

# Protecting the Cold Chain & Preparing for Patients

Training on Immunization Practice Strategies  
(T.I.P.S)

July 8, 2021



# Re-CAP: VACCINE TYPES



- Inactivated vaccines
- Live-attenuated vaccines
- Messenger RNA (mRNA) vaccines
- Subunit, recombinant, polysaccharide and conjugate vaccines
- Toxoid vaccines
- Viral vector vaccines

# Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES  
2021

## Vaccines in the Child and Adolescent Immunization Schedule\*

Vaccines	Abbreviations	Trade names
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Depaice® Infanrix®
Diphtheria, tetanus vaccine	DT	No trade name
Haemophilus influenzae type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActiHib® Yibri® PedvaxiHib®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis B vaccine	HepB	Engerix-B® Recombinax HB®
Human papillomavirus vaccine	HPV	Multiple
Influenza vaccine (live, at Measles, mumps, and rubella)	MMR	Multiple
Meningococcal serogroup	MenACWY	MenQuadfi®

## How to use the child/adolescent immunization schedule

- 1 Determine recommended vaccine by age (Table 1)
- 2 Determine recommended interval for catch-up vaccination (Table 2)
- 3 Assess need for additional recommended vaccines by medical condition and other indications (Table 3)
- 4 Review vaccine types, frequencies, and intervals, and considerations for special situations (Notes)

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American Society of Clinical Oncology (www.asco.org), and American Society of Hematology (www.asco.org).

## Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

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

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 yrs	17-18 yrs
Hepatitis B (HepB)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose															
Rotavirus (RV)																	
Pneumococcal 13-val																	
Pneumococcal 23-val																	
Poliovirus vaccine (inactivated)																	
Rotavirus vaccine																	
Tetanus, diphtheria, and acellular pertussis (DTaP <7 yrs)																	
Haemophilus influenzae type b (Hib)																	
Pneumococcal conjugate (PCV13)																	
Tetanus and diphtheria (DTaP >7 yrs)																	
Varicella vaccine																	
Inactivated poliovirus (IPV <18 yrs)																	
Influenza (IV)																	
Influenza (LAIV)																	
Measles, mumps, rubella (MMR)																	
Measles, mumps, and rubella (MMRV)																	
Varicella (VAR)																	
Hepatitis A (HepA)																	
Tetanus, diphtheria, acellular pertussis (Tdap >7 yrs)																	
Human papillomavirus (HPV)																	
Meningococcal (MenACWY-D 39 mos, MenACWY CRM >2 mos, MenACWY CRM >2 mos)																	
Meningococcal B																	
Pneumococcal polysaccharide (PPSV23)																	

Range of recommended ages for all children  
Range of recommended ages for catch-up immunization  
Range of recommended ages for certain high-risk groups  
Recommended based on shared clinical decision-making or "can be used in this age group"  
No recommendation/not applicable

# Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES  
2021

## How to use the adult immunization schedule

- 1 Determine recommended vaccine by age (Table 2)
- 2 Assess need for additional recommended vaccinations by medical condition and other indications (Table 2)
- 3 Review vaccine types, frequencies, and intervals, and considerations for special situations (Notes)

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American College of Physicians (www.acponline.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), and American Academy of Physician Assistants (www.aspa.org).

## Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967

## Table 2 Recommended Adult Immunization Schedule by Medical Condition and Other Indications, United States, 2021

Vaccine	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 count	Asplenia, complement deficiencies	End-stage renal disease; or on hemodialysis	Heart or lung disease, alcoholism	Chronic liver disease	Diabetes	Health care personnel	Men who have sex with men
IV or RIV4 or LAIV4			<200 mm <sup>3</sup>							
Tdap or Td	1 dose Tdap each pregnancy	Not Recommended	1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually
MMR	Not Recommended	Not Recommended	1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually
VAR	Not Recommended	Not Recommended	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years
RZV	Not Recommended	Not Recommended	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years
HPV	Not Recommended	Not Recommended	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years
PCV13	Not Recommended	Not Recommended	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years
PPSV23			2 or 3 doses through age 26 years	2 or 3 doses through age 26 years	2 or 3 doses through age 26 years	2 or 3 doses through age 26 years	2 or 3 doses through age 26 years	2 or 3 doses through age 26 years	2 or 3 doses through age 26 years	2 or 3 doses through age 26 years
HepA			2 doses at age ≥50 years	2 doses at age ≥50 years	2 doses at age ≥50 years	2 doses at age ≥50 years	2 doses at age ≥50 years	2 doses at age ≥50 years	2 doses at age ≥50 years	2 doses at age ≥50 years
HepB			1 dose	1 dose	1 dose	1 dose	1 dose	1 dose	1 dose	1 dose
MenACWY			1, 2, or 3 doses depending on age and indication	1, 2, or 3 doses depending on age and indication	1, 2, or 3 doses depending on age and indication	1, 2, or 3 doses depending on age and indication	1, 2, or 3 doses depending on age and indication	1, 2, or 3 doses depending on age and indication	1, 2, or 3 doses depending on age and indication	1, 2, or 3 doses depending on age and indication
MenB			2, 3, or 4 doses depending on indication, see notes for booster recommendations	2, 3, or 4 doses depending on indication, see notes for booster recommendations	2, 3, or 4 doses depending on indication, see notes for booster recommendations	2, 3, or 4 doses depending on indication, see notes for booster recommendations	2, 3, or 4 doses depending on indication, see notes for booster recommendations	2, 3, or 4 doses depending on indication, see notes for booster recommendations	2, 3, or 4 doses depending on indication, see notes for booster recommendations	2, 3, or 4 doses depending on indication, see notes for booster recommendations
Hib			1 dose	1 dose	1 dose	1 dose	1 dose	1 dose	1 dose	1 dose

1. Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

2. Recommended vaccination for adults with an additional indication

3. Recommended vaccination for adults with an additional indication

4. Recommended vaccination for adults with an additional indication

5. Recommended vaccination for adults with an additional indication

6. Recommended vaccination for adults with an additional indication

7. Recommended vaccination for adults with an additional indication

8. Recommended vaccination for adults with an additional indication

1. Precaution for LAIV4 does not apply to alcoholism.

2. See notes for influenza, hepatitis B, measles, mumps, and rubella, and varicella vaccinations.

3. Hematopoietic stem cell transplant.

4. Not recommended/contraindicated—vaccine should not be administered.

5. "Vaccinate after pregnancy."

6. No recommendation/not applicable.

7. No recommendation/not applicable.

8. No recommendation/not applicable.

## TIPS & TOOLS



- Have a calendar available in each exam room  
*See our TAPI handout!*
- Count weeks between shots
- Check the age of the child to assure accurate time for shots



# CLOSING THE LOOP

## Things we're still uncertain about:

- Meningococcal schedule
- Can I co-administer COVID-19 vaccines with ALL OTHER vaccines?

## Other Information we're wondering:

- How do you interpret shot records from other countries?
- Tips on administration for infants and babies –

***Stay Tuned to the next session!***



**EPIDEMIOLOGY  
AND  
PREVENTION  
OF  
VACCINE-  
PREVENTABLE  
DISEASES**

15TH EDITION



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

### Foreign Vaccines

Table 1: Disease, Vaccine, and Related Terms

[illegible]

**THANK YOU FOR  
COMPLETING YOUR  
SURVEYS!**

**WHEEL DECIDE!**

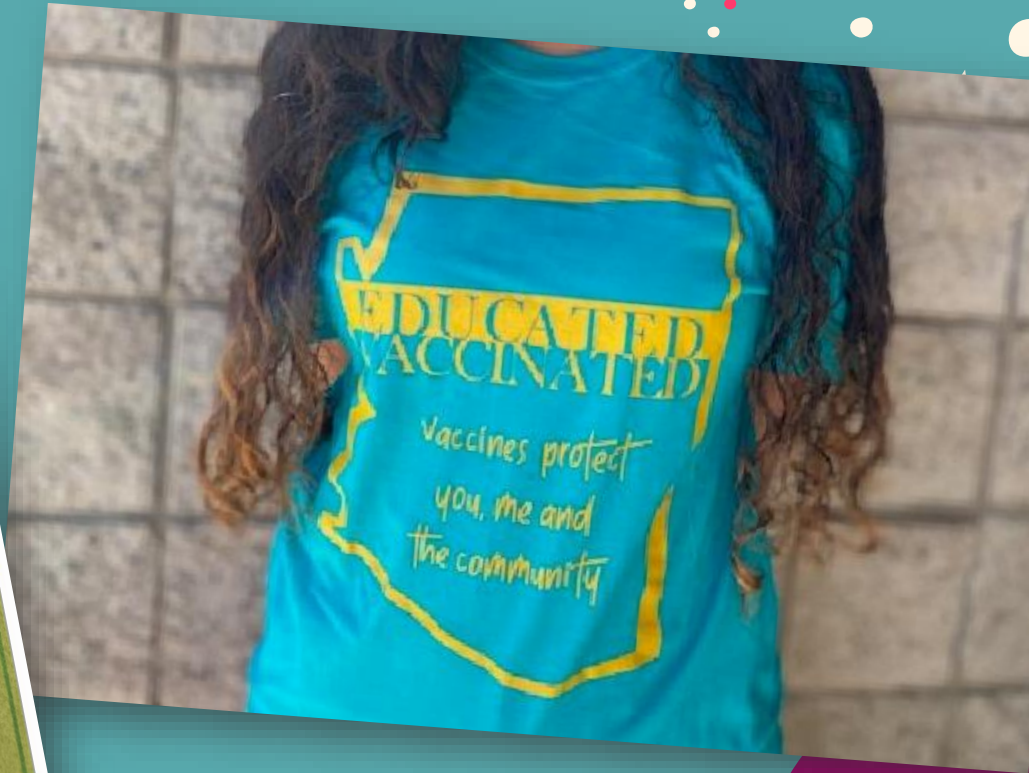




# VACCINES EXPLAINED



BY CHEMAA BOHEMAA  
ILLUSTRATED BY JOYEETA NEOGI



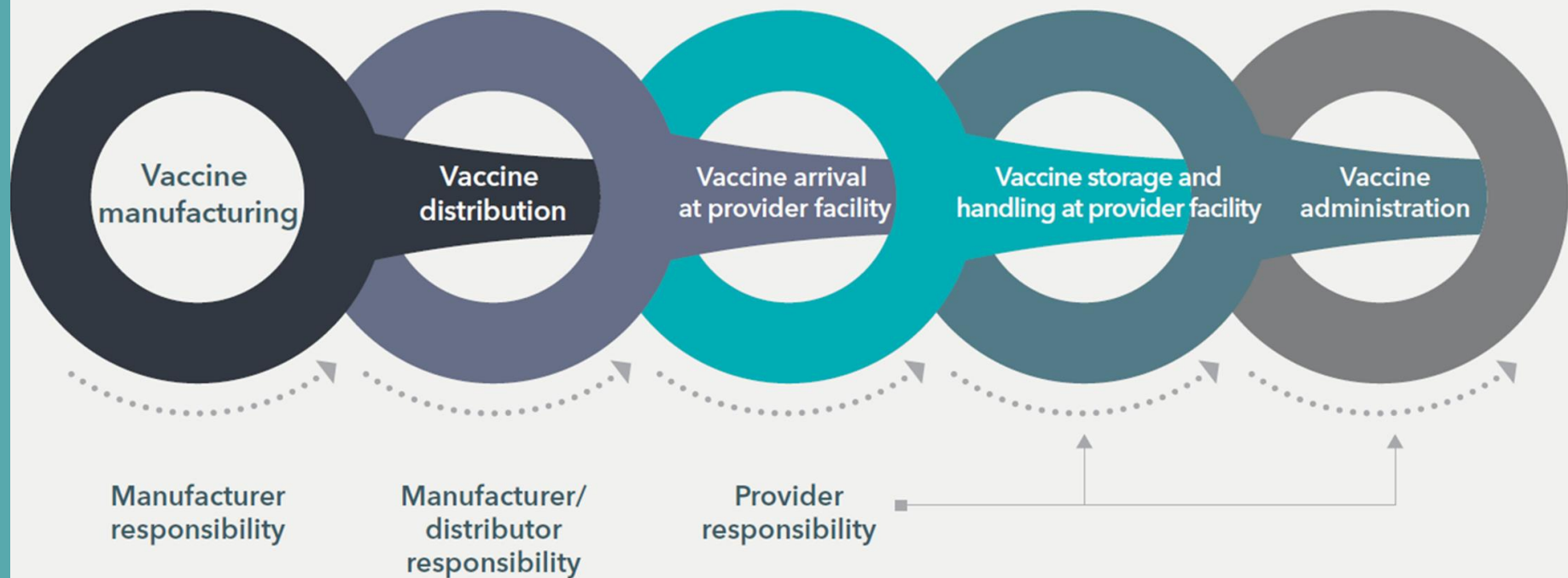


# **VACCINE STORAGE & HANDLING**





# Cold Chain **Flowchart**



# STAFF TRAINING

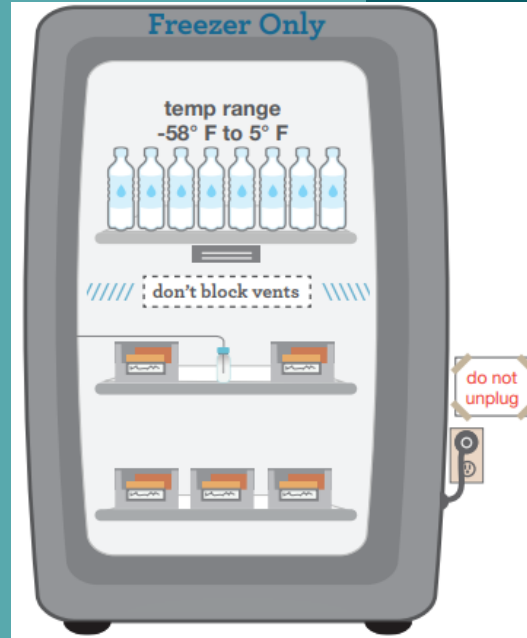
Who?  
About what?  
How often?



## Refrigerator



## Freezer



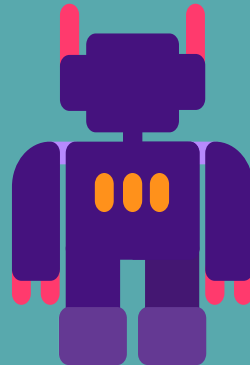
# VACCINE STORAGE AND TEMPERATURE MONITORING EQUIPMENT



# COVID-19 VACCINE

## PFIZER-BIONTECH

- **Beyond Use Date/Time: Freezer:** Between -25°C and -15°C (-13°F to 5°F) for up to 2 weeks
- **Refrigerator:** Between 2°C and 8°C (36°F and 46°F) for up to 31 days





# COVID-19 VACCINE:

## MODERNA

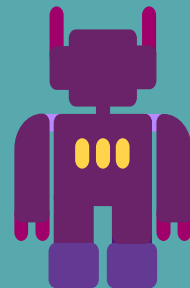
### STORAGE

#### *Freezer*

- **Unpunctured vials** may be stored in the freezer between -50°C and -15°C (-58°F and 5°F)
- Store in the original carton
- Protect from light
- Do NOT store with dry ice or below -50°C (-58°F)

#### *Refrigerator*

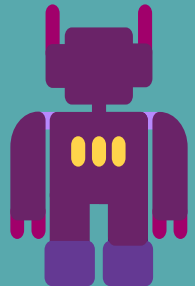
- **Unpunctured vials** may be stored in the refrigerator between 2° to 8°C (36° to 46°F) for up to 30 days\*
- **Do NOT refreeze thawed vaccine**
- Thawed vaccine can be handled in room light
- Monitor how long the vaccine has been in the refrigerator using CDC's beyond-use date labels
- Remove the box from frozen storage
- Complete the information on the storage label
- Attach it to the box holding the vaccine vials
- Once labeled, place vaccine in the refrigerator
- **Punctured vials** may be stored between 2°F and 25°C (36°F and 77°F) for up to 12 hours



# COVID-19 VACCINE:

## J&J

- **Storage:**
  - **Before** the vials are punctured, vaccine may be stored in the refrigerator between 2°C and 8°C (36°F and 46°F) until the expiration date
  - **After** puncturing the multidose vial seal, store vaccine in the refrigerator between 2°C and 8°C (36°F and 46°F) for up to 6 hours or at room temperature (up to 25°C/77°F) for 2 hours





# **EMERGENCY VACCINE STORAGE, HANDLING AND TRANSPORT PREPARATION**

**HOPE FOR THE BEST...  
PLAN FOR THE WORST**



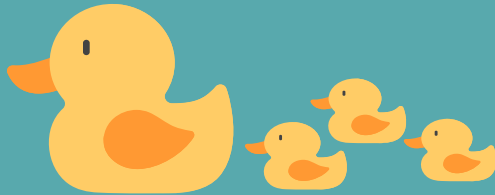
# IN CASE OF EMERGENCY

## Know what to do!

- VFC vaccine
- Non-VFC vaccine
- COVID-19 vaccine
- Keep the door shut!

## Data Logger Tips:

- Check twice a day
- Use the same measurement
- Label front of units
- Label next to temp logs



# POLL

What are the storage and handling errors you have seen in your practice?



**VACCINE STORAGE &  
HANDLING PLANS  
AND  
STANDARD OPERATING  
PROCEDURES**





# Arizona Vaccines for Children (VFC) Program



## Operations Guide



Use this document January 2018

### VFC Vaccine Accountability and Management Plan

Office Name:	Phone:
Address:	
Facility Pin#:	

By signing this form, I certify on behalf of myself and all immunization staff in this facility as listed on the VFC Provider Agreement and below, that I have read and agree to the Vaccine Accountability & Management Plan items listed and understand I am accountable (and each listed person is individually accountable) for compliance with these requirements.

All signatures from the signing physician, primary and back-up coordinators and the office manager (if the site has one) are required.

Signing Provider signature:	Date:
Print Name:	
Signing Provider email:	Signing Provider phone:
Office Manager signature:	Date:
Print Name:	
Office Manager email:	Office Manager phone:
VFC Coordinator signature:	Date:
Print Name:	
VFC Coordinator email:	VFC Coordinator phone:
VFC Back up Coordinator signature:	Date:
Print Name:	
VFC Back up Coordinator email:	VFC Back up Coordinator phone:

Submit a revised Vaccine Accountability and Management Plan to the AIPO (Arizona Immunization Program Office) EVERY TIME facility changes occur (including changes in staff).

Vaccines must be maintained within the manufacturers temperature requirements in order to remain viable to administer to patients. Below list the emergency vaccine storage location that staff will transport vaccine to in the event of a storage unit malfunction, extended power failure, natural disaster or other emergency that might compromise the appropriate vaccine storage. ([Module 5](#)).

#### Emergency storage facility

Name:	Pin# :
Address:	
Phone number:	
Contact at facility:	
Major cross streets:	

Useful Contacts	Name	Phone Number
Electricity company		
Building maintenance		
Building security company		
Storage unit maintenance & repair		

# online TRAINING & Resources

You Call the Shots  
CDC Vaccine Storage and Handling Toolkit

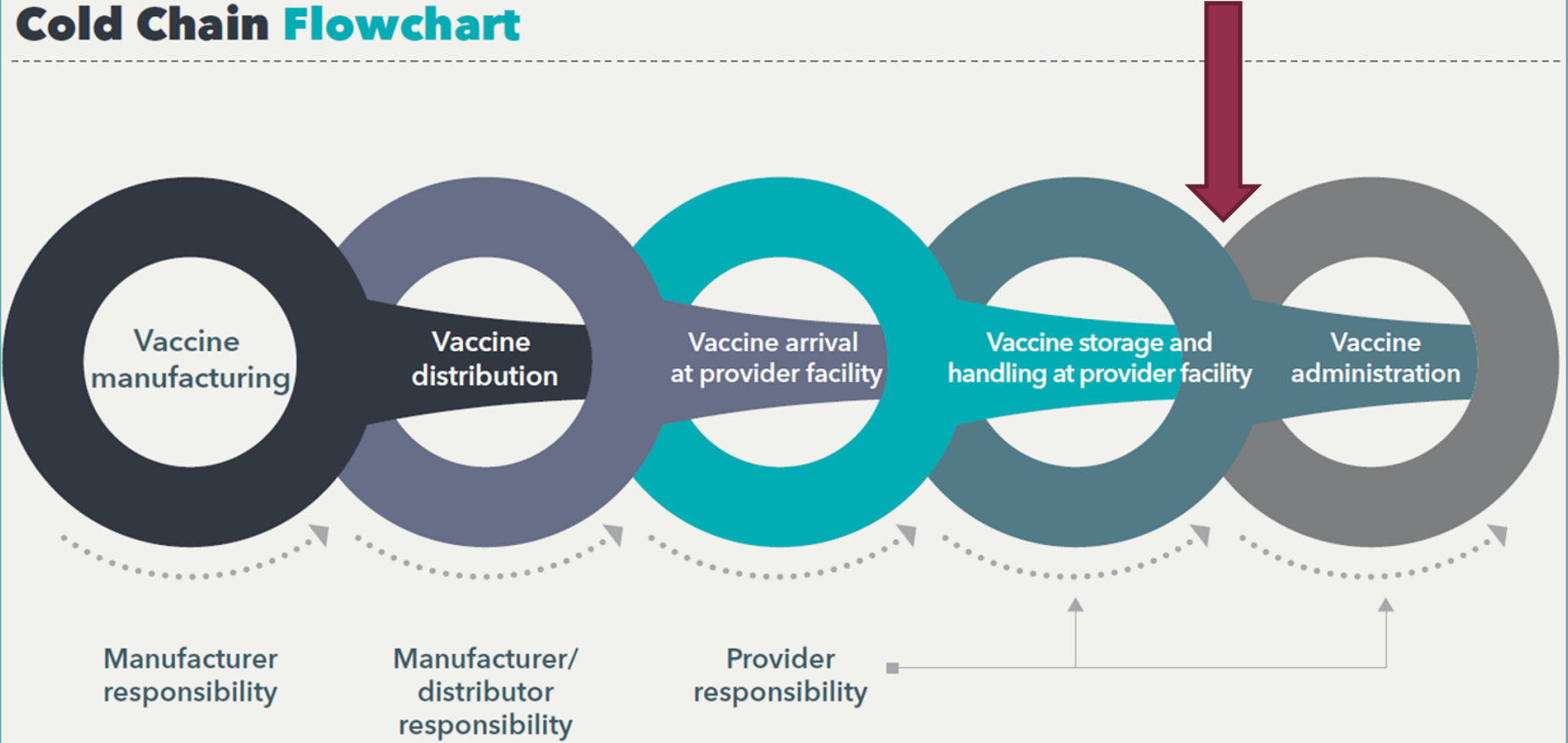


# Key TAKE-AWAYS

- Staff Training
- SOPs
- Clearly define roles & duties
  - Primary/ secondary
  - Job action sheet
- Follow SOP to reduce errors & waste:
  - Check temps twice a day
  - Always use same measurement (Celsius or Fahrenheit)
  - When vaccine arrives, unpack immediately
  - Rotate your vaccines
- Emergency Plan

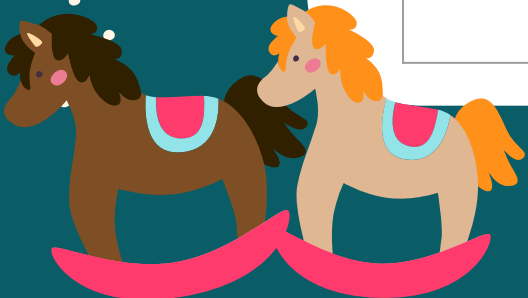


# Cold Chain Flowchart



# IS THE PATIENT DUE?

Scheduling	Chart Prep	Check-In
Reminder recall  When patient schedules  Appointment reminders	What's due?  Check ASIIS/ compare (and update!)	Today you will receive these vaccines...



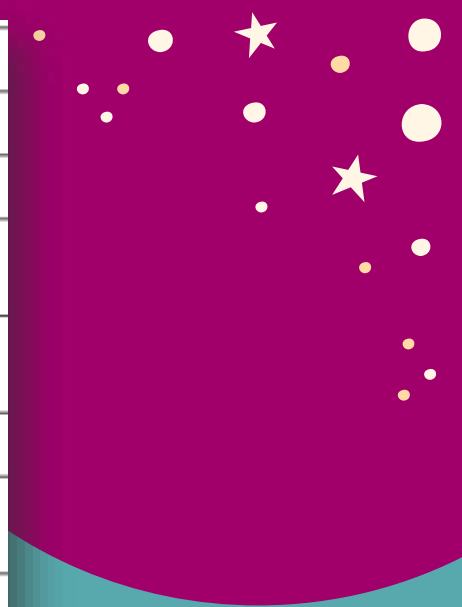
# SCREENING BASICS







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 2 through 4 years of age, 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 or a family member have cancer, leukemia, HIV/AIDS, or any other immune system problems?
9. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; 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?



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?
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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?



**Contraindications** increases risk of serious adverse reaction

**Precautions** may increase risk for a serious adverse reaction, cause diagnostic confusion or compromise the ability of vaccine to produce immunity

**DO NOT ADMINISTER** when contraindication is present

# CONTRAINDICATIONS & PRECAUTIONS

## Three **permanent** contraindications to vaccines:

1. Severe allergic reaction to a vaccine component or following a prior dose
2. Encephalopathy (brain swelling) without known cause within seven days of administration of a previous dose of DTP, DTaP or Tdap vaccine
3. Severe combined immunodeficiency (rotavirus vaccine)

## Two **temporary** contraindications to *live* vaccines

1. Pregnancy
2. Immunosuppression





# BEFORE PREPPING VACCINE...

VIS Form or EUA ("Fact Sheet...")

Consent



# Vaccine PREPARATION





# DURING PROVIDER VISIT

- Propose order or  
Check **standing order**
- Get the vaccine
- Double-check the vaccine
- Wash your hands!
- Prep the vaccine and  
label it



# HAND HYGIENE

Wash hands or use alcohol-based hand sanitizer

- Before vaccine preparation
- Between clients

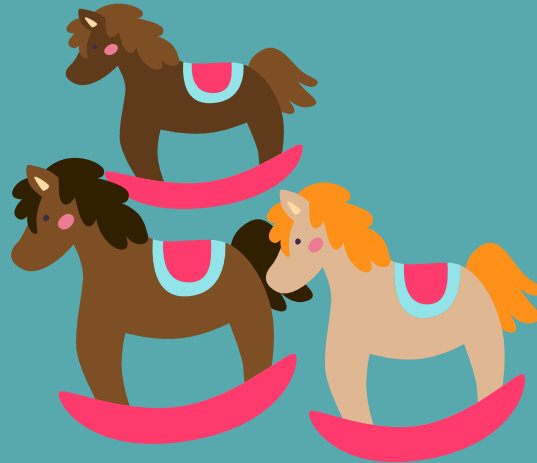
**Gloves are not required**  
*per OSHA guidelines*



# SAFETY DEVICES

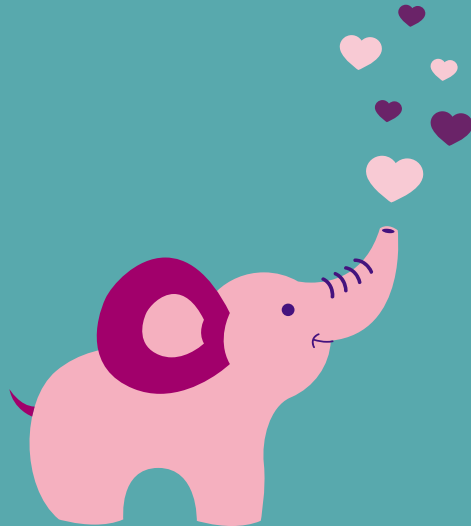
Familiarize yourself with  
immunization devices prior to  
use with clients

***Never recap  
used needles***



# COVID-19 Vaccine

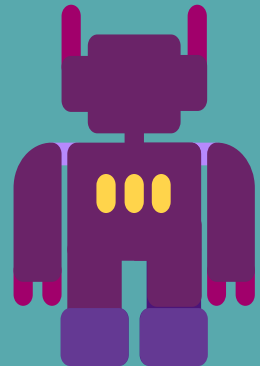
**ANYTHING SPECIAL?**



# COVID-19 VACCINE:

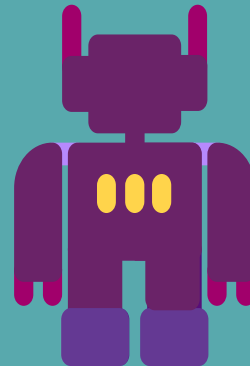
## PFIZER-BIONTECH

- **Ages:** 12 years of age and older
- **Use for:** Any dose in the 2-dose series. **COVID-19 vaccines are NOT interchangeable**
- Both doses should be COVID-19 vaccine (Pfizer)
- **Route:** Intramuscular (IM) injection
- Prior to administration, mix with 0.9% sodium chloride (normal saline, preservative-free) **diluent ONLY**
- **Beyond Use Date/Time: Freezer:** Between -25°C and -15°C (-13°F to 5°F) for up to 2 weeks
- **Refrigerator:** Between 2°C and 8°C (36°F and 46°F) for up to 31 days
- **Mixed vaccine:** Use within 6 hours of mixing



# COVID-19 VACCINE: MODERNA

- **Ages:** 18 years and up
- **Use for:** Any dose in the 2-dose series. **COVID-19 vaccines are NOT interchangeable**
- **Both doses should be COVID-19 vaccine (Moderna)**
- **Route:** Intramuscular (IM) injection



# COVID-19 VACCINE:

## MODERNA

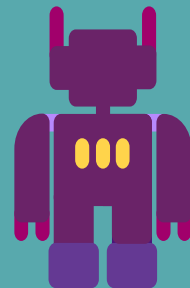
### STORAGE

#### *Freezer*

- **Unpunctured vials** may be stored in the freezer between -50°C and -15°C (-58°F and 5°F)
- Store in the original carton
- Protect from light
- Do NOT store with dry ice or below -50°C (-58°F)

#### *Refrigerator*

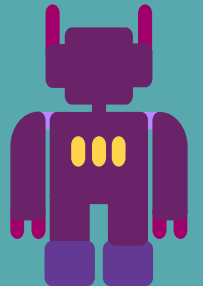
- **Unpunctured vials** may be stored in the refrigerator between 2° to 8°C (36° to 46°F) for up to 30 days\*
- **Do NOT refreeze thawed vaccine**
- Thawed vaccine can be handled in room light
- Monitor how long the vaccine has been in the refrigerator using CDC's beyond-use date labels
- Remove the box from frozen storage
- Complete the information on the storage label
- Attach it to the box holding the vaccine vials
- Once labeled, place vaccine in the refrigerator
- **Punctured vials** may be stored between 2°F and 25°C (36°F and 77°F) for up to 12 hours



# COVID-19 VACCINE:

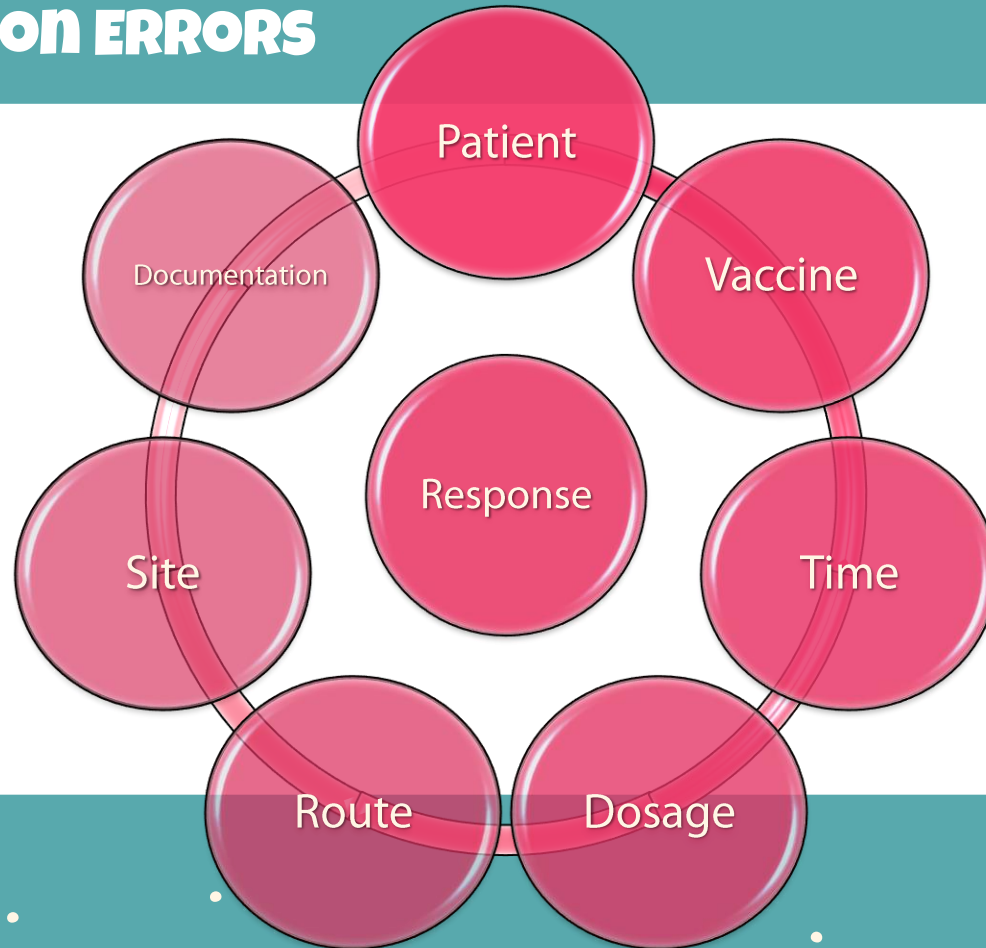
## J&J

- **Ages:** 18 years and up
- **Use for:** Single Dose
- **Route:** Intramuscular (IM) injection
- **Storage:**
  - Before the vials are punctured, vaccine may be stored in the refrigerator between 2°C and 8°C (36°F and 46°F) until the expiration date
  - After puncturing the multidose vial seal, store vaccine in the refrigerator between 2°C and 8°C (36°F and 46°F) for up to 6 hours or at room temperature (up to 25°C/77°F) for 2 hours





# AVOID VACCINE ADMINISTRATION ERRORS



# POLL

Which of these commonly asked questions do you most want to hear ideas about how to answer?



# T.I.P.S. VIRTUAL VACCINE CONVERSATIONS

Training on Immunization  
Practice Strategies (T.I.P.S.)

REGISTER  
NOW!

Plan to attend  
each session  
to be eligible  
for a  
FREE PRIZE!

TAPI, in collaboration with the Arizona Department of Health Services Immunization Program, presents free trainings that improve immunization practices in public and private providers' offices. Participants receive valuable information on immunization friendly office practices, vaccine handling, state requirements, how to give shots and the state immunization registry.

## Schedule of Virtual Conversations

Training on Immunization Practice Strategies (T.I.P.S.) is a series of 5 sessions **for medical assistants and vaccine coordinators.**

**Session #1 – Thursday, June 10<sup>th</sup>, 12:00-1:00 PM**

*Why Vaccines are Important: Protecting Herd Immunity*

**Session #2 – Thursday, June 24<sup>th</sup>, 12:00-1:00 PM**

*Vaccine Basics and Understanding the ACIP Schedule*

**Session #3 – Thursday, July 8<sup>th</sup>, 12:00-1:00 PM**

*Protecting the Cold Chain and Preparing for Patients*

**Session #4 – Thursday, July 22<sup>nd</sup>, 12:00-1:00 PM**

*Empowering Patients and Administering Vaccines*

**Session #5 – Thursday, August 5<sup>th</sup>, 12:00-1:00 PM**

*Best Practices for Immunization Delivery in Arizona*

\*Shown in AZ Time

REGISTER NOW! ➔

Register **ONCE** & you can  
attend **ALL SESSIONS!**



Remember  
TO DO YOUR  
EVALUATION!



# THANK YOU FOR SAVING LIVES EVERY DAY!

To download slides & view the video  
recording of today's training, visit:

<https://whyimmunize.org/tapi-training/>

