8370.
- ⇒ DPH will email your staff usernames and passwords and we will come to your office to train your staff on how to look up, print, add and edit records.



### Benefits of coming online include the ability to:

- ⇒ Print Official Immunization Records needed for camp, daycare and school.
- ⇒ View children's previous immunization records, including the Hepatitis B birth dose.
- ⇒ View forecasting of due and overdue vaccines.
- ⇒ Enter monthly compliancy reports instead of copying and mailing records.
- ⇒ Run Reminder/Recall reports, lists, labels, letters

### Electronic Health Records (EHRs) reporting to CIRTS Project Update

Although DPH is not yet ready to accept electronic reporting from EHRs, practices can prepare to report to CIRTS by visiting: <http://www.ct.gov/dph/cwp/view.asp?a=3936&Q=549032&PM=1>.

### Exceptions Letter for Meaningful Use

Connecticut Department of Public Health (DPH) is currently working towards accepting immunization data, electronic laboratory reports for notifiable diseases and conditions, and syndromic data in a meaningful manner to improve public health from providers, hospitals, and electronic health records vendors. The links to the exceptions letter for meaningful use stages 1 and 2 appear below.

**07/07/14** - [Exceptions letter from DPH for Public Health reporting - Meaningful Use](#)

**09/08/14** - [Exceptions letter from DPH for Public Health reporting - Meaningful Use Stage 2](#)

### Attestation to Meaningful Use Stage 1

Please visit our website at: <http://www.ct.gov/dph/cwp/view.asp?a=3936&Q=549032&PM=1> to download the guides:

[CIRTS Local Implementation Guide for HL7 2.5.1 Immunization Messaging](#)

[PHIN Secure Messaging Transport links](#)

[Meaningful Use State Testing Portal \(MUST\) Portal Guide and Registration links](#)

Please contact [DPH.CIRTS@ct.gov](mailto:DPH.CIRTS@ct.gov) with any technical questions.

## Immunization Action Plan (IAP) Coordinator Activities Throughout the State



Throughout the year, IAP staff are busy conducting educational campaigns that coincide with national initiatives. April marked the 20th anniversary of National Infant Immunization Week (NIIW). It's message was "Immunization: Power To Protect". August was National Immunization Awareness Month (NIAM), and this year, the Centers for Disease Control and Prevention (CDC) had planned themes for each week that focused on different areas of vaccine education and advocacy. There are also a number of events that promote adolescent vaccination and flu campaigns. Please contact your local IAP Coordinators and staff to discuss how they can participate at your location to benefit your staff and patients.



From the top: Norwalk's Pam Bates at "A Celebration for Families and Babies" hosted by Family and Children's Agency of Norwalk and the Weston Women's League; Hartford's "Fashion For Shots" NIIW event with Cristina Rodriguez and Tish Ricks-Lopez; New Britain's "Immunization Records Night" with the Rock Cats, honoring Dr. John Trouern-Trend and his staff/family; and Danbury's "Take Care Teddy Bear" NIIW event with Kathie Rocco at the Danbury library.



## Vaccine Requirements Update

### Reminder: Preschool Influenza Requirement

All children enrolled in child care between the ages of 6 and 59 months and preschool between the ages of 24 and 59 months must receive their annual influenza vaccine by January 1st each year. Two doses are required for children receiving influenza vaccine for the first time. Visit <http://www.ct.gov/dph/cwp/view.asp?a=3136&Q=467374&PM=1> for more information.

### Revision to the College Meningococcal Vaccine Requirement

Effective January 1, 2015, there is a change to the college meningococcal vaccine requirement. The change only applies to students first enrolling in the 2014–15 school year (not students who are already enrolled) and each new enrollee thereafter. Students enrolling in the 2014–15 school year and living in on-campus housing will be required to show proof of having received a dose of meningococcal conjugate vaccine within the past 5 years or submit a medical or religious exemption against such vaccination.

## Google's Flu Vaccine Finder can help find locations for influenza vaccination

Flu.gov recently posted Google's Flu Vaccine Finder on its home page to help the public find locations for influenza vaccination. The vaccine finder is based on the popular Google Maps feature. Patients looking for a provider with a supply of influenza vaccine can search for sites close to the Zip Code (or city and state) they enter into the Flu Vaccine Finder.

To try out the Flu Vaccine Finder, go to: <http://www.flu.gov/individualfamily/vaccination/locator.html>.

Google worked with the American Lung Association, the Centers For Disease Control and Prevention (CDC), and the Department of Health and Human Services to develop this valuable resource. If you would like to promote Google's Flu Vaccine Finder on your website, go to the CDC's social media web section to get widgets (i.e., images to post on your website). You'll find them at the following link, under the subhead titled Widgets and Badges: <http://www.flu.gov/resources/widgets/index.html>.

## Seasonal 2014-2015 Pediatric Influenza Vaccine Update

The Advisory Committee on Immunization Practices (ACIP) recommends that all children aged 6 months through 18 years be vaccinated yearly against influenza. For the 2014–15 flu season the Connecticut Vaccine Program (CVP) is supplying licensed Quadrivalent vaccines. The Quadrivalent formulation contains A/California/7/2009 (H1N1)-like, A/Victoria/361/2011 (H3N2)-like, B/Massachusetts/2/2012-like and B/Brisbane/60/2008 like virus. The full 2014 Prevention & Control of Influenza Recommendations are available at: [www.cdc.gov/mmwr/](http://www.cdc.gov/mmwr/).

The CVP is providing several different formulations to vaccinate all children aged 6 through 59 months regardless of insurance status, as well as all VFC-eligible and State-CHIP/Husky B children aged 5 through 18 years.

As a reminder, VFC eligibility is defined as follows:

- ⇒ Medicaid enrolled
- ⇒ No health insurance
- ⇒ American Indian or Alaskan Native
- ⇒ State-CHIP children/HUSKY B

In addition, children aged 5 through 18 years who are underinsured (have health insurance that does not cover the cost of immunizations) can be immunized with VFC-supplied vaccine.

## Enterovirus D68 (EV-D68)

Infections with enteroviruses are usually common in the United States during summer and fall. This year, beginning in mid-August, states started seeing more children in hospitals with severe respiratory illness caused by EV-D68. Since then, the Centers for Disease Control and Prevention (CDC) and states have been doing more testing, and have found that EV-D68 is making people sick in almost all states. Most of the cases have been among children. EV-D68 is not new, but it hasn't been as common in the past. While this has been a big year for EV-D68 infections, the CDC expects the number of cases to taper off by late fall. Infants, children, and teenagers are at higher risk than adults for getting infected and sick with enteroviruses like EV-D68. That's because they have not been exposed to these types of viruses before, and they do not yet have immunity (protection) built up to fight the disease. If a child has asthma, he or she may be at greater risk for severe respiratory illness from EV-D68. While the flu shot won't protect against EV-D68, it's a good idea to get families vaccinated as early as possible. Contracting the flu while dealing with EV-D68 could worsen respiratory symptoms. Together, these two viruses can create serious respiratory complications in a small child, along with triggering asthma.

## Managing Vaccine Inventory

### Transferring Vaccines vs. Expired Vaccines

The Connecticut Vaccine Program recommends ordering enough vaccines for your site to have adequate supply. There are times when you may have an excess supply due to a lack of anticipated need. As you consistently monitor your vaccine inventory, make note if you are using less than anticipated. Request a transfer of the vaccine, especially if you are approaching the “4 months from expiration” deadline. There is no reason why any provider should have expired vaccine in their inventory. Appropriate inventory management can be helpful in reducing need for transfer and transport of vaccines.

**Administration Tip\*\*\*** When the expiration date is marked with only month and year, vaccine or diluent may be used up to and including the last day of the month indicated. If a day is included with month and year, the vaccine may only be used through that day.

### All Users of State Supplied Vaccines - Diluent Should Be Checked With Vaccine Orders

When your vaccine order arrives it is **very important** to immediately check the whole order against the invoice. This includes assuring the correct number of diluent vials were included as well. Each vial should be carefully inspected for any damage. If you have damaged or missing diluent, please contact the Immunization Program at (860) 509-7929 so replacement vials can be ordered for you. Failure to immediately call and report missing or damaged vials may result in your practice replacing those vials. Also, be sure to use the diluents that have short outdates first; they have an expiration date just like the vaccines. If you don't, you may still have vaccines that are viable but expired diluent.

## Strategies to Prevent Administration Errors

Vaccine administration errors can result in a patient receiving an ineffective immunization. This can leave the person vulnerable to infection. In addition to strict adherence to the “Rights of Medication Administration” and ongoing training and education of staff, listed below are other strategies that can be implemented to help prevent administration errors.

- ◆ When possible, involve staff in the selection of vaccine products to be used in your facility.
- ◆ Different brands of the same vaccine can have different schedules, age indications, or other indications. Stocking multiple brands might lead to staff confusion and vaccine administration errors.
- ◆ Keep current reference materials available for staff on each vaccine used in your facility. Keep reference sheets for timing and spacing, recommended sites, routes, and needle lengths posted for easy reference in your medication preparation area.
- ◆ Rotate vaccines so that those with the shortest expiration dates are in the front of the storage unit. Use these first and frequently check the storage unit to remove any expired vaccine.
- ◆ Consider the potential for product mix-ups when storing vaccines. Do not store sound-alike and look-alike vaccines next to each other (e.g., DTaP and Tdap). Consider color coding labels on vaccine storage containers and/or including the vaccine type and age indications.
- ◆ Administer only vaccines that you have prepared for administration. Triple check your work before you administer a vaccine and ask other staff to do the same.
- ◆ Counsel parents and patients about vaccines to be administered and on how important it is for them to maintain immunization records on all family members. Educated clients may notice a potential error and help prevent it.

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/appdx-full-d.pdf>

## Reminder: School Immunization Surveys are due!

School Nursing Personnel: *completed surveys are due back to the Immunization Program by November 28th.*