



The Arizona Partnership
for Immunization

[WhyImmunize.org](https://www.whylimmunize.org)

T.I.P.S.

Training on
Immunization Practice
Strategies
2026 Edition





Pre-Test
This is a test for US
NOT for YOU.



Financial Disclosures

**All planners and speakers/ presenters
of the training about to take place
have no relevant financial
relationship to disclose.**

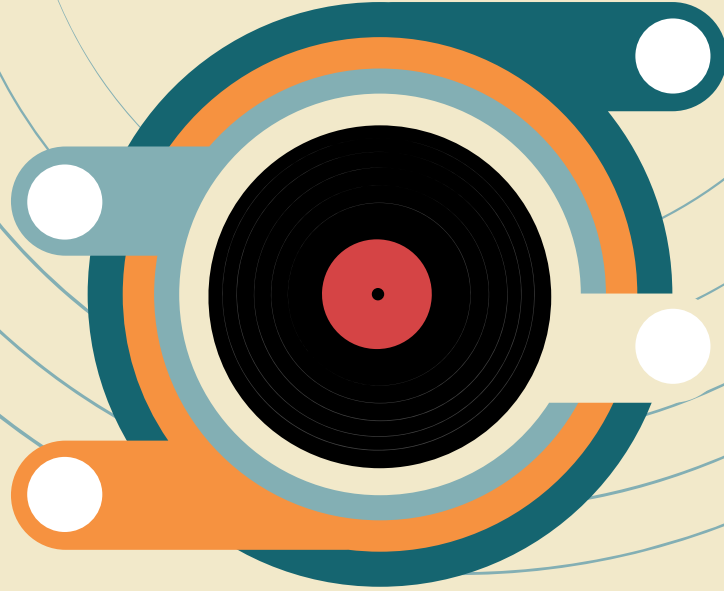
The Opening Act

**Turn Down the Noise –
Tune Into Facts!**

- Proud
- Eager
- Focused



**How could we make sure NO ONE
wants to get themselves or their
child vaccinated?**



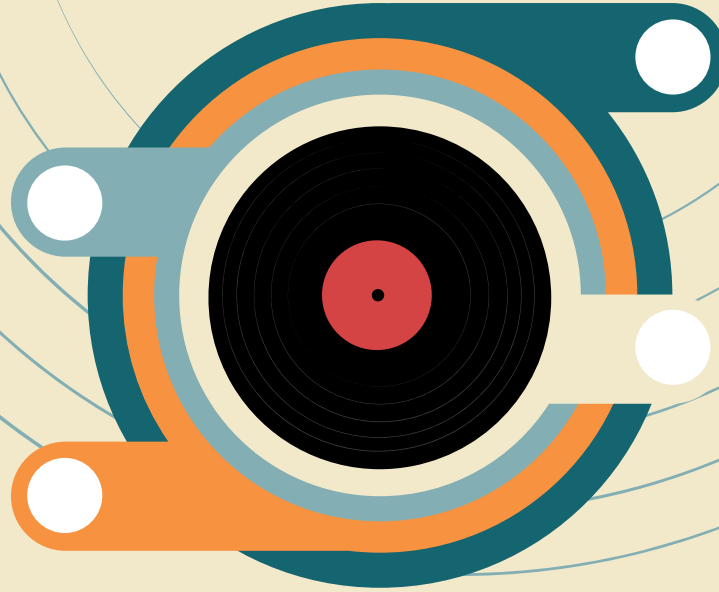
**1-2 minutes
Quietly by yourself**

Share at your table



- Name
- Where you work
- Role/ position
- Read **ONLY** what's on your Post-it® Notes
- Only 1 person talks at a time

**What are we actually doing –
Are we doing any of these things
NOW?**



**3 minutes
Talk one person at a time**

Share at your table



- Choose one of the things we're actually doing
- **Discuss: What can we do to STOP doing those things?**
 - What can YOU do?
 - What can SOMEONE ELSE do?



The Arizona Partnership
for Immunization

WhyImmunize.org

Turn Down the Noise – Tune Into Facts!





**YOU are a
VACCINE ADVOCATE.**

Thank you for using your knowledge,
position and voice to help others make
informed decisions about vaccines.





WhyImmunize.org

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

Over 400 coalition members
working together to improve
outcomes.



Thank You Exhibitors



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

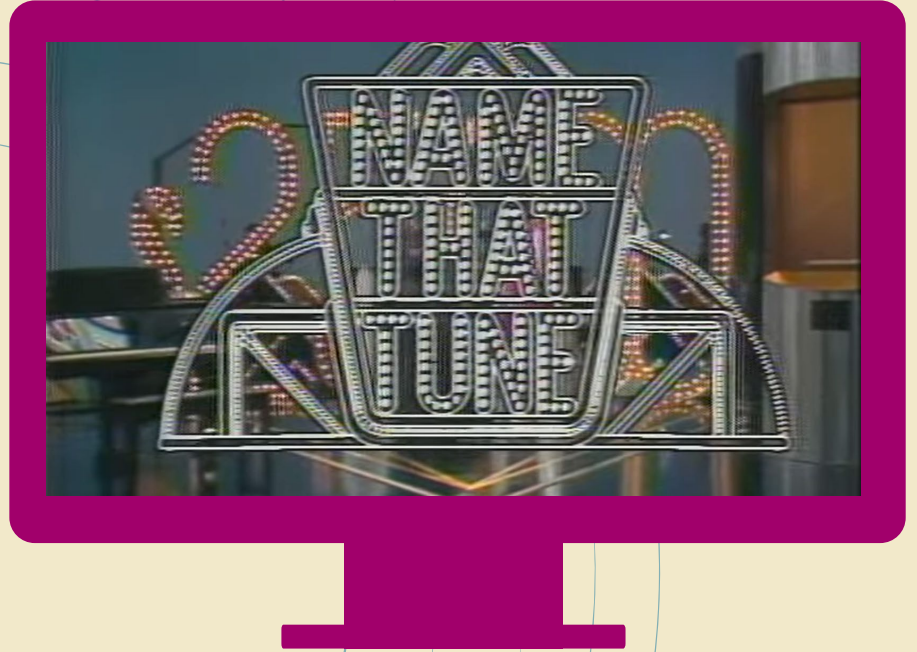
Other Housekeeping

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



Name That Tune!

***Infectious Disease
Edition***





Clue

- You can get this disease more than once in your lifetime.
- The most common complication from this disease is viral and bacterial pneumonia.
- Other complications include myocarditis, encephalitis or myositis or Reye syndrome
- In 2024-2025, this disease caused 47 – 82 million illnesses, 21 – 37 million outpatient visits, 61,000 – 52,000 deaths, including 275 of those that were children.



Pick a prize!

Prize 1 – Priority for the lunch line

Prize 2 – Priority for the bathroom

Prize 3 – Pictures on TAPI social media

Prize 4 – Receive a standing ovation from the losers

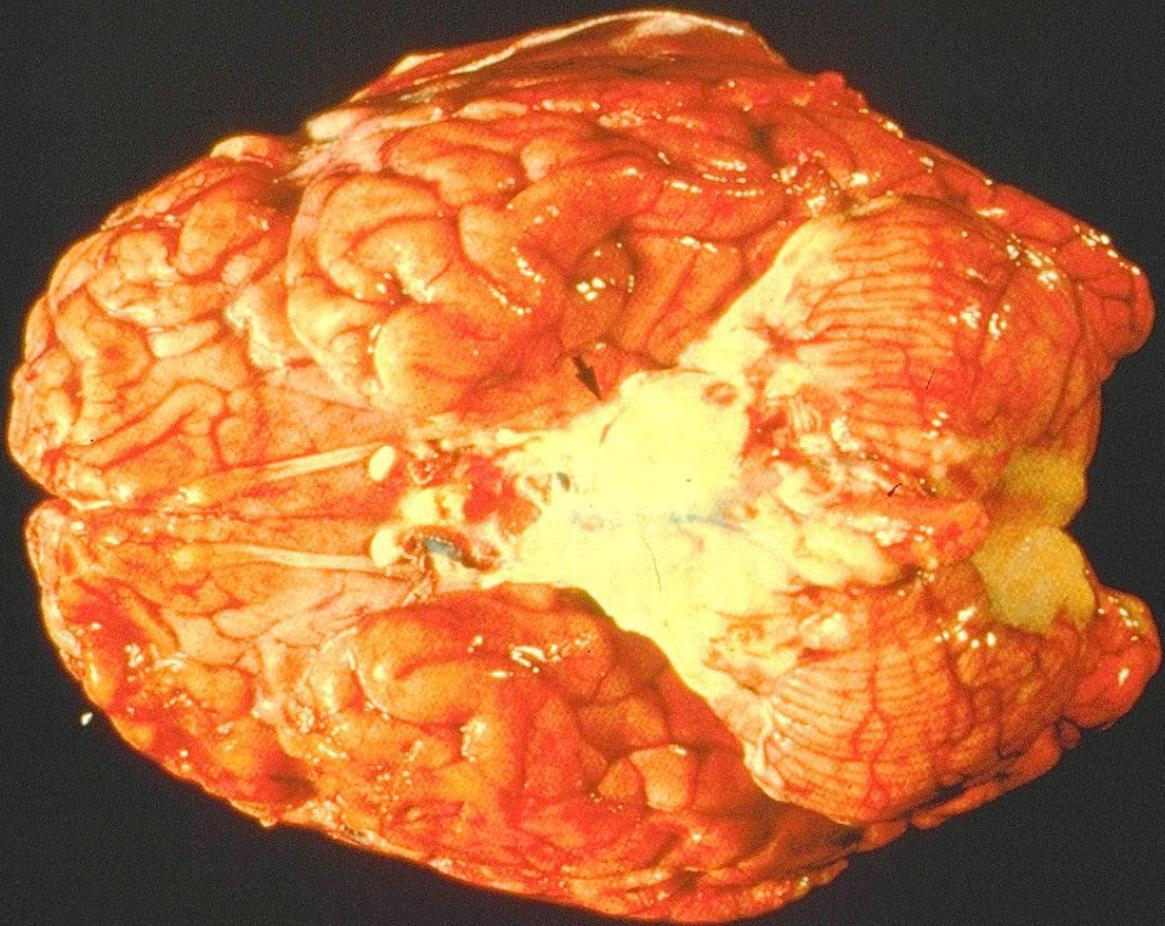


Clue

This bacteria kills more people in the US each year than any other (2019 – 3,250 deaths in US)

- Spread by droplets in the air.
- Common cause of acute otitis media.
- Causes 50% of all cases of bacterial meningitis (about 2,000 cases per year)







Clue

Inflammation of the liver, acting as a response to injury, infection or toxins.

- Can be acute or chronic
- Can be viral or non-viral



**What types of
Hepatitis can be
prevented with a
vaccine?**

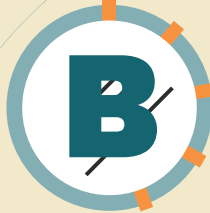


Match the viral type of Hepatitis to its cause!

A circular icon with a light blue border and orange tick marks. Inside is a white circle containing a large teal letter 'A' with two black diagonal lines crossing it.

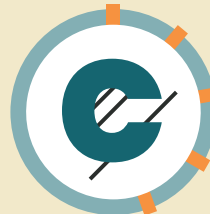
A

Bodily fluids

A circular icon with a light blue border and orange tick marks. Inside is a white circle containing a large teal letter 'B' with two black diagonal lines crossing it.

B

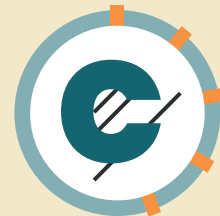
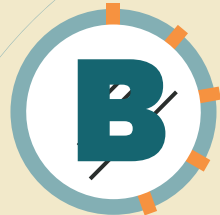
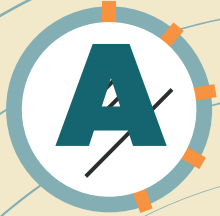
Contaminated
food or water

A circular icon with a light blue border and orange tick marks. Inside is a white circle containing a large teal letter 'C' with two black diagonal lines crossing it.

C

Blood-to-blood
contact

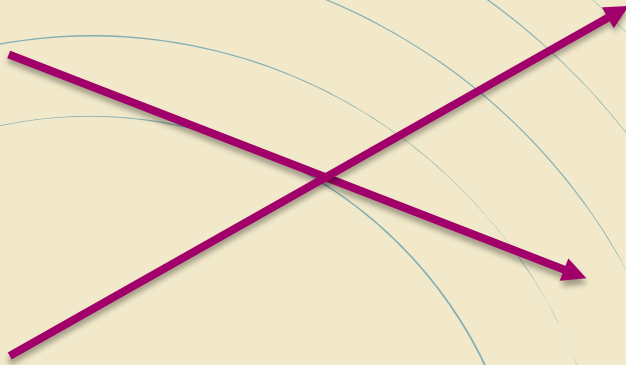
Match the viral type of Hepatitis to its cause!



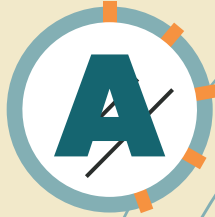
Bodily fluids

Contaminated
food or water

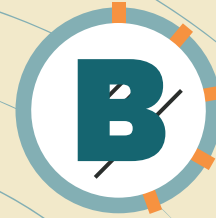
Blood-to-blood
contact



The difference between A & B



- Does not cause long-term problems
- Kills 75 people every year in the US
- Spread in contaminated food or water (fecal-oral)



- Causes long-term problems like cirrhosis and liver cancer
- Kills about 750 people every year in the US
- Spread by contact with the blood

A close-up photograph of a man with dark hair, looking directly at the camera while singing into a silver microphone. He is wearing a white t-shirt under a green and white floral patterned shirt. The background is a dark, textured wall with vertical lines. The lighting is soft, highlighting his face and the microphone.

Go ahead...

Sing that Hepatitis A
song again...



Clue

What vaccine-preventable disease was the cause of the deadliest pandemic of all time?

- Disease was caused by a virus.
- Over 1.2 million people died.
- YOU survived.



Clue

This disease kills almost everyone it infects if PEP is not provided before symptoms begin.

- A fatal case confirmed in February, 2025 linked to a transplant from a donor with undiagnosed disease.
- Otherwise, only 3 known deaths since 2021.
- 70% of US-acquired cases were caused by encounters with bats.



Clue

Arizona is experiencing a significant surge in cases of this disease (hint – it's not measles)

- Nearly 1,000 cases reported in 2025 – double the 5-year average and highest in 5 years
- Symptoms can last 4–6 months.
- Babies are especially susceptible to complications from this disease.
- We vaccinate pregnant people to prevent this disease in babies.



Source: US Food and Drug Administration

Whooping cough



Passive Immunity

Temporary
protection against
a disease



Clue

Typically spread fecal-oral route but some cases may be spread oral-oral.

- 70% of all individuals infected have no apparent symptoms.
- Patients infected can pass the virus on 7-10 days before onset of symptoms.
- 24% have symptoms similar to a "normal" viral illness, not requiring medical treatment.
- Can cause paralysis 7-21 days after exposure to the virus.



Tune into Facts.

- 2%-5% of children who contract **paralytic polio** die.
- 15%-30% of adults who contract **paralytic polio** die.
- 25%-40% of people who suffered paralytic polio as a child develop new symptoms 15-40 years later (post-polio syndrome).
- There is no cure for polio.



Rightfully been a feared disease for hundreds of years.

Clue

One of the most rapid and overwhelming infections known.

- Treatment is not always an option because death occurs so quickly.
- Most at-risk group is infants under 1 year of age, followed by adolescents/ young adults.
- Can be caused by bacteria, virus, fungus or rarely parasites.
- Can also be non-infectious caused by other conditions or environmental factors.



Tune into Facts.

- 1-2 out of every 10 people with meningitis caused by meningococcus will die.
- 15 of 100 people infected will experience limb amputation, hearing loss, skin grafting, kidney disease or intellectual disabilities.







**Name That
Disease!**



**Name That
Disease!**



**Name That
Disease!**



**Name That
Disease!**



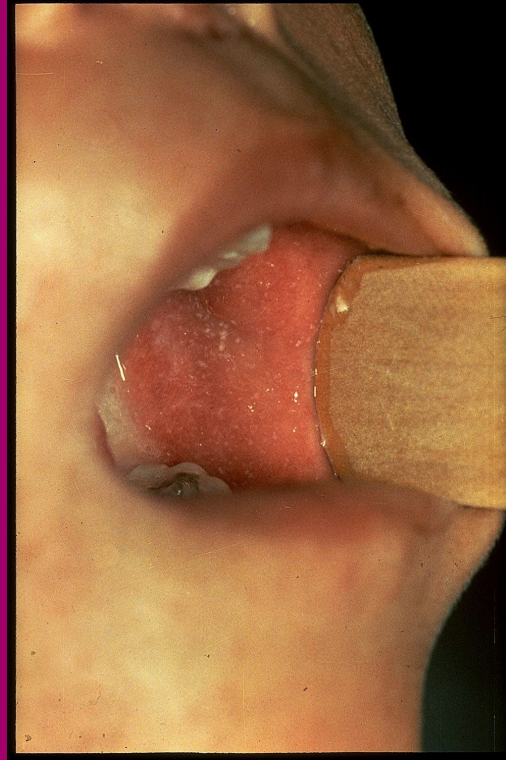
**Name That
Disease!**



**Name That
Disease!**



**Name That
Disease!**



**Name That
Disease!**





Clue

- More than 100 different types of this virus exist.
- This virus is NOT primarily spread through blood.
- Almost everyone is infected at some point with this virus.
- This virus can cause many kinds of cancers including cervical, vulvar, vaginal, anal, penile and oropharyngeal.



Clue

One of the most contagious viral infections known to mankind.

- There is no treatment.
- This virus is closely related to the virus that causes distemper in dogs.
- This starts with the symptoms of "3 Cs" – cough, coryza (runny nose) and conjunctivitis followed by a fever
- Individuals are contagious 4 days before to 4 days after a rash appears.



Clue

You can get this disease more than once in your lifetime.

- This virus that causes this disease lives in the nerve cells of some people and can be dormant for years.
- Many children will never get this disease because they received childhood vaccinations.
- Some adults who receive the vaccine that prevents this disease report feeling "a little punk" afterwards.





Thank you for playing!



Thank you for using your knowledge,
position and voice to help others make
informed decisions about vaccines.

Say it loud!

We believe in vaccines.

We want YOU to
vaccinate yourself and
your children.



Break!



Thank You Exhibitors



The background is a solid teal color. On the left side, there are several thin, concentric circles in a slightly darker shade of teal. On the right side, there is a large, stylized image of a black vinyl record. The record is tilted and has a bright yellow center. A thick, magenta-colored line curves around the record, starting from the bottom left and ending at the top right.

Vaccine Basics & Understanding the Vaccine Schedule



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

Vaccine Types



1

Inactivated
vaccines

2

Live-attenuated
vaccines

3

Messenger RNA
(mRNA) vaccines

4

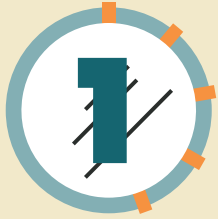
Subunit,
recombinant,
polysaccharide
and conjugate
vaccines

5

Toxoid vaccines

6

Viral vector
vaccines



Inactivated Vaccines



- 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



Live-Attenuated Vaccines



- 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



Messenger RNA (mRNA) Vaccines



COVID-19



Subunit, recombinant, polysaccharide and conjugate vaccines



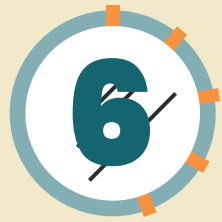
HPV
Hepatitis B
Hib
Meningococcal disease
Novavax COVID-19
Pneumococcal disease
RSV
Shingles
Whooping cough



Toxoid



Diphtheria
Tetanus



Viral vector vaccines

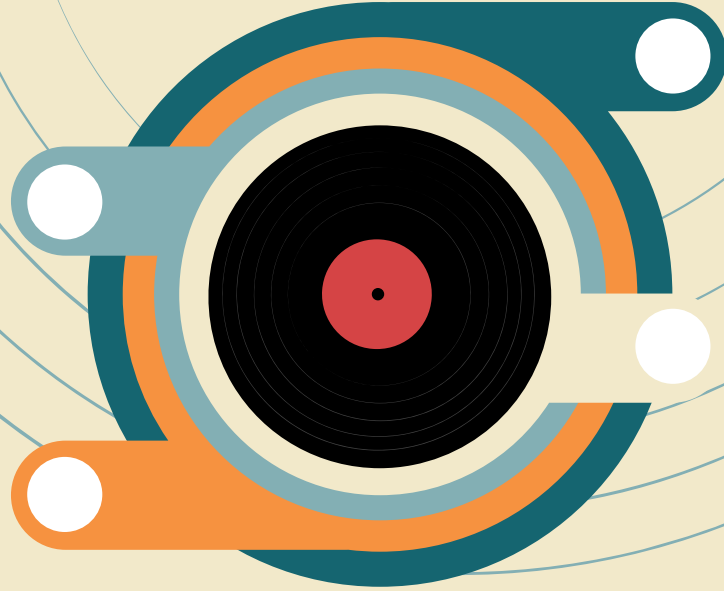


**Ervebo and
Zabdeno/Mvabea Ebola**

**Johnson & Johnson
(Janssen) and Oxford-
AstraZeneca COVID-19**

Novavax

General Rules



General Rules

1

Similarity

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

2

3



Question

How many vaccines
can be given
at one time?



General Rules

1

Similarity

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

2

Simultaneous administration

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

3



General Rules

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Similarity

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

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Simultaneous administration

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

3

Increasing/ Decreasing intervals

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



General Rules

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

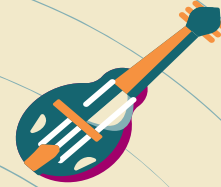
Decreasing the interval between doses of a multidose vaccine **may interfere with antibody response** and protection.



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**

The Vaccine Schedule

What is the vaccine schedule your organization follows?

PRO TIP: Pull the forecast data from ASIIS – click the darn button AND reconcile it so EMR does the forecast for you!



ACIP – Advisory Committee on Immunization Practices

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



Jam Session

Small Group Discussion

Please play along!



5 minutes Jam Session

You're talking with a neighbor who you're friendly with, but don't hang out all the time. She mentions that she can't believe how many kids are getting measles because their parents didn't vaccinate them. Then she says, ***"I mean, we do all the vaccines but not the flu or COVID. I just don't want those ones."***



JAM SESSION:

"I just don't want flu or COVID"



How have you responded to similar situations in the past?

- Say that you agree with her, even if you don't.
- Ignore that she said anything and continue with the conversation.
- Say you disagree with her, but that you respect her decision.
- Tell her a few reasons why she might want to re-consider, based on your experience as a healthcare professional.
- Ask her why she doesn't want the flu or COVID vaccine.

Lyrics

**When you DO speak
up, what phrases do
you like to sing?**



Jam Session

Your Aunt posts on social media a meme about how the vaccine schedule differs in other countries compared to the USA. Her comment reads, "Wake up, people! **No one else is doing all these vaccines for kids but the USA.** No wonder these younger kids have so many problems in this country."



JAM SESSION:

"Our schedule isn't like other countries"



How have you responded to similar situations in the past?

- Ignore the post and pretend you didn't see it.
- Reply to the post respectfully with some information about the vaccine schedule from CHOP or AAP.
- Contact her privately to provide information about the vaccine schedule.
- Contact her privately to ask some questions about why she made the post.

Lyrics

**When you DO speak
up, what phrases do
you like to sing?**



Jam Session

Your family member or close friend confides in you that they decided to "**not do all the vaccines at once**" for their new baby.



Lyrics

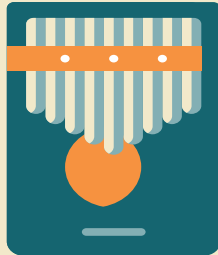
**When you DO speak
up, what phrases do
you like to sing?**



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!**

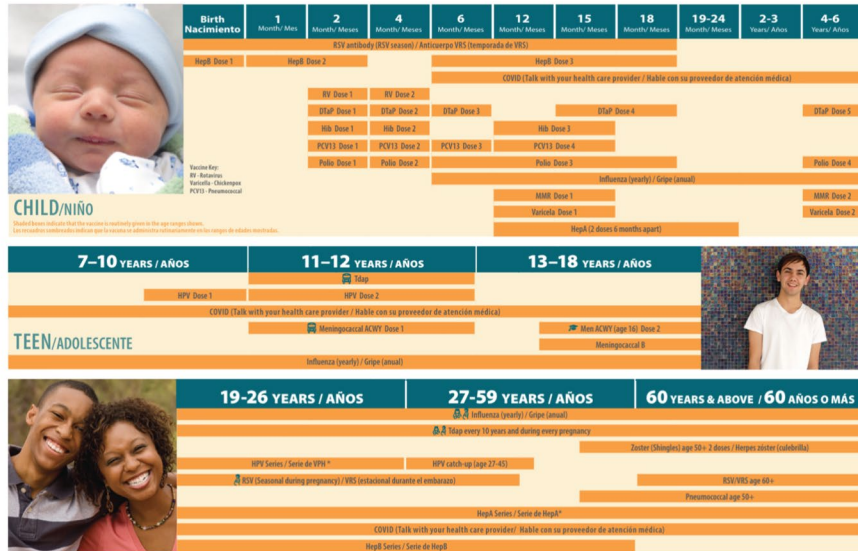
Vaccine Schedules

Child & Adolescent Schedule

Adult Schedule



Vaccinate at Every Life Stage | Vacune en cada etapa de la vida



Vaccine recommendations for health care providers and child care workers. Recomendaciones de vacunación para proveedores de atención médica y trabajadores de cuidado infantil.

Vaccine recommendations for pregnant people. Recomendaciones de vacunación para personas embarazadas.

These vaccines may be required for school entrance in AZ. Estas vacunas pueden ser requeridas para el ingreso a la escuela en AZ.

Arizona Universities may require or recommend these vaccines to attend. Las universidades de Arizona pueden requerir o recomendar estas vacunas para el ingreso.

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.			
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)			
Varicella (VAR)	2 doses (if born in 1980 or later)			
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)			
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition			
Pneumococcal (PCV15, PCV20, PPSV23)	27 through 45 years			
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			
Haemophilus influenzae type b (Hib)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
Mpox	1 or 3 doses depending on indication			

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

Tips & Tools



Have a calendar
available in each
exam room



Count weeks
between shots



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

****See our TAPI
handout!***

Sound Check!

Protecting the Cold Chain &
Preparing for Patients





What is the recommended storage temperature range for refrigerated vaccines?

- A. -2°C to 6°C (28°F to 43°F)
- B. 4°C to 12°C (39°F to 54°F)
- C. 0°C to 4°C (32°F to 39°F)
- D. 2°C to 8°C (36°F to 46°F)





What does the "cold chain" refer to?



- A. The shipping container used for transporting vaccines
- B. A temperature-controlled system of equipment and procedures from delivery to administration
- C. The refrigerator brand recommended for vaccine storage
- D. The expiration date tracking system for vaccines



Why is vaccine efficacy at risk during storage problems?



- A. Because vaccines always change color when damaged
- B. Because temperature exposure outside recommendations can reduce effectiveness, even if the vaccine looks normal
- C. Because all vaccines expire within 24 hours of any temperature change
- D. Because storage problems always cause visible contamination



At which points in the process must the cold chain be maintained?

- A. Only when vaccine vials are opened for use
- B. Only inside the pharmacy or clinic
- C. During transport, in facility storage, and during handling before administration
- D. Only during manufacturing and initial shipping





How often should storage temperatures be reviewed at minimum?

- A. Weekly
- B. Monthly
-  C. At least daily
- D. Every 4 hours



What device is commonly used to continuously monitor vaccine storage temperatures?



- A. A mercury-in-glass thermometer
- B. An infrared surface scanner
- C. A digital data logger (DDL) with an appropriate probe
- D. A standard kitchen thermometer



What should you do first after discovering an out- of range temperature excursion?



- A. Keep vaccines stored, label and segregate affected vaccines, and contact your vaccine coordinator
- B. Immediately discard all affected vaccines
- C. Reset the thermostat and wait 24 hours
- D. Move all vaccines to a household refrigerator



Where should vaccines **NOT** be stored in a refrigerator?



- A. In the door, on the floor, in vegetable bins, or against walls
- B. On the middle shelves in labeled bins
- C. On adjustable shelving with proper spacing
- D. In the center of the unit with space around them



Which type of storage unit is for vaccines?



- A. A combination refrigerator-freezer unit
- B. Stand-alone or purpose-built pharmaceutical-grade units
- C. A dormitory-style mini fridge
- D. Any standard household refrigerator



Why is air circulation inside the storage unit important?

- A. To reduce the unit's energy consumption
- B. To prevent mold growth on vaccine packaging
-  C. To maintain stable temperatures and avoid hot/cold spots from overcrowding
- D. To reduce the unit's energy consumption



What stock rotation method helps prevent vaccine expiration?



- A. Random selection based on availability
- B. First-expire, first-out (FEFO)
- C. Last-in, first-out (LIFO)
- D. First-in, first-out (FIFO)



Should vaccines be kept in their original packaging?

- A. Only for frozen vaccines, not refrigerated ones
- B. Only if the refrigerator is large enough
- C. No — remove packaging to save refrigerator space
-  D. Yes — it protects from light and supports identification and lot tracking



What is a common staffing related storage mistake?



- A. Having only one person responsible instead of a trained primary and backup coordinator
- B. Having too many staff members with refrigerator access
- C. Rotating vaccine duties on a weekly basis
- D. Requiring annual recertification for vaccine handlers



What is the best practice immediately after a power outage affecting storage?

- A. Call the manufacturer to request replacement vaccines
- B. Immediately transfer all vaccines to a cooler with ice packs
- C. Open the unit door to check vaccine condition right away
- D. Implement your emergency plan, keep doors closed, and monitor temperatures





Should you discard vaccines immediately after a temperature excursion?



- A. No — do not discard until you receive guidance from your immunization program or manufacturer
- B. Only if the excursion lasted more than one hour
- C. Yes — always discard immediately to ensure patient safety
- D. Yes — discard and order replacements right away



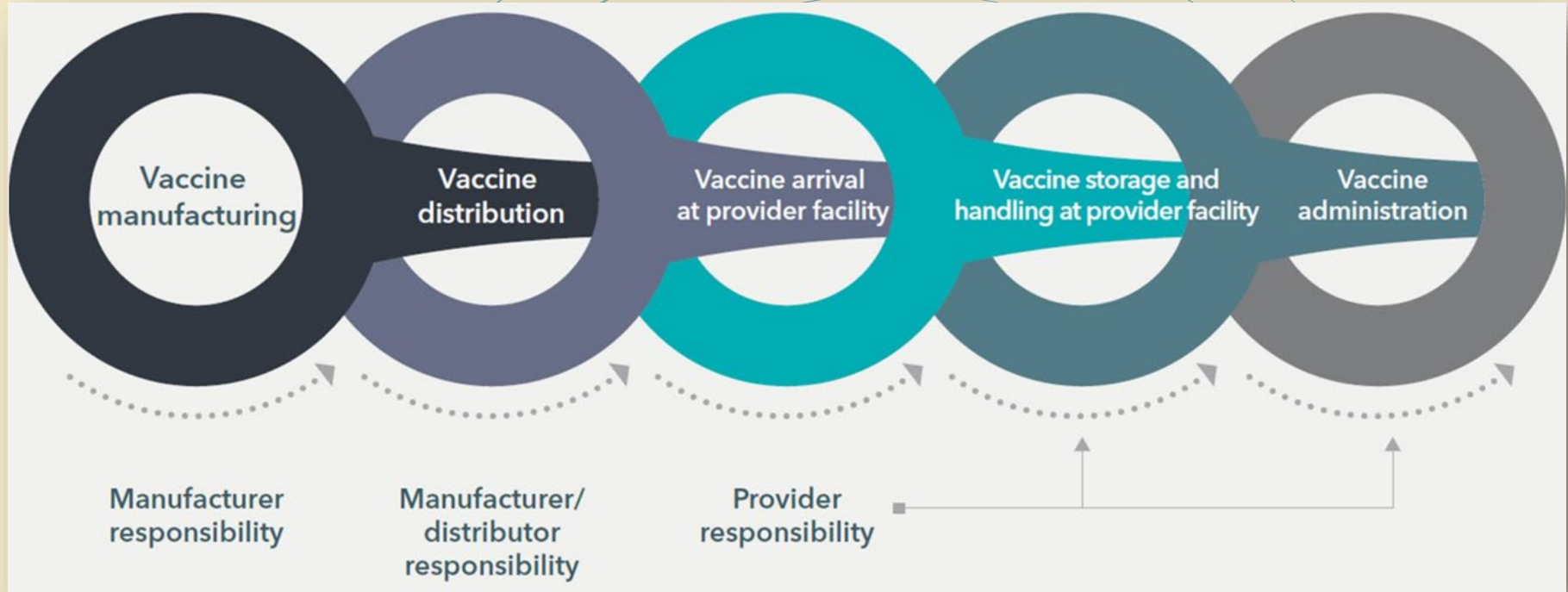
What should written SOPs include for emergencies?

- A. Only instructions for discarding expired vaccines
- B. Only the phone number for the vaccine manufacturer
- C. Just a list of available backup refrigerators



- D. Steps for equipment failures, contacts, backup storage plans, and documentation requirements

Cold Chain Flowchart





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

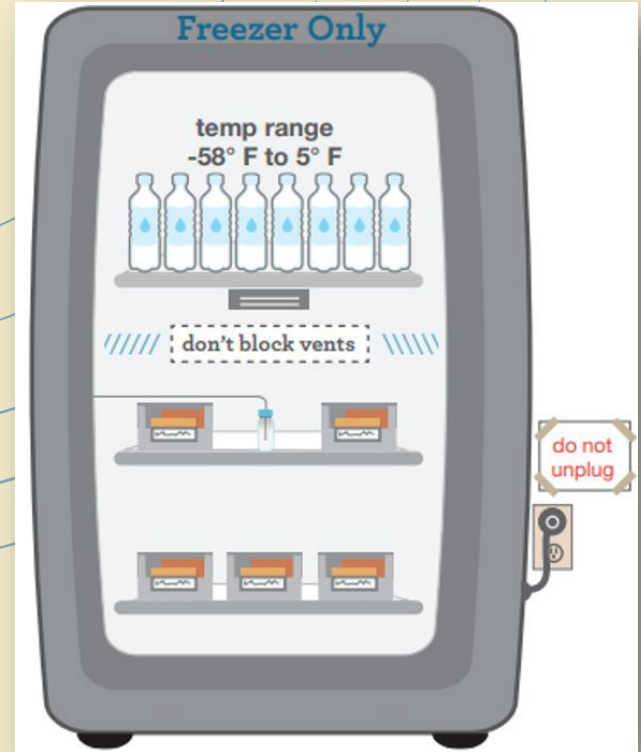
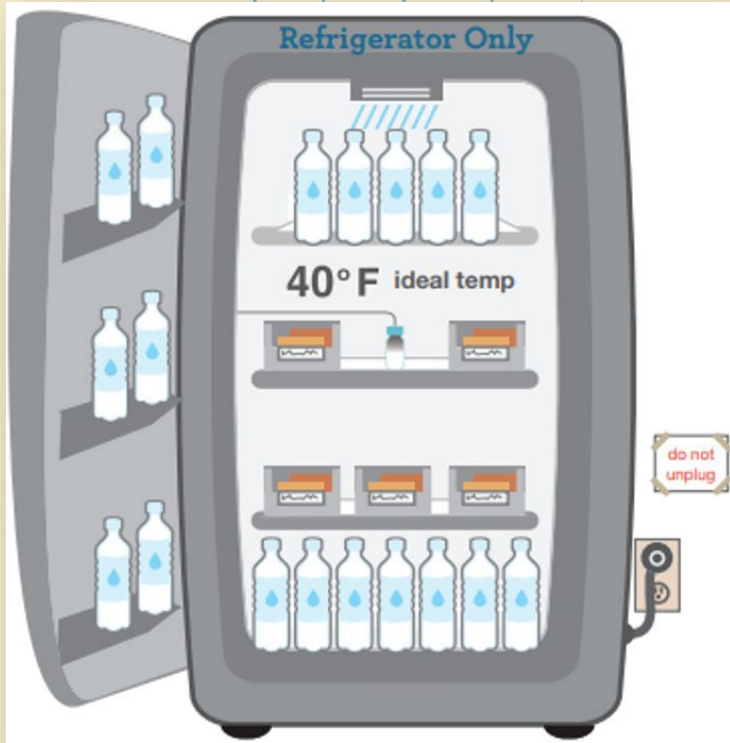
- Any temperature deviation should be evaluated
- It is better **NOT to vaccinate** than to administer a dose of vaccine that is **not viable**

Staff Training

**Who?
About?
How often?**



Vaccine storage & temperature monitoring equipment



Emergency Vaccine Storage, Handling & Transport Preparation

HOPE for the
BEST...

PLAN for the
WORST.

Temperature Logs



Do's and Don't's

- Use the **same** measurement (Celsius or Fahrenheit)
- Label front of units
- Label next to temp logs
- Have policy on how many times to check the temp



Temperature Logs

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

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

<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>

Temperature Log for Refrigerator – Celsius
DAYS 1–15

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

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

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. 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
3. Put an "X" in the row that corresponds to the refrigerator's temperature.
4. If any out-of-range temp observed, see instructions to the right.
5. 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.

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

1. 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).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. 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: _____

Min/Max Temp in Unit (once 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 _____

5°C _____

Alarm for 5°C _____

VFC Refrigerator Temperature Log

Month/Year: _____ VFC Pin #: _____
Provider Name: _____ Units/Rooms: _____
Contact Person: _____ (Identify which units you are recording temps for)

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 7 or C and initials are REQUIRED for each entry

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

DATE TIME REFRIG MIN MAX INITIAL

17th am °F °C °F °C °F °C

17th pm °F °C °F °C °F °C

18th am °F °C °F °C °F °C

18th pm °F °C °F °C °F °C

VFC
Vaccines for Children Program

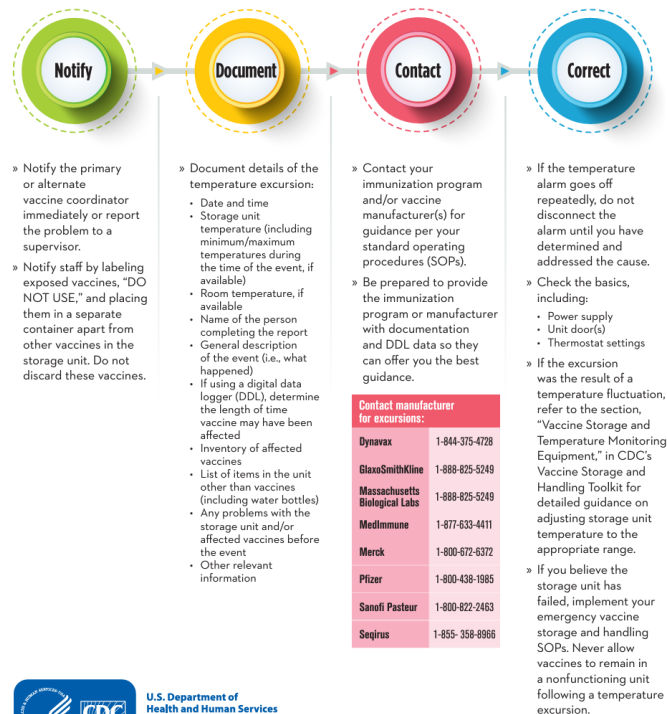
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RESOURCES

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.



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

Arizona Vaccines for Children (VFC) Program



Operations Guide



Last Revision: January 2020

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

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

Vaccines must be maintained within the manufacturers temperature requirements in order to remain viable to administer to patients. Below list the emergency vaccine storage location that staff will transport vaccine to in the event of a storage unit malfunction, extended power failure, natural disaster or other emergency that might compromise the appropriate vaccine storage. (Module 6).

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

Useful Contacts	
Electricity company	Name
Building maintenance	
Building security company	Phone Number
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



Album Covers: Vaccine Storage & Handling



Scenario 1: Refrigerator Set-Up



Scenario 1: Refrigerator Set-Up



Scenario 1: Refrigerator Set-Up



Scenario: Refrigerator Set-Up



Scenario: Refrigerator Set-Up



Scenario: Refrigerator Set-Up



Scenario: Refrigerator Set-Up



Scenario: Refrigerator Set-Up



Scenario: Freezer



Scenario: Freezer



Scenario: Freezer



Scenario: Refrigerator Set-Up



Scenario: Freezer

WATERFRONT FIRE



STILLWATER LAKE



Inside a Vaccine Storage Unit



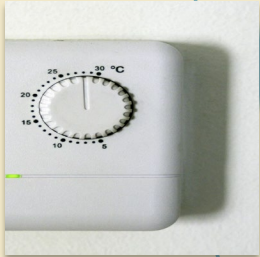
Strict Temperature Control

Precise temperature regulation is crucial in vaccine storage to preserve vaccine potency and effectiveness for patient safety.



Organized Vaccine Storage

Shelves are filled with clearly labeled vaccine vials, making inventory management and access easy for healthcare professionals.



Continuous Monitoring Systems

Digital thermometers and alarms continuously monitor storage conditions, preventing harmful temperature fluctuations and ensuring vaccine safety.





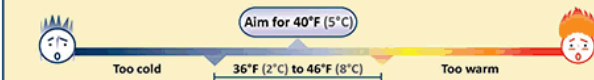
Private Stock

VFC Stock



Vaccine Storage Guide

Proper REFRIGERATOR Temperatures



Refrigerate anthrax, DTaP, DT, Td, Tdap, hepatitis A and B, Hib, HPV, influenza, IPV, Japanese encephalitis, meningococcal, pneumococcal, rabies, rotavirus, typhoid, zoster (shingrix), and yellow fever.

Proper FREEZER Temperatures



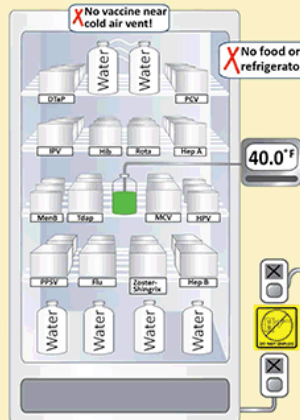
Freeze MMR, MMRV, varicella, and zoster (zostavax).
Don't freeze liquid vaccines!

Proper Set-Up

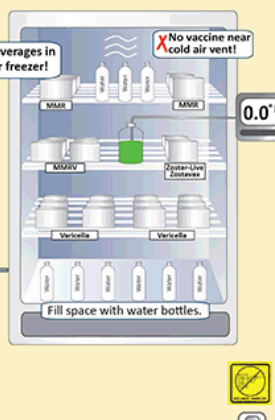
For all units:

- ✓ Clearly label the designated space for each vaccine. Avoid storing "look-alike" and "sound-alike" vaccines next to each other (e.g., Tdap and DTaP, HepA and HepB and Hib).
- ✓ Keep vaccine 2-3 inches away from walls and other boxes.
- ✓ Post *Do Not Unplug* stickers on storage units and electrical outlets. Plug in only one unit per outlet.
- ✓ Place probe in the center of the unit.
- ✓ Check and log temperatures: Current temperatures twice a day and min/max once daily.
- ✓ Fill doors with water bottles; don't store vaccine in the doors (make sure doors close tightly).
- ✓ Perform routine maintenance on vaccine storage unit(s).

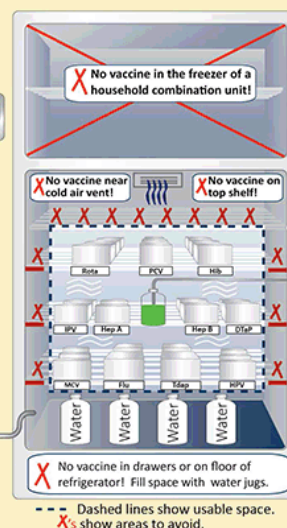
Refrigerator-only unit



Freezer-only unit



Combination refrigerator/freezer unit



Vaccine Storage Units, in order of preference:

1. Lab or pharmacy grade unit. (not pictured)
2. Stand alone household refrigerator and/or freezer unit.
3. Combination household refrigerator/freezer unit - using only the refrigerator.

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

Pediatric

When a patient responds "yes" -
what do you do?

When a patient responds, "don't
know" - what do you do?

What's documented?

**Screening Checklist
for Contraindications
to Vaccines for Children and Teens**

PATIENT NAME _____

DATE OF BIRTH _____ / _____ / _____
month / day / year

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.

	yes	no	don't know
1. Is the child sick today?	☐	☐	☐
2. Does the child have allergies to medicine, food, a vaccine component, or latex?	☐	☐	☐
3. Has the child had a serious reaction to a vaccine in the past?	☐	☐	☐
4. Does the child have a long-term health problem with heart, lung (including asthma), kidney, liver, nervous system, or metabolic disease (e.g., diabetes), a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak?	☐	☐	☐
5. Are they taking regular aspirin or salicylate medication?	☐	☐	☐
6. For children age 2 through 4 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	☐	☐	☐
7. For babies: Have you ever been told the child had intussusception?	☐	☐	☐
8. Has the child, a sibling, or a parent had a seizure; has the child had a brain or other nervous system problem?	☐	☐	☐
9. Multisystem Inflammatory Syndrome (MIS-C) after an infection with the virus that causes COVID-19?	☐	☐	☐
10. Does the child have an immune-system problem such as cancer, leukemia, HIV/AIDS?	☐	☐	☐
11. In the past 6 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs to treat rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?	☐	☐	☐
12. Does the child's parent or sibling have an immune system problem?	☐	☐	☐
13. In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug?	☐	☐	☐
14. Is the child/teen pregnant?	☐	☐	☐
15. Has the child received vaccinations in the past 4 weeks?	☐	☐	☐
16. Has the child ever felt dizzy or faint before, during, or after a shot?	☐	☐	☐
17. Is the child anxious about getting a shot today?	☐	☐	☐

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.

Immunize.org

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

www.immunize.org/catg.d/p4060.pdf
Item #P4060 (12/10/2024)



Adults

When a patient responds "yes" –
what do you do?

When a patient responds, "don't
know" – what do you do?

What's documented?

**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?	☐	☐	☐
2. Do you have allergies to medications, food, a vaccine ingredient, or latex?	☐	☐	☐
3. Have you ever had a serious reaction after receiving a vaccine?	☐	☐	☐
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?	☐	☐	☐
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 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?	☐	☐	☐
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. 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.

Immunize.org
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

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 Children and Teens

PATIENT NAME _____ DATE OF BIRTH _____

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.

Question	yes	no	don't know
1. Is the child sick today?	☐	☐	☐
2. Does the child have allergies to medicine, food, a vaccine component, or latex?	☐	☐	☐
3. Has the child had a serious reaction to a vaccine in the past?	☐	☐	☐
4. Does the child have a long-term health problem with heart, lung (including asthma), kidney, liver, nervous system, or metabolic disease (e.g., diabetes), a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are they taking regular aspirin or salicylate medication?	☐	☐	☐
5. For children ages 4 through 14 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	☐	☐	☐
6. For babies: Have you ever been told the child had intussusception?	☐	☐	☐
7. Has the child, a sibling, or a parent had a seizure: has the child had a brain or other nervous system problem? Has the child ever been diagnosed with a heart condition (myocarditis or pericarditis) or have they had a heart-system problem (e.g., heart failure) after an infection with the virus that causes COVID-19?	☐	☐	☐
8. Has the child ever been diagnosed with an immune-system problem such as cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☐	☐
9. Does the child have an immune-system problem that affects the immune system (such as prednisone, other steroids, or anticancer drugs; drugs to treat rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments)?	☐	☐	☐
10. In the past 4 months, has the child received immune globulin, blood/blood products, or an antibody drug?	☐	☐	☐
11. Does the child's parent or sibling have an immune system problem?	☐	☐	☐
12. In the past year, has the child received immunizations in the past 4 weeks?	☐	☐	☐
13. Is the child/teen pregnant?	☐	☐	☐
14. Has the child received vaccines in the past 4 weeks?	☐	☐	☐
15. Has the child ever felt dizzy or faint before, during, or after a shot?	☐	☐	☐
16. In the child anxious about getting a shot today?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you? ☐ yes ☐ no ☐ if you don't have one, ask the child's healthcare provider to give you one with all your child's vaccination records. If you don't have one, ask your healthcare provider to give you one. 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.

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

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME _____ DATE OF BIRTH _____

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.

Question	yes	no	don't know
1. Are you taking any medications, food, a vaccine ingredient, or latex?	☐	☐	☐
2. Have you ever had a serious reaction after receiving a vaccine?	☐	☐	☐
3. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	☐	☐	☐
4. Are you taking any regular aspirin or salicylate medication?	☐	☐	☐
5. Have you ever been told you have an immune system problem?	☐	☐	☐
6. Have you ever been diagnosed with an immune-system problem that affects the immune system (such as prednisone, other steroids, or anticancer drugs; drugs to treat rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments)?	☐	☐	☐
7. Do you have an immune-system problem?	☐	☐	☐
8. In the past 4 months, has the child received immune globulin, blood/blood products, or an antibody drug?	☐	☐	☐
9. Does the child's parent or sibling have an immune system problem?	☐	☐	☐
10. In the past year, has the child received immunizations in the past 4 weeks?	☐	☐	☐
11. Is the child/teen pregnant?	☐	☐	☐
12. Has the child received vaccines in the past 4 weeks?	☐	☐	☐
13. Has the child ever felt dizzy or faint before, during, or after a shot?	☐	☐	☐
14. In the child anxious about getting a shot today?	☐	☐	☐

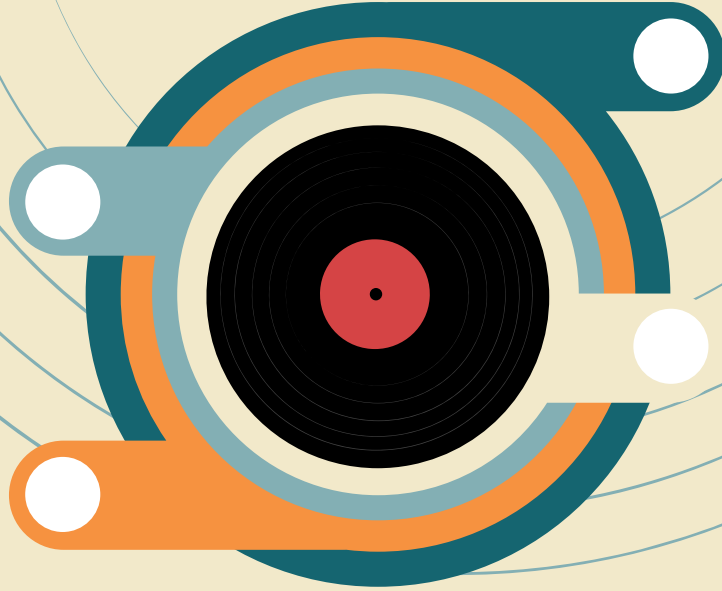
FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you? ☐ yes ☐ no ☐ if you don't have one, ask the child's healthcare provider to give you one with all your child's vaccination records. If you don't have one, ask your healthcare provider to give you one. 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.

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Preparation



Before Prepping Vaccine...



- VIS Form
- 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



POV: your nurse finally
had a snack break

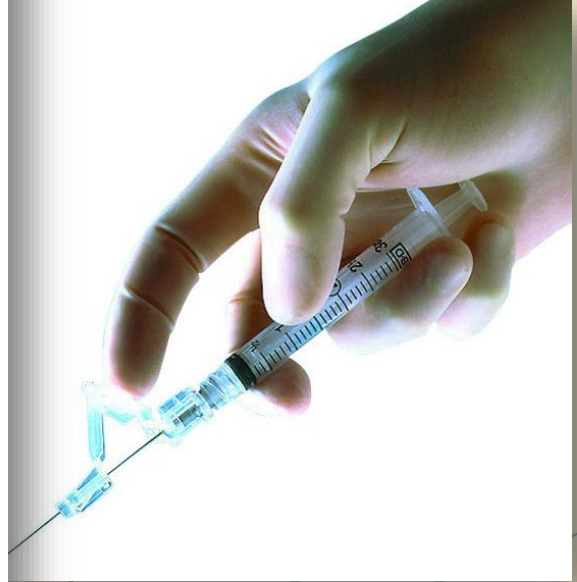
 TikTok
@scrubhacks



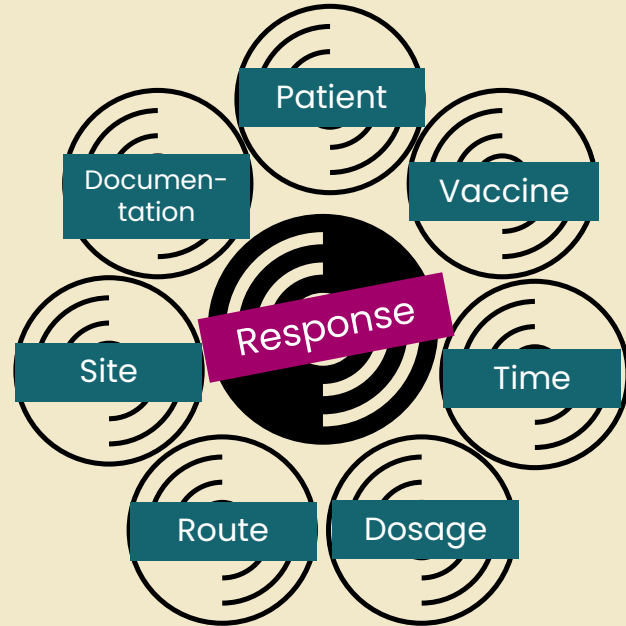
Safety Devices

Familiarize yourself with immunization devices prior to use with clients.

Never recap used needles.



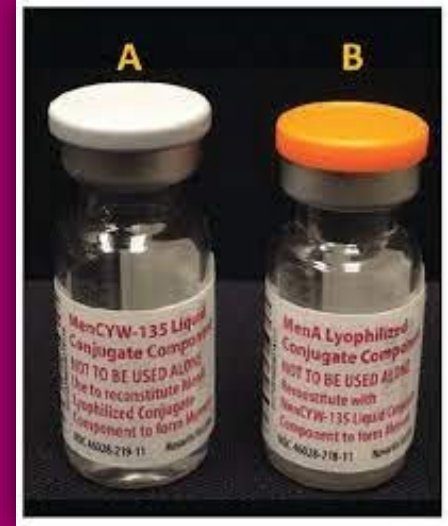
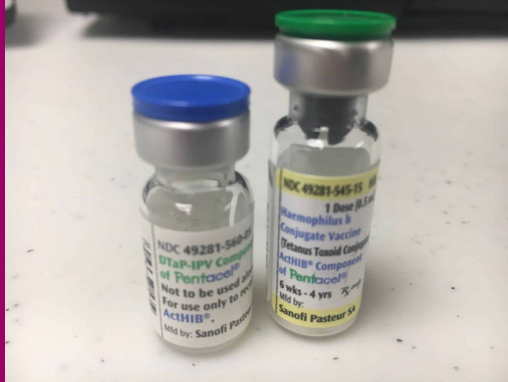
Avoid Vaccine Administration Errors



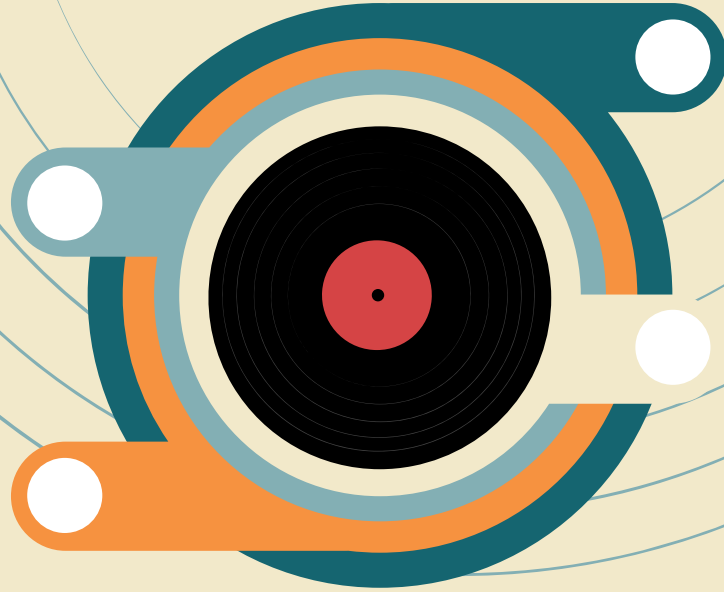
Expired Vaccine



Reconstituting



Appropriate Vaccine Administration



Comfort Holds



Show and Tell



1

What holds are you most comfortable with?

2

Are there specific situations you struggle with?

3

What stories can you share?

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.

Jam Session

3 minutes!

What vaccines are involved in the most vaccine errors?

What are the most common vaccine administration errors?

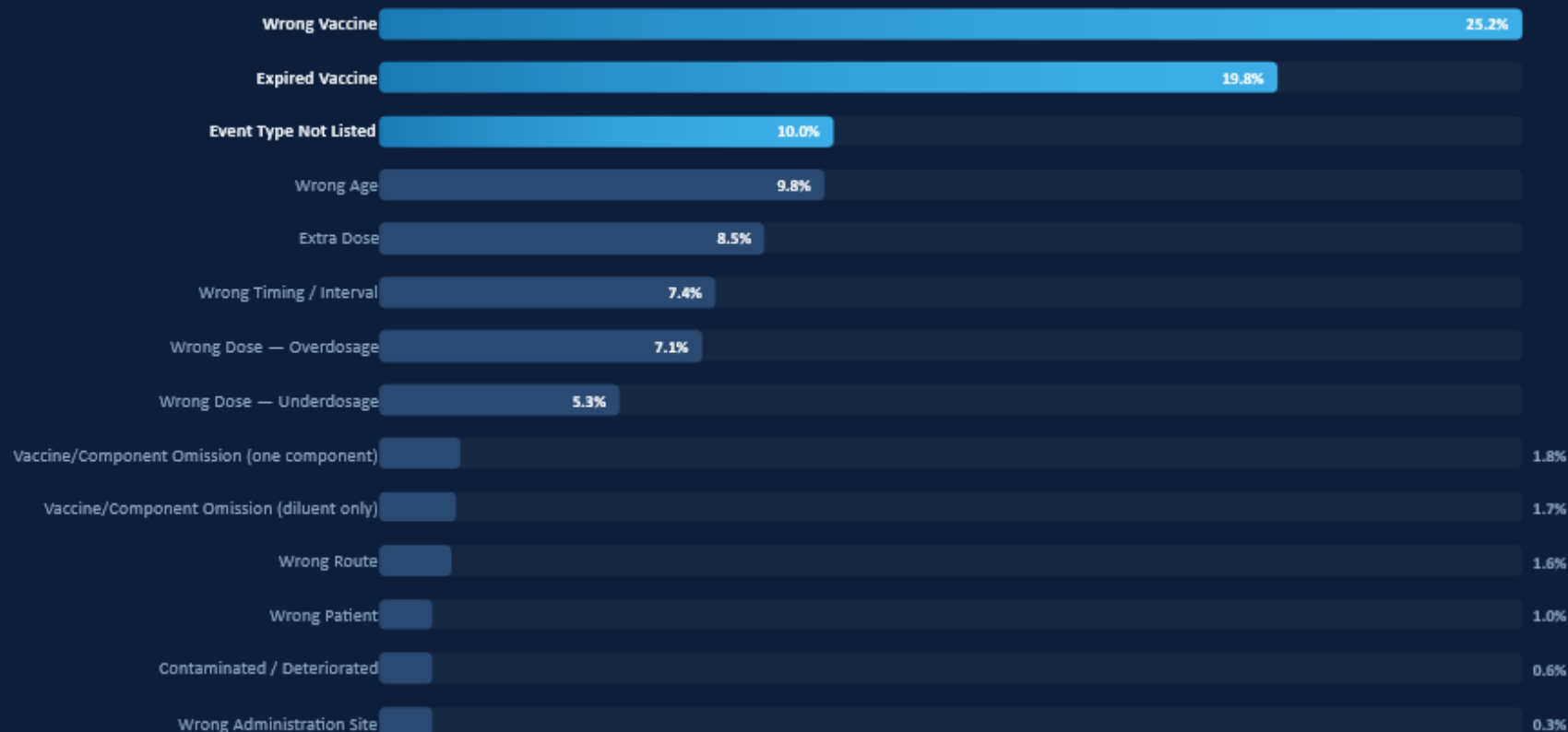


Administration Errors

- Vaccines most frequently involved in a medication error:
 - COVID-19 (44%)
 - DTP (13%)
 - Hep A or B (9%)
 - Influenza (6%)
 - Meningococcal (5%)
- Most common errors:
 - Wrong vaccine
 - Expired vaccine

Error Types — Full Breakdown

All 14 error categories reported to ISMP VERP | N = 1,987 reports (2022 –2023)



i Top 3 error types account for **55.0%** of all reports. Wrong Vaccine alone represents 1 in 4 events.

Wrong Vaccine Errors

Most common error type — 25.2% of all reports (n = 501)



79.6%

caused by similarity
or storage proximity



Similar container labels / packaging

28.1%



Similar brand names

22.2%



Similar vaccine abbreviations

21.8%



Similar generic names

20.6%



Age-dependent formulations

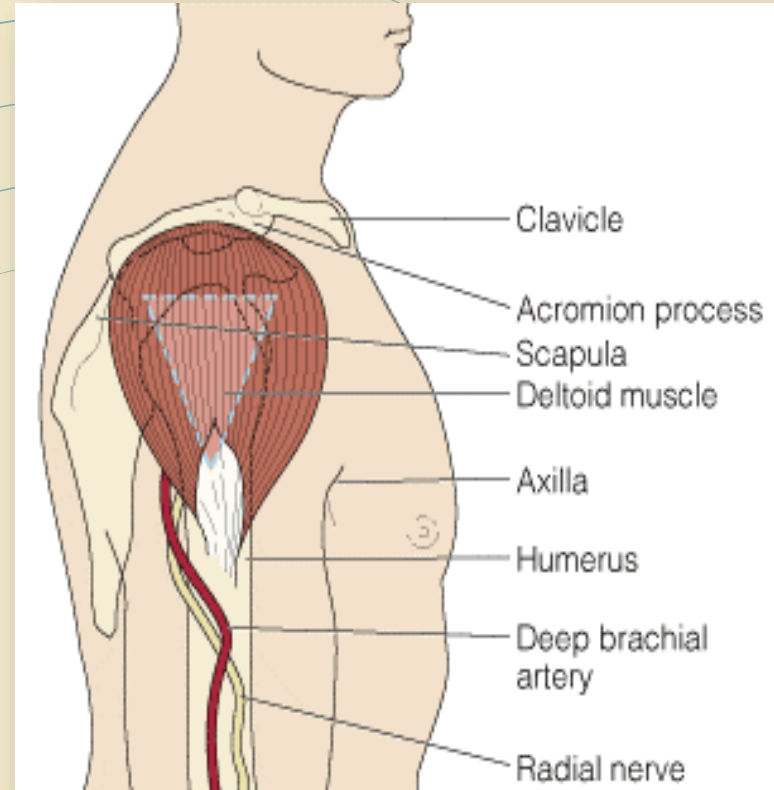
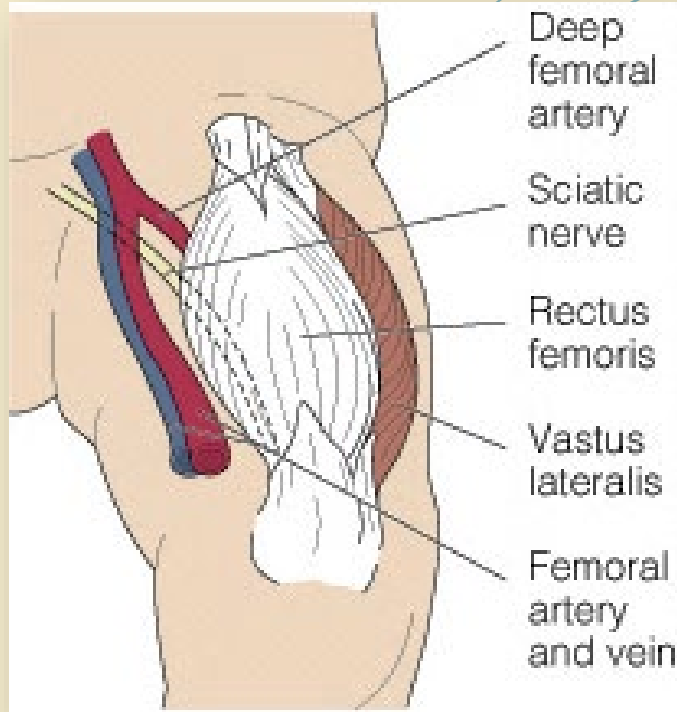
15.2%



Products stored near one another

14.0%

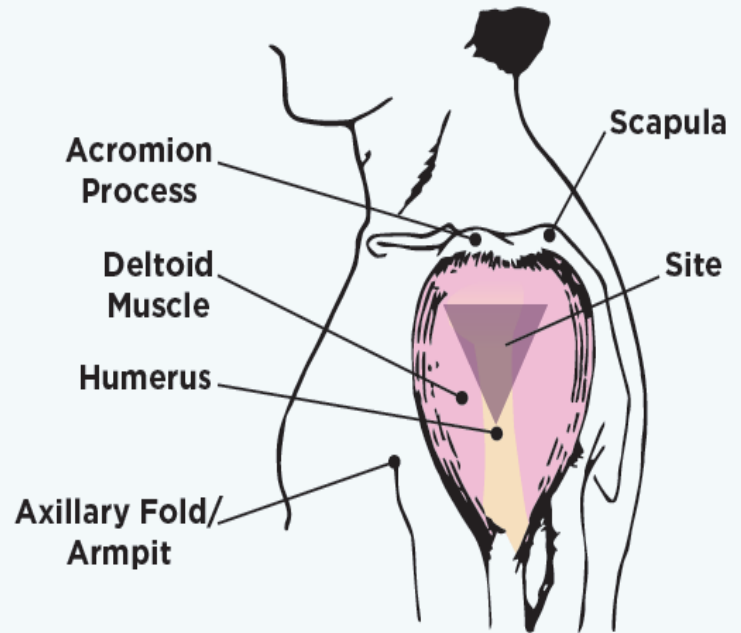
Infants and Toddlers < 36 months

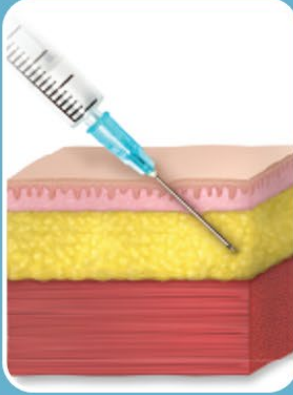




Identify the injection site

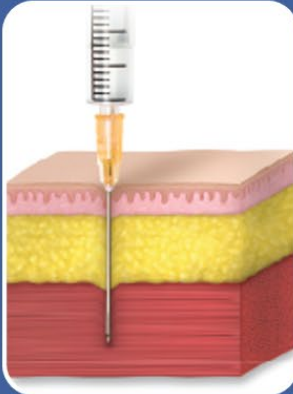
- » Locate the deltoid muscle of the upper arm
- » Use anatomical landmarks to determine the injection site
- » In adults, the midpoint of the deltoid is about 2 inches (or 2 to 3 fingers' breadth) below the acromion process (bony prominence) and above the armpit in the middle of the upper arm





Subcutaneous

- MMR
- Varicella
- Polio



Intramuscular

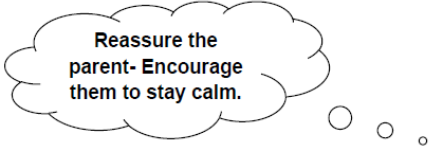
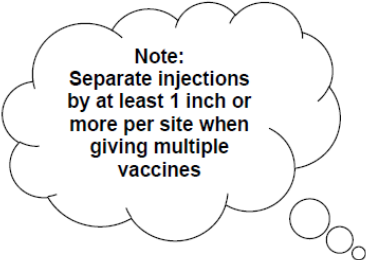
- DTaP/Tdap/Td
- Hepatitis A
- Hepatitis B
- Hib
- Shingrix
- Pneumococcal
- Meningococcal
- Influenza
- Human papillomavirus



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.



Oral Administration



Rotavirus Vaccine
(Rotateq, Rotarix)



Intranasal



Live attenuated
Influenza Vaccine
(FluMist)



After administration...



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



Thank You Exhibitors



Break!



Thank You Exhibitors



Unplugged Session!

- Tuning Into the Facts
of Vaccine Hesitancy

•
With special help from
Voices for Vaccines!



What do we all share?

1

Community.

We all live in communities with people we interact with every day.

2

Family.

We all have families full of people we laugh and love with everyday.

3

Protection.

We want to protect the people we love

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**Common
ground to
return to
again and
again.**

Guest Artist!

For this session –

Consider the information as a regular person who lives in a regular community with your extraordinary family that you love with everything.

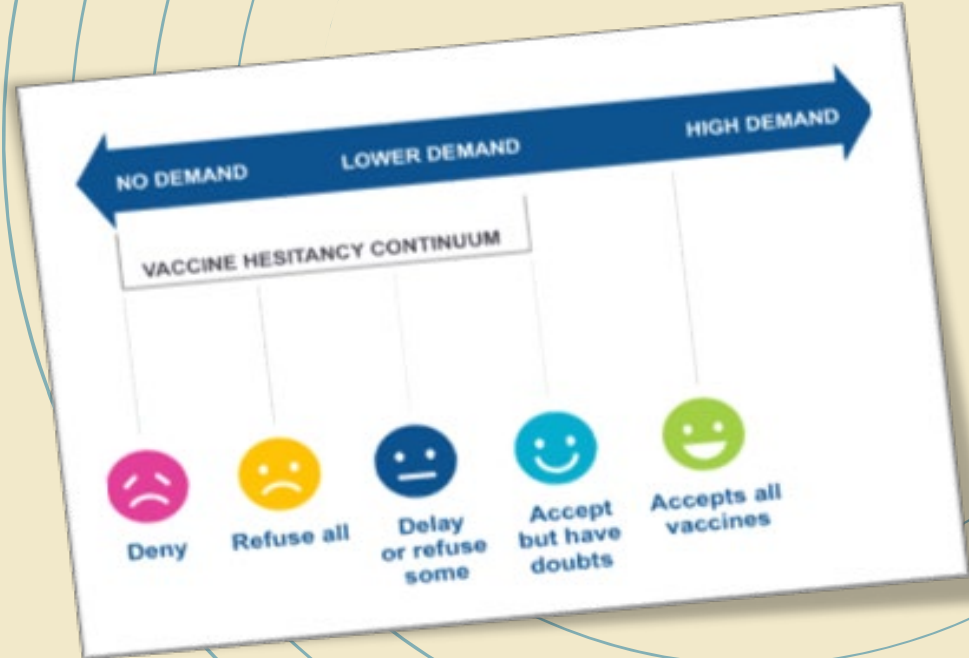
***Don't wear your healthcare hat.**



Vaccine Hesitancy



- Vaccine hesitancy doesn't begin with certainty. It begins with a question.
- How we go about seeking answers shapes the beliefs we hold.
- Vaccine hesitancy is not "all-or-nothing" or simple.



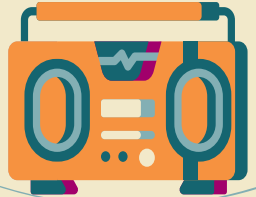
Question

What's causing vaccine
hesitancy in your
community?



Yes, and...

- Many have had **negative healthcare experiences**.
- We think that our **peers** feel a certain way.
- We think that we're careful, **critical thinkers**.
- Our **emotions** are part of our decision-making.
- We are not good at judging **risk**.



A lot of things play into how risky something feels, even if we clearly see data that says otherwise.



Cognitive Factors

How serious something seems, how much attention it gets in the media, and whether we feel in control of the outcome.

Emotional Factors

Our fears, gut feelings, and even our mood.

Contextual Factors

How the information is presented, and where we're getting it from.

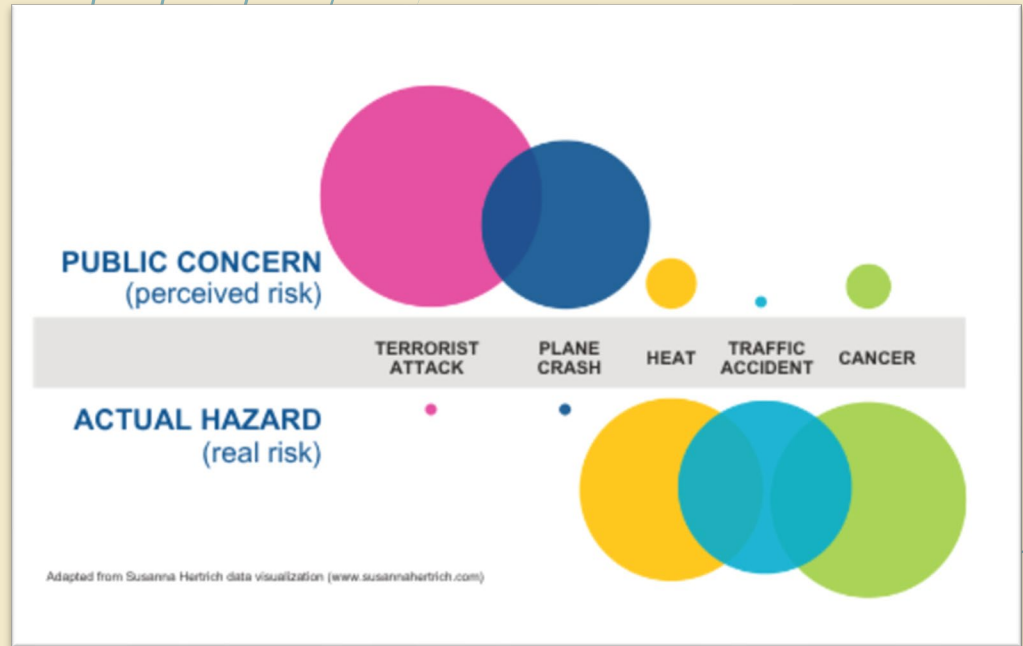
Cognitive Factors

Our past experiences, personality traits, and background.

Chance in one million of...



- Dying from a car accident
9,345
- Dying from sunstroke
8,248
- Dying from choking on food
2,535
- Dying from lightening strike
7



Yes, and...

COVID-19

- Risk of developing a **blood clot from** Johnson & Johnson COVID-19 **vaccine is 0.0000088%.**
- Risk of developing a **blood clot from severe COVID-19 is 31%.** That's 340,000 out of every 1.1 million people.

Tetanus

- Risk of **dying from tetanus is 30% if unvaccinated.** If 1 million unvaccinated people got tetanus, 300,000 would die.
- If **1 million people got the tetanus vaccine, just one might have a serious reaction.**



Our challenge to you -

*Learn how to talk
very technically
about numbers,
statistics and risk
probability.*



Just kidding!





**YOU are a
VACCINE ADVOCATE.**

We challenge you to help us to make
vaccinating our families look normal
again. Because it is.

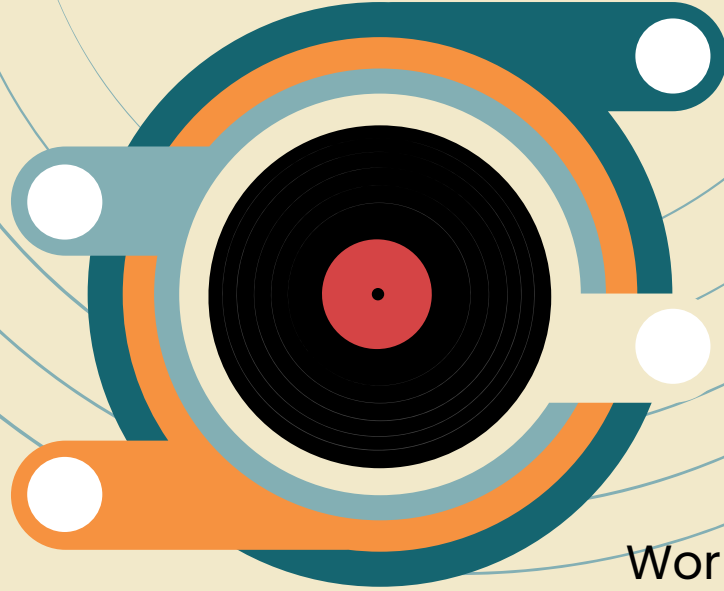
Jam Session

3 minutes!

**Tell some stories
about situations in
your real, regular
life (not at work)
that you see
vaccine hesitancy.**



Step 2: Complete the worksheet



Work together to create the worksheet. Don't over-think it!
We are collecting them!

Role Playing!

*Each of you will
stand up in front of
the room and act
out your situations.
Props are
available!*



Just kidding!



The musical talent will...



Guest 1

- Who is the person?
- What did they say?

Guest 2

- What *could you do*?

Audience discussion

- What gets in the way?
- How could we remove the fear?



ASK

Start by inviting the person to share their biggest concern. Be curious, not judgmental. "What's the one thing that concerns you the most?" "I'd really like to understand—can you tell me more about it?" Narrowing concerns down to one issue makes it easier to have a focused, meaningful conversation.



ACKNOWLEDGE

Let them know you see the thought they've put into the issue. Recognize that they've been doing their homework. "It's clear you've been thinking a lot about this." "You've looked into this carefully—I respect that." People are more open to information when they feel respected, not dismissed.



AFFIRM

Reinforce that it's completely okay to have questions. Questions are how we learn. "That's a totally valid question—I actually wondered the same thing." "You're not alone. A lot of people are asking that too." This creates a safe space where they feel comfortable being honest and curious.



ANSWER

Before jumping in with facts, ask if they're open to hearing more. "Would it be okay if I shared something I've learned?" "Can I send you a couple of reliable sources I found helpful?" Asking permission gives the other person a sense of control—and makes it more likely they'll really hear you.



Lyrics

**When you DO speak
up, what phrases do
you like to sing?**



The musical talent will...



Guest 1

- Who is the person?
- What did they say?

Guest 2

- What *could you do*?

Audience discussion

- What gets in the way?
- How could we remove the fear?

Lyrics

**When you DO speak
up, what phrases do
you like to sing?**



Other interesting stuff about hesitancy...



- Research indicates that confidence in a decision weakens the longer it takes us to make that decision.
- People report feeling overwhelmed and unable to make a decision or second-guess when offered too many options.
- Hesitancy shows up throughout our community – wherever we live, work, play and pray. And at our state capitol.

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We want to protect the people we love

**Common ground
to return to again
and again.**

Act!

1. Add your voice to the discussions.
2. Always feel comfortable suggesting people talk to a healthcare provider.
3. ASK questions. Show that you respect a person's desire to understand the truth.
4. When the time is right, join other statewide efforts!



Thank You Exhibitors



Break!



Thank You Exhibitors



Best Practices

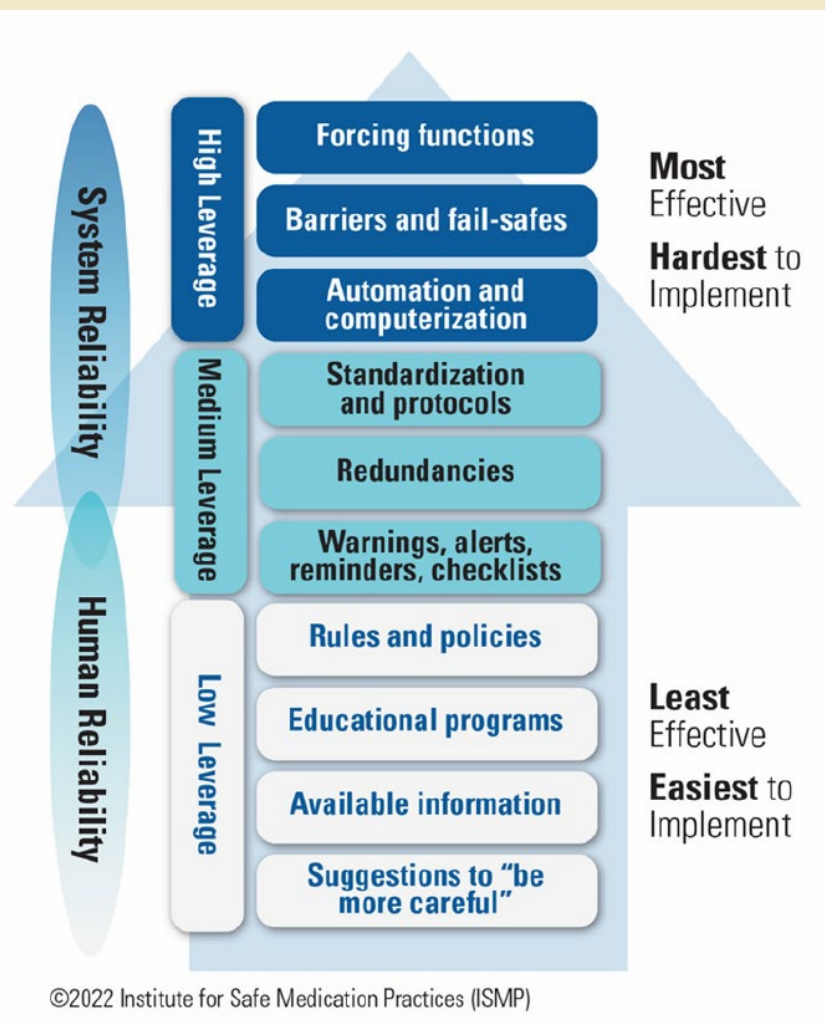


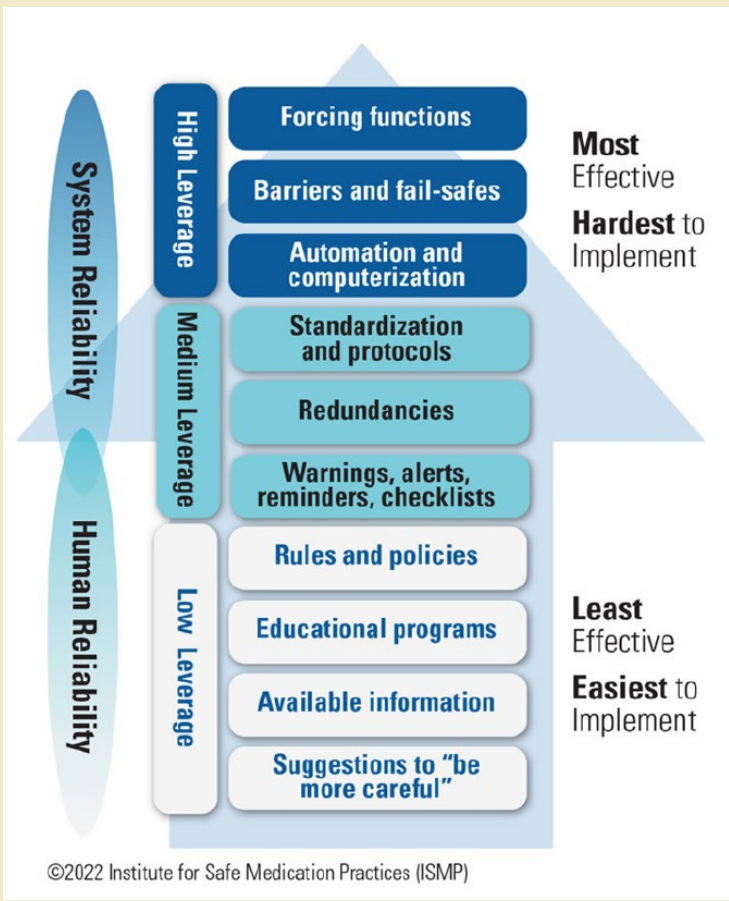
Jam Session

3 minutes!

**If you were the boss
and knew there
were a few errors
the last month
where people
administered the
wrong vaccine,
what would you
do?**







Risk-Reduction Strategies

Evidence-Based Recommendations for Safer Immunization Practices

- 1 Implement **barcode scanning verification** prior to vaccine administration in all settings
ISMP BEST PRACTICE #2
- 2 Verify **patient identity** using at least two identifiers before every vaccination
ISMP BEST PRACTICE #1
- 3 Consult the **immunization information system (IIS)** and patient chart before each administration to prevent extra doses and wrong timing
REGISTRY CHECK
- 4 Provide **specialized immunization education** and competency assessment for all vaccinators, especially medical assistants
STAFF TRAINING
- 5 Conduct **routine expiration date checks** and use clear beyond-use date labeling, particularly for COVID-19 vaccines with shortened shelf lives
EXPIRY MANAGEMENT
- 6 Organize **vaccine storage** to physically separate look-alike/sound-alike products and use **tall-man lettering**
STORAGE SAFETY

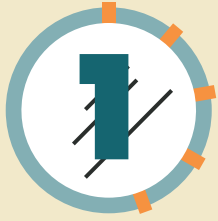
As vaccination programs expand, proactive error prevention is essential to maintain immunization coverage, public trust, and patient safety.

www.ismp.org
ISMP National Vaccine Errors Reporting Program

Share your secrets!



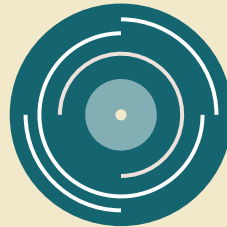
Cloud Award Winners 2026

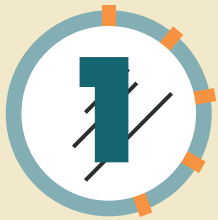


Best Practices



Focus on data





Best Practices



Focus on data

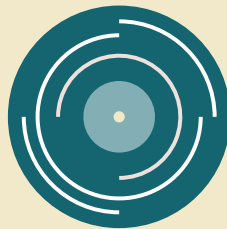
- Look at reports – monitor!
- Maintain records in ASIIS – Enter historical
- Run regular reports (ASIIS/ EMR)
- Process to screen records in ASIIS and EMR



Best Practices



**Create a reliable
system**



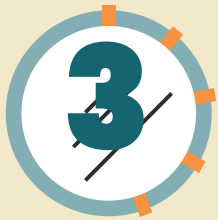


Best Practices



Create a reliable system

- 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



Implement evidence based interventions

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

When in doubt, vaccinate.



Best Practices



**Positive Practice
Culture**





Best Practices



Positive Practice Culture

- 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!

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!



YOU
**keep communities
safe!**

**What are you going to
do differently?**



Give your feedback!

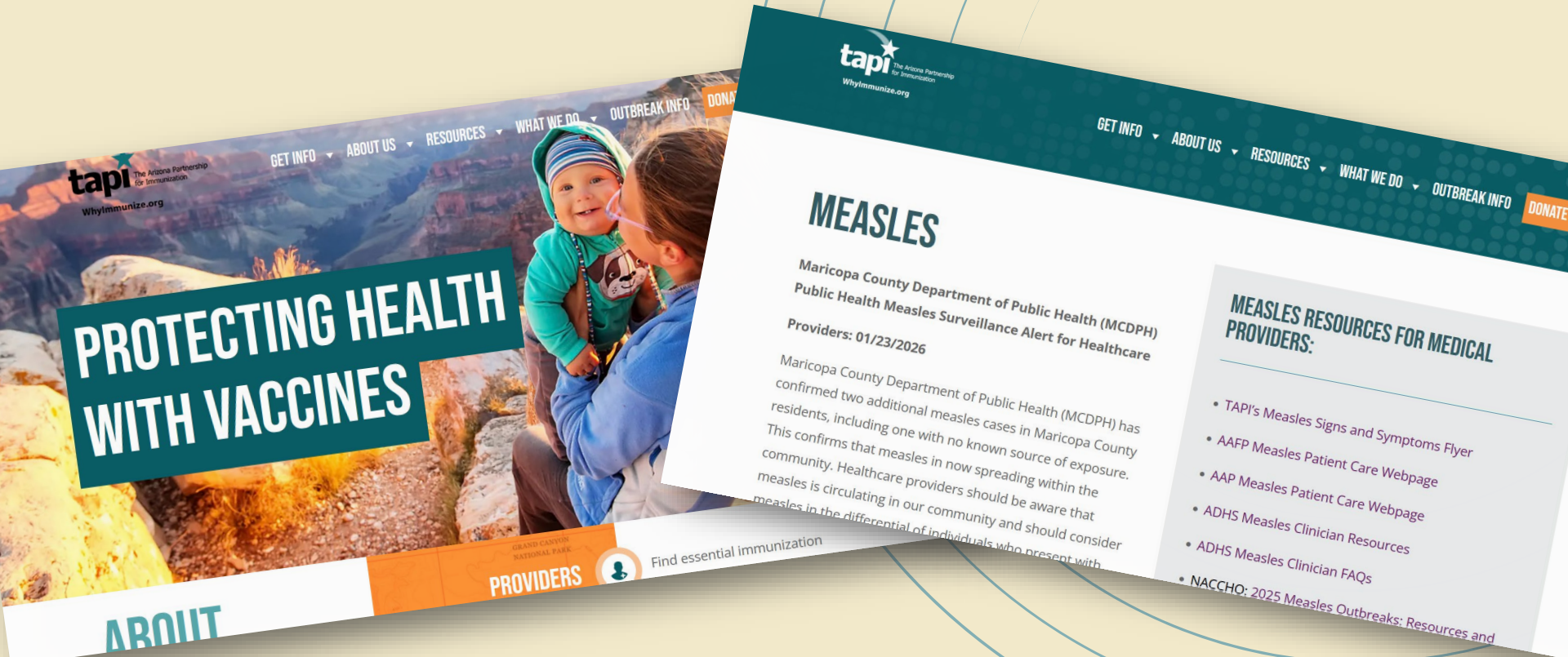


A feedback form graphic with a thick magenta border, tilted at an angle. It features a 2x2 grid for feedback and a section for location/issue.

$+$ PLUS Things done well	Δ DELTA Things to change

PARKING LOT / ISSUE BIN

Remember, TAPI is your Go-To Resource



tapi
The Arizona Partnership
for Immunization
WhyImmunize.org

GET INFO ▾ ABOUT US ▾ RESOURCES ▾ WHAT WE DO ▾ OUTBREAK INFO ▾ DONATE

PROTECTING HEALTH
WITH VACCINES

ABOUT

PROVIDERS



Find essential immunization

tapi
The Arizona Partnership
for Immunization
WhyImmunize.org

GET INFO ▾ ABOUT US ▾ RESOURCES ▾ WHAT WE DO ▾ OUTBREAK INFO ▾ DONATE

MEASLES

Maricopa County Department of Public Health (MCDPH)
Public Health Measles Surveillance Alert for Healthcare
Providers: 01/23/2026

Maricopa County Department of Public Health (MCDPH) has confirmed two additional measles cases in Maricopa County residents, including one with no known source of exposure. This confirms that measles is now spreading within the community. Healthcare providers should be aware that measles is circulating in our community and should consider measles in the differential of individuals who present with

MEASLES RESOURCES FOR MEDICAL PROVIDERS:

- TAPI's Measles Signs and Symptoms Flyer
- AAP Measles Patient Care Webpage
- ADHS Measles Clinician Resources
- ADHS Measles Clinician FAQs
- NACCHO: 2025 Measles Outbreaks: Resources and



Post-Test
This is a test for US
NOT for YOU.