Suggestions to Improve Your Immunization Services

Looking for clear-cut ways to improve your practice’s efficiency in administering vaccines and increase your immunization rates?

Here are the basics:
• Keep staff up to date with current recommendations.
• Maintain complete, up-to-date patient records.
• Maintain and protect your vaccine supply.
• Help your patients anticipate their need for vaccinations.
• Avoid “missed opportunities” to vaccinate.
• Maintain administration best practices.
• Improve access to your immunization services.
• Communicate with patients and parents.
• Evaluate and improve your practice’s performance.

Use the handy checklist that follows to help you implement or reinforce these suggestions. Mark areas that “need attention” or are “done”… and congratulate yourself for those items that have been completed!

Yes = We already do this.
No = We don’t like this idea, or it couldn’t work in our practice setting.
Partly = We do some of this (or do it sometimes); we will consider it.

Keep staff up to date with current recommendations

1 We post the current, official CDC U.S. immunization schedules (or the official schedule of our medical association or state health department) in all exam rooms.

2 We use the official “catch-up” schedule for bringing children and adolescents up to date on their vaccinations when they have fallen behind.

3 We understand and implement the routine vaccination schedule, as well as special vaccination recommendations for high-risk patients (e.g., certain groups who need hepatitis A, hepatitis B, meningococcal, pneumococcal vaccines).

4 We routinely receive, read, and share updates on vaccines and other immunization issues from government agencies (e.g., CDC), our state or local health department, the Immunization Action Coalition, or other trusted organizations.

Maintain complete, up-to-date patient records

1 We participate in our local/regional/state immunization registry (Immunization Information System or “IIS”).

2 When scheduling appointments, we remind patients/parents to bring along their (or their child’s) record of immunizations, and we confirm the address and phone number in case we need to contact them.

3 We maintain a comprehensive immunization record in a highly visible location in each patient’s chart or electronic medical record.

4 EVERY TIME a patient comes in (e.g., acute or chronic care visit, physical exam), we ask if they have received vaccinations elsewhere. If they have, we check the IIS (registry) or request written documentation, and we record confirmed vaccination dates and places in the patient’s medical record. If no immunization record exists for a patient at the time of the visit and we are unable to obtain records by phone or the IIS, we give the vaccinations we determine are indicated, based on the history provided by the patient/parent. We have the patient/parent sign a release allowing us to obtain vaccination records from previous providers. If no prior records can be located, we treat the patient as if unvaccinated.

5 During each patient visit, we document in the patient’s chart that the vaccination status was reviewed. If a recommended vaccine was not administered, we document the reason why.

CONTINUED ON THE NEXT PAGE
Maintain and protect your vaccine supply

1 We designate a vaccine coordinator and backup coordinator to oversee all vaccine storage and handling activities.

2 We provide vaccine storage and handling training to all new staff, as well as updates to all staff whenever recommendations are changed or a new vaccine product is introduced.

3 We follow the guidance provided in CDC’s “Vaccine Storage and Handling Toolkit.”

Help your patients anticipate their need for vaccinations

1 We train all nursing and office staff (e.g., receptionists, schedulers) on the minimum ages and intervals permissible between vaccinations and how to determine valid and invalid contraindications to vaccinations. We post this information in places available to all staff.

2 Prior to seeing the clinician (e.g., while in the waiting room), we ask patients/parents to complete a simple screening checklist for vaccine contraindications to determine if the vaccinations they need can be given safely on the day of their visit.

3 We have a staff member complete a vaccination assessment and give the appropriate Vaccine Information Statements (VISs) to the patient/parent in a language they can read, when a translation is needed and available.

Avoid “missed opportunities” to vaccinate

1 We have a designated immunization “champion” to keep all clinic staff current on recommendations and effective strategies to avoid missed opportunities to vaccinate.

2 We train our staff to administer multiple vaccinations to patients who are due for multiple vaccinations.

3 Prior to patient visits, we review the immunization record for each patient and flag charts of those who are due or overdue for vaccination(s).

4 When feasible, we check the immunization status of other family members (siblings, etc.) who have accompanied the patient, and, if they are behind on their vaccinations, we vaccinate them as well.

5 We put a system in place to ensure vaccines are ordered in a timely manner and are consistently available.

Maintain administration best practices

1 We adhere to the “Rights” of medication administration by ensuring we have the: Right patient; Right vaccine and diluent (when applicable); Right time (including the correct age and interval, as well as before the product expiration/time/date); Right route (including the correct needle gauge and length and technique); Right site; and Right documentation.

2 We screen for contraindications and precautions prior to administering any vaccine(s).

3 We discuss vaccine benefits and risks (and vaccine-preventable disease risks) using VISs and other reliable resources.

4 We follow best practices with respect to patient positioning, including comforting restraint for children and sitting for adults.

5 We follow the manufacturer’s vaccine-specific guidelines for vaccine preparation and administration.

6 We maintain proper hand hygiene before vaccine preparation, between patients, and any other time hands need to be cleaned. Although gloves are not required when administering vaccines, if gloves are worn, we change them and follow proper hand hygiene between patients.

7 We incorporate strategies to prevent administration errors as described in CDC’s Pink Book.
Improve access to your immunization services

1. We provide vaccination services during some evening and/or weekend hours.
2. We implement standing orders to allow appropriate professional staff to independently screen patients and administer recommended vaccines.
3. We allow patients to walk in during office hours for a "nurse only" visit and get vaccinated.
4. If patients miss visits and can’t be rescheduled quickly, we reschedule them in one to two weeks for a "shots only" visit.

Communicating with patients and parents

1. We provide patients/parents a simple schedule of recommended vaccinations in a language they can read.
2. We have a policy statement for our practice that states the importance we place on their child’s vaccinations, and we give a copy of it to all new patients. (Note: You can find a policy statement template on IAC’s website at www.immunize.org/catg.d/p2067.pdf.)
3. We provide the patient with documentation (e.g., record card, print-out, or other) of the vaccinations received at our office each time we administer a vaccine.
4. We give patients/parents an information sheet about how to treat pain and fever following vaccinations.
5. We provide reliable educational resources (in a language they can read) to patients/parents who have questions or concerns about vaccine safety or who want more vaccine information.
6. If patients/parents refuse a vaccine, we request that they sign a declination form (e.g., www.immunize.org/catg.d/p4059.pdf) and we make sure to revisit the issue at future visits.
7. When giving vaccinations, we inform the patient/parent when the next appointment for vaccinations is due, and we attempt to schedule the visit before they leave the office. We put this information in an electronic recall system or manual tickler.
8. We send a reminder (e.g., by phone call, postcard, email, or text) when vaccinations are due, and we recall patients (e.g., using computerized tracking or a simple tickler system) who are overdue.
9. If patients miss visits and can’t be rescheduled quickly, we reschedule them in one to two weeks for a "shots only" visit.

Evaluate and improve your practice's performance

1. We routinely assess immunization levels of our patient population. We know that we can contact our state or local health department for possible assistance in performing the assessment. We share the results with all staff, and we use this information to develop strategies to improve immunization rates.
2. Because we provide services to children/adolescents (if applicable), we enroll in the Vaccines for Children (VFC) program so that we can provide free vaccine to uninsured and other eligible children age birth through 18 years.

REFERENCES

Administering Vaccines: Clinic Resources from IAC (www.immunize.org/clinic/administering-vaccines.asp)
Epidemiology and Prevention of Vaccine-Preventable Diseases (www.cdc.gov/vaccines/pubs/pinkbook/index.html)
Immunization Action Coalition (www.immunize.org)
Injection Safety: Information for Providers (www.cdc.gov/injectionsafety/providers.html)
National Vaccine Injury Compensation Program (www.hrsa.gov/vaccinecompensation/index.html)
Recommendations and Guidelines: Vaccine Administration (www.cdc.gov/vaccines/hcp/admin/recommendations.html)
Vaccine Adverse Event Reporting System (vaers.hhs.gov/index)
Vaccine Storage and Handling Toolkit (www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html)
Vaccines and Immunization (www.cdc.gov/vaccines/index.html)
### Screening Checklist for Contraindications to Vaccines for Children and Teens

**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.

1. **Is the child sick today?**
   - [ ] yes
   - [ ] no
   - [ ] don't know

2. **Does the child have allergies to medications, food, a vaccine component, or latex?**
   - [ ] yes
   - [ ] no
   - [ ] don’t know

3. **Has the child had a serious reaction to a vaccine in the past?**
   - [ ] yes
   - [ ] no
   - [ ] don’t know

4. **Does the child have a long-term health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy?**
   - [ ] yes
   - [ ] no
   - [ ] don’t know

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?**
   - [ ] yes
   - [ ] no
   - [ ] don’t know

6. **If your child is a baby, have you ever been told he or she has had intussusception?**
   - [ ] yes
   - [ ] no
   - [ ] don’t know

7. **Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?**
   - [ ] yes
   - [ ] no
   - [ ] don’t know

8. **Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?**
   - [ ] yes
   - [ ] no
   - [ ] don’t know

9. **Does the child have a parent, brother, or sister with an immune system problem?**
   - [ ] yes
   - [ ] no
   - [ ] don’t know

10. **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?**
    - [ ] yes
    - [ ] no
    - [ ] don’t know

11. **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?**
    - [ ] yes
    - [ ] no
    - [ ] don’t know

12. **Is the child/teen pregnant or is there a chance she could become pregnant during the next month?**
    - [ ] yes
    - [ ] no
    - [ ] don’t know

13. **Has the child received vaccinations in the past 4 weeks?**
    - [ ] yes
    - [ ] no
    - [ ] don’t know

---

**Form completed by** ___________________________ **Date** __________

**Form reviewed by** ___________________________ **Date** __________

**Did you bring your 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 one, ask the child’s healthcare provider to give you one with all your child’s vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.
Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and 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 in Notes below.

1. Is the child sick today? [all vaccines]
There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. 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]
An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, pipette syringe plungers, pipette syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see www.cdc.gov/vaccines-rosetta-compendium/latex.html.

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. History of encephalopathy within 7 days following DTP/TdP is a contraindication for further doses of pertussis-containing vaccine. 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. Does the child have a long-term health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? [MMR, MMRV, LAIV, VAR]
A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. The safety of LAIV in children and teens with lung, heart, kidney, or metabolic disease (e.g., diabetes), or a blood disorder has not been established. These conditions, including asthma in children ages 5 years and older, should be considered precautions for the use of LAIV. Children with functional or anatomic asplenia, complement deficiency, cochlear implant, or CSF leak should not receive LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IVIG. Aspirin use is a precaution to VAR.

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? [LAIV]
Children ages 2 through 4 years who have had a wheezing episode within the past 12 months should not be given LAIV. Instead, these children should be given IVIG.

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, IV, LAIV, MMRV]
DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/TdP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. 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) If GBS has occurred within 6 weeks of a tetanus-containing vaccine and diagnosis is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IV or LAIV): If GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IV 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, VAR, RV, 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 immune suppression. Likewise, VAR should be considered for HIV-infected children age 12 months through 8 years with age-specific CD4+ T-lymphocyte percentage at 15% or greater, or for children age 9 years or older with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/µL. VAR should be administered if indicated to persons with isolated humoral immunodeficiency. 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 RV. Other forms of immunosuppression are a precaution, not a contraindication, to RV. For details, consult ACIP recommendations (see references in Notes above).

9. Does the child have a parent, brother, or sister with an immune system problem? [MMR, MMRV, VAR]
MMR, VAR, and MMRV vaccines should not be given to a child or teen with a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory.

10. 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? [LAIV, MMR, MMRV, VAR]
Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) 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. Some immune mediator and immune modulator drugs (especially the antitumor necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the “Yellow Book”) available at wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immune-modulators. The use of live vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see General Best Practice Guidelines for Immunization (referenced in Notes above). LAIV, when recommended, can be given only to healthy nonpregnant people ages 2 through 49 years.

11. 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? [MMR, MMRV, VAR]
Certain live virus vaccines (e.g., MMR, MMRV, VAR) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations (referenced in Notes above) for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? [HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]
Live virus vaccines (e.g., MMR, MMRV, VAR, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. 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. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IPV and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

13. Has the child received vaccinations in the past 4 weeks? [LAIV, MMR, MMRV, VAR, yellow fever]
Children who were given either LAIV or an injectable live virus vaccine (e.g., MMR, MMRV, VAR, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

VACCINEABBREVIATIONS
LAIV = Live attenuated influenza vaccine
HPV = Human papillomavirus vaccine
MIRV = Inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
MEASLES = Measles, mumps, and rubella vaccine
MR = MMR vaccine
VAR = Varicella vaccine

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP’s General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

Immunization Action Coalition • Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p4060.pdf • Item #P4060 – page 2 (6/20)
For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you 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.

1. Are you sick today?  

2. Do you have allergies to medications, food, a vaccine component, or latex?  

3. Have you ever had a serious reaction after receiving a vaccination?  

4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?  

5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?  

6. Do you have a parent, brother, or sister with an immune system problem?  

7. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn’s disease, or psoriasis; or have you had radiation treatments?  

8. Have you had a seizure or a brain or other nervous system problem?  

9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?  

10. For women: Are you pregnant or is there a chance you could become pregnant during the next month?  

11. Have you received any vaccinations in the past 4 weeks?  

Form completed by: ________________________________ Date: ____________

Form reviewed by: ________________________________ Date: ____________

Did you bring your immunization record card with you? yes ☐ no ☐

It is important for you to have a personal record of your vaccinations. If you don’t have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.
Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines for Adults

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 in Notes below.

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

2. Do you have allergies to medications, food, a vaccine component, or latex? [all vaccines]
   An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table-2.pdf; for an extensive list of vaccine components, see www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   People with egg allergy of any severity can receive any IVV, RIV, or LAIV that is otherwise appropriate for the patient’s age and health status. The safety of LAIV in egg allergic people has not been established. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office. Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

3. Have you ever had a serious reaction after receiving a vaccination? [all vaccines]
   History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent 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. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long term aspirin therapy? [MMR, VAR, LAIV]
   A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR vaccine. LAIV is not recommended for people with anatomic or functional asplenia, complement component deficiency, a cochlear implant, or CSF leak. These conditions, including asthma in adults, should be considered precautions for the use of LAIV. Aspirin use is a precaution to VAR.

5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, VAR, ZVL]
   Live virus vaccines (e.g., LAIV, MMR, VAR, ZVL) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and VAR vaccine may be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/μL. Immunosuppressed people should not receive LAIV.

6. Do you have a parent, brother, or sister with an immune system problem? [MMR, VAR]
   MMR or VAR vaccines should not be administered to persons who have a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory.

7. In the past 3 months, have you taken medications that affect your immune system, such as cortisone, prednisone, other steroids, or anticycancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn’s disease, or psoriasis; or have you had radiation treatments? [LAIV, MMR, VAR, ZVL]
   Live virus vaccines (e.g., LAIV, MMR, VAR, ZVL) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, see references in Notes above. Some immune mediator and immune modulator drugs (especially the anti-tumor necrosis factor agents adalimumab, etanercept, golimumab, and certolizumab pegol) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the “Yellow Book”) available at wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers. The use of live virus vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see references in Notes above.

8. Have you had a seizure or a brain or other nervous system problem? [influenza, Td/Tdap]
   Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DPT/DTaP. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccines are not usual. 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-toxoid vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccination should generally be avoided unless the benefits outweigh the risks (for those at higher risk for complications from influenza).

9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? [MMR, VAR]
   Certain live virus vaccines (e.g., MMR, VAR) may need to be deferred, depending on several variables. Consult General Best Practice Guidelines for Immunization (referenced in Notes above) for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

10. For women: Are you pregnant or is there a chance you could become pregnant during the next month? [HPV, IPV, MenB, MMR, LAIV, VAR, ZVL]
    Live virus vaccines (e.g., MMR, VAR, ZVL, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to avoid pregnancy for one month following receipt of the vaccine. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IPV and Tdap are both recommended during pregnancy. Both vaccines may be given at any time during pregnancy but the preferred time for Tdap administration is at 27–36 weeks’ gestation. HPV vaccine is not recommended during pregnancy.

11. Have you received any vaccinations in the past 4 weeks? [LAIV, MMR, VAR, yellow fever, ZVL]
    People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZVL, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever). Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

VACCINE ABBREVIATIONS

- LAIV = Live attenuated influenza vaccine
- RIV = Recombinant influenza vaccine
- Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
- IPV = Inactivated poliovirus vaccine
- MPV = Measles, mumps, and rubella vaccine
- HPV = Human papillomavirus vaccine
- Td = Tetanus, diphtheria
- IPV = Inactivated influenza vaccine
- IPV = Inactivated poliovirus vaccine
- RIV = Recombinant influenza vaccine
- LAIV = Live attenuated influenza vaccine
- IPV = Inactivated influenza vaccine
- Td = Tetanus, diphtheria
- IPV = Inactivated poliovirus vaccine
- MPV = Measles, mumps, and rubella vaccine
- ZVL = Zoster vaccine live


www.immunize.org/catg.d/p4065.pdf • Item #P4065 – page 2 (6/20)
Vaccine Information Statements (VIS)

What is a VIS?
- VIS are forms created by the CDC that provide information about vaccines.

Why are VIS important?
- VIS have important information about each vaccine you or your child is about to receive as well as after-care facts.
- Your health care provider may give you a copy, provide a laminated version or even display it on a monitor for you to read. You may also go to WhyImmunize.org/vaccine-safety.

Where can I find a VIS?
- Your health care provider may give you a copy, provide a laminated version or even display it on a monitor for you to read. You may also go to WhyImmunize.org/vaccine-safety.

Take a Picture Now & Be Prepared for Each Well Visit
On time vaccinations help keep you and your family healthy and well.

What Vaccine Information Statement Will You Need To Review?

### Babies
- HepB
- Rotavirus
- DTaP
- PCV13 (Pneumococcal)
- Polio
- MMR
- HepA
- Varicella
- Flu

### School Age Children
- Tdap
- MMR
- Polio
- Varicella
- Flu

### Teens
- Tdap
- HPV
- Meningococcal ACWY & B
- Flu

### Adults
- Tdap
- HPV
- Shingles
- PPV (Pneumococcal)
- Flu

Remember to ask your health care provider for a copy of, or to review the VIS at each vaccine visit.

Have questions about today’s scheduled vaccinations?
Your health care provider is here to help!

WhyImmunize.org/vaccine-safety

#WeVaccinate
## Dates of Current Vaccine Information Statements (VISs) as of April 1, 2020

Check your supply of VISs against this list. If you have outdated VISs, get current versions at www.immunize.org/vis.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenovirus</td>
<td>1/8/20</td>
</tr>
<tr>
<td>Anthrax</td>
<td>1/8/20</td>
</tr>
<tr>
<td>Cholera</td>
<td>10/30/19</td>
</tr>
<tr>
<td>DtaP</td>
<td>4/1/20</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>7/20/16</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>8/15/19</td>
</tr>
<tr>
<td>Hib</td>
<td>10/30/19</td>
</tr>
<tr>
<td>HPV</td>
<td>10/30/19</td>
</tr>
<tr>
<td>Influenza</td>
<td>8/15/19</td>
</tr>
<tr>
<td>Japanese enceph</td>
<td>8/15/19</td>
</tr>
<tr>
<td>MenACWY</td>
<td>8/15/19</td>
</tr>
<tr>
<td>MenB</td>
<td>8/15/19</td>
</tr>
<tr>
<td>MMR</td>
<td>8/15/19</td>
</tr>
<tr>
<td>MMRV</td>
<td>8/15/19</td>
</tr>
<tr>
<td>Multi-vaccine</td>
<td>4/1/20</td>
</tr>
<tr>
<td>PCV13</td>
<td>10/30/19</td>
</tr>
<tr>
<td>PPSV23</td>
<td>10/30/19</td>
</tr>
<tr>
<td>Polio</td>
<td>10/30/19</td>
</tr>
<tr>
<td>Rabies</td>
<td>1/8/20</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>10/30/19</td>
</tr>
<tr>
<td>Td</td>
<td>4/1/20</td>
</tr>
<tr>
<td>Tdap</td>
<td>4/1/20</td>
</tr>
<tr>
<td>Typhoid</td>
<td>10/30/19</td>
</tr>
<tr>
<td>Varicella</td>
<td>8/15/19</td>
</tr>
<tr>
<td>Yellow fever</td>
<td>4/1/20</td>
</tr>
<tr>
<td>Zoster</td>
<td>10/30/19</td>
</tr>
</tbody>
</table>

Immunization Action Coalition  www.immunize.org/catg.d/p2029.pdf  Item #P2029 (4/20)
DTaP, Tdap, and Td Catch-up Vaccination Recommendations by Prior Vaccine History and Age

This table summarizes the recommendations of CDC’s Advisory Committee on Immunization Practices for the use of DTaP, Tdap, and Td in children, adolescents, and adults who are unvaccinated or who have fallen behind. The table includes the 2020 ACIP update which allows either Td or Tdap for the 10-year booster, and for catch-up doses for people that have already had at least one Tdap.

<table>
<thead>
<tr>
<th>Current Age of Child or Adult</th>
<th>No. of Prior Documented Doses</th>
<th>Minimum Interval Between Doses of DTaP, Tdap, or Td Starting from the Most Recent Dose Given</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unknown</td>
<td>DOSE 1 TO DOSE 2</td>
</tr>
<tr>
<td>4 months through 6 years</td>
<td></td>
<td>4 weeks</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>4 weeks</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>4 weeks</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>4 weeks</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>6 months¹</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>6 months²</td>
</tr>
<tr>
<td>7 through 18 years³</td>
<td>Unknown</td>
<td>4 weeks</td>
</tr>
<tr>
<td>or Adults age 19 years and older⁴</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>4 weeks</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>4 weeks</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>6 months</td>
</tr>
</tbody>
</table>

- Children ages 2 months through 6 years should receive DTaP; the pediatric product, DT, should only be used in children with a valid contraindication to the pertussis component.
- The routine schedule for administering DTaP to children is a 3-dose series at age 2, 4, and 6 months, followed by boosters at age 15–18 months and 4–6 years. The first booster may be given at age 12–15 months as long as there is an interval of at least 6 months from the preceding dose.
- Adults who have not completed a 3-dose primary series with Td-containing vaccine, including any doses received as children, should begin or complete a series with Tdap as the first dose administered.
- For children and adults who fall behind in completion of their vaccine series, there is no need to restart the series. Simply resume where they’ve left off.
- Products manufactured by different companies are interchangeable.
- All adults should receive 1 dose of Tdap, if they haven’t previously received Tdap.
- Pregnant women should receive Tdap during each pregnancy, preferably during the early part of gestational weeks 27–36. Women who have never received Tdap and fail to receive it during their pregnancy should receive it immediately postpartum.
- Tdap can be given with no minimum interval since the previous tetanus toxoid-containing product (e.g., DTaP, Td).
- Patients with a history of pertussis should receive DTaP or Tdap according to routine recommendations.
- Patients needing prophylaxis against tetanus should be given DTaP, Tdap, or Td, as appropriate, unless there is a contraindication to the other vaccine components.
- Adults and adolescents who have received Tdap, should be given Td or Tdap as their subsequent 10-year booster doses.

**Footnotes**

1. Infants should be no younger than age 12 months when receiving dose #4.
2. Dose 5 should be given no younger than age 4 years. Dose 5 is not necessary if dose 4 was given after age 4 years.
3. Children age 7 years or older with an incomplete history of DTaP should be given Tdap as the first dose in the catch-up series. If given at age 7 through 9 years, the routine Tdap dose at age 11–12 years should be given. If given at age 10 years, no additional dose is needed at age 11–12 years.
4. Adults of all ages who have never received Tdap as an adolescent or adult, or for whom vaccine status is unknown, should receive Tdap as their first dose, followed by Td or Tdap to either complete their primary series or as their 10-year boosters.

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
<table>
<thead>
<tr>
<th>English</th>
<th>Bosnian</th>
<th>Croatian</th>
<th>Polish</th>
<th>Romanian</th>
<th>Russian</th>
<th>Serbian</th>
<th>Slovak</th>
<th>Ukrainian</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP (DTaP)</td>
<td>Detepe</td>
<td>Detepe</td>
<td>DTAp</td>
<td>Di-Te-Per</td>
<td>АКДС</td>
<td>Detepe</td>
<td>DitePe</td>
<td>Дифтерия</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Difterija</td>
<td>Difterie</td>
<td>Blonica</td>
<td>Difteriei</td>
<td>Дифтерия</td>
<td>Дифтерий</td>
<td>Difterija</td>
<td>Дифтерія</td>
</tr>
<tr>
<td>Haemophilus influenzae type b</td>
<td>Hemofilična influenca tipa B</td>
<td>Haemophilus influenzae tipa b</td>
<td>Haemophilus influenzae typu b</td>
<td>Haemophilus influenza tip b boala</td>
<td>Гемофильная инфекция типа В</td>
<td>Хаэмофилиус инфлюенза тип B болести</td>
<td>Haemophilus influenza tip b; ochorenia</td>
<td>Гемофільної інфекції типу В захворювань</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Žutica A, Hepatitis A</td>
<td>Žutica, hepatita A</td>
<td>Wirusowe zapalenie wątroby typu A</td>
<td>Hepatita A</td>
<td>Гепатит А</td>
<td>Хепатитиси А</td>
<td>Hepatitis A</td>
<td>Гепатиту S</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Žutica B, Hepatitis B</td>
<td>Žutica, hepatitis B</td>
<td>Wirusowe zapalenie wątroby typu B</td>
<td>Hepatita B</td>
<td>Гепатит B</td>
<td>Хепатитиси B</td>
<td>Hepatitis B</td>
<td>Гепатиту B</td>
</tr>
<tr>
<td>Human papillomavirus</td>
<td>Ljudski papiloma virus</td>
<td>Papilomavirusi čovjeka</td>
<td>Wirus brodawczaka ludzkiego</td>
<td>Papilomavirus uman</td>
<td>Вирус папилломы человека</td>
<td>Лудски папилома вирус</td>
<td>L’udský papilomavirus</td>
<td>Вірус папіломи людини</td>
</tr>
<tr>
<td>Influenza</td>
<td>Gripe</td>
<td>Gripe</td>
<td>Gripe</td>
<td>Gripp</td>
<td>Грип</td>
<td>Chřípka</td>
<td>Грипу</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>MMR</td>
<td>MMR</td>
<td>MMR</td>
<td>MMR</td>
<td>КПК</td>
<td>KPK</td>
<td>КПК</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>Rubeola</td>
<td>Ospice</td>
<td>Odra</td>
<td>Порарул</td>
<td>Корь</td>
<td>Мале богоње</td>
<td>Morbilli; Osýpy</td>
<td>іНФорМаций про Кір</td>
</tr>
<tr>
<td>Meningococcal ACWY</td>
<td>Meningokokal ACWY</td>
<td>Meningokokog ACWY</td>
<td>Meningokoki ACWY</td>
<td>Meningococice ACWY</td>
<td>Менингококовая ACWY</td>
<td>Менингококове ACWY</td>
<td>Менингококова Сполучених</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>Zauške</td>
<td>Zaušnjaci</td>
<td>Šwinka</td>
<td>Oreionul, Oreion</td>
<td>Свинка, паротит</td>
<td>Эаушке</td>
<td>Приусница</td>
<td>Кір</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Veliki kašalj</td>
<td>Kašalj hřipavac</td>
<td>Krztusiec</td>
<td>Tusei convulsive</td>
<td>Коклоща</td>
<td>Пертуисис</td>
<td>Чиerny kašel</td>
<td>Кашлюку</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>Dječja paraliza</td>
<td>Dječe paralize</td>
<td>Paraliz diecyi</td>
<td>Poliamielita</td>
<td>Полиомиелит</td>
<td>Полиомиелит</td>
<td>Детская обма</td>
<td>Поліоміеліту</td>
</tr>
<tr>
<td>Pneumococcal conjugate</td>
<td>Upala pluča</td>
<td>Pneumokokoka konjugirano</td>
<td>Pneumokoki</td>
<td>Pneumococic conjugat</td>
<td>Конъюгированная пневмококковая</td>
<td>Пневмооцишова конькуваное</td>
<td>Конjugованная pneumokoková</td>
<td>Пневмококковой конькуванної</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>Rotavirus</td>
<td>Rotawirus</td>
<td>Rotawirus</td>
<td>Rotavirus</td>
<td>Ротовирус</td>
<td>Ротовируса инфекція</td>
<td>Ротовирус</td>
<td>Ротовірусної</td>
</tr>
<tr>
<td>Rubella</td>
<td>Male boginje</td>
<td>Rubeola</td>
<td>Rólyczka</td>
<td>Pojar German</td>
<td>Красуха</td>
<td>Рубеола</td>
<td>Красуха</td>
<td></td>
</tr>
<tr>
<td>Shingles (Herpes zoster)</td>
<td>Herpes zoster</td>
<td>Šindra</td>
<td>Pôłpasiec</td>
<td>Herpes zoster (zona zoster)</td>
<td>Опоясьшывающий лишай</td>
<td>Херпес зостер (поа́сис херпес)</td>
<td>Пáсовéоho опару; Pásový opar</td>
<td>Оперіа́ючий перогес</td>
</tr>
<tr>
<td>Smallpox</td>
<td>Veliki boginje</td>
<td>Veliki boginje</td>
<td>Ospa</td>
<td>Variola, varioleib</td>
<td>Оспа</td>
<td>Veliki boginje</td>
<td>Kiahne</td>
<td>Віспа</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Tetanus</td>
<td>Tetanusa</td>
<td>Tężec</td>
<td>Tetanosului</td>
<td>Тетануса</td>
<td>Tetanus</td>
<td>Правця</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Tuberkuloza</td>
<td>Tuberkuloza</td>
<td>Gružilica</td>
<td>Tuberculozei</td>
<td>Туберкулёз</td>
<td>Tuberkuloza</td>
<td>Туберкульоз</td>
<td></td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>Ospice</td>
<td>Vodene kozice</td>
<td>Osxia wietrzna</td>
<td>Varicella</td>
<td>Ветрянна оспа (ветряная)</td>
<td>Варицела (цихічен богоње)</td>
<td>Oвčim kiahňam; Ovčie kiahne</td>
<td>Вітряної вісіли (Вітрянка)</td>
</tr>
</tbody>
</table>
### Western European Languages

<table>
<thead>
<tr>
<th>English</th>
<th>Dutch</th>
<th>French</th>
<th>German</th>
<th>Italian</th>
<th>Norwegian</th>
<th>Portuguese</th>
<th>Spanish</th>
<th>Swedish</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP</td>
<td>DKTP</td>
<td>DT Coq, DTC</td>
<td>DTP</td>
<td>Dfterite</td>
<td>Dfteria</td>
<td>Dfteria</td>
<td>Dfteri</td>
<td>Dfteri</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Difterie</td>
<td>Diphtérie</td>
<td>Differie</td>
<td>Diferite</td>
<td>Diferia</td>
<td>Diferia</td>
<td>Diferia</td>
<td>Diferia</td>
</tr>
<tr>
<td>Haemophilus influenza e</td>
<td>Haemophilus</td>
<td>Haemophilus</td>
<td>Haemophilus</td>
<td>Haemophilus</td>
<td>Haemophilus</td>
<td>Doença</td>
<td>Haemophilus</td>
<td>Haemophilus</td>
</tr>
<tr>
<td>type b</td>
<td>influenza e</td>
<td>influenza de</td>
<td>influenza e</td>
<td>influenza e</td>
<td>influenza e</td>
<td>Haemophilus</td>
<td>influenza e</td>
<td>influenza e</td>
</tr>
<tr>
<td>Human papillomavirus</td>
<td>Humaan</td>
<td>Papillovirus</td>
<td>Humanen</td>
<td>Humant</td>
<td>Virus</td>
<td>Virus</td>
<td>Virus</td>
<td>Mässling</td>
</tr>
<tr>
<td>Rubella</td>
<td>Pokken</td>
<td>Variole</td>
<td>Pokken</td>
<td>Vaioloso</td>
<td>Kopper</td>
<td>Variola</td>
<td>Viruela</td>
<td>Smittkopper</td>
</tr>
<tr>
<td>Shingles</td>
<td>Gurdelroos</td>
<td>Zona</td>
<td>Gürtelrose</td>
<td>Fucoo</td>
<td>Helvetesild</td>
<td>Zona</td>
<td>Zona</td>
<td>Bältros</td>
</tr>
<tr>
<td>Smallpox</td>
<td>Pokken</td>
<td>Variole</td>
<td>Pokken</td>
<td>Vaioloso</td>
<td>Kopper</td>
<td>Variola</td>
<td>Viruela</td>
<td>Smittkopper</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Stijfkramp</td>
<td>Tétanos</td>
<td>Wundstarrkampf</td>
<td>Tetano</td>
<td>Tétano,</td>
<td>Tétano,</td>
<td>Tétanos,</td>
<td>Steikramp</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Tering</td>
<td>Tuberculose</td>
<td>Tuberkulose</td>
<td>Tuberkulose</td>
<td>Tuberkulose</td>
<td>Tuberkulose</td>
<td>Tuberculinica</td>
<td>Tuberkulos</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>Varicella</td>
<td>Varicelle</td>
<td>Varicella</td>
<td>Vannkopper</td>
<td>Varicella</td>
<td>Varicella</td>
<td>Varicella</td>
<td>Vattkopper</td>
</tr>
</tbody>
</table>