

7

5

2025 EDITION

TIPS

Training on Immunization Practice Strategies



WhyImmunize.org



Pre-Test

This is a test for **US**
NOT for **YOU.**



Wi-Fi
Password

ICEBREAKER



**What's a favorite game that has
special meaning to you?**

Something you played as a child?
Something you play today?

One person at a time for one minute or less.

2



9



Who's in the Room?



WhyImmunize.org

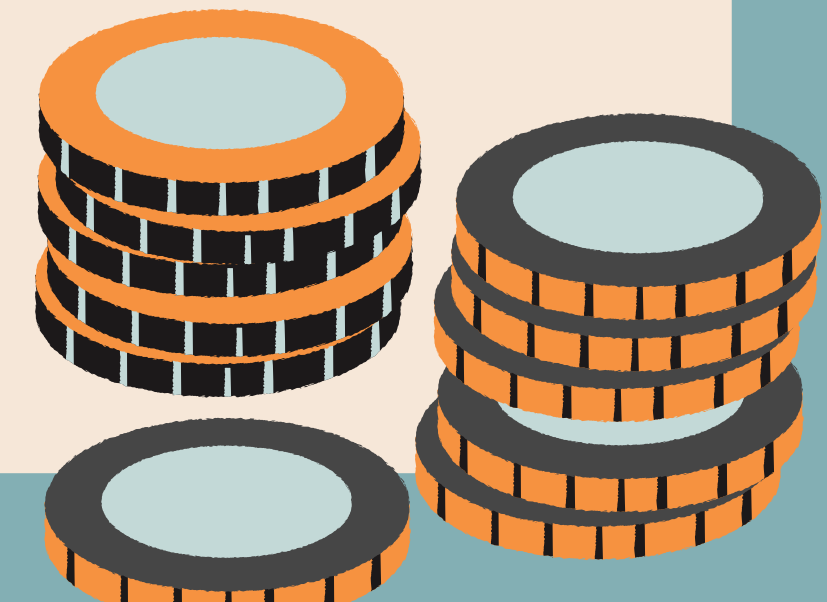
TAPI's MISSION

**We foster community wellness
and advocate for good public policy
and best immunization practices.**

- Partners like you!
- Over 400 Coalition members
- Working **together** can improve outcomes

Arizona Immunization Program

County Health Departments



Thank You, Exhibitors!



Housekeeping

- Restrooms
- Food & drinks
- Agenda & breaks
- Create at your table
- Q&A
- Limit “table talk”
- Embrace the informal nature of today –
Play games and have fun!



JEOPARDY!



Main Jeopardy Board



What's the picture show?	Diseases & Viruses	How Diseases Spread	M, M and R	History of Vaccines	Arizona Vaccine Heroes
100	100	100	100	100	100
200	200	200	200	200	200
300	300	300	300	300	300
400	400	400	400	400	400
500	500	500	500	500	500

Category 1 Title: 100



ANSWER

BOARD

Hepatitis B

Category 1 Title: 200

ANSWER



BOARD

Haemophilus Influenza Type B (Hib)

Category 1 Title: 300



ANSWER

BOARD

Meningococemia

Category 1 Title: 400



ANSWER

BOARD

Diphtheria

Category 1 Title: 500



ANSWER

BOARD

Human Papillomavirus (HPV)

Category 2 Title: 100

This is the most common type of hepatitis in the United States

ANSWER

BOARD

Hepatitis A

Category 2 Title: 200

True or False –

Diphtheria is an acute infectious disease and is untreatable.

ANSWER

BOARD

False

Category 2 Title: 300

This bacteria kills more people in the US yearly than any other vaccine-preventable disease.

ANSWER

BOARD

Pneumococcal bacteria

Category 2 Title: 400

This vaccine-preventable disease
kills almost everyone it infects

ANSWER

BOARD

Rabies

Category 2 Title: 500

This bacterial infection can cause serious complications in infants including pneumonia, apnea, middle ear infections, loss of appetite, sleep disturbance, fainting, malnutrition, dehydration, seizures, encephalopathy, brain damage, pulmonary hypertension, respiratory failure or death?

ANSWER

BOARD

Pertussis

Category 3 Title: 100

This vaccine-preventable disease
is not contagious (and is rare).

ANSWER

BOARD

Tetanus

Category 3 Title: 200

This is transmitted through
unclean food/ water.

ANSWER

BOARD

Hepatitis A
(fecal-oral route)

Category 3 Title: 300

These vaccine-preventable diseases are spread through tiny droplets that hang in the air.

ANSWER

BOARD

Measles, chickenpox, influenza, COVID-19

Category 3 Title: 400

One way this virus is spread is through autoinoculation, where a person transfers the virus from one part of their body to another (such as from their hands to their genitals)

ANSWER

BOARD

HPV.

It can also be spread through skin-to-skin contact and other close contact such as kissing or sharing utensils.

Category 3 Title: 500

How is polio transmitted?

ANSWER

BOARD

Fecal-oral OR droplets.

Category 4 Title: 100

If a pregnant person has this disease, there is a high probability that their infant will be born with birth defects.

ANSWER

BOARD

Rubella

Category 4 Title: 200

Measles is an extremely serious disease and can result in what?

ANSWER

BOARD

Deafness, brain damage and death (and rarely, temporary decrease in the number of cells needed to stop bleeding, platelets)

Category 4 Title: 300

This rare disease can be caused by measles and occur one month to many years (4 to 10 years) after measles infection – and is always fatal?

ANSWER

BOARD

Subacute sclerosing panencephalitis (SSPE), a disease of the central nervous system

Category 4 Title: 400

Common symptoms of the mumps virus include:

ANSWER

BOARD

Fever, body aches, headaches, swollen glands

Category 4 Title: 500

If you suspect a patient may have measles, what should your immediate next step be?

ANSWER

BOARD

Immediately isolate them in a separate room with a closed door, put a mask on them and speak with the provider. They will contact the local health department to report the suspected case.

Category 5 Title: 100

This vaccine-preventable disease
wiped out tribes of Native
Americans when introduced to
their people by European settlers.

ANSWER

BOARD

Smallpox

Category 5 Title: 200

This disease was the focus of research during WWII because of the number of soldiers it killed during the war

ANSWER

BOARD

Influenza

Category 5 Title: 300

America's deadliest pandemic of all time was ?

ANSWER

BOARD

COVID-19 surpassed the estimated U.S. fatalities from the 1918 pandemic in September, 2021. Over 1.2 million people have died of COVID in the U.S. We estimate 675,000 people died in the 1918 flu pandemic.

Category 5 Title: 400

Eleanor Roosevelt died of complications from this vaccine-preventable disease that she had as a child

ANSWER

BOARD

Tuberculosis

Category 5 Title: 500

This famous children's game was invented by Eleanor Abbott while she recovered from polio in a hospital ward

ANSWER

BOARD

Candyland

Category 6 Title: 100

These are the people who protect Arizona's community immunity by putting shots in arms, providing patients with life-saving information and ensuring accurate data in our state registry so we can respond to disease outbreaks.

ANSWER

BOARD

YOU – our TIPS participants!

Category 6 Title: 200

What type of clinics have the highest immunization coverage rates in Arizona and the nation?

ANSWER

BOARD

Indian Health Services (IHS), Urban Indian Health Programs and Tribal Clinics/ 638 facilities

Category 6 Title: 300

This TAPI Founder and Neonatologist is known for saying, “Many babies arrive every day in Arizona. None of them arrive immunized.”

ANSWER

BOARD

Dr. Daniel T. Cloud

Category 6 Title: 400

What county in Arizona has the **lowest** percentage of kindergarteners with a personal belief exemption?

ANSWER

BOARD

Santa Cruz County

Category 6 Title: 500

In Arizona, who acts as the lead agency responsible for epidemiologic response to a public health emergencies in their jurisdictions?

ANSWER

BOARD


County/ tribal health departments

You are the **Protectors** of Community Immunity



Break!



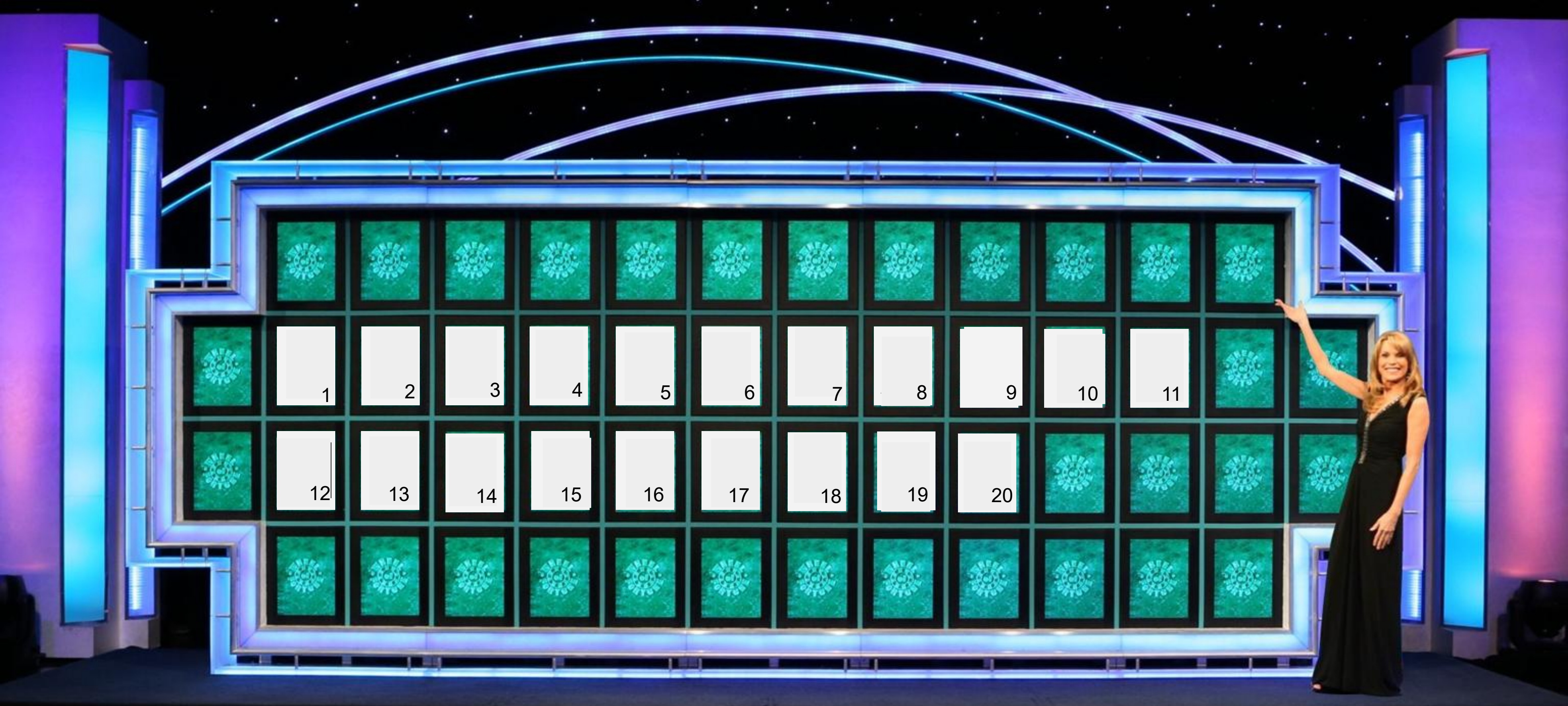


Vaccine Basics & Understanding the ACIP Schedule



Every so often, we'll spin the wheel to see who gets a guess!

Remember – you can only guess the answer when it's your turn!



**WHEEL OF
FORTUNE**

TOPIC: Vaccine Safety



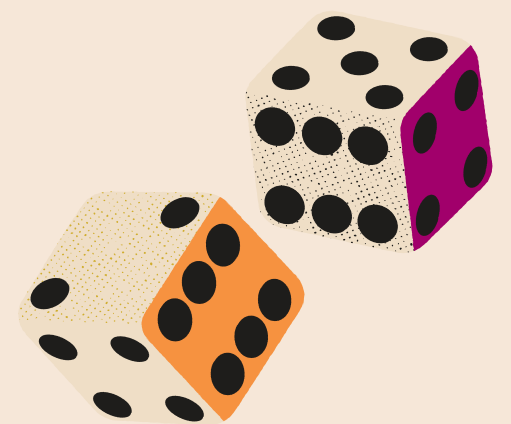


BONUS SPIN!

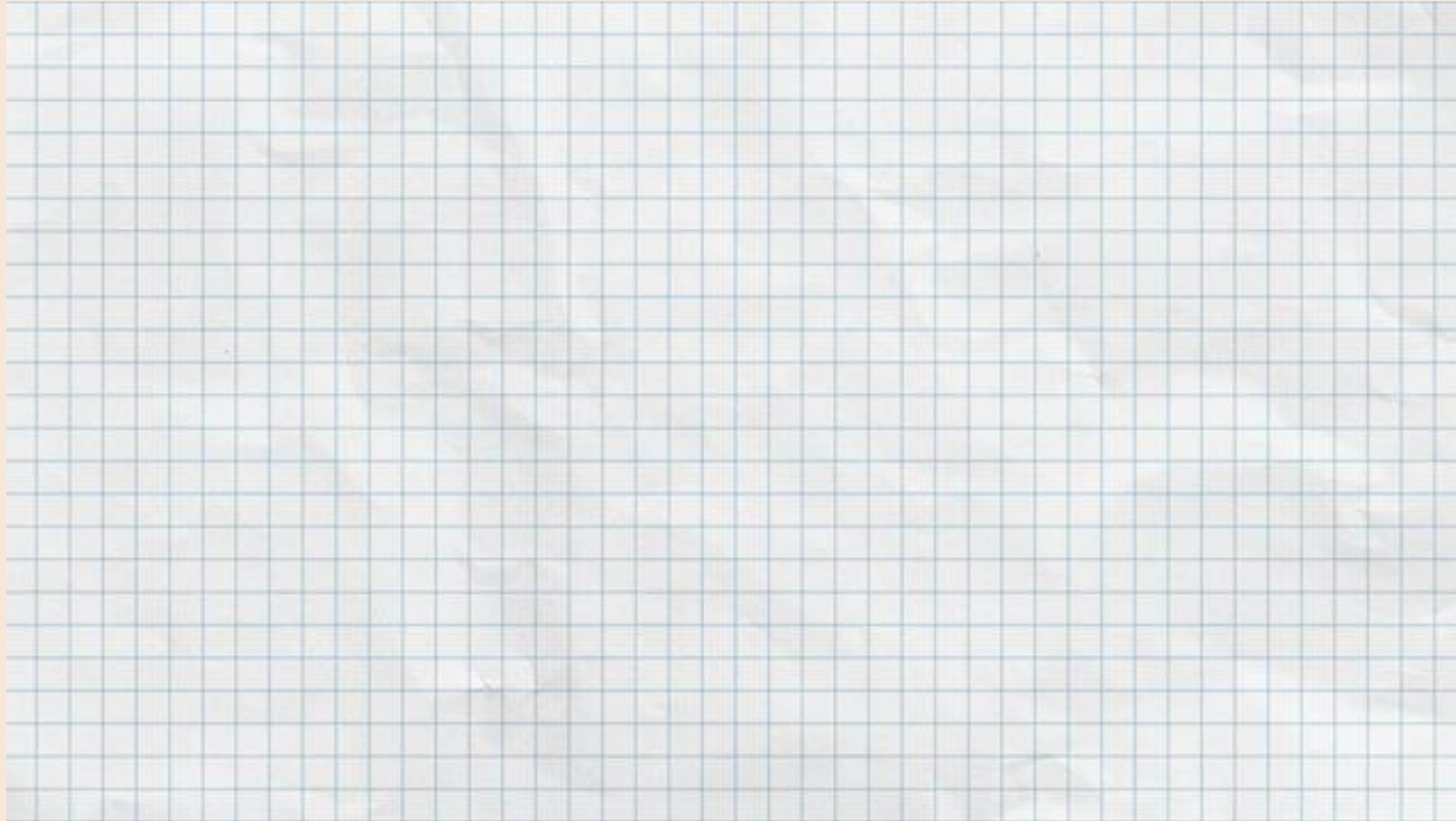
Remember –
you can only
guess the
answer when
it's your turn!

Vaccine Preventable Diseases

- Measles (Rubeola)
- Mumps
- German Measles (Rubella)
- Polio
- Whooping cough (Pertussis)
- Diphtheria
- Tetanus
- Hepatitis A
- Hepatitis B
- Haemophilus influenza type B (Hib)
- Pneumococcal
- Rotavirus
- RSV
- Chickenpox (Varicella)
- Influenza (Flu)
- Shingles (Zoster)
- Human papillomavirus (HPV)
- COVID-19



How do vaccines work?



Vaccine Types

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





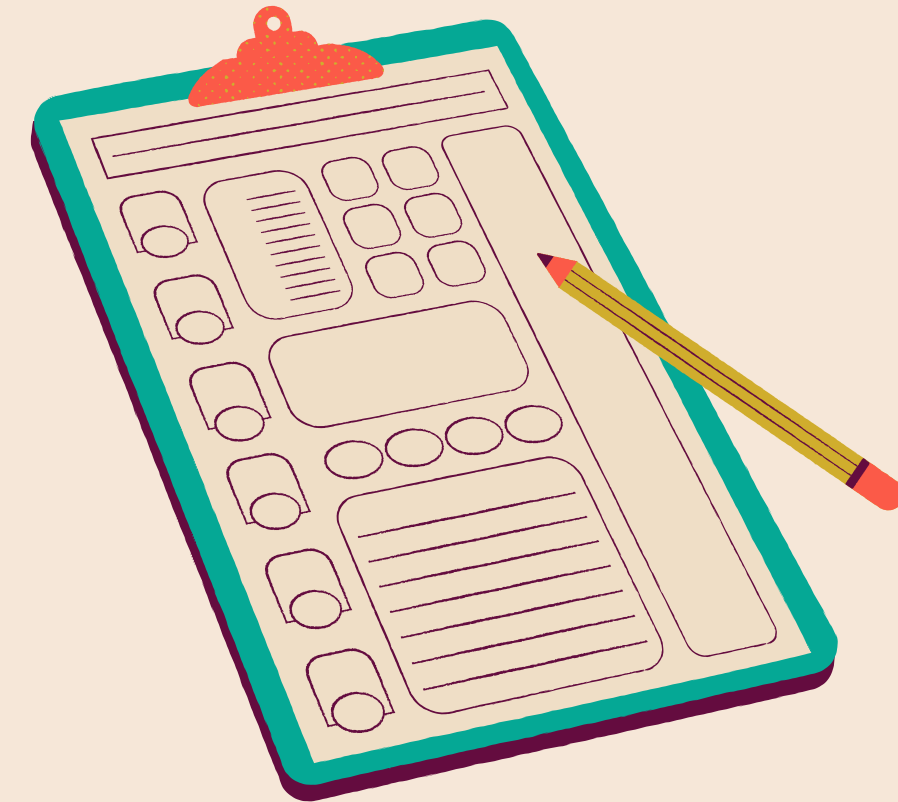
Before we dive in,
let's give it
another spin!

Remember – you
can only guess
the answer when
it's your turn!

Live Attenuated

- Attenuated (weakened) form of the "wild" virus or bacterium
- Must replicate to be effective
- Immune response similar to natural infection
- Usually produce immunity with one dose*

*except those administered orally



Chickenpox
MMR
Rotavirus
Smallpox
Yellow Fever

Inactivated

- Cannot replicate
- Different immune response (humoral)
- Unaffected by antibody in the blood
- Generally require 3-5 doses
- Antibody titer diminishes with time
- Adverse events mostly local with or without fever

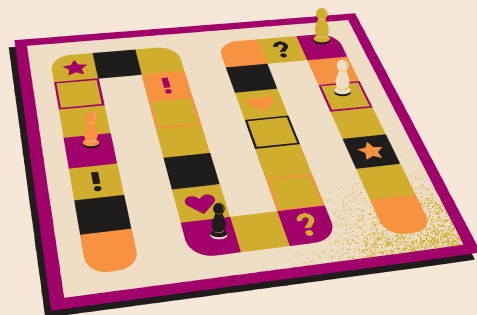


Flu
Hep A
Polio
Rabies



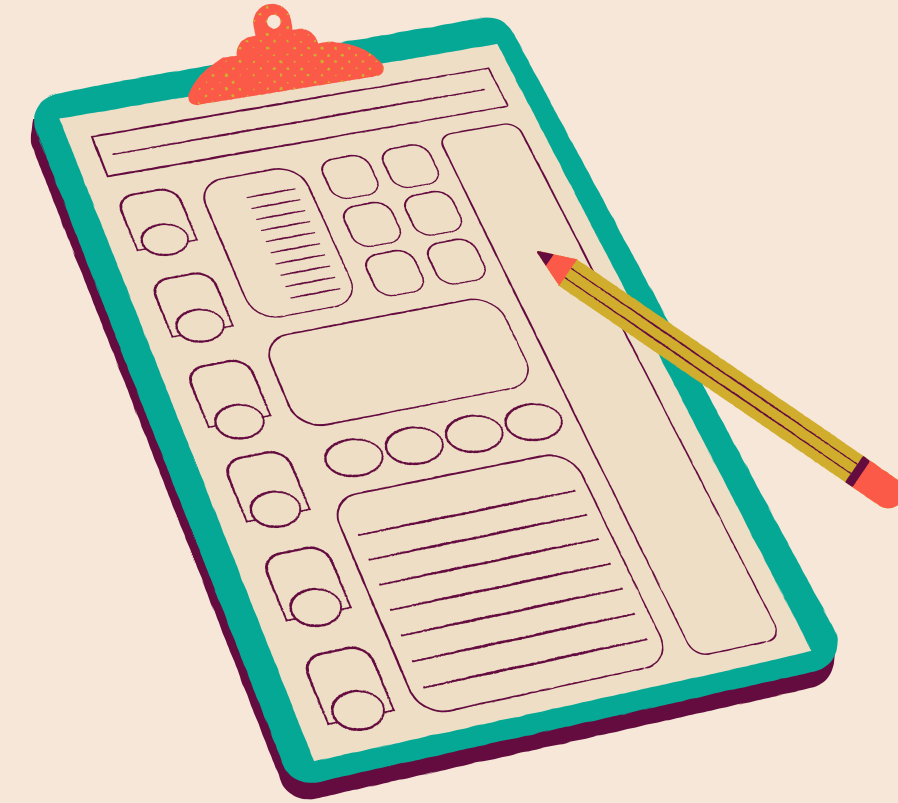
Messenger RNA

- COVID-19



Subunit, recombinant, polysaccharide and conjugate

HPV
Hepatitis B
Hib
Meningococcal disease



Novavax COVID-19
Pneumococcal disease
RSV
Shingles
Whooping cough

Toxoid



1

Diphtheria

1

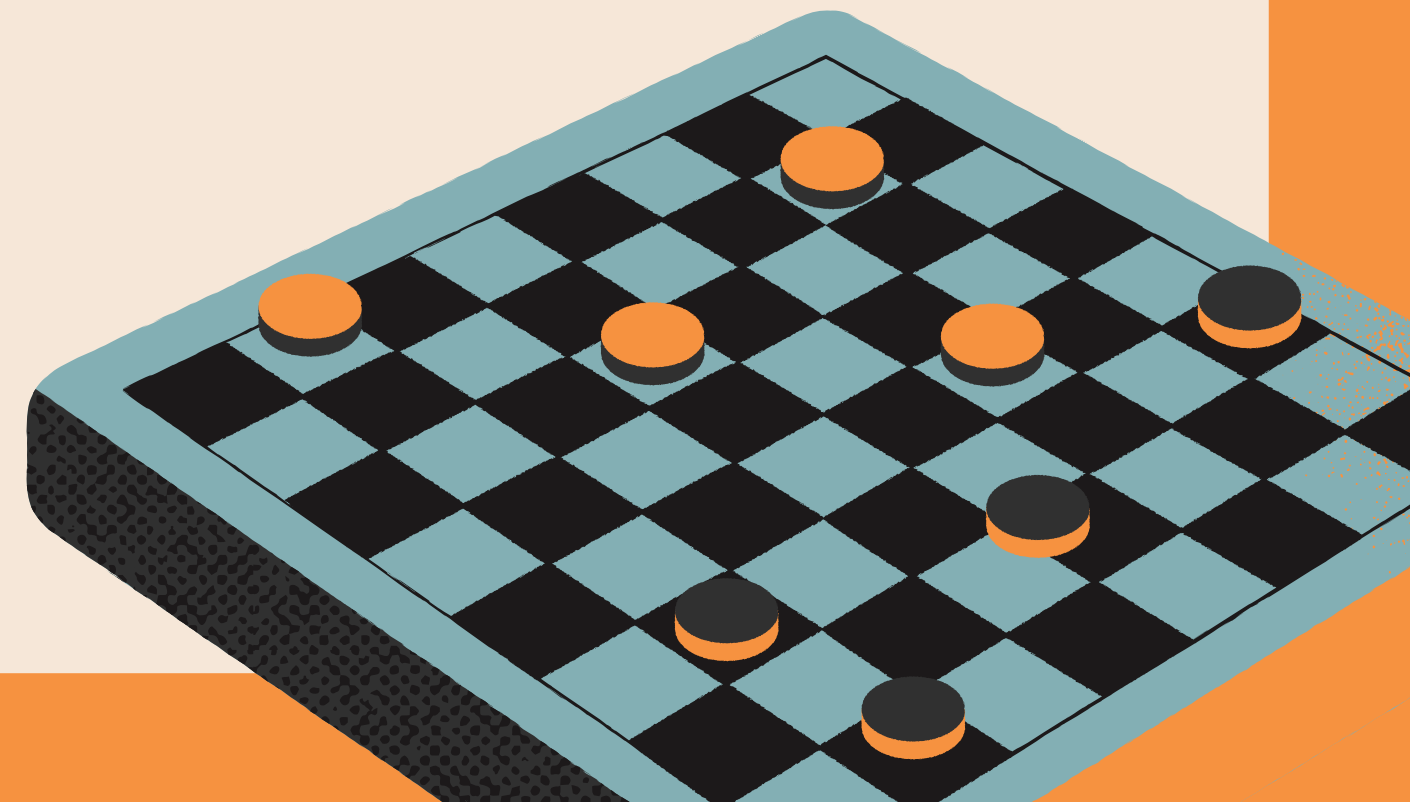
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Tetanus

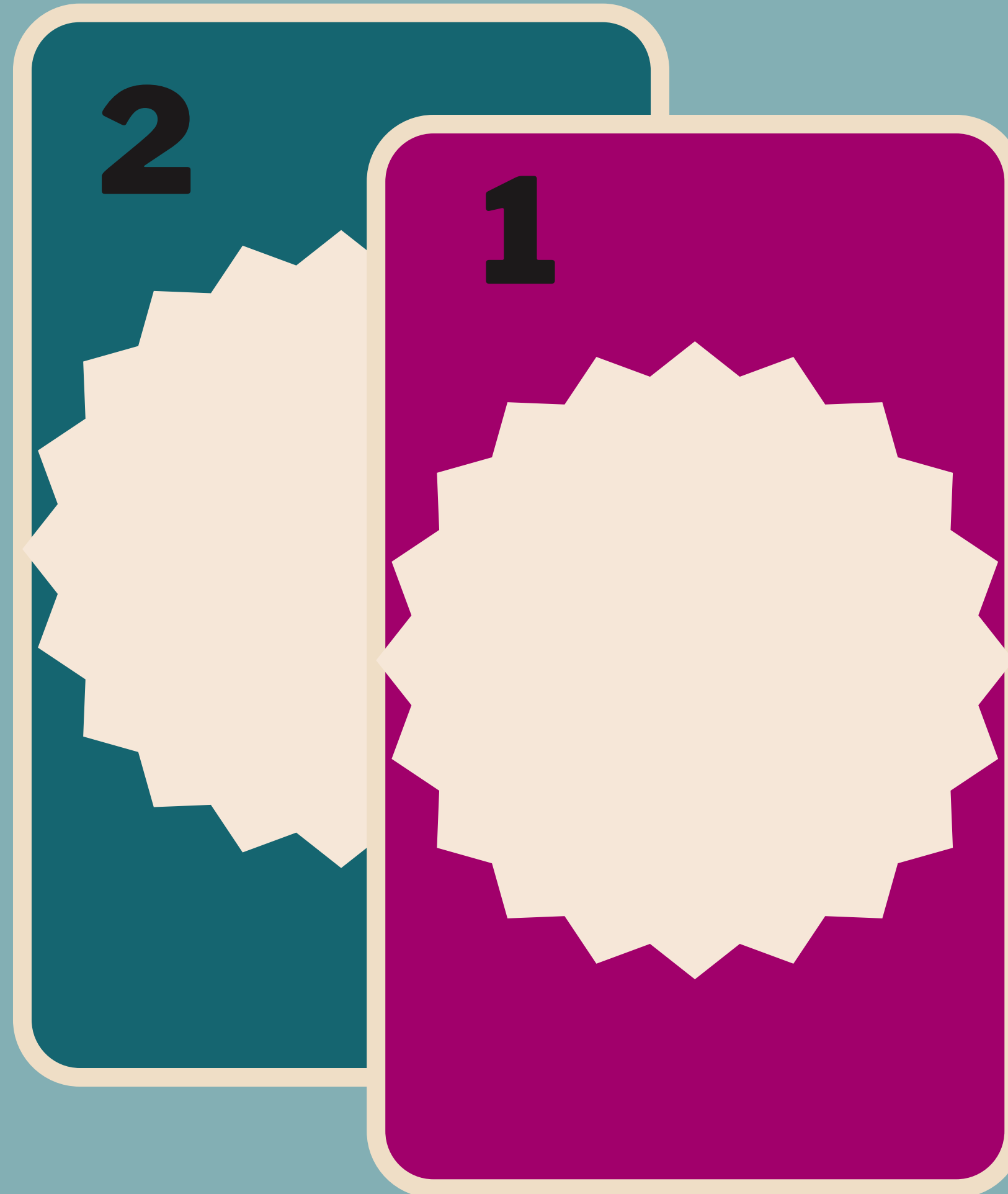
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Passive Immunity

Temporary protection against a disease



General Rules

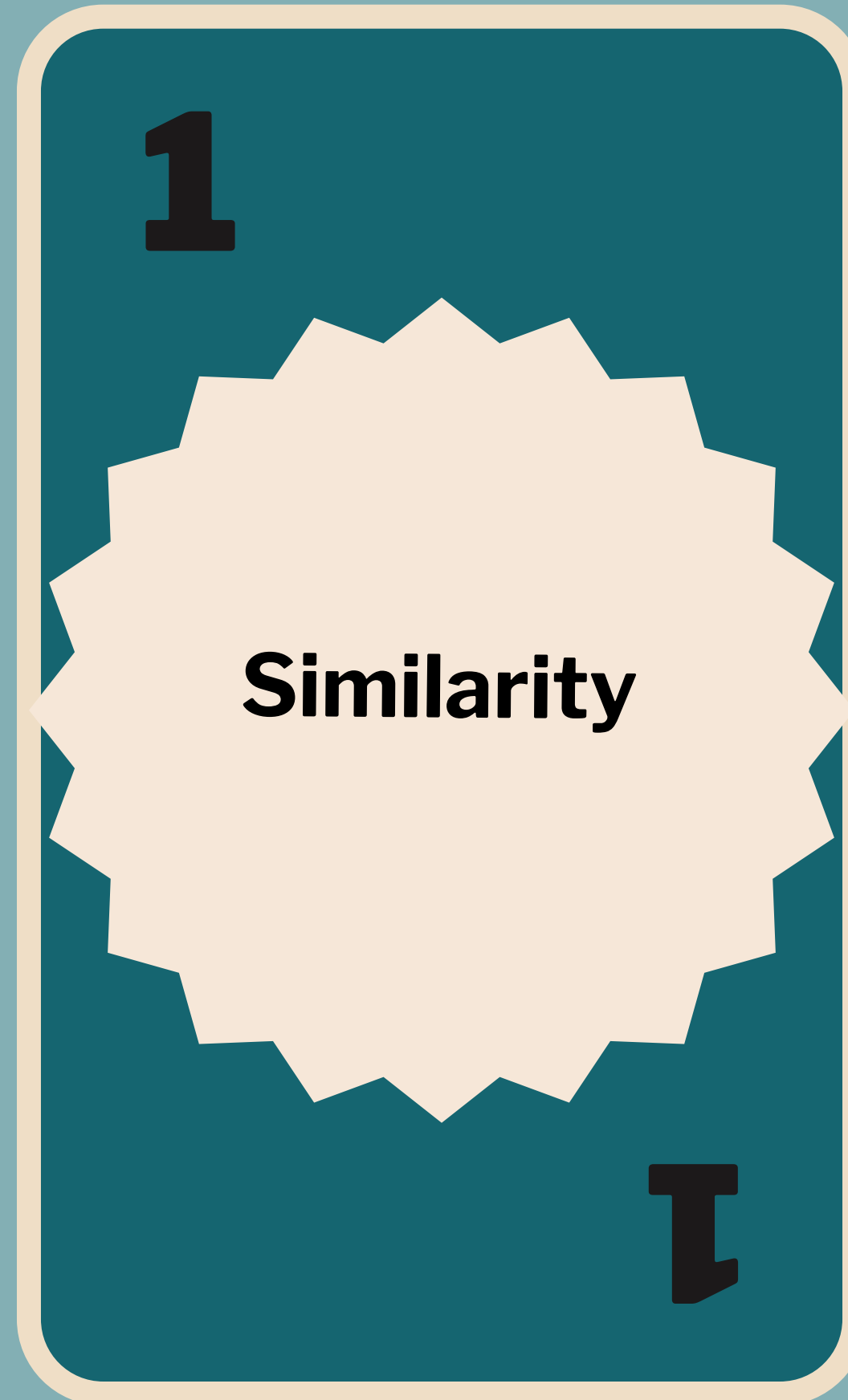




Time to play again!

Remember – you
can only guess the
answer when it's
your turn!

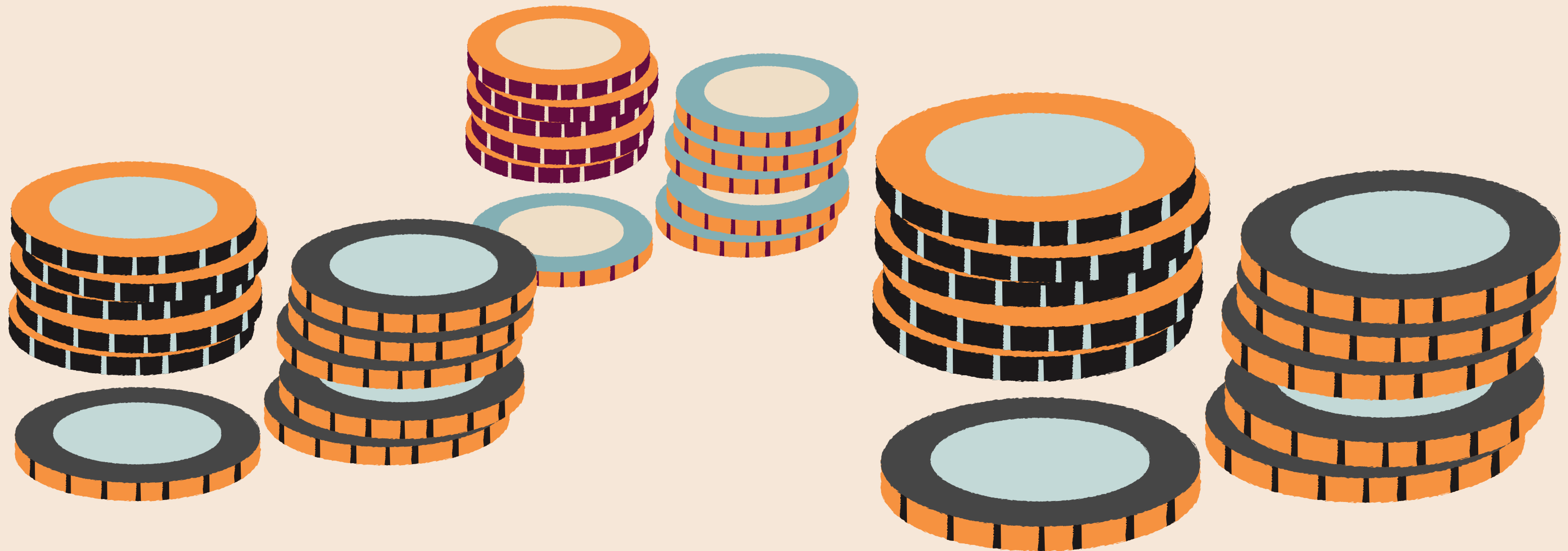
General Rule 1



The more similar a vaccine is to the disease-causing form of the organism, the better the immune response to the vaccine

Question:

How many vaccines can be given at one time?

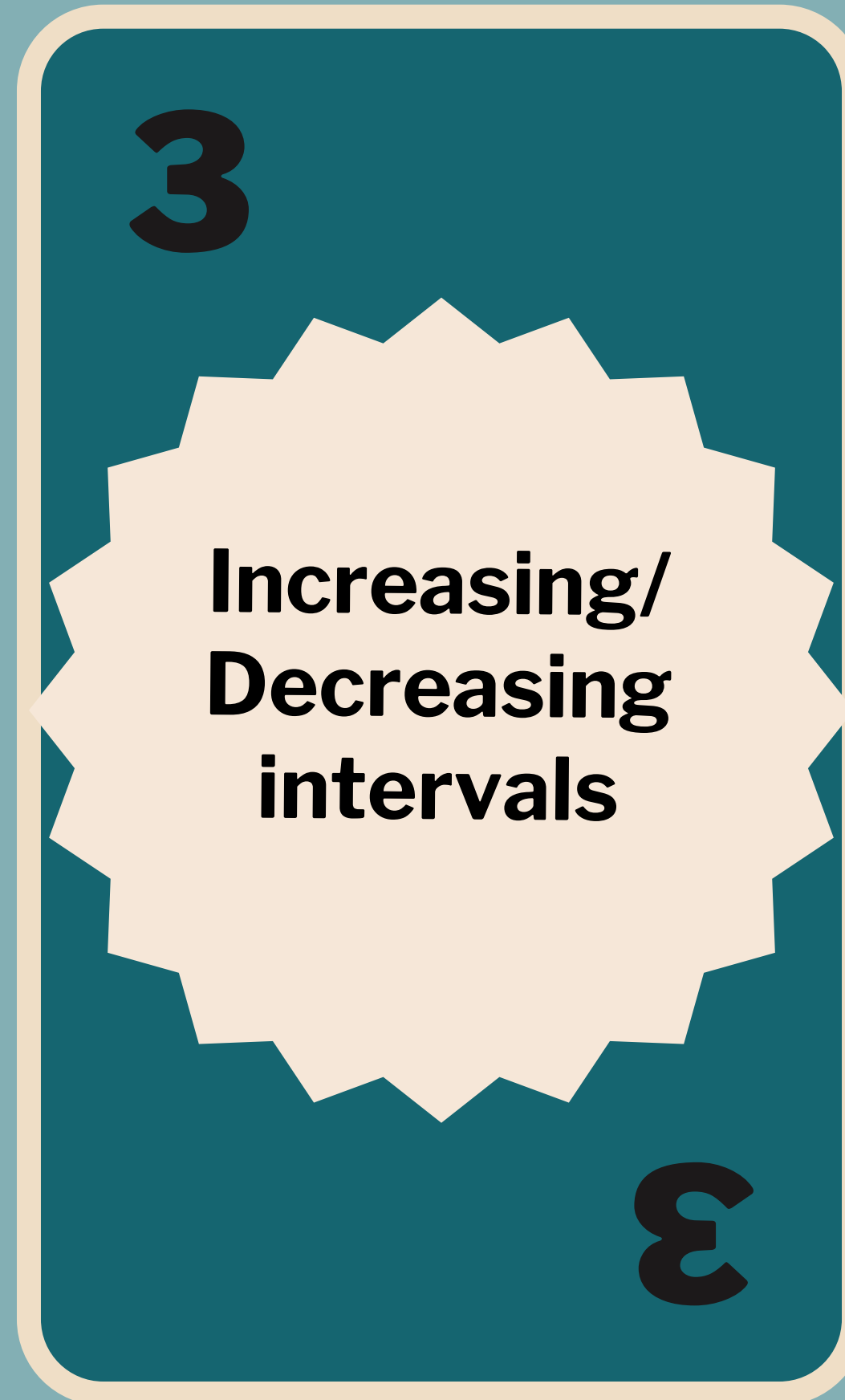


General Rule 2



All vaccines can be administered at the same visit as all other vaccines

General Rule 3

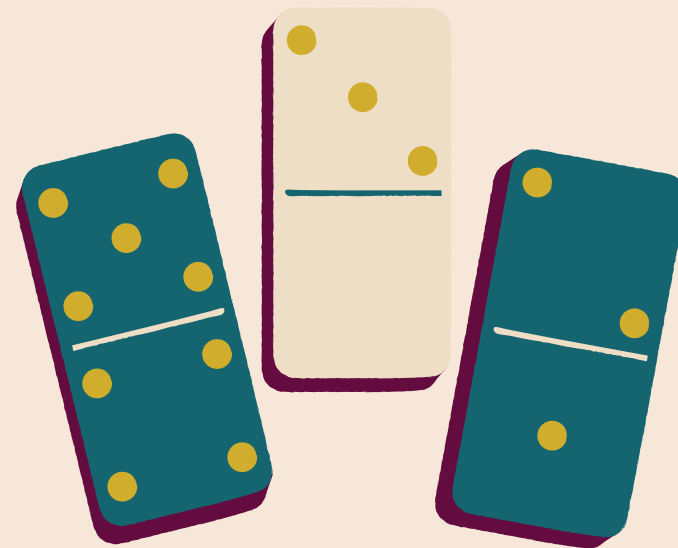


Increasing the interval between doses of a multidose vaccine **does not diminish the effectiveness** of the vaccine.

Decreasing the interval between doses of a multidose vaccine **may interfere with antibody response** and protection.

Minimum Ages/ Intervals

- Minimum age for receiving initial doses
- Minimum intervals between doses
- Grace period of **4 days** for all vaccines includes initial doses and intervals between doses



- If dose of vaccine is given at a **shorter** interval (allowing grace period) even one day shorter - **it does not** count as a valid dose
- **Doses too close can reduce vaccine effectiveness**

Contraindications & Precautions

Three permanent contraindications:

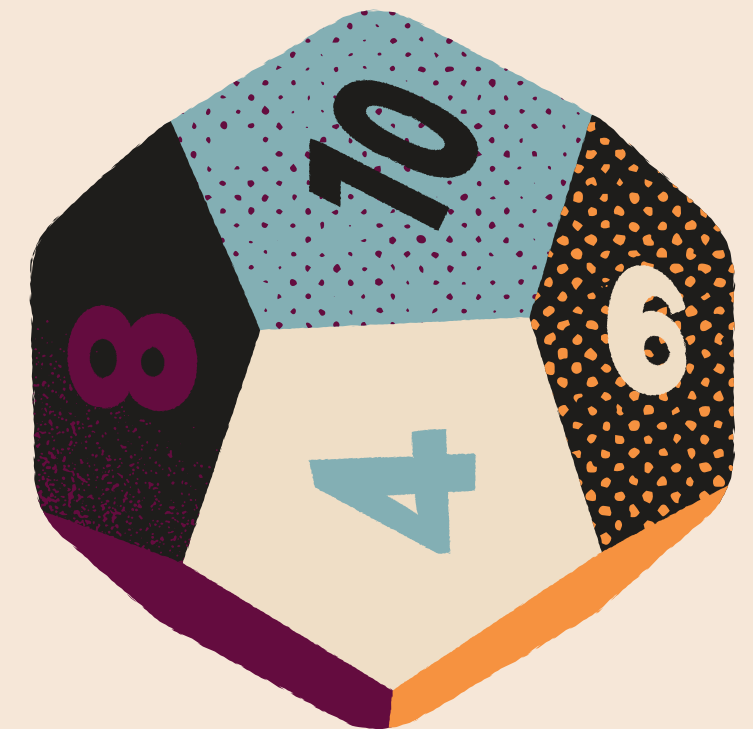
1. Severe allergic reaction to a vaccine component or following a prior dose
2. Encephalopathy (brain swelling) without known cause within seven days of administration of a previous dose of DTP, DTaP or Tdap vaccine
3. Severe combined immunodeficiency (rotavirus vaccine)

Precaution: Anything that may increase the risk of an adverse event or decrease the effectiveness of a vaccine



ACIP - Advisory Committee on Immunization Practices

- Panel of 15 experts
- Develops written recommendations
- Establishes schedule
- Meets 4 times/ year
- Does not recommend alternate schedules



Small Group Discussion

What are the reasons families have for NOT following the schedule?

Note: We're talking about families who DO vaccinate, but do NOT follow the schedule.

3



6



Debrief



3



6



REMEMBER

The schedule is **CONSTANTLY** studied and monitored.

ALL vaccines are always the goal. **Some** vaccines are **better than no** vaccines.

Clinical recommendations are not the same as school requirements!



Time to play again!

Remember – you can only guess the answer when it's your turn!

ACIP Schedules



Child & Adolescent Schedule

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

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).

Vaccine and other immunizing agents	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	
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See Notes					1 dose (8 through 19 months), See Notes												
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose						
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes			← 3 rd or 4 th dose, See Notes →										
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →										
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose				See Notes		
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)						1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)												
Influenza (IIV4)						Annual vaccination 1 or 2 doses									Annual vaccination 1 dose only			
Influenza (LAIV4)													Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes	← 1 st dose →						2 nd dose						
Varicella (VAR)						← 1 st dose →						2 nd dose						
Hepatitis A (HepA)					See Notes	2-dose series, See Notes												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose				
Human papillomavirus (HPV)														See Notes				
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)		See Notes														1 st dose	2 nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)											See Notes							
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy, See Notes				
Dengue (DEN4CYD; 9–16 yrs)											Seropositive in endemic dengue areas (See Notes)							
Mpox																		

Range of recommended ages for all children

Range of recommended ages for catch-up vaccination

Range of recommended ages for certain high-risk groups

Recommended vaccination can begin in this age group

Recommended vaccination based on shared clinical decision-making

No recommendation/Not applicable

Adult Schedule

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.			≥60 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
Measles, mumps, rubella (MMR)	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Mpox				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity Recommended vaccination for adults with an additional risk factor or another indication Recommended vaccination based on shared clinical decision-making No recommendation/Not applicable

ACIP Updates

June 2025



Tips & Tools

1

Have a calendar
available in each
exam room

**See our *TAPI*
handout!**

2

Count weeks
between shots

3

Check the age of
the child to assure
accurate time for
shots



1

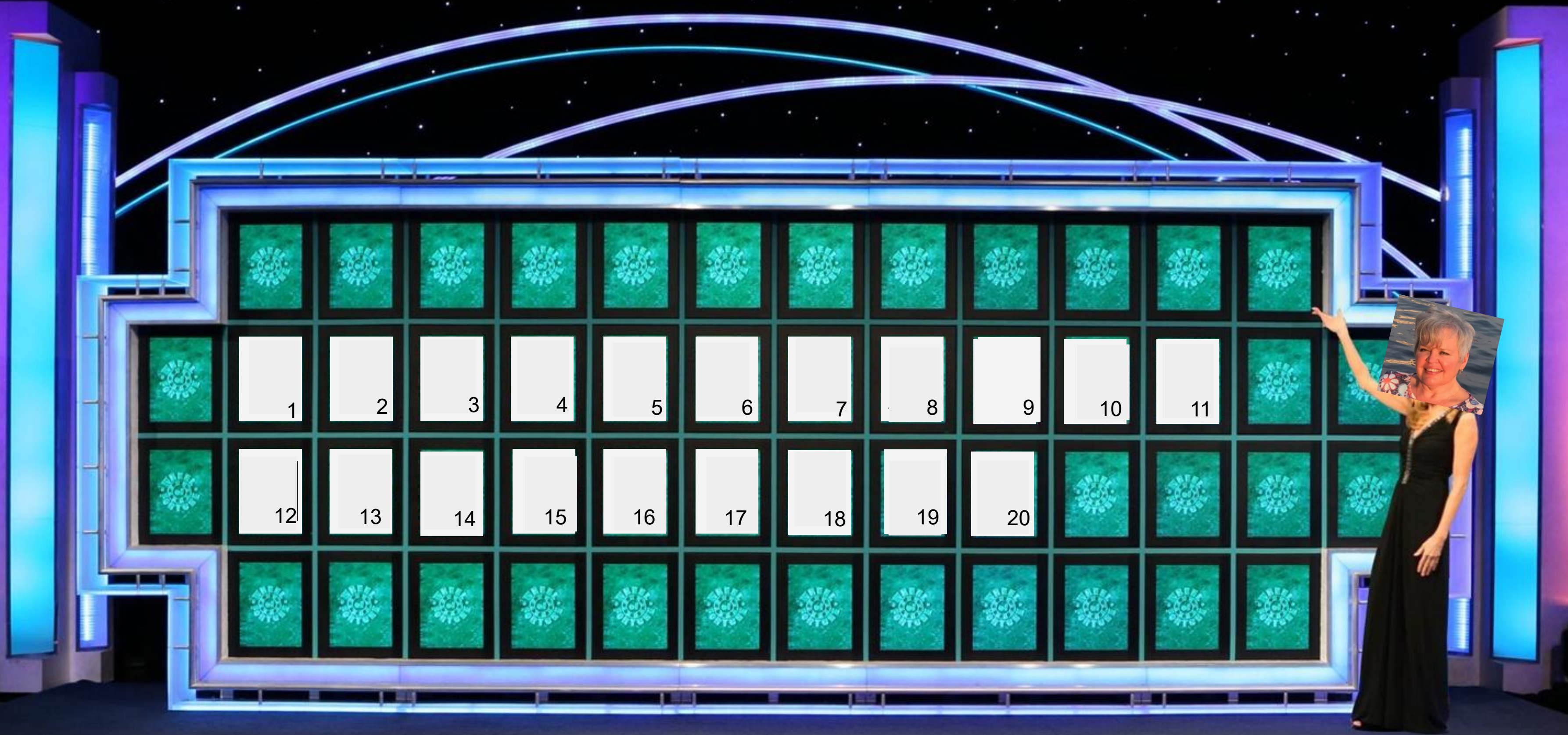
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3



Time to play again!

Remember – you can only guess the answer when it's your turn!



**WHEEL OF
FORTUNE**

TOPIC: Vaccine Safety

C O N T I N U A L L Y
M O N I T O R E D

WHEEL OF
FORTUNE

TOPIC: Vaccine Safety

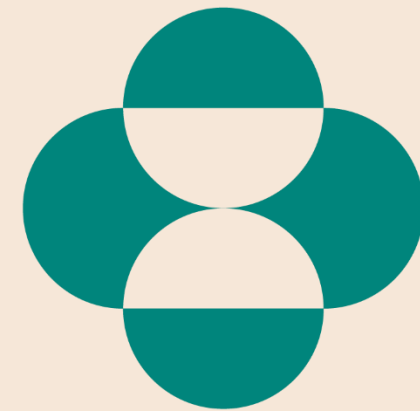
Thank You, Exhibitors!



Break!



Thank You, Exhibitors!



MERCK

GSK

CSL Seqirus

moderna®

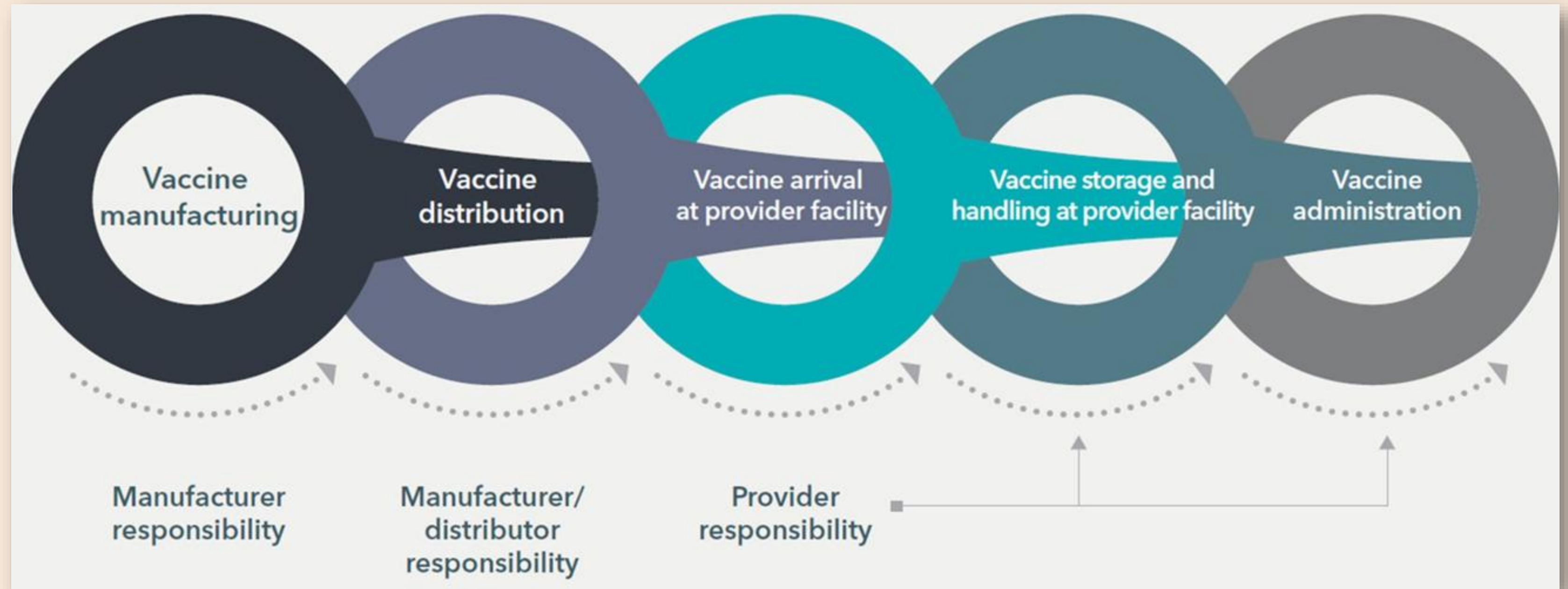
Pfizer



Protecting the cold chain and preparing for patients



Cold Chain Flowchart



Small Group Activity

Step 1

Who are ALL of the people involved in protecting the cold chain?

Write each person on a new stickie

3 Minutes

1



1



Small Group Activity

Share!

1



1



Small Group Activity

Share!

If your table didn't come up with all of these individuals, be sure to create a stickie:

- Lab worker
- UPS driver/ delivery
- Front desk/ registration
- Medical assistant
- Nurse
- Provider (physician, NP, PA)

1



1



Small Group Activity

Step 2

What are all the **physical places** that a vaccine is present in the cold chain?

Write these down in a list

3 Minutes

2



2



Small Group Activity

Share!

What are all the **physical places** that a vaccine is present in the cold chain?

2



2



Small Group Activity

Step 3

Each person should take one stickie.

If there are more people at the table than stickies, “buddy up” with someone else.

This is the character you’ll be playing in the game!

2 Minutes

3



3



Small Group Activity

Step 4

Character	Go to this area
Lab worker or delivery driver	Outside of the Clinic
Front desk worker	Front desk
Medical assistant or Nurse on the right side of the room	Vaccine room/ near the fridge
Medical assistant or nurse sitting on left side of the room	Hallways
Provider or Medical assistant sitting in the center of the room	Exam room

3 Minutes

Small Group Activity

Step 4

- Outside the clinic
- Front desk
- Vaccine room/ near the fridge
- Hallways
- Exam room

3 Minutes

4



4



Small Group Activity

Step 5

Brainstorm errors!

What are all of the **potential errors** that could happen in **your location?**

Feel free to share personal stories!

7 Minutes

5



5



Small Group Activity

Share!

What are the **potential errors** that can happen **in your location?**

5



5



Small Group Activity

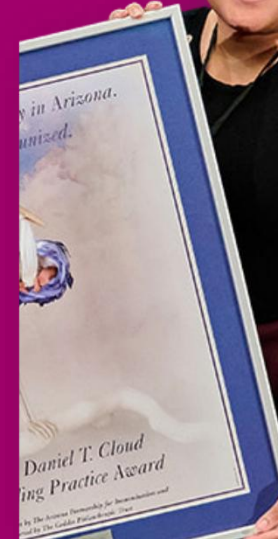
Identify solutions!

How can we
improve processes
to prevent these
errors from
happening?

5



5





Vaccines are **temperature** and **light** sensitive

- Any temperature deviation should be evaluated
- It is better **NOT to vaccinate** than to administer a dose of vaccine that is **not viable**



Staff Training



1

Who?

1

2

About?

2

3

How often?

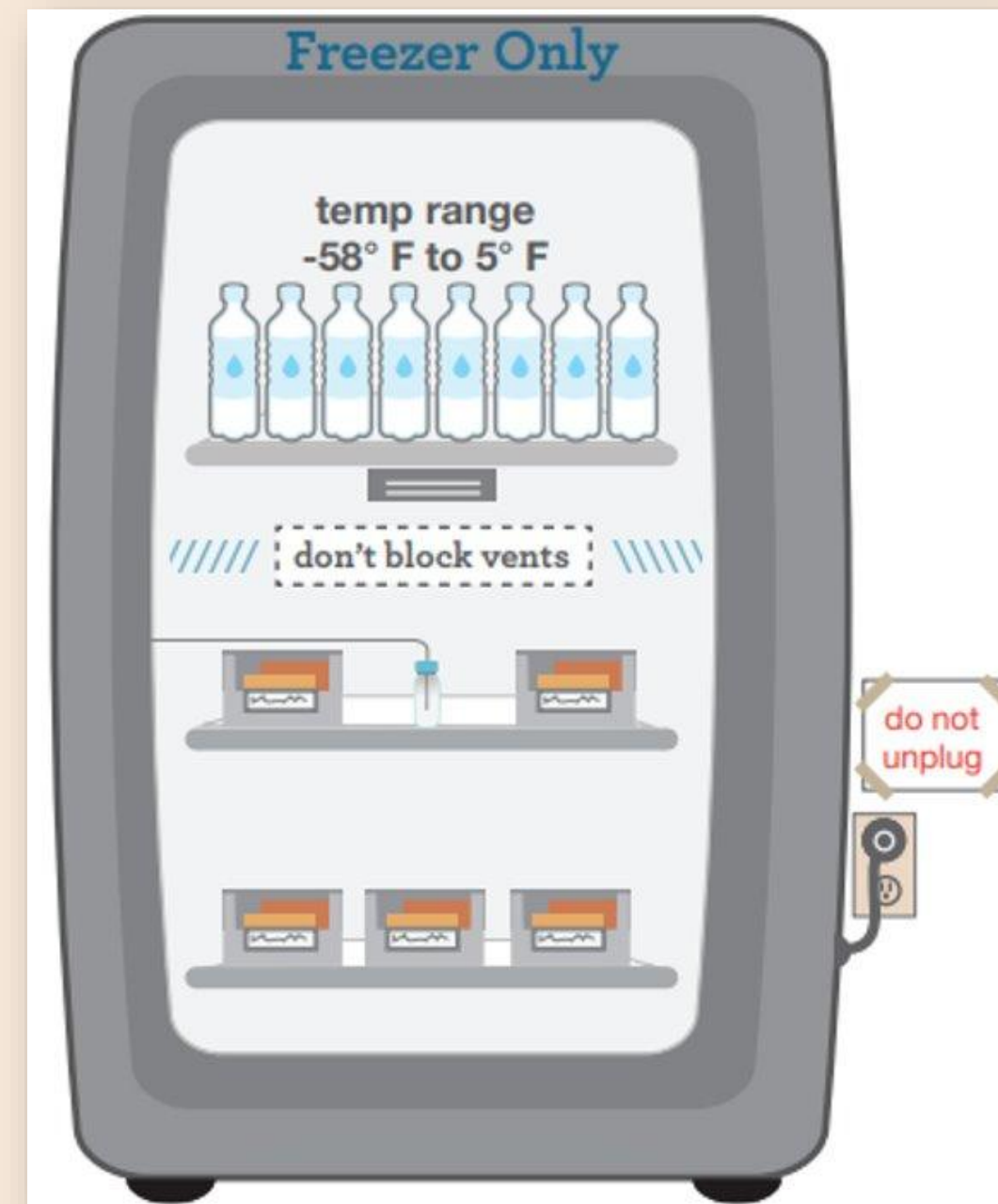
3

Vaccine storage & temperature monitoring equipment

Refrigerator



Freezer



Emergency Vaccine Storage, Handling & Transport Preparation



HOPE for the **BEST**...

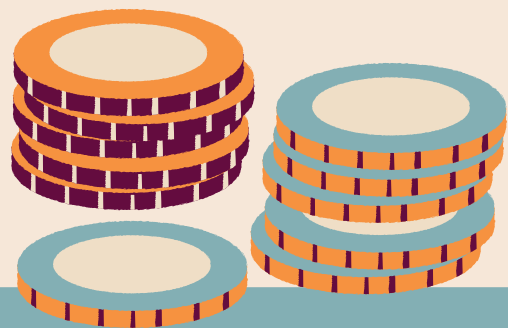
PLAN for the **WORST**.



Temperature Logs

Do's and Don't's

- Check **twice** a day
- Use the **same** measurement (Celsius or Fahrenheit)
- Label front of units
- Label next to temp logs



Temperature Logs

Daily Temperatures

- Before using any medication
- Towards the end of the day

High / Low Temperatures

- Before using any medication
- Reset the hi/lo recording

Temperature Log for Refrigerator – Celsius

DAYS 1-15

Monitor temperatures closely!

- Write your initials below in "Staff Initials," and note the time in "Exact Time."
- If using a temperature monitoring device (TMD; digital data logger recommended) that records min/max temps (i.e., the highest and lowest temps recorded in a specific time period), document current and min/max once each workday, preferably in the morning. If using TMD that does not record min/max
- Put an "X" in the row that corresponds to the refrigerator's temperature.
- If any out-of-range temp observed, see instructions to the right.
- After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

temps, document current temps twice, at beginning and end of each workday.

For information on storage and handling of COVID-19 vaccines, see the **COVID-19 Vaccine Addendum** in CDC's updated Vaccine Storage and Handling Toolkit at www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html.

Month/Year _____ VFC PIN or other ID # _____ Page 1 of 2

Facility Name _____

Take action if temp is out of range – too warm (above 8°C) or too cold (below 2°C).

- Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
- Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
- Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
- Document the action taken on the attached "Vaccine Storage Troubleshooting Record."

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials															
Exact Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Min/Max Temp in Unit (since previous reading)															

Danger! Temperatures above 8°C are too warm! Write any out-of-range temps and room temp on the lines below.

8°C															
7°C															
6°C															
Alert for 5°C															

VFC Refrigerator Temperature Log

VFC Pin #: _____

Units/Rooms: _____ (identify which units you are recording temps for)

Month/Year: _____

Provider Name: _____

Contact Person: _____

Refrigerated vaccine safety zone is between 36° to 46° F (2° to 8° C). 40° F is ideal. Frozen vaccine safety zone is 5° F (-15° C) or lower. 0° F or colder is ideal.

Call the Vaccine Center Immediately (602) 364-3642 if ANY temperatures are outside of the safety zones listed above.

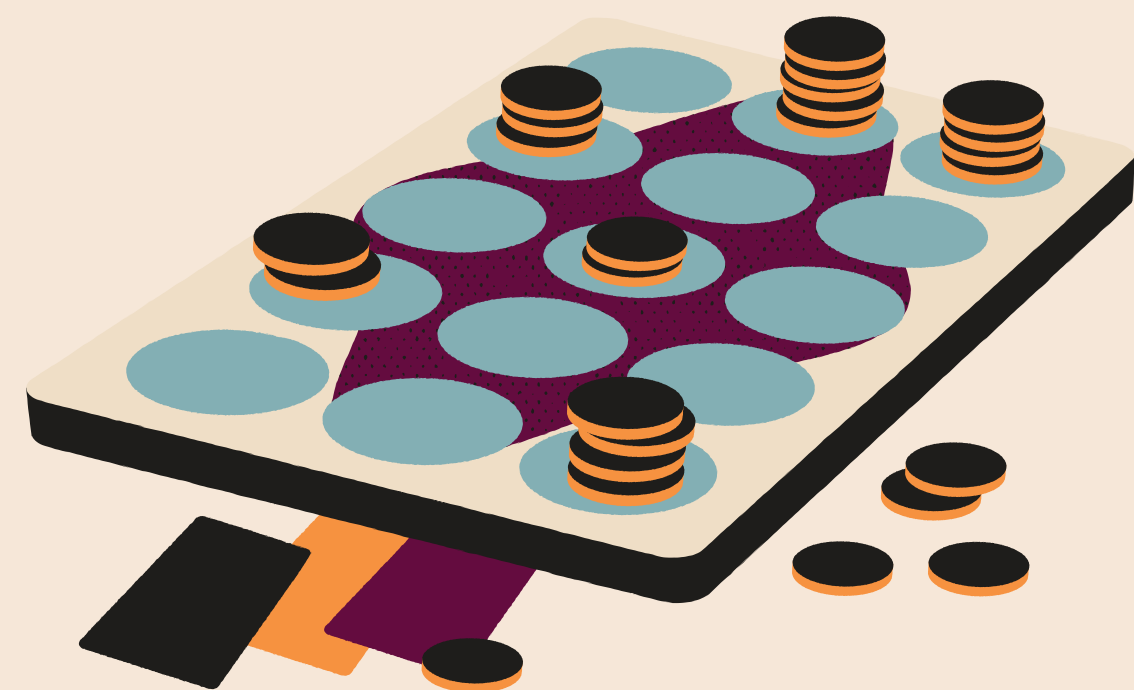
Exact time, temperature to the tenth place, min/max for past 2 or C and initials are REQUIRED for each entry

DATE	TIME	REFRIG	MIN	MAX	INITIAL
1st	am	°F °C	°F		17th
	pm	°F °C	°C		
2nd	am	°F °C	°F		18th
	pm	°F °C	°C		

<https://www.immunize.org/catg.d/p3037c.pdf>

<https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/vaccines-for-children/forms/refrigerator-freezer-temperature-log.pdf>

Examples – What do you see?



Exact time, temperature to the tenths place

DATE	TIME	REFRIG	MIN	MAX
1st	am	Closed °C	°F	°F
	pm	Closed °C	°C	°C
2nd	am 8:00	3.9 °F °C	3.0 °F	8.2 °F
	pm 6:00	4.0 °F °C	3.0 °C	8.2 °C
3rd	am 7:30	4.0 °F °C	3.0 °F	8.2 °F
	pm 5:30	3.9 °F °C	3.0 °C	8.2 °C
4th	am 9:00	3.9 °F °C	3.0 °F	8.2 °F
	pm 5:00	3.9 °F °C	3.0 °C	8.2 °C
5th	am 7:30	3.9 °F °C	3.0 °F	8.2 °F
	pm 4:00	3.9 °F °C	3.0 °C	8.2 °C
6th	am 7:43	3.9 °F °C	3.0 °F	8.2 °F
	pm 5:38	4.0 °F °C	3.0 °C	8.2 °C
7th	am 7:52	3.9 °F °C	3.0 °F	8.2 °F
	pm 12:30	3.9 °F °C	3.0 °C	8.2 °C

Scan for PDF!



RESOURCES

Handling a Temperature Excursion in Your Vaccine Storage Unit

Any temperature reading outside ranges recommended in the manufacturers' package inserts is considered a temperature excursion. Identify temperature excursions quickly and take immediate action to correct them. This can prevent vaccine waste and the potential need to revaccinate patients.



- » Notify the primary or alternate vaccine coordinator immediately or report the problem to a supervisor.
- » Notify staff by labeling exposed vaccines, "DO NOT USE," and placing them in a separate container apart from other vaccines in the storage unit. Do not discard these vaccines.

- » Document details of the temperature excursion:
 - Date and time
 - Storage unit temperature (including minimum/maximum temperatures during the time of the event, if available)
 - Room temperature, if available
 - Name of the person completing the report
 - General description of the event (i.e., what happened)
 - If using a digital data logger (DDL), determine the length of time vaccine may have been affected
 - Inventory of affected vaccines
 - List of items in the unit other than vaccines (including water bottles)
 - Any problems with the storage unit and/or affected vaccines before the event
 - Other relevant information

- » Contact your immunization program and/or vaccine manufacturer(s) for guidance per your standard operating procedures (SOPs).
- » Be prepared to provide the immunization program or manufacturer with documentation and DDL data so they can offer you the best guidance.

Contact manufacturer for excursions:	
Dynavax	1-844-375-4728
GlaxoSmithKline	1-888-825-5249
Massachusetts Biological Labs	1-888-825-5249
MedImmune	1-877-633-4411
Merck	1-800-672-6372
Pfizer	1-800-438-1985
Sanofi Pasteur	1-800-822-2463
Seqirus	1-855- 358-8966

- » If the temperature alarm goes off repeatedly, do not disconnect the alarm until you have determined and addressed the cause.
- » Check the basics, including:
 - Power supply
 - Unit door(s)
 - Thermostat settings
- » If the excursion was the result of a temperature fluctuation, refer to the section, "Vaccine Storage and Temperature Monitoring Equipment," in CDC's Vaccine Storage and Handling Toolkit for detailed guidance on adjusting storage unit temperature to the appropriate range.
- » If you believe the storage unit has failed, implement your emergency vaccine storage and handling SOPs. Never allow vaccines to remain in a nonfunctioning unit following a temperature excursion.



Vaccine Storage & Handling Plans & Standard Operating Procedures



Arizona Vaccines for Children (VFC) Program



Operations Guide



Last Revision: 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 phone:
Office Manager email:	Date:
VFC Coordinator signature:	VFC Coordinator phone:
Print Name:	Date:
VFC Coordinator email:	VFC Coordinator phone:
VFC Back up Coordinator signature:	VFC Back up Coordinator phone:
Print Name:	
VFC Back up Coordinator email:	

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 6](#)).

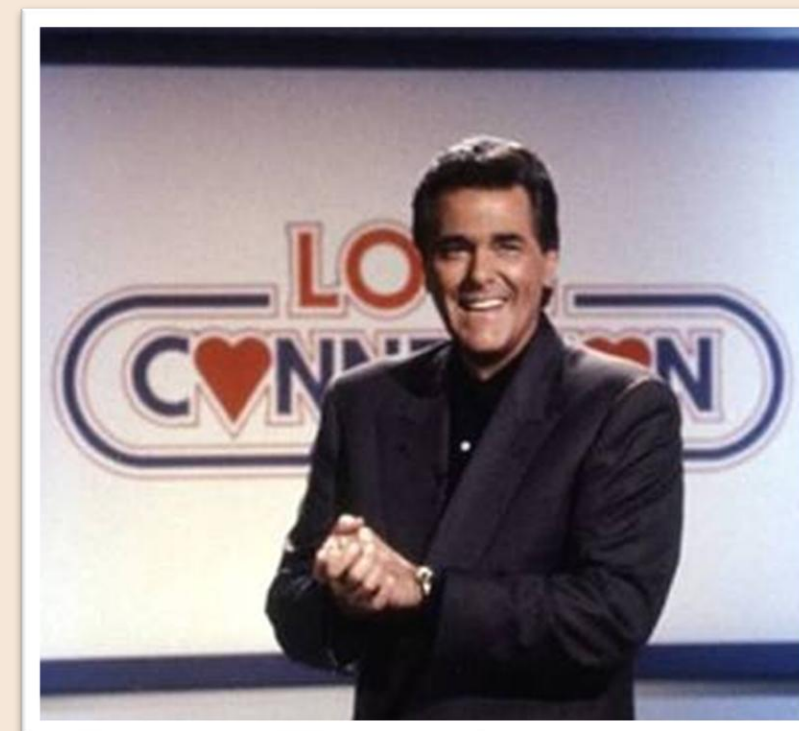
Emergency storage facility	
Name:	Pin# :
Address:	
Phone number:	
Contact at facility:	
Major cross streets:	

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

Vaccine Accountability and Management Plan

Online Training & Resources

- You Call the Shots
- CDC Vaccine Storage and Handling Toolkit



Thank You, Exhibitors!



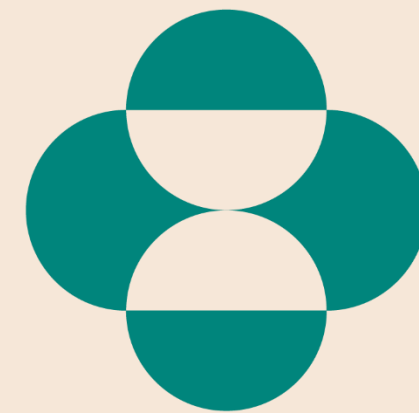
Lunch!



Vaccine Anthem



Thank You, Exhibitors!



MERCK

GSK

CSL Seqirus

moderna®

Pfizer



**How can we
improve vaccine
confidence?**



War!



WAR!

**One side wins,
one side loses.**



***Hello friendly MA who is rooming me!
I'm excited to talk with the doctor
today about all of my health concerns!***



🔊 That's wonderful! The doctor will talk with you about your concerns and answer any questions you have about the flu, pneumococcal and COVID-19 vaccines that you're due for!

🔊 Amazing! Today you are due to receive flu, pneumococcal and COVID-19. I'll be back at the end of your visit to administer those.

1 Assume parents will vaccinate

Parents consent with no further questions?

Parents not ready to vaccinate?

2 Give your strong recommendation

Parents accept your recommendation?

Parents have specific questions or concerns?

3 Listen to and respond to parent's questions

Parents respond positively to your answers?

Administer recommended vaccine doses



I don't want to get the flu shot today.



🔊 What specifically are you concerned about?

🔊 The flu shot is safe and effective in preventing influenza infection or reducing its severity. It also helps protect the people around you who are more vulnerable like infants, older adults and those who are immunocompromised.

Ask!



Do not assume you know what is on someone else's mind.

Do not answer questions people haven't asked.

For example:

- “What **specifically** about that concerns you?”
- “Tell me more about that.”

Small Group Discussion

I think that if I give my child the HPV vaccination, it's a “green light” for them to have sex.



I hear that often from other parents. I think it's important to realize that the HPV vaccine prevents all different kinds of cancer. Cancer has impacted my family, which is why I decided to vaccinate my children against HPV even though I also don't want them to have sex too early.



I hear that often from other parents. You can take your time to decide whether to allow your child to get this vaccine. Just remember that if you wait until they're over 15 years it will be 3 pokes instead of 2!

What do you like about the responses?

Is there a “better” one?

Are there other HPV-specific things that you hear?

Give your strong recommendation




*“I believe in this so strongly that **I vaccinated my own children** on schedule.”*


“I strongly recommend you get this vaccine today.”

Small Group Discussion

I saw on the news that there are measles outbreaks, and two children even died in Texas. I think that I changed my mind and would like to get that MMR vaccine for my child. I'll come back later to get the other vaccines.



This is amazing news! You are definitely making the right decision to protect your child from a really scary disease. I will be back at the end of your visit with the doctor to administer the vaccine, and we'll get you scheduled for the others.



This is amazing news! You are definitely making the right decision. Let's also talk about getting the other vaccines today. It is safe for your child to receive all of the vaccines that they are due for at the same visit. And they will be protected against all of those diseases!

What do you like about the responses?
Is there a “better” one?

I don't want the government telling me what to do with my body.

🔊 I don't want them telling me what to do either! But the vaccines are recommended by the doctors in our practice, not the government. They're recommended to prevent you from getting sometimes deadly diseases.



🔊 I've heard that from other people as well. I will let the provider know about your feelings about this.

*Hello friendly MA who is rooming me!
We're here for my tween's well visit,
and I can't wait to get advice on
handling these mood swings!*



🔊 Yes – it's a wonderful time in your child's life! Today they are also due for Tdap, HPV and Meningococcal vaccines. I'll be back after your visit to administer those!

🔊 Amazing! Do you have any questions about the vaccines they're due for today, which are Tdap, HPV and Meningococcal vaccine?

Small Group Discussion



I'm worried that if I vaccinate my baby, they will develop Autism.

🔊 They won't. It's very annoying that you actually believe that.

🔊 I am really sick of hearing this from patients. Vaccines do not cause Autism. Period.



How do you address this concern?
What is effective?

Questions?

Do you have questions about Autism and vaccines?

For more information about the “Driving Support for Autism” specialty plate and its availability, visit azmvdnow.gov.



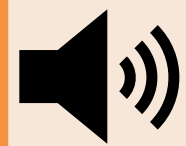
I work out every day, eat organic and am so healthy. If I do get flu or COVID, I know that I'll be fine. So, I don't want the vaccine.



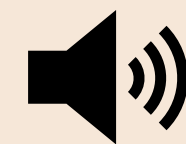
Even though you feel healthy, getting vaccinated still protects others around you who might be more vulnerable to the disease.

Have you considered that you could still contract the virus without symptoms and pass it on to someone who might get seriously ill?

I saw a doctor online say that the COVID vaccine caused a lot of women to be infertile. I want to try and have a baby in the next few years so I don't want that vaccine.



I get so much of my information from Tik Tok! It can be so confusing to know who to trust. Your best resources for vaccine information are CDC, Children's Hospital of Philadelphia and our state vaccine coalition, TAPI. I can help you bookmark those pages on your phone! Our doctors strongly recommend all patients over 6 months receive the COVID-19 vaccine.



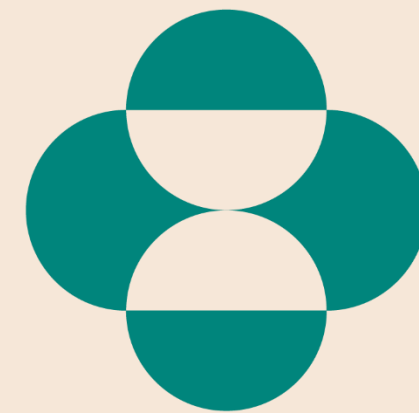
I've heard that before from other patients! In fact, scientists have researched this and found that COVID-19 vaccination does not affect the chances of conceiving a child. On the other hand, COVID-19 can make you very sick during pregnancy and increase your risk of complications.

Pro Tips



1. Use presumptive language
2. Give strong recommendation
3. Ask questions to address specific concerns
4. Keep it short and simple!
5. Be confident! You should feel good giving this recommendation!

Thank You, Exhibitors!



MERCK

GSK

CSL Seqirus

moderna®

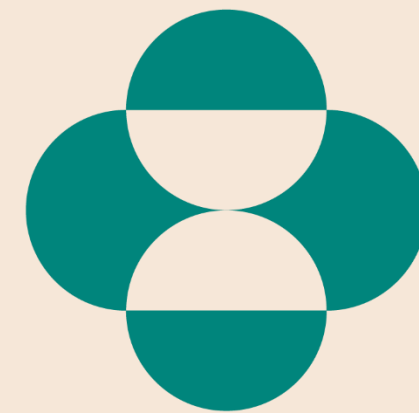
Pfizer



Break!



Thank You, Exhibitors!



MERCK

GSK

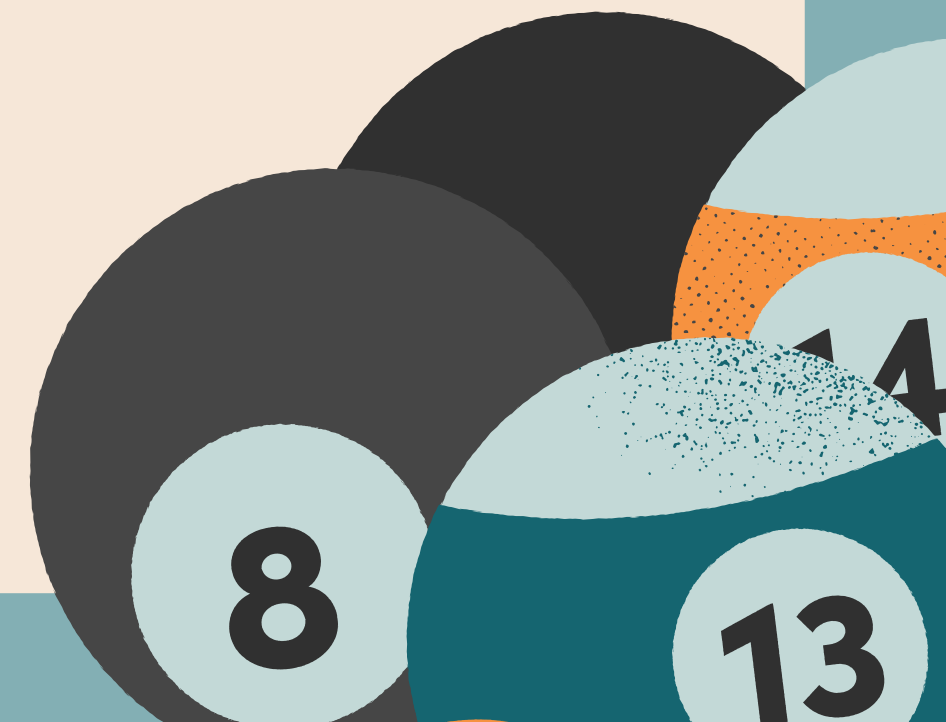
CSL Seqirus

moderna®

Pfizer



Screening Basics



Screening Basics

When assessing a child who is scheduled to receive a live virus vaccine (immunizations), what are the general contraindications associated with receiving a live virus vaccine?

Select all that apply.

- ☐ The child has symptoms of a cold.
- ☐ The child had a previous anaphylactic reaction to the vaccine.
- ☐ The parent reports that the child is having intermittent episodes of diarrhea.
- ☐ The parent reports that the child has not had an appetite and has been fussy.
- ☐ The child has a disorder that caused a severely deficient immune system.
- ☐ The parent reports that the child has recently been exposed to an infectious disease



Adults

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME _____

DATE OF BIRTH _____
month / day / year

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 we need to ask you more questions. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, a vaccine ingredient, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood clotting disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a parent, brother, or sister with an immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 3 months, have you taken medicines 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a seizure or a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you pregnant or is there a chance you could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.



FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p4065.pdf
Item #P4065 (12/2022)



Scan for PDF

Adults

Contraindications increase 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

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME _____
DATE OF BIRTH ____/____/____
month day year

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 we need to ask you more questions. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, a vaccine ingredient, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood clotting disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a parent, brother, or sister with an immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 3 months, have you taken medicines 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a seizure or a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you pregnant or is there a chance you could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.



FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p4065.pdf
Item #P4065 (12/2022)



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Preparation



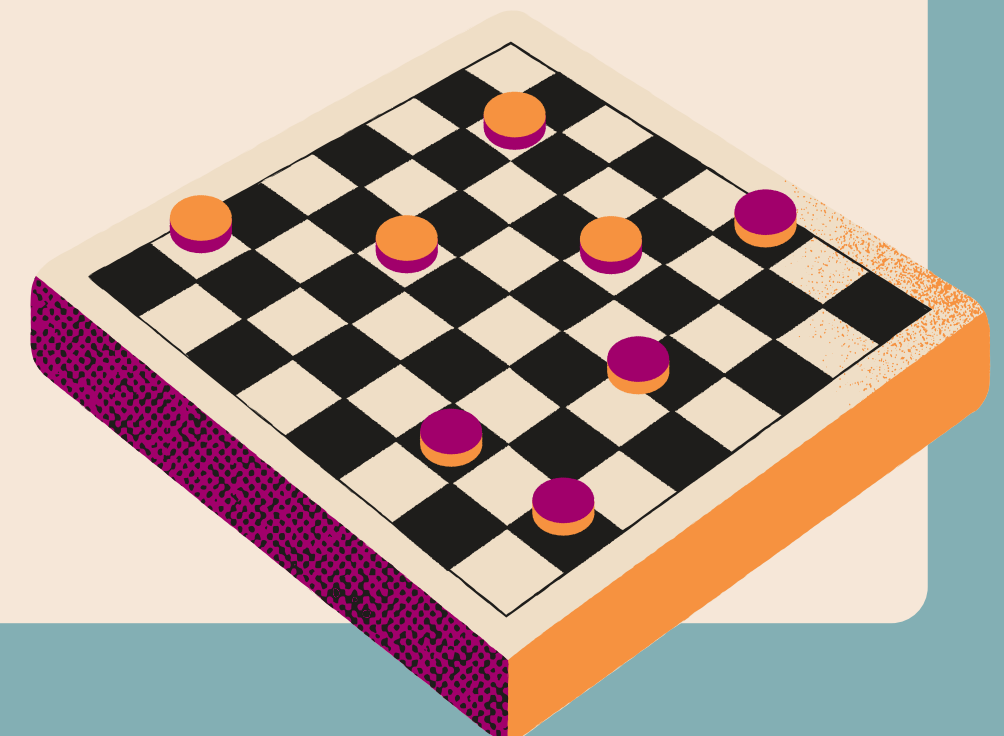
Before Prepping Vaccine...

1. VIS Form
2. Consent



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

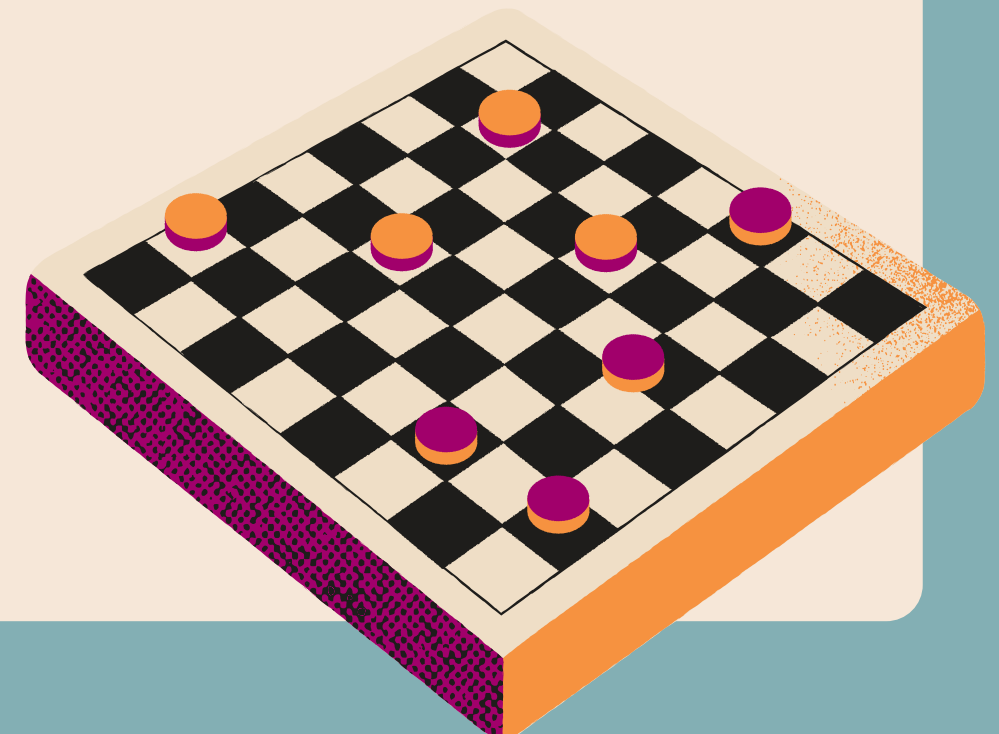


Hand Hygiene

Wash hands or use alcohol-based hand sanitizer

- Before vaccine preparation
- Between clients

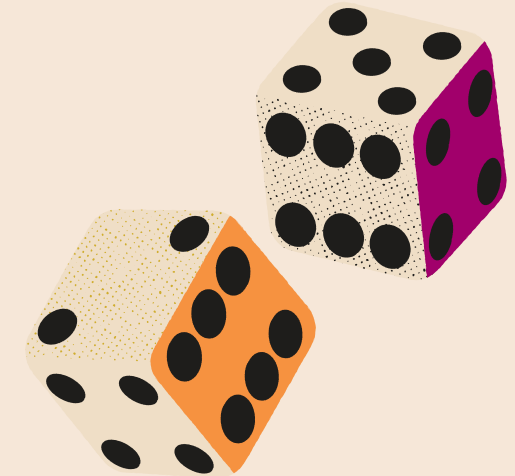
Gloves are not required to be worn when administering vaccines, per OSHA guidelines.



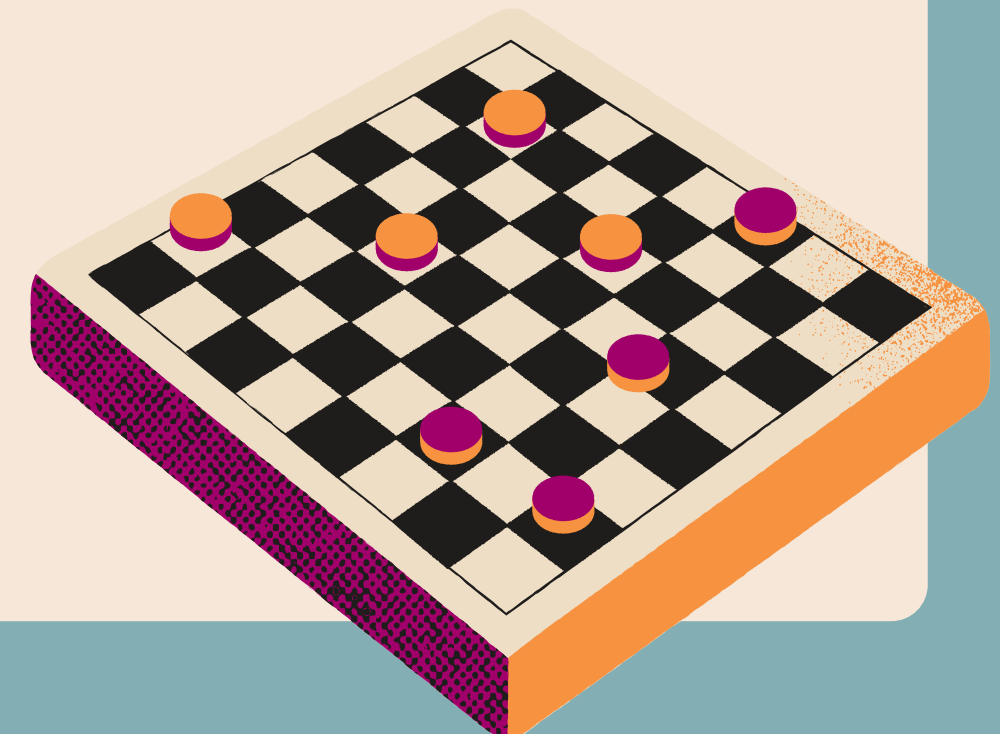
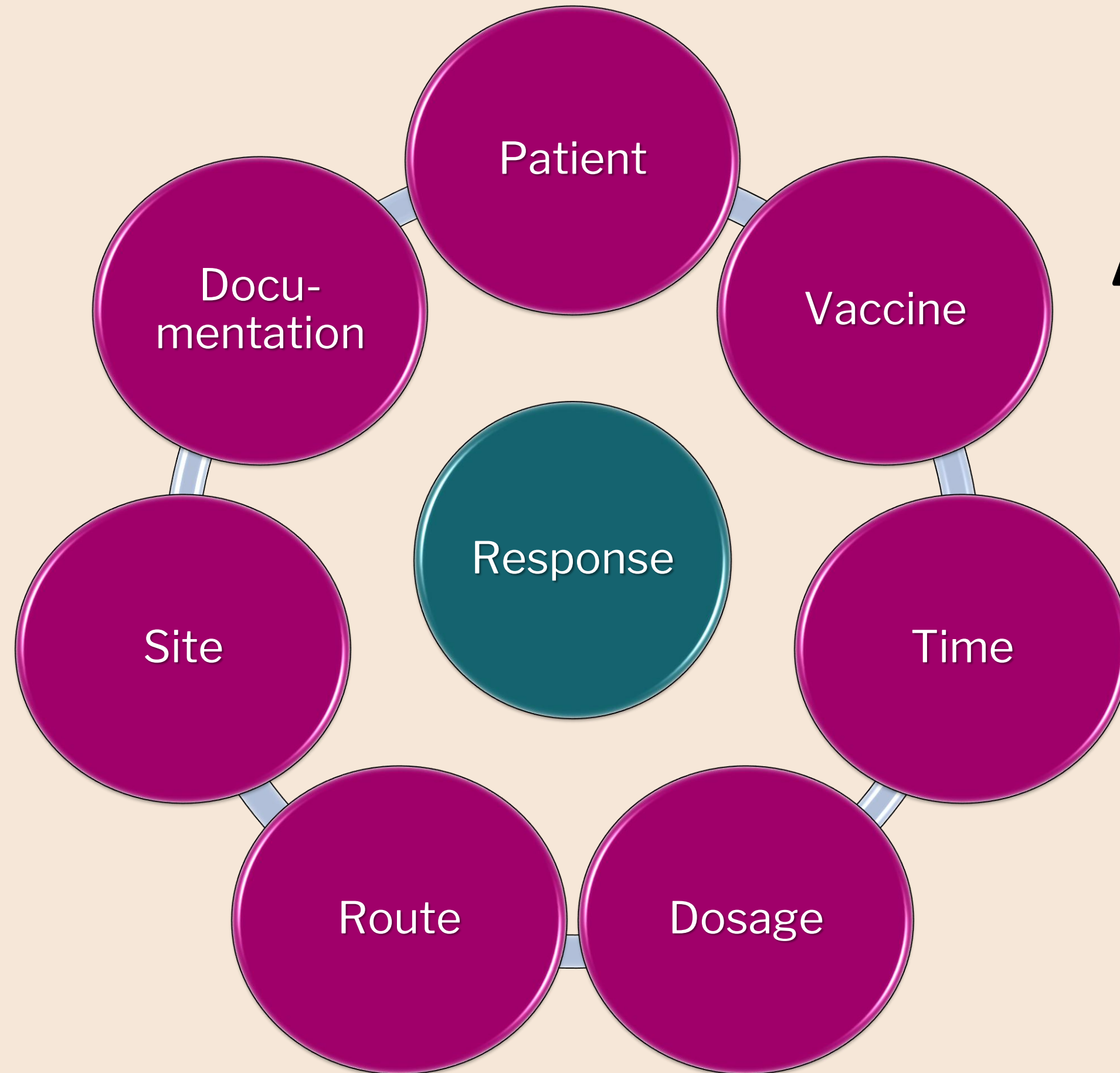
Safety Devices

Familiarize yourself with immunization devices prior to use with clients.

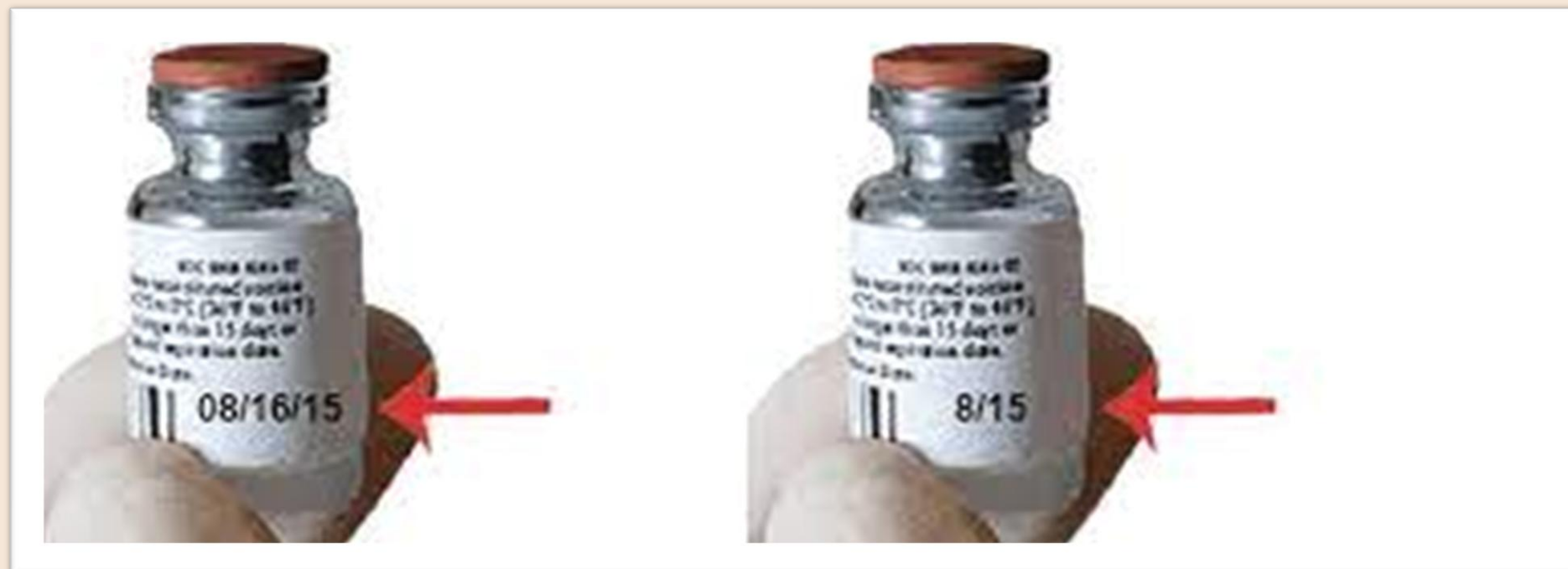
Never recap used needles.



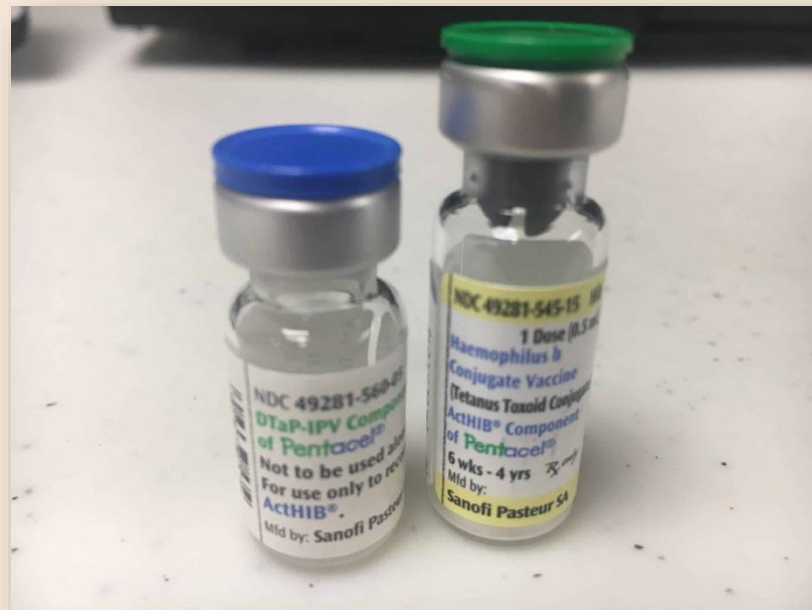
Avoid Vaccine Administration Errors



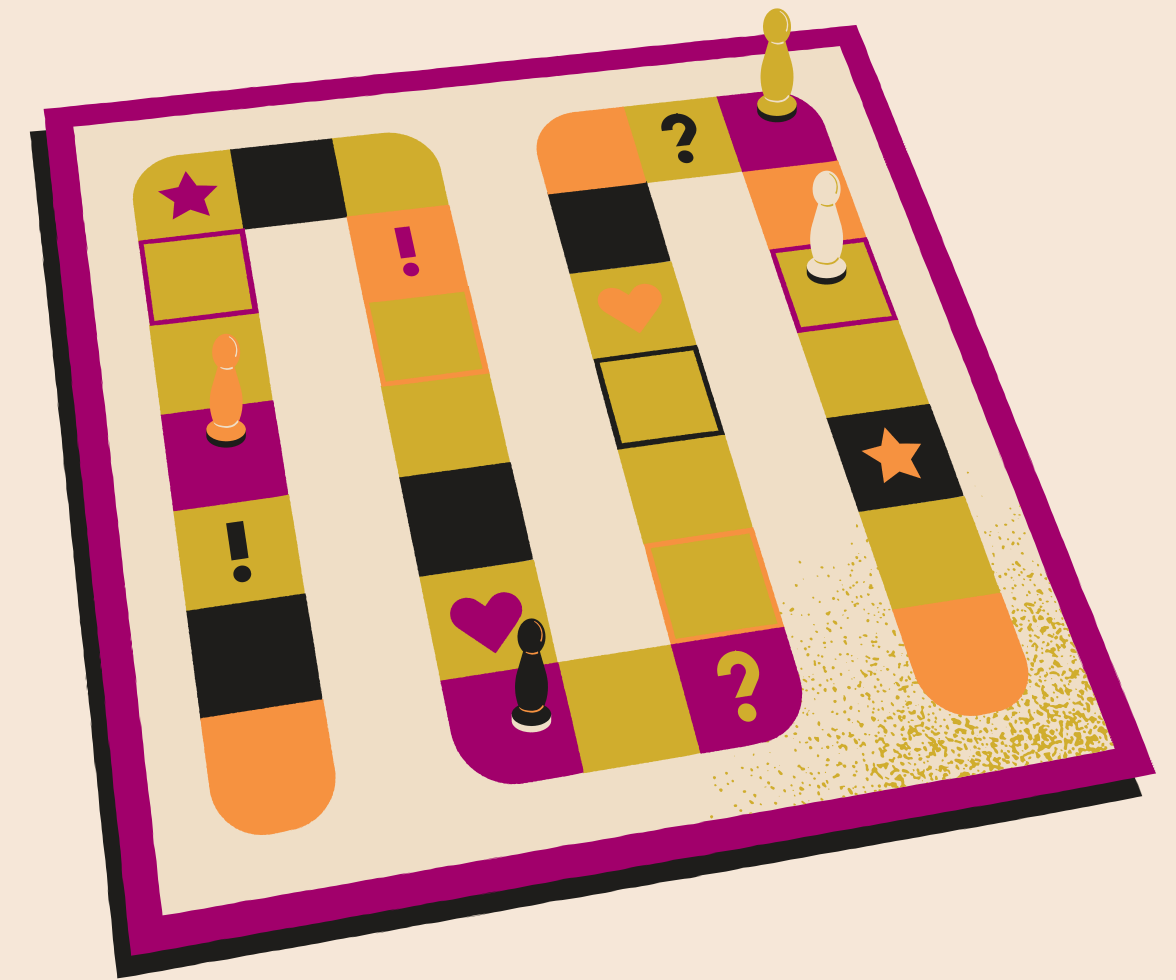
Expired Vaccine



Reconstituting



Appropriate Vaccine Administration





Show and Tell!

1

What holds are
you most
comfortable
with?

1

2

Are there
specific
situations you
struggle with?

2

3

What stories
can you share?

3

Ask!

Families are your partners.

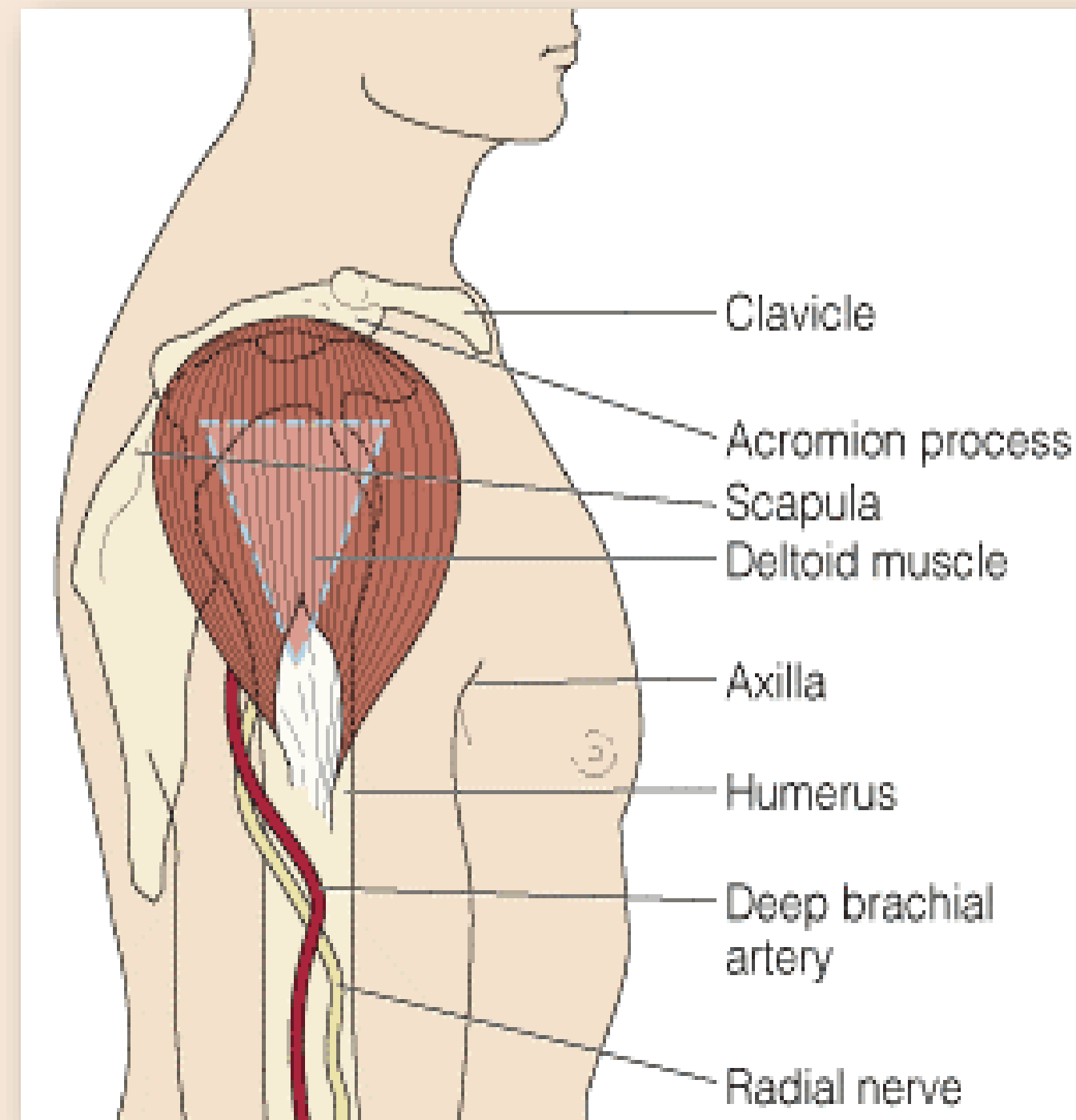
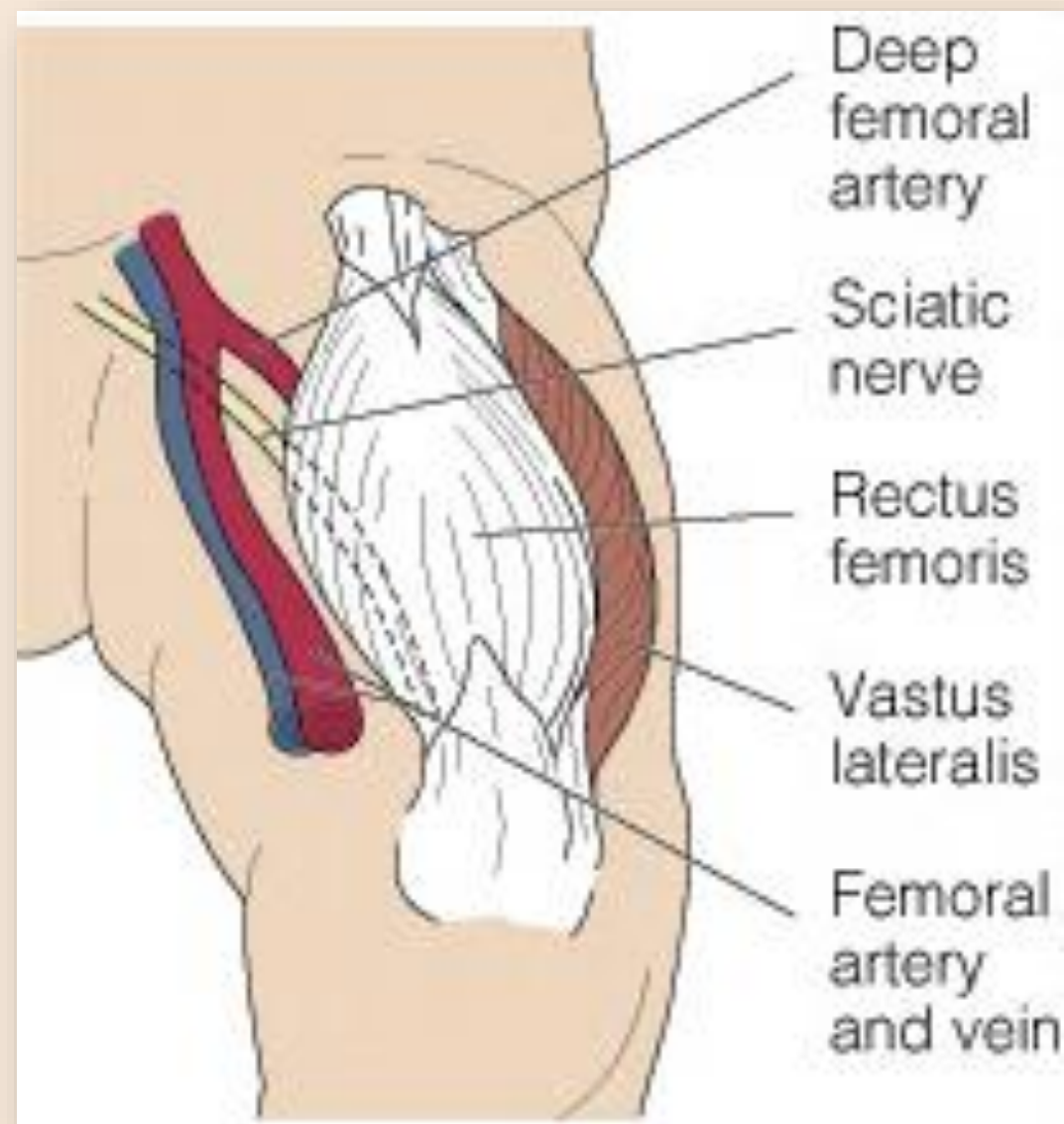
- What's worked in the past?
- Is there a comfort hold you have used in the past?
- How can we make this a better experience next time?



We want to try to avoid restraining patients.



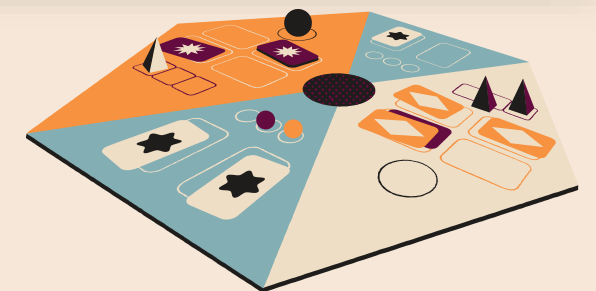
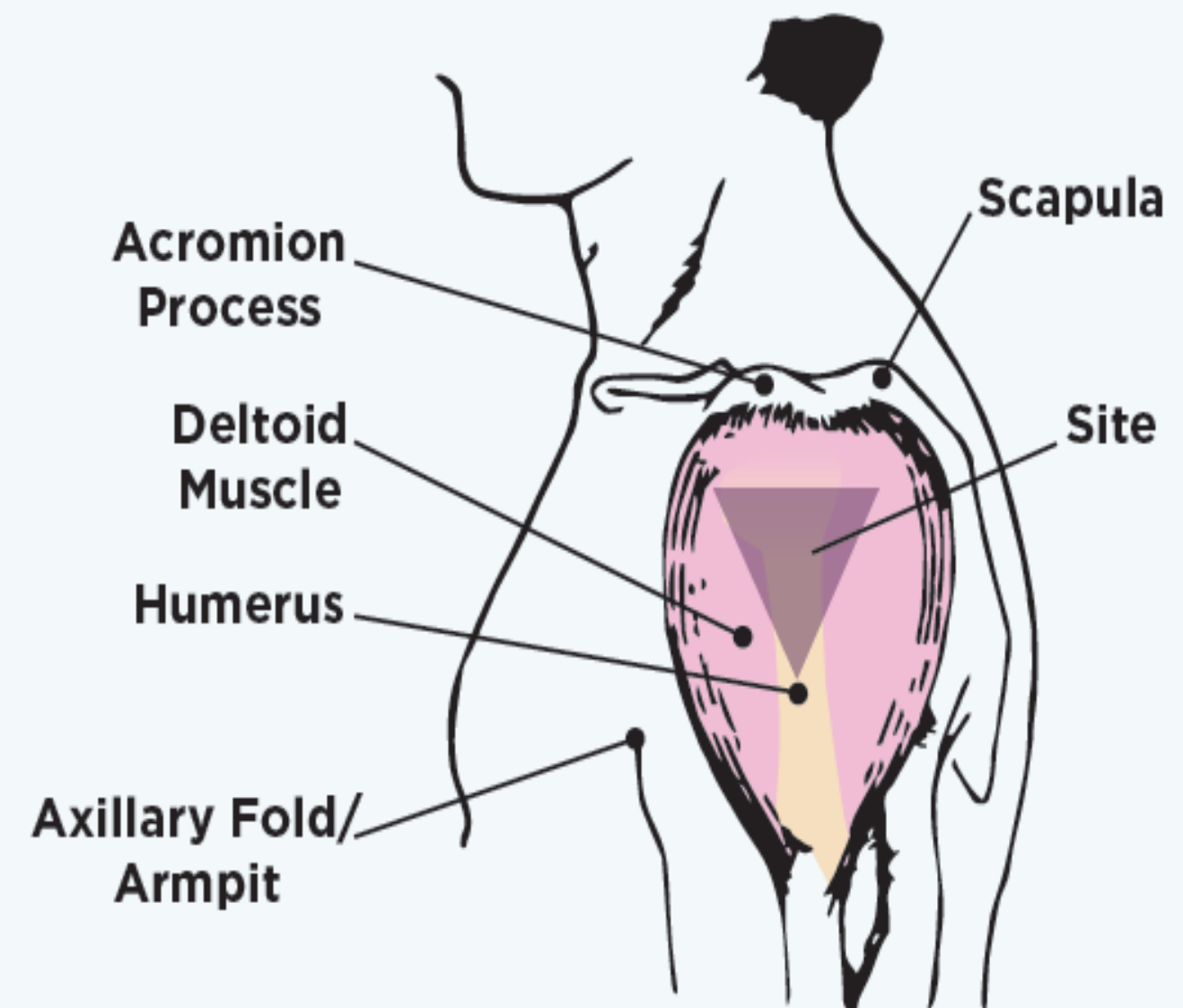
Infants and Toddlers < 36 months

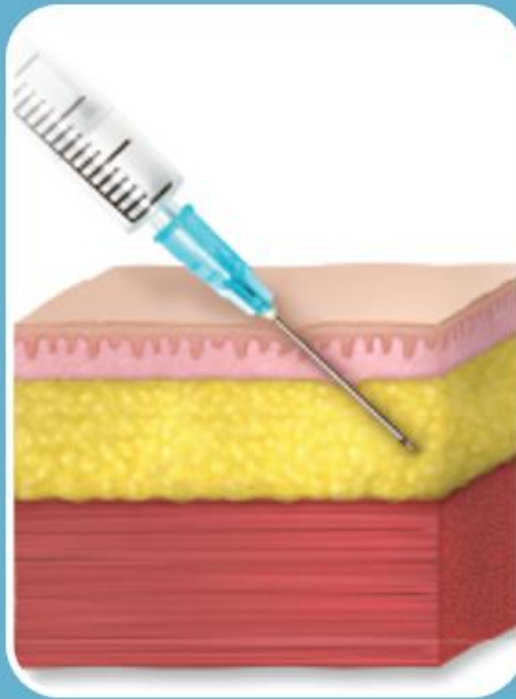




Identify the injection site

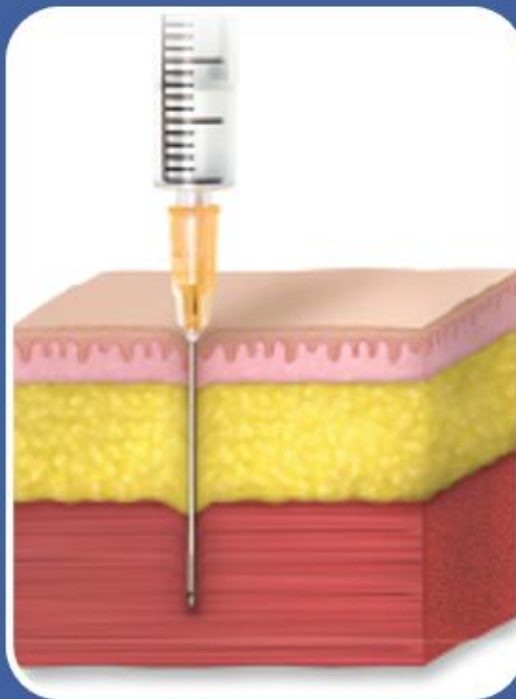
- » Locate the deltoid muscle of the upper arm
- » Use anatomical landmarks to determine the injection site
- » In adults, the midpoint of the deltoid is about 2 inches (or 2 to 3 fingers' breadth) below the acromion process (bony prominence) and above the armpit in the middle of the upper arm





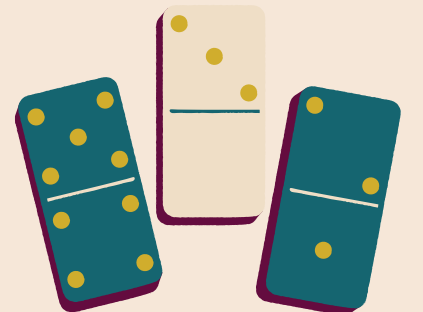
Subcutaneous

- MMR
- Varicella
- Polio



Intramuscular

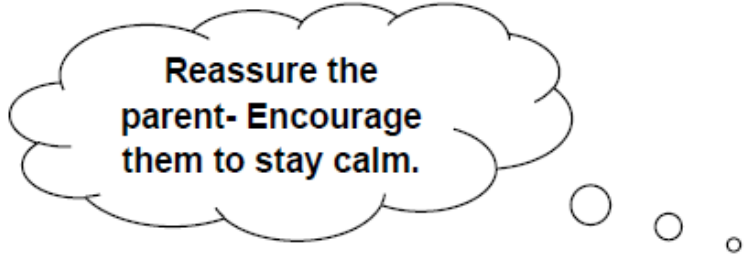
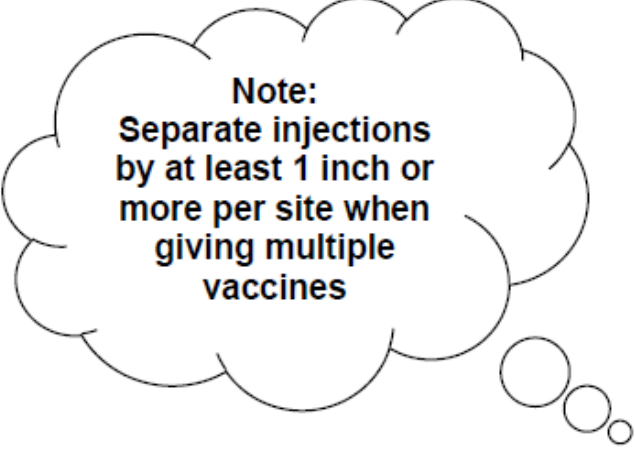
- DTaP/Tdap/Td
- Hepatitis A
- Hepatitis B
- Hib
- Shingrix
- Pneumococcal
- Meningococcal
- Influenza
- Human papillomavirus



IMMUNIZATIONS/SITE: <12 months (INFANT)

IM Site: Vastus Lateralis (thigh)

SUBQ Site: Vastus Lateralis

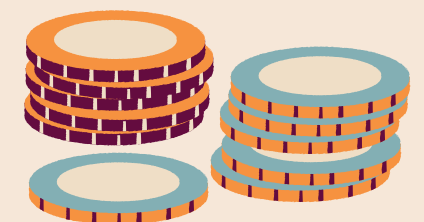
VACCINE: LEFT	ROUTE	VACCINE: RIGHT
*Oral vaccine (Rotavirus) is given first *		
**DTaP/DT **Pediarix (DTaP+IPV+HepB) **Pentacel (DTaP+IPV+Hib) **Vaxelis (DTaP+IPV+HepB+Hib)	IM	
IPV (Polio)	IM/SUBQ	
	IM	COVID
	IM	Inactivated Influenza (0.25mL) (Only for infants 6 months and up)
	IM	Hib (If receiving >3 IMs, can move Left)
	IM	HEPATITIS B
	IM	*PCV* (Pneumococcal Conjugate)

**Tetanus-containing vaccines and *PCV* are most irritating to tissues and should be in separate limbs.

-Sub Q injections can be given in the back of the arm if necessary, though the thigh is preferred for this age.

-Instruct parents not to pre medicate for fever prior to vaccination.

Revised 2023



Oral Administration

Rotavirus Vaccine
(Rotateq, Rotarix)



Intranasal



Live attenuated
Influenza Vaccine
(FluMist)



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

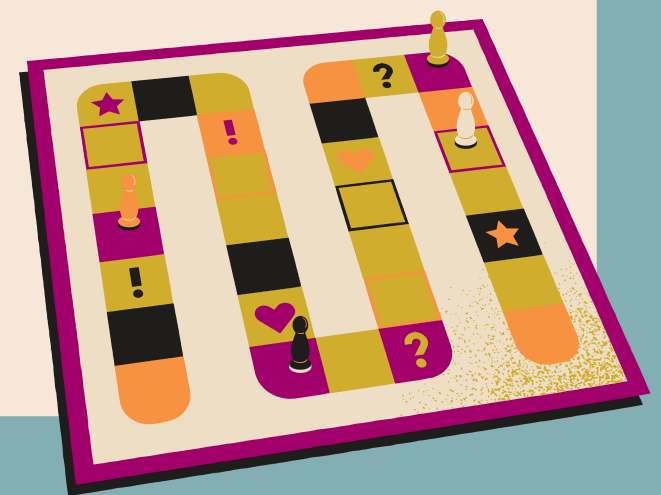


VAERS – vaccine adverse event reporting system

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

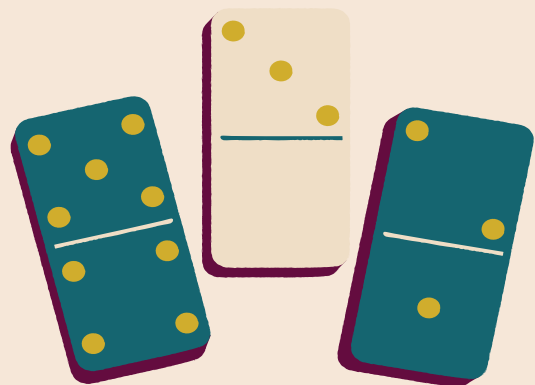
Anyone can submit a report

- Parents
- Patients
- Healthcare professionals



Question:

Have you ever seen an adverse reaction from a vaccine?



What is the documentation process in your office?

If your patient refuses vaccinations... document in the medical record:

- vaccine information was provided
- the patient chose to refuse vaccination



Why else document?

Billing Guides Available



Thank You, Exhibitors!



Break!



Best Practices



Share your secrets!



Repeat Cloud Award Winners 2025





Best Practices

1

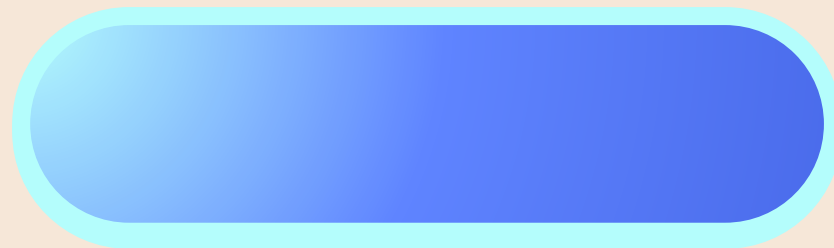
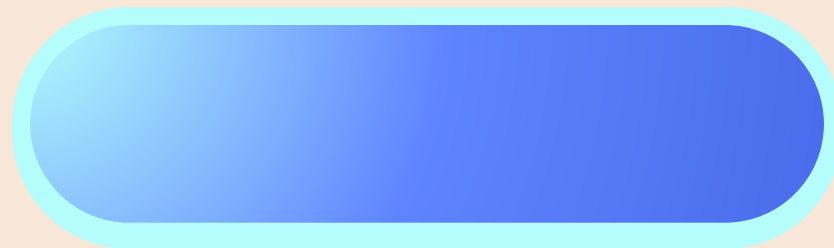
Focus on data

1

True or False?



The nurses and MAs on my team look at reports weekly or monthly that show the percentage of patients up to date on vaccines.



True or False?



The nurses and MAs on my team look at reports weekly or monthly that show the percentage of patients up to date on vaccines.

True (83)

False (17)

True or False?



The providers on my team look at reports weekly or monthly that show the percentage of patients up to date on vaccines.



True or False?



The providers on my team look at reports weekly or monthly that show the percentage of patients up to date on vaccines.

True (71)

False (29)



**How many hours per month do you spend
reconciling doses in ASIIS?**



**How many hours per month do you spend
reconciling doses in ASIIS?**

1-2 hours (34)

9-11 hours (9)

3-5 hours (34)

Some else does it (6)

6-8 hours (13)

Over 12 hours (5)

Best Practices

1

Focus on data

T

- Look at reports – monitor!
- Maintain records in ASIIS – Enter historical
- Run regular reports (ASIIS/ EMR)
- Process to screen records in ASIIS and EMR



Best Practices

2

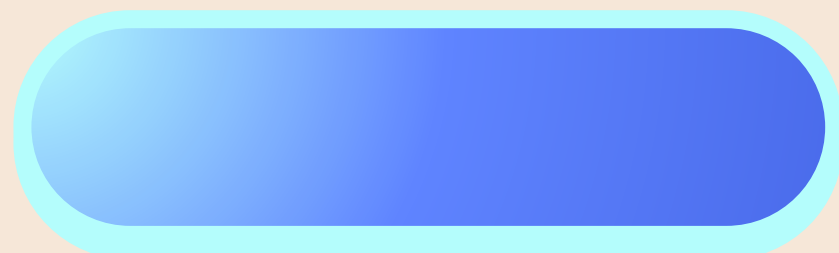
**Create a
reliable
system**

2

True or False?



My practice has a documented workflow for vaccine delivery. In other words, there is a document or written policy that illustrates each of the steps we go through to screen patients, administer vaccines and appropriately document.



True or False?



My practice has a documented workflow for vaccine delivery. In other words, there is a document or written policy that illustrates each of the steps we go through to screen patients, administer vaccines and appropriately document.

True (96)

False (4)



The providers in my practice understand all of the vaccine-related duties I “have on my plate.”

←	Strongly	Agree	Neutral	Strongly Disagree	→
---	----------	-------	---------	-------------------	---



The providers in my practice understand all of the vaccine-related duties I “have on my plate.”

Strongly Agree (70)

Strongly Disagree (3)

Agree (14)

Disagree (2)

Neutral (10)

← Strongly Agree Neutral Strongly Disagree →

Best Practices

2

**Create a
reliable
system**

2

- Documented workflow
- Everyone does the same thing, every time
- Make it easy to follow procedures
- Use tools like job aides (esp. false contraindications and catch-up schedule)
- Use of EMR and technology
- Small tests of change
- Ensure a manageable workload



Best Practices

3

**Implement
evidence
based
interventions**

3



The providers in my practice believe all our patients should receive the vaccines they are eligible for.

←	Strongly	Agree	Neutral	Strongly Disagree	→
---	----------	-------	---------	-------------------	---



The providers in my practice believe all our patients should receive the vaccines they are eligible for.

Strongly Agree (71)

Disagree (3)

Agree (18)

Strongly Disagree (2)

Neutral (6)





The providers in my practice are very good at having conversations with patients about vaccines.

←	Strongly	Agree	Neutral	Strongly Disagree	→
---	----------	-------	---------	-------------------	---



The providers in my practice are very good at having conversations with patients about vaccines.

Strongly Agree (77)

Disagree (2)

Agree (11)

Strongly Disagree (1)

Neutral (10)





**The providers in my practice recommend vaccines
at all visits – sick and well**

←	Strongly	Agree	Neutral	Strongly Disagree	→
---	----------	-------	---------	-------------------	---



**The providers in my practice recommend vaccines
at all visits – sick and well**

Strongly Agree (67)

Disagree (6)

Agree (13)

Strongly Disagree (2)

Neutral (13)

← Strongly Agree Neutral Strongly Disagree →



Best Practices

3

**Implement
evidence
based
interventions**

£

- Presumptive language
- Strong Provider Recommendation
- Reminder Recall
- Standing Orders
- Screening at every visit

When in doubt, vaccinate.

Best Practices

4

**Positive
Practice
Culture**





How often are you asked vaccine-related questions from patients or their caregivers?

←	Always	Sometimes	Often	Never	Rarely	→
---	--------	-----------	-------	-------	--------	---



How often are you asked vaccine-related questions from patients or their caregivers?

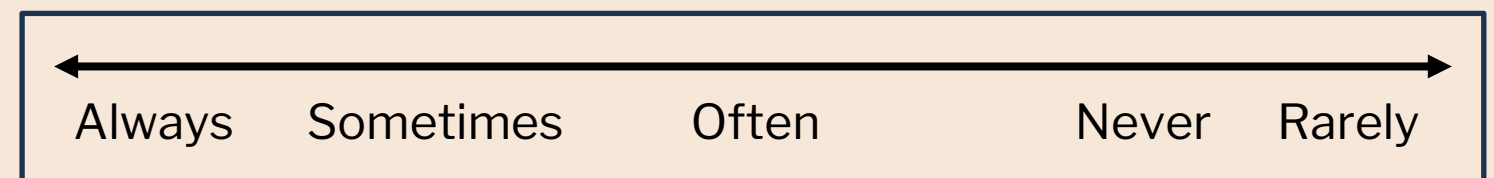
Often (39)

Rarely (5)

Sometimes (33)

Never (0)

Always (23)





I feel comfortable talking with my provider about challenges I am having in my job.

☐☐☐☐☐

←	Strongly Agree	Neutral	Strongly Disagree	→
---	----------------	---------	-------------------	---



I feel comfortable talking with my provider about challenges I am having in my job.

Strongly Agree (69)

Disagree (2)

Agree (10)

Strongly Disagree (2)

Neutral (10)



Best Practices



- Supportive, collaborative environment – open communication, positive leaders, connection to the work
- Empowered, enabled team – opportunities for growth, clear path to provide input, ability to operate at highest level of scope
- Employee feedback and recognition
- **Love** for your patients and your team members!

CLASSIC

Family

FEUD



You all win the \$100,000!



***YOU* keep communities safe!**

What are you going to do
differently?



Like us, post a photo from the training, or share a review on Facebook and/or Instagram and be entered into a raffle for each platform to win a prize at the end of the summer TIPS trainings.



Follow TAPI on social media for up-to-date information, resources and science-based information.



TAPI (@whyimmunize)

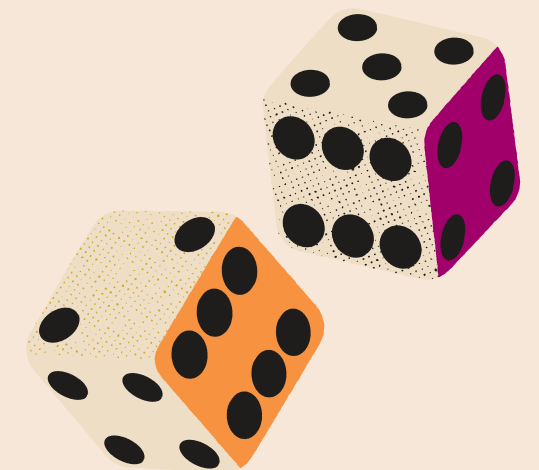


www.facebook.com/WhyImmunize



Give your feedback!


$+$ PLUS Things done well	Δ DELTA Things to change
PARKING LOT / ISSUE BIN	



Remember, TAPI is your Go-To Resource

WhyImmunize.org - Community & Provider Pages





Post-Test

This is a test for **US**
NOT for **YOU.**

Contact TAPI



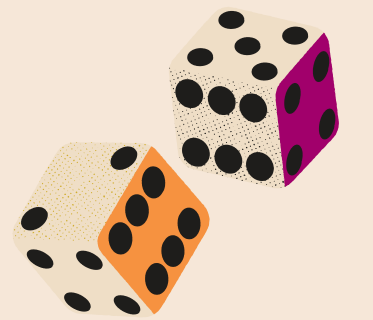
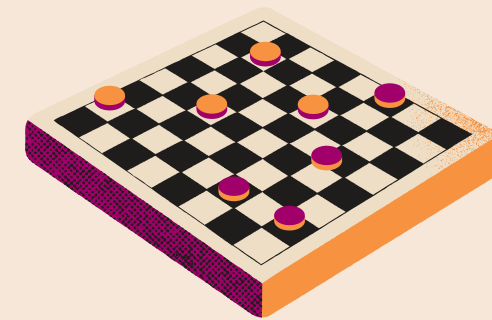
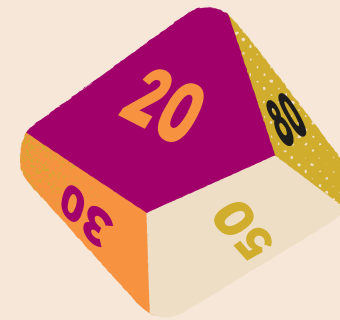
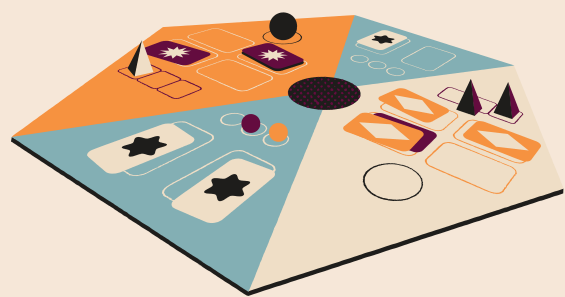
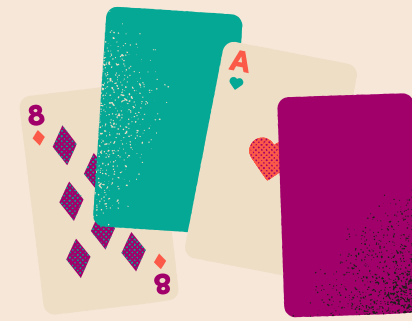
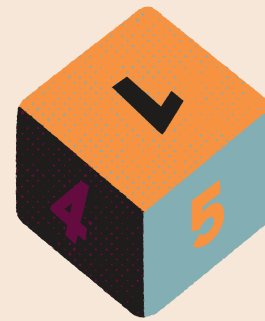
6

4

**THANKS FOR
PLAYING!**

We hope you had fun!

Free Resource Page



Free Resource Page

