

Standards of Child and Adolescent Immunization Practices



Los Angeles County Immunization Program



OBJECTIVES

After this presentation, the participant will be able to:

- Apply the Standards of Immunization Practices in the provider office
- Describe general recommendations on immunizations
- Identify strategies to improve office-based immunization practice
- Identify resources to support clinic practices



What are the Standards?



- Developed in 1992
- Constitute the most essential and desirable immunization policies and practices
- Represent an important element in the national strategy to protect against vaccine-preventable diseases
- Endorsed by various medical and public health organizations: AAP, AAFP, AMA



Reasons for Low Immunizations Rates

- Missed opportunities
- Invalid contraindications
- Office barriers
- Poor reminder/recall efforts



Standards 1-4 Availability of Vaccines



Standard 1: Vaccination Services are Readily Available

- Routinely recommended vaccines should **always** be included as part of care by all health care professionals
- Health care providers in non-traditional settings (schools, sports clinic, family planning) should offer vaccination services or refer for vaccination
- Vaccines administered outside the primary care setting should be communicated to the primary care provider



Standard 2: Vaccinations are Coordinated with other Healthcare Services and Provided in a Medical Home when Possible

Vaccination services should be:

- Given as part of comprehensive health care
- Coordinated with routine well-care visits and other visits

Patients vaccinated in other settings (i.e. ER, School) should be referred to a medical home



Standard 3: Barriers to Vaccination are Identified and Minimized

- Delays in scheduling appointments
- Requiring a well-care visit
- Long waiting periods in the office
- Lack of culturally and age-appropriate educational materials



Standard 4 Patient Costs are Minimized

- Out-of-pocket costs should be as low as possible
- No child or adolescent should be denied immunizations because of inability to pay
- Resources should be identified to keep patient costs as low as possible
- VFC web page – www.cdc.gov/nip/vfc



Standards 5-6: Assessment of Vaccination Status



Standard 5 Healthcare professionals review the vaccination and health status of patients at every encounter to determine which vaccines are indicated

- Vaccination status of all patients should be reviewed at all visits (i.e. sick visits, sports physicals, family planning)
- Vaccination status should be documented in the patient's chart
- Health care providers that don't offer vaccine, should refer patients to their primary provider



Missed Opportunities: Office May Be Unaware Child Needs Vaccines

- Office may be unaware child needs additional vaccines
 - Immunization status not reviewed
 - Immunizations recorded in different locations in the chart
 - Provider doesn't know the recommended immunization schedule



Standard 6

Health care professionals assess for and follow only medically acceptable contraindications

- Appropriate screening to avoid missed opportunities
- Document all contraindications and deferrals in the patient's medical record
- Use screening tools

www.cdc.gov/nip/recs/contraindications.pdf



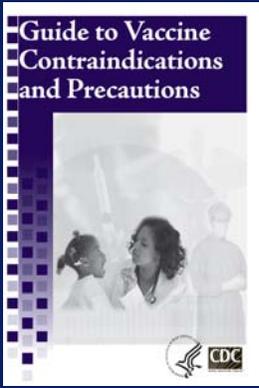

Screening Questionnaire for Child and Teen Immunization

www.immunize.org




Guide to Vaccine Contraindications and Precautions

<http://www.cdc.gov/vaccines/recs/vac-admin/downloads/contraindications-guide-508.pdf>




Contraindications and Precautions to Vaccination

- **Contraindication**
 - A condition in a person that increases the risk for serious adverse reaction
 - Vaccine ***should not*** be administered
- **Precaution**
 - A condition, in a person, that ***may*** increase the chance of an adverse event.
 - Evaluate risk versus benefit of vaccination
 - Vaccine ***may*** be given after careful screening



Invalid Contraindications

- Common invalid contraindications to immunization:
 - Mild illness (e.g., URI, OM, mild diarrhea, low grade fever)
 - Convalescent phase of illness
 - Current antibiotic therapy
 - Prematurity (i.e. Hep B birth dose/recommended doses)
 - Non-specific allergies
 - Pregnant household contact
 - Breastfeeding



Invalid Contraindications

- B-71
 - <http://www.publichealth.lacounty.org/ip>
- Red Book: Report of the Committee on Infectious Diseases
 - www.aapredbook.aappublications.org/



Standard 7: Effective Communication About Vaccine Benefits and Risks




Standard 7

Parents/guardians and patients are educated about the benefits and risks of vaccination in a culturally competent manner and easy-to-understand language

- Vaccine Information Statements (VIS)
 - Federal law
 - Supplied in different languages

➤ www.immunize.org



Communication Strategies to Address Parental Concerns

- Take time to listen
- Don't be offended and don't offend
- Solicit and make time for questions
- Science vs. anecdote?
- Acknowledge the benefits and risks
- Respect the parents' authority
- Reduce the stress of shots




Discussing Autism & Vaccines

- Be empathetic
- Understand that the onset of autistic-like symptoms may coincide with the timing of vaccines but is not caused by vaccines
- Reiterate that "in your professional opinion, vaccines do not cause autism"
- Remind parents that VPD may cause serious disease, even death



Standards 8-14: Proper Storage and Administration of Vaccines and Documentation of Vaccinations



Standard 8

Health care professionals follow appropriate procedures for vaccine storage and handling

- Vaccines should be handled and stored at in-range temperatures at all times
 - 35-46°F (aim for 40°F) for all refrigerated vaccines
 - 5°F and below (aim for 0°F but not colder than -58°F) for freezer vaccines
- Temperatures should be monitored and recorded twice daily




Vaccine Storage & Handling

Maintain freezer temps
 $\leq +5^{\circ}\text{F}$ or $\leq -15^{\circ}\text{C}$
 (no colder than
 -58°F)

Maintain refrigerator
 temps between
 $35^{\circ}\text{F}-46^{\circ}\text{F}$ or $2^{\circ}\text{C}-8^{\circ}\text{C}$

Record temps twice daily.

*Protect from light

Vaccine Storage & Handling Guidelines

- Develop and maintain a detailed written vaccine management plan
- Assign storage & handling responsibilities to 1 person
 - Designate a back-up person
- Provide annual training on vaccine storage and handling for all office and clinic staff (i.e. security, janitors)

Vaccine Management Procedures

- Proper vaccine storage and handling Procedure for power failure or mechanical difficulty
- Vaccine ordering
- Inventory control

Steps to Take in Case of Power Outage/Appliance Failure

- Immediately notify your local health department
- Provide pertinent information (i.e. amount/types of vaccine in stock, date/time of last within range temperature, etc.)
- Keep doors to units closed to maintain internal temperature
- Move vaccine to office back-up unit if there is one
- For extended power outages or appliance failure, relocate vaccines under the direction of the area field unit

Vaccine Transport

- Packing supplies (cooler, “conditioned” cold or frozen packs, thermometer, packing material)
- Maintain within range temperatures for vaccines transported
- After reaching destination, check vaccine temperatures
- If temperatures are within correct storage range, store in units.
- If temperatures are out of range, label and call the area field unit for instructions.

<http://eziz.org/assets/docs/IMM-983.pdf>

Standard 9

Up-to-date, written vaccination protocols are accessible at all locations where vaccines are administered

Written protocols should contain the following:

- Vaccine storage and handling
- Recommended vaccination schedule
- Contraindications to vaccines
- Vaccine administration
- Treatment and reporting of adverse events
- Vaccine benefits and risk communications
- Vaccination record maintenance and accessibility

Vaccine Administration

- Parent/Patient Education
- Medical Protocols
- Vaccine Preparation
- Administering Immunizations
- Recording Procedures




Vaccine Administration Materials



<http://eziz.org/resources/vaccine-admin-job-aids/>



Standard 10

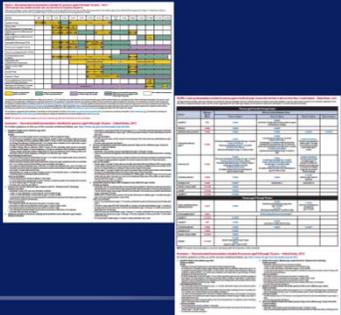
Persons who administer vaccine and staff who manage or support vaccine administration are knowledgeable and receive ongoing education

Educational Opportunities:

- Epidemiology and Vaccine Preventable Diseases
CDC educational events can be found at <http://www.cdc.gov/vaccines/ed/default.htm>
- Monthly in-services by LACIP Nurse Consultants
<http://publichealth.lacounty.gov/ip/trainconf.htm>
- Monthly Immunization Skills Institute (ISI)
<http://publichealth.lacounty.gov/ip/trainconf.htm>



ACIP Recommended Schedules



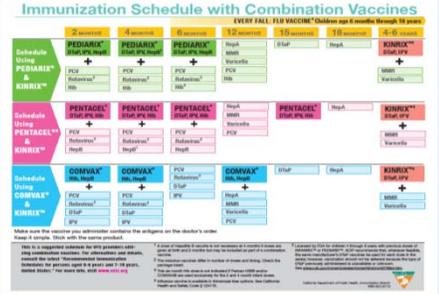

Standard 11

Health care professionals simultaneously administer as many vaccine doses as possible

- Simultaneous administration of all recommended vaccines for which a patient is eligible
- Use of combination vaccines




Combination Vaccines



www.eziz.org/assets/docs/IMM-922.pdf



Missed Opportunities: Not Simultaneously Administering all Vaccines that are Due

Most common causes for not administering all vaccines that are due:

- Concerns about reduced immune response
- Fear of increased adverse events
- Concerns about the number of injections
- Parental objections



ACIP General Recommendations 4-Day Grace Period

- Dose can be counted as valid if administered no more than 4 days prior to minimum interval or age
- Okay to use grace period for MMR & Varicella
- Should not be used for scheduling vaccination visits



Standard 12: Vaccination records for patients are accurate, complete, and easily accessible

- Provider records should contain all vaccines given in the clinic
- IZ records should contain all vaccine given by other providers (transcribed into record)
- Ensure patient has a copy of all vaccines given to them



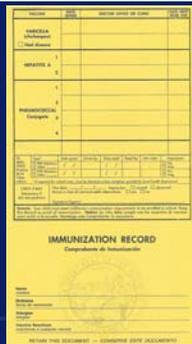
Documentation Requirements

- Federal Law requires providers to document the following information:
 - Date of administration
 - Vaccine manufacturer and lot number
 - Signature and title of person administering vaccine manufacturer **and** lot #
 - Address of provider
 - Injection site and route (IM, SQ, or Intranasal)
 - VIS publication date



Record Keeping and Immunization Records

- Patient's Personal Immunization Record
 - California Immunization Record (CIR) or "yellow card" (PM 298)
- Physician's Immunization Record



Standard 13: Health care professionals report adverse events after vaccination promptly and accurately

- Promptly report all clinically significant adverse events to VAERS
- Report even if it is not certain that the vaccine caused the event
- Document event in detail in patient's chart
- National Vaccine Injury Compensation Program (VICP)

www.vaers.org (800-338-2382)

www.hrsa.gov/osp/vicp (800-338-2382)



Standard 14: All personnel who have contact with patients are appropriately vaccinated

- Hepatitis B
- Measles, Mumps, Rubella
- Varicella
- Influenza
- Pertussis (Tdap)
- Meningococcal (Only HCP's with certain high –risk conditions)

*MMWR November 25, 2011 / 60(RR07);1-45



**Standards 15-17:
Implementation of Strategies to Improve Vaccination Coverage**



Standard 15: Systems are used to remind parents, patients and health care professionals when vaccinations are due



Reminder/Recall

- Reminder - inform patients/parents when vaccine are **due**
- Recall - inform patients/parents when vaccines are **overdue**
- **System increases vaccination rates!!!**
- Methods:
 - Immunization Registry (CAIR)
 - Electronic Medical Record (EMR)



**Standard 16:
Office- or clinic-based patient record reviews and vaccination coverage assessments are performed annually**

Methods

- Comprehensive Clinic Assessment Software Application (CoCASA)



**Standard 17
Health care professionals practice community-based approaches**

Partners in the Community

- WIC
- Managed Care Organizations
- Schools
- Advocacy groups
- Service organizations
- Local public health departments



Immunization Resources




IMMUNIZATION WEBSITES

- Centers for Disease Control
www.cdc.gov/vaccines/
- Immunization Action Coalition
www.immunize.org
- The Children's Hospital of Philadelphia
www.chop.edu/service/vaccine-education-center/home.html
- California Immunization Coalition
www.immunizeca.org



IMMUNIZATION WEBSITES

- California Department of Public Health
<http://www.cdph.ca.gov/programs/immunize/Pages/default.aspx>
- Red Book Online
<http://aapredbook.aappublications.org/>
- Los Angeles County Immunization Program
www.publichealth.lacounty.gov/ip



POST-TEST




1. 1. You arrive to your office at 8 a.m. You find the door to the refrigerator open. You check the temperature and it is 56° F and the freezer temperature is 4° F. What steps should you take?



- a. Close refrigerator door, gather pertinent information (current temperature, vaccine stock, etc.) notify the Immunization or VFC Program
- b. Close the refrigerator door and check the temperature every hour to make sure it goes between 35 and 46°F
- c. Close the refrigerator door and proceed to use the vaccines for the patients who need them
- d. Close the refrigerator door, adjust the temperature dials and check the temperature in 1 hour; if the temperature is not within normal range in 1 hour, call the Immunization Program



2. During the screening process, a mother informs you her child is allergic to latex. Where would you look to determine whether a vaccine is contraindicated for the child?

- Google "vaccine allergies"
- Review the Guide to Vaccine Contraindications and Precautions
- Look in the patients chart – you are sure to find information there
- None of the above



3. Mario will turn 6 months old in 2 days. He is in the office today for a diaper rash. He is up-to-date with his immunization schedule. Can he receive the vaccines recommended at 6 months today?



- No – have the mother bring him back in 2 days
- No – he has a diaper rash and should not receive any vaccines until it is gone
- Yes – but only give him half of the doses required and have the mother bring him back in 2 days for the rest
- Yes – the 4-day grace period rule can be applied in this situation. A diaper rash is not a contraindication



4. Who in the provider's office should be aware of vaccine storage and handling policy and protocol to ensure the vaccines are stored correctly and protected?

- The primary and back-up people are enough to ensure the vaccines are stored and maintained correctly
- Only the MAs in the office – the doctors and nurses are too busy to deal with storage and handling protocol
- Everyone who works in the office (including security and janitorial staff)
- The primary person, back-up person and the janitor



5. Dr. Hayworth's office uses the immunization registry. The doctor is concerned because immunization rates for his office are low because of missed opportunities. Dr. Hayworth is concerned that the children are coming to the office for well or sick child visits but are not being immunized. What are some solutions to this?



- Refer those patients to another provider who is more familiar with immunization needs
- Have office staff register for in-services for immunization education
- Have office staff print route slips from CAIR for each patient to help determine immunization needs at every visit
- Both b and c



6. A mother comes to your office and expresses concerns about whether or not to vaccinate her child. How should you react?

- a. Do not be so concerned. She just doesn't know much about vaccines.
- b. Take time to listen to her concerns
- c. Let her ask questions
- d. Both b and c



Nurse Consultants

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THANK YOU!



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