Empowering Patients & Administering Vaccines

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

July 22, 2021

tapi

whyimmunize.org

Thank you for completing your surveys!

GIVEAWAYS!!!

Closing the Loop

- I would like further information on how to transport & store vaccines safely to and from off-site work locations to offer TST and vaccines to employees (this can last a couple of hours).
- I still need help with the catch-up schedule! How do I read it?

Chat in your questions about the schedule!

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 month Behind, United States, 2021

The table 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 Table 1 and the notes that follow.**

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
Children age 4 months through 6 years					
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose.** Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks** Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months**
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months.	**No further doses needed** if previous dose was administered at age 15 months or older. **4 weeks** if current age is younger than 12 months ***and*** first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. **8 weeks *and* age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB, Comvax) ***and*** were administered before the 1st birthday.	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after.	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older. **4 weeks** if current age is younger than 12 months and previous dose was administered at <7 months old. **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months.	**8 weeks (as final dose)** This dose only necessary for children age 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	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years. **6 months (as final dose)** if current age is 4 years or older.	**6 months** (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks** if first dose of DTaP/DT was administered before the 1st birthday. **6 months (as final dose)** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.	**6 months** if first dose of DTaP/DT was administered before the 1st birthday.	
Human papillomavirus	9 years	**Routine dosing intervals are recommended.**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose.**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months** 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.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older.			

VACCINE ADMINISTRATION

COMFORT HOLDS

Newborn/Infant Swaddle

Older Infant Back-to-chest Position

COMFORT HOLDS

Toddler Chest-to-chest Position

Toddler Chest-to-chest Position

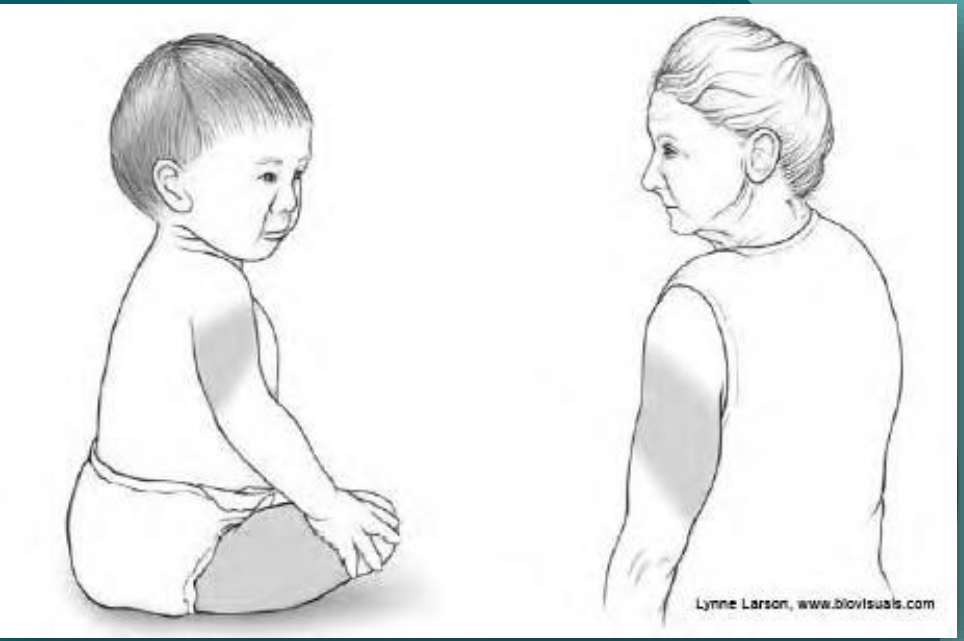
COMFORT HOLDS

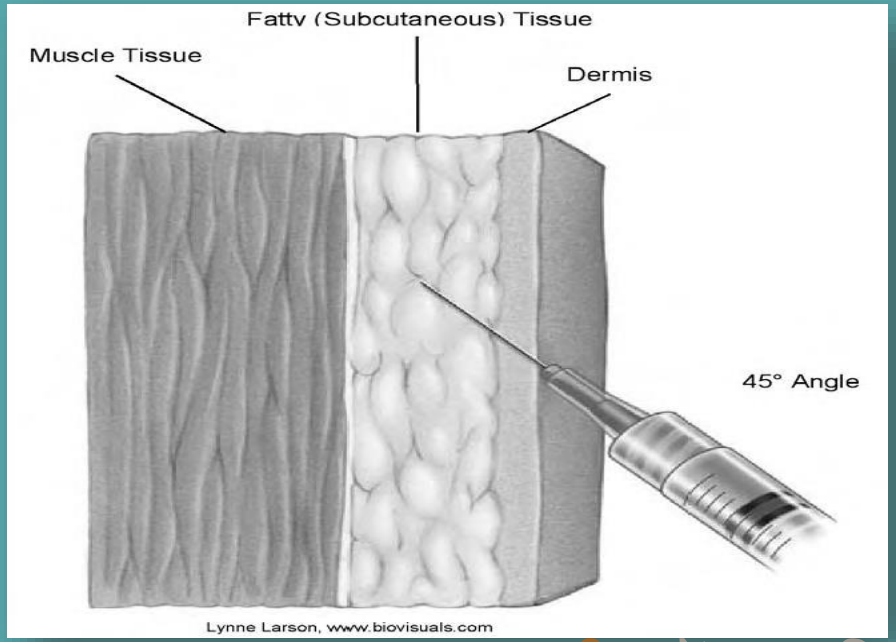
Preschooler Back-to-chest Position

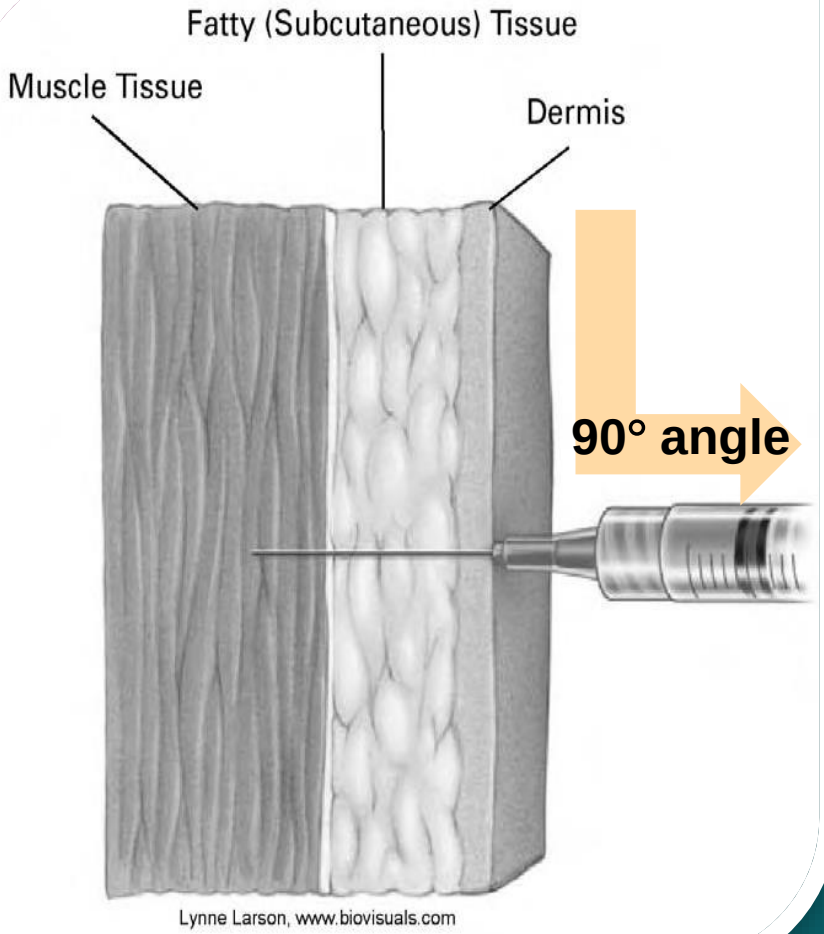
Preschooler Side-sitting Position

Subcutaneous (SC)

- Separate injection sites by 1-2 inches
- Administer in fatty tissue just below skin

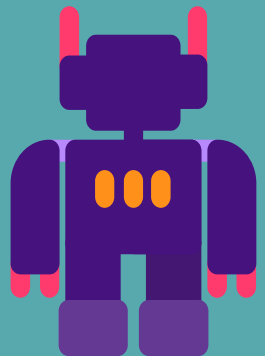




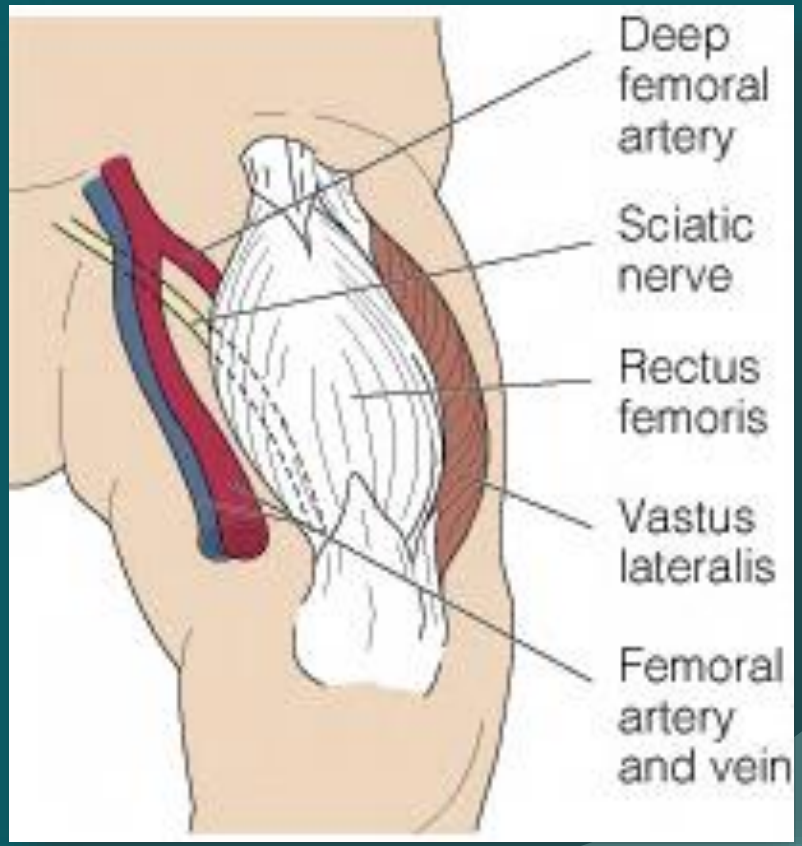


INTRAMUSCULAR (IM)

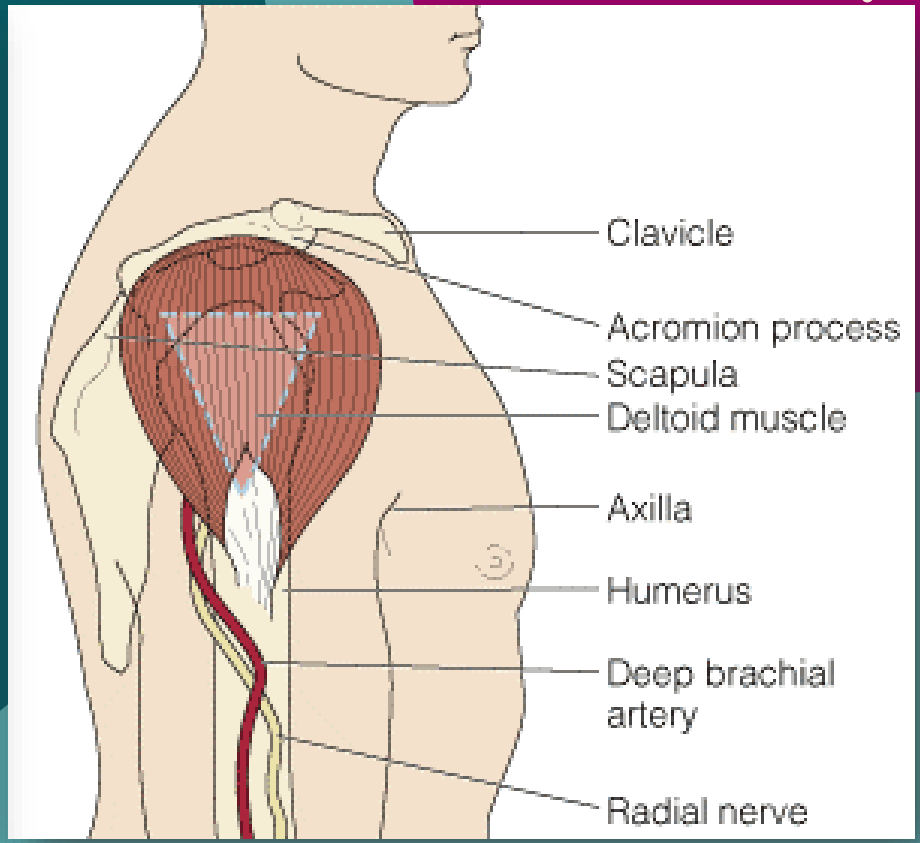
- Administered into muscle just below the fatty tissue
- **Do not aspirate**
- Separate injection sites by 1-2 inches

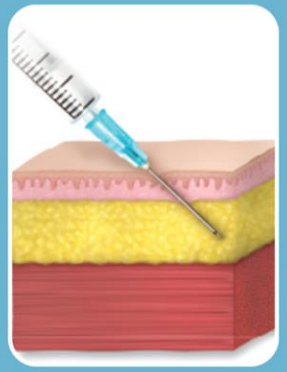


Infants and Toddlers
< 36 months



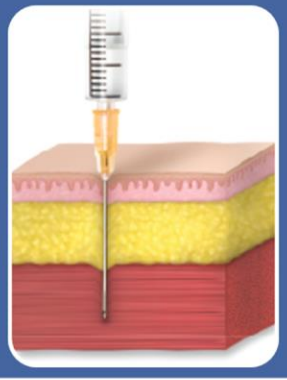
Older children ≥ 36 months and adults





Subcutaneous

- MMR
- Varicella
- Polio



Intramuscular

- DTaP/Tdap/Td
- Hepatitis A
- Hepatitis B
- Hib
- Shingrix
- Pneumococcal
- Meningococcal
- Influenza
- Human papillomavirus

COVID-19!

IMMUNIZATIONS/SITE: 3yrs+ (Child-Adult)

IM Site: Deltoid

SUBQ Site: Back of arm

VACCINE: LEFT	ROUTE	VACCINE: RIGHT
**Tdap/Td (7yrs+ only) DTaP/DT (under 7yrs only) Pediarix (DTaP+HepB+IPV) (thru 6yrs) Pentacel (DTaP+IPV+Hib) (thru 4yrs) Kinrix/Quadracel (DTaP+IPV) (4-6yrs)	IM	DO NOT attempt to immunize an uncontrolled child.
IPV (Polio)	*SUBQ/IM*	
VARICELLA	*SUBQ*	
Note: Separate injections by at least 1 inch or more per site when giving multiple vaccines. *PPSV23 can be given Sub Q or IM	IM	HEPATITIS A HEPATITIS B If receiving >2 IMs in one limb, can move to Left
	IM	**MCV4 (Meningococcal) * Give Men B in left
	IM	Inactivated Influenza (0.5mL) (Flu also comes in intranasal for 2yrs+)
	IM	Hib If receiving >2 IMs in one limb, can move to Left
	IM	PCV 13 (Pneumococcal Conjugate) PPVS23 (Pneumococcal Polysaccharide)
	IM	**HPV (Human Papillomavirus)
	SUBQ	MMR
	SUBQ	PROQUAD (MMR+VAR) (through age 12)

When giving Tdap, MCV4, and HPV, give most reactive (Tdap and MCV4) in **separate limbs and give HPV **last** (most painful).* If giving MCV4 & Men B give in separate arms. Adolescents are more prone to syncope. Best practice is to have them remain seated x15-20 minutes to ensure safety.

ORAL ADMINISTRATION

Rotavirus Vaccine
(Rotateq, Rotarix)

INTRANASAL

Live attenuated Influenza Vaccine
(FluMist)


Maricopa County
Public Health
WeArePublicHealth.org

Managing Reactions

Localized	• Soreness, redness, itching or swelling at the injection site • Slight/continuous bleeding
Psychological fright and syncope	• Extreme paleness, sweating, nausea, dizziness • Fall, without loss of consciousness • Loss of consciousness
Systemic	• Fever, malaise, muscle pain, headache, loss of appetite

VAERS

Vaccine Adverse Event Reporting System

- Monitors vaccine safety
- Analyzes adverse events
- Identifies possible risk associated with a vaccine

Anyone can submit a report

- Parents
- Patients
- Healthcare professionals

POLL

Have you ever seen an
adverse reaction
from a vaccine?

Documentation

- Date administered
- Manufacturer and lot #
- Date VIS provided
- VIS edition date
- Name/ title of person who administered
- Address of facility where record will reside

Best Practice

Expiration date, route/ site, dosage (volume)

If the patient refuses

- Document vaccine information was provided
- Document patient chose to refuse vaccination
- Use refusal form

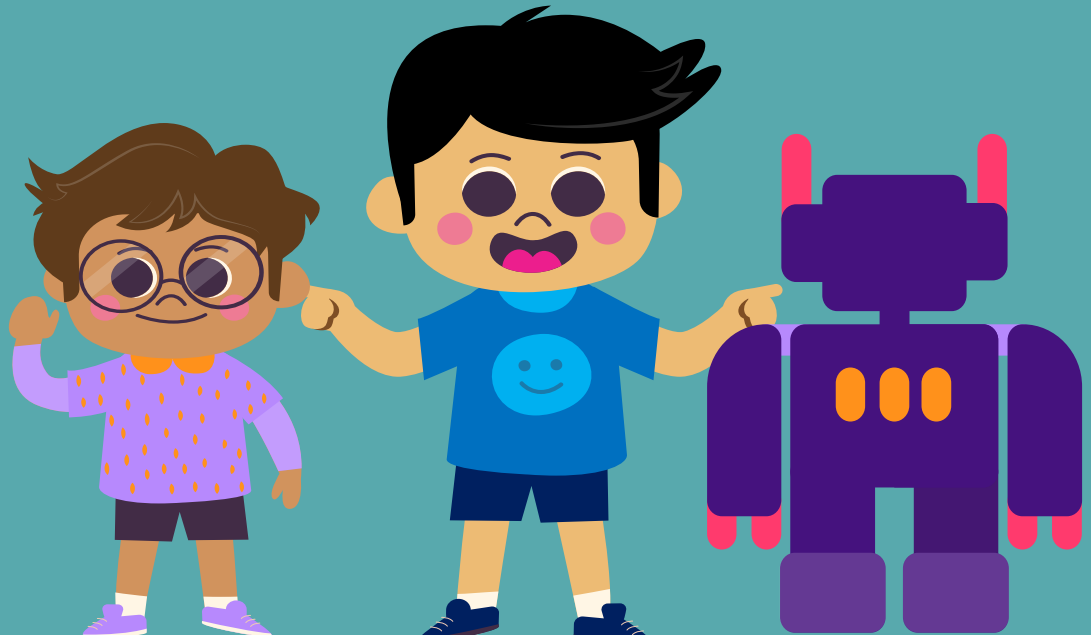
Don't forget to tell the provider

Empowering Patients

common questions

"Isn't it better to get natural immunity by getting the disease?"

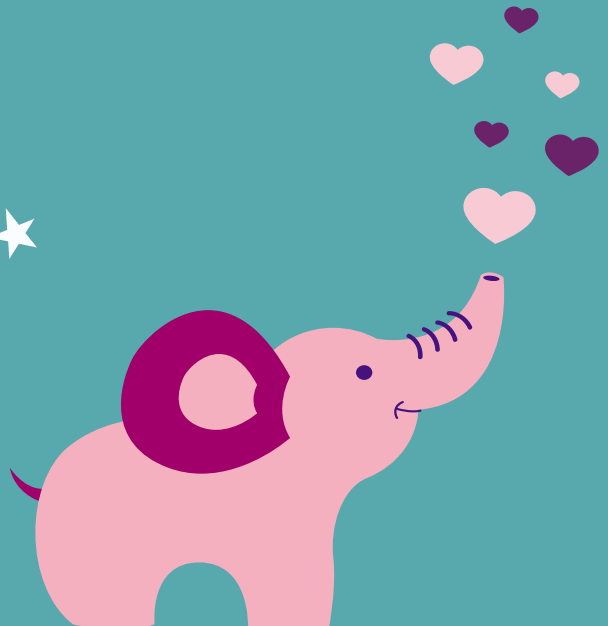
FLU SHOTS!



“Why should I get the flu shot when I never get the flu?”

“Last time I got the flu shot, I got the flu.”

Do vaccines cause autism?

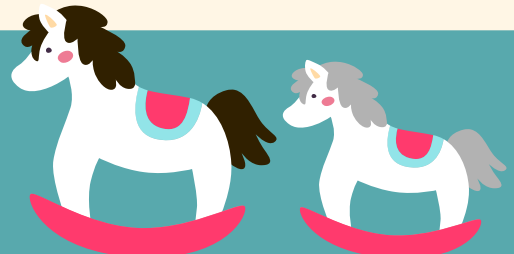


“How do you know that vaccines are **safe**?”

“But don’t you think it’s ‘Too Many, Too Soon?’”

Also sounds like:

- *“I want to spread them out more…“*
- *“We found a different schedule we’d like to follow…”*
- *“It’s just too much for “’their little body.’”*



COVID-19 Questions

- Does the vaccine cause:
  - Infertility?
  - Heart problems?
  - Blood clotting?
  - Guillain-Barre Syndrome?
- Will getting the vaccine change my DNA?
- What are the long-term side effects?
- Is this vaccine even approved?

Present vaccines as the *default* option

"Today you are receiving three vaccines."

CORROBORATE

“Many patients have asked me the same question.”

“I’m sorry that you felt so awful after you got your flu shot last year.”

Give your *strong* recommendation

3

"I believe in this so strongly that I vaccinated my own children on schedule."

"I strongly recommend that you get this vaccine today."

Be Honest

“Yes. Adverse reactions do sometimes happen, but they are extremely rare.”

“I haven’t heard that before. I’ll make sure to tell the doctor to talk with you about it.”

4

Never Give up!

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 10th, 12:00-1:00 PM

Why Vaccines are Important: Protecting Herd Immunity

Session #2 – Thursday, June 24th, 12:00-1:00 PM

Vaccine Basics and Understanding the ACIP Schedule

Session #3 – Thursday, July 8th, 12:00-1:00 PM

Protecting the Cold Chain and Preparing for Patients

Session #4 – Thursday, July 22nd, 12:00-1:00 PM

Empowering Patients and Administering Vaccines

Session #5 – Thursday, August 5th, 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!

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Remember to do your evaluation!

For more information, visit www.WhyImmunize.org or call 602.288.7568

THANK YOU FOR SAVING LIVES EVERY DAY!

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

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