TAPI T.I.P.S.

Empowering Patients and Administering Vaccines

July 22, 2020

Use chat feature to tell us names and credentials of who is in the room with you!
THANK YOU
COVID-19 UPDATE

Dr. Peggy Stemmler
MCDPH Consultant
COVID-19 in Arizona

- 150,609 cases overall
  - Confirmed and probable
  - A person is counted once, no matter how many tests
- 2,974 deaths
- Testing is up, but % positive tests is up more

Data updated: 7/22/20
POLL

In the last 4-6 weeks, how has the COVID-19 pandemic impacted our immunization rates?
1. Since the COVID-19 pandemic, I think immunization coverage for our patient population:

- Has decreased – we have more patients that are overdue for vaccines than we typically do 56%
- Has stayed about the same 26%
- Has increased – we have been able to immunize more patients during the COVID-19 pandemic than before it 6%
- Unsure 12%
SO FAR...

Ordered, accepted, handled and stored vaccine at appropriate temp

Checked status, screened patients
And now...

Ordered, accepted, handled and stored vaccine at appropriate temp

Checked status, screened patients

“You are due for these shots today…”
REALLY IMPORTANT!

VIS Form
Consent
Communicate with Provider
DURING THE PROVIDER VISIT

- Propose order/ Check **Standing Order**
- Get vaccine
- Double check
- Wash your hands!
- Prep the vaccine and label it
- Go back to the exam room
VACCINE ADMINISTRATION
POLL

Who are usually the most challenging patients to immunize?
COMFORT HOLDS
COMFORT HOLDS
**SUBCUTANEOUS (SC)**

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

45° angle
**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
### IMMUNIZATIONS/SITE: 3yrs+ (Child-Adult) *

**IM Site: Deltoid**  
**SUBQ Site: Back of arm**

<table>
<thead>
<tr>
<th>VACCINE: LEFT</th>
<th>ROUTE</th>
<th>VACCINE: RIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tdap/Td (7yrs+ only)</strong></td>
<td>IM</td>
<td>DO NOT attempt to immunize an uncontrolled child.</td>
</tr>
<tr>
<td>DTaP/DT (under 7yrs only)</td>
<td>IM</td>
<td></td>
</tr>
<tr>
<td>Pediarix (DTaP+HepB+IPV) (thru 6yrs)</td>
<td>IM</td>
<td></td>
</tr>
<tr>
<td>Pentacel (DTaP+IPV+Hib) (thru 4yrs)</td>
<td>IM</td>
<td></td>
</tr>
<tr>
<td>Kinrix/Quadracel (DTaP+IPV) (4-6yrs)</td>
<td>IM</td>
<td></td>
</tr>
<tr>
<td>IPV (Polio)</td>
<td>SUBQ/IM</td>
<td></td>
</tr>
<tr>
<td>VARICELLA</td>
<td>SUBQ</td>
<td></td>
</tr>
</tbody>
</table>

Note: Separate injections by at least 1 inch or more per site when giving multiple vaccines.

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**PPSV23 can be given Sub Q or IM**

**Hepatitis A**
- If receiving >2 IMs in one limb, can move to Left

**Hepatitis B**
- If receiving >2 IMs in one limb, can move to Left

Inactivated Influenza (0.5mL)
- (Flu also comes in intranasal for 2yrs+)

**MCV4 (Meningococcal)** *Give Men B in left*

**Hib**
- If receiving >2 IMs in one limb, can move to Left

PCV 13 (Pneumococcal Conjugate)
- PPVS23 (Pneumococcal Polysaccharide)

**HPV (Human Papillomavirus)**

**MMR**

**PROQUAD (MMR+VAR)** (through age 12)

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**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)
## Managing Reactions

<table>
<thead>
<tr>
<th>Category</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Localized</td>
<td>- Soreness, redness, itching or swelling at the injection site</td>
</tr>
<tr>
<td></td>
<td>- Slight/continuous bleeding</td>
</tr>
<tr>
<td>Psychological fright and syncope</td>
<td>- Extreme paleness, sweating, nausea, dizziness</td>
</tr>
<tr>
<td></td>
<td>- Fall, without loss of consciousness</td>
</tr>
<tr>
<td></td>
<td>- Loss of consciousness</td>
</tr>
<tr>
<td>Systemic</td>
<td>- Fever, malaise, muscle pain, headache, loss of appetite</td>
</tr>
</tbody>
</table>
VAERS

Vaccine Adverse Event Reporting System
- Monitors vaccine safety
- Analyzes adverse events
- Identifies possible risk associated with vaccine

Anyone can submit a report
- Parents
- Patients
- Healthcare Professionals
POLL

Have you ever seen an adverse reaction from a vaccine?
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 Practices:** Expiration date, route/site, dosage (volume)
DOCUMENTATION

IF THE PATIENT REFUSES:

- Vaccine information was provided
- Patient chose to refuse vaccination
- Refusal forms

Don’t forget to tell the provider!
WHY SHOULD I GET THE FLU SHOT, WHEN I NEVER GET THE FLU ANYWAY?
DO VACCINES CAUSE AUTISM?
But, is it safe?

“I worry that these new vaccines aren’t tested.”
“I don’t want to have a bad reaction.”
“Do you know what they put in those things?”
Why can’t I just do 2 vaccines at this visit?

Can my little baby’s immune system handle all this at once?
Immunization Conversations – Too Many

conversation resources:

Why don’t you recommend spacing out vaccines using an alternative schedule?

- Delaying vaccines increases the time children will be susceptible to serious diseases.
- Measles. There were 667 cases of measles in the U.S. in 2014. The majority of people who get measles were unvaccinated.
- Measles is still common in many parts of the world including some countries in Europe, Asia, the Pacific, and Africa, and can easily be imported.
- Pertussis. This disease is especially dangerous in infants before they’re fully vaccinated. In 2014, 12,971 pertussis cases were reported in the U.S., and many more cases were undiagnosed.
- Requiring many extra appointments for vaccinations increases the stress for the child and may lead to a fear of medical procedures.
- There is no evidence that spreading out the schedule decreases the risk of adverse reactions.

References

- Too Many Vaccines? What you should know (Vaccine Education Center, Children’s Hospital of Philadelphia-VEC)
- Multiple Vaccines and the Immune System (CDC)
  - www.cdc.gov/vaccinesafety/vaccines/multivaccines.html
- The Problem With Dr. Bob’s Alternative Vaccine Schedule by Paul Offit, MD and Charlotte Moser
  - http://pediatrics.aappublications.org/content/pediatrics/123/1/164.full.pdf
- Vaccines and Autism: A Tale of Shifting Hypotheses by Paul Offit, MD and Jeffrey Gerber, MD
  - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2295838


#VaccinesWork | #WeVaccinate
HELPFUL TIPS

- Present vaccination as the default option
- Give your strong recommendation
- Listen
- Corroborate
- Be Honest
1. **PRESENT VACCINATION AS THE DEFAULT OPTION**

BE CONFIDENT

“Today you are receiving three vaccines…”
2. **GIVE YOUR STRONG RECOMMENDATION**

- You are a trusted source of information
- Share science & anecdotes
GIVE YOUR STRONG RECOMMENDATION

You are a trusted source of information

Share science & anecdotes

“I strongly recommend you get this vaccine today.”

“I believe in this so strongly that I vaccinated my own children on schedule.”
3. LISTEN!
“Many patients have asked me the same question.”

“I’m sorry that you felt so awful after you got your last flu shot.”
Provide accurate information
Don’t answer questions you don’t know the answers to
Reassure patients about vaccine safety system
Provide accurate information
Don’t answer questions you don’t know the answers to
Reassure patients about vaccine safety system

“Yes, adverse reactions happen. It happens about 1 in 1,000,000 patients. We have given thousands of vaccines in our office and never seen one.”
DO NOT GIVE UP

Remember – success comes in many forms! Leave the door open for future discussions. Continue building trust and creating a judgement-free zone.
POLL

How should we spend our time together during the last T.I.P.S. session?
THANKS!

We will stay on the line for 15 minutes of Q&A!

Next session: August 5, 12:00 PM
Best Practices for Immunization Delivery in Arizona