

School-Located Vaccine Clinics For Influenza

2013-2014 SLVC Toolkit



*Maine Center for Disease
Control and Prevention*

*An Office of the
Department of Health and Human Services*

Paul R. LePage, Governor

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School-Located Vaccine Clinics for Influenza

2013-2014 SLVC TOOLKIT

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Part 1: CLINIC REGISTRATION

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Eligibility for State-Supplied Influenza Vaccine In the School-Located Vaccine Clinic Setting

2013-2014 Influenza Season

Vaccine is supplied free of charge in the School-Located Vaccine Clinic (SLVC) setting to residents of the State of Maine that meet the following criteria:

1. All Maine children under the age of 19, including:
 - Children enrolled in approved public and private schools
 - Children that are home-schooled
 - Children who reside in another state who are enrolled in school in Maine – AND - are not receiving vaccine in their home state
 - Children who are residents of foreign countries who are enrolled in Maine schools (therefore live in Maine during the school year – AND - are eligible to be counted in the US Census)
 - Reminder: Vaccinate pregnant students and their partners

2. Employees and volunteers of schools that provide SLVCs that are registered in ImmPact
 - Reminder! Vaccinate pregnant staff and their partners



Webinar Notes: SLVC Registration -First steps

Preparing ImmPact to Register SLVCs

<http://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/webinars.shtml>

To participate as a stakeholder/partner in a school-located vaccine clinic (SLVC) you need to establish the four roles listed below. These four roles translate to four sections (A-D) of the new electronic mass immunization registration process in ImmPact. Also included are the conditions required to fulfill these roles.

1. Section A: Clinic Authority

- Your Superintendent will sign as your clinic authority.
- Your site must be a school or school based health center (SBHC).
- You must have at least one ImmPact user.

2. Section B: Vaccine Provider

- Your site must have a Maine Immunization vaccine provider with a 4 digit pin and current year approved provider agreement.
- Review the Provider Agreement webinar if you need additional assistance with the provider agreement.

3. Section C: Vaccinator

- Your site must exist in ImmPact
- Contact the Maine Immunization program to set up a site if yours does not exist.
- You must have at least one ImmPact user.
- You may need to add your mass-immunization clinicians to the site.

4. Section D: ImmPact User Administrator

- For SLVC, your site must be the school or SBHC from Section A.

Other Information to Note:

1. Schools or SBHCs with a 4 digit pin and current approved provider agreement may participate as any or all of the roles in Sections A through D.
2. The school or SBHC that confirms as Section A must also confirm as Section D.
3. Sections B and C may be the same site or may be different (see Webinars for SLVC Registration, Scenarios 1 and 2).

In summary, there may be from 1 to 3 partners participating in the SLVC registration.

- At least one partner must be a school or SBHC.
- At least one partner must be a Maine Immunization vaccine provider with a 4 digit pin and current year approved provider agreement.

Note: *You must complete one SLVC Registration MOA for each combination of partners that you will be using in your school district. See SLVC Registration – Scenario 2 Webinar.*

Preparing your user to begin the registration process:

1. If your site does not have an active ImmPact user, print a user agreement from <http://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/forms-updates.shtml>.
2. Fill out, sign, have your site's ImmPact administrator sign (if other than you), fax to the number on the form and phone the ImmPact helpdesk at 1-800-906-8754.
3. If your site has an active user who does not have access to Manage Sites (and Manage Clinicians for Section C), please ask your site's ImmPact administrator (if other than you) to contact the ImmPact helpdesk to change your ImmPact role.

Preparing your site to begin the registration process:

A. Site Contacts/Addresses

- In ImmPact, locate Manage locations/ Manage Sites in the blue menu panel to the left.
- Click Manage Sites.
- Click on the hyperlink for your site name.
- Scroll down to the Manage Site Contacts Section.
- For each role that your site will fulfill in the SLVC (Sections A through D above) you will be designating a contact.
 1. Locate and open the Address Type dropdown menu.
 - It will default to the Primary contact from the Address Type dropdown menu.

2. If the person whose name prefills is correct, fill in the required fields (in blue) and click save.
3. Note: If a different person will be the contact, click New Person.
 - Type in the first 3 letters of the last and first name and click find.
 - If the person is in the system their name will appear above the search field for you to select.
 - If the person is not found, fill out all required fields as their Primary address and click Associate, click Save.
 - You should now see the Section contact and address listed at the bottom of the page.
4. **Repeat Steps 1-3 for designating contacts for each Role in Sections B,C, and D that are not fulfilled by the School.**

B. Adding Clinician Vaccinators: (Section C sites)

Note: You may wait to complete “associating” your clinician vaccinators with your SLVC site until after the registration process is started, however, it must be completed prior to the clinic event.

- In ImmPact, locate Manage Operations/ Manage Clinicians in the blue menu panel to the left.
- Click Manage Clinicians.
- Click Find.
- If there are clinicians associated to your site the Search Results will show you: you will see a list of hyper-linked names, the Site(s) they are associated with to, their Vaccine Administrator Type and whether they are Active in ImmPact.
- If the clinician you want is listed and active, open the Vaccine Administrator Type dropdown menu,
 - Select whether they are vaccinating only in the SLVC setting (mass-immunization only), or vaccinating at other sites as well (site and mass-imm).
- If the clinician you want is not listed refer to the Manage Clinicians webinar to add your Vaccinator partner to ImmPact. In order to bill MaineCare this vaccinator must have an NPI Type 2 Number Registered with Maine Integrated Health Management System

You have now:

- *Learned what is required to participate as a Section partner*
- *Prepared your ImmPact user to begin the registration process*

- *Prepared your site to begin the registration process*

You need to:

- *Determine who will be fulfilling the roles in Sections A through D*
- *Complete Sections A through D of the registration*
- *View the next 3 Registration webinars.*
 - *SLVC Registration - Scenario 1: School Responsible for all SLVC Roles*
 - *SLVC Registration - Scenario 2: Multiple Partners for SLVC Roles*
 - *SLVC Registration - Final Steps*



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SAU SLVC: IMPACT CONTACT INFORMATION

Fax Completed Form to ImmPact Help Desk 207-287-8127

- Use the SAU SLVC: ImmPact Contact Information Form to list your SAU contact information and your partner organizations' contact information (according to the definitions and instructions on the form).
 - Fax the form into the ImmPact Help Desk at: 207-287-8127.
 - ImmPact Help Desk Staff will complete the **MANAGE CONTACTS** process in ImmPact for you.
- ImmPact Staff will fill-in the **MANAGE CONTACTS** process in ImmPact for you and your partners.
- You will then receive an email from ImmPact confirming that the your **MANAGE CONTACTS** process has been completed
- You are now ready to log-in to ImmPact to start a **NEW REGISTRATION** for your SAU's SLVCs this season.

SAU SLVC: IMPACT CONTACT INFORMATION FORM

A. Clinic Authority (The lead authority for the SLVC)

Enter the name for your School Superintendent. Your school nurse or other partners will coordinate/conduct the clinics; however the Superintendent is the authority allowing this service to occur in the school setting.

Organization (SAU): _____

ImmPact Site (Your School): _____

Enter Superintendent First Name: _____

Enter Superintendent Last Name: _____

Enter SAU Address: _____ ZIP Code: _____

Enter SAU County: _____

Enter School Nurse Phone Number: _____

Enter School Nurse Email: _____

B. Vaccine Provider* (Entity responsible for vaccine management and reconciliation)

If you have more than one vaccine provider, enter the contact information for each partner that will provide vaccine to your SAU's SLVCs. You may need to ask your partner for their ImmPact Site name:

Partner Organization B1: _____

Partner ImmPact Site B1: _____

Enter Partner Contact First Name: _____

Enter Partner Contact Last Name: _____

Enter Partner Address: _____ ZIP Code: _____

Enter Partner Country: _____

Enter Partner Phone Number: _____

Enter Partner Email: _____

Partner Organization B2: _____

Partner ImmPact Site B2: _____

Enter Partner Contact First Name: _____

Enter Partner Contact Last Name: _____

Enter Partner Address: _____ ZIP Code: _____

Enter Partner Country: _____

Enter Partner Phone Number: _____

Enter Partner Email: _____

Partner Organization B3: _____
Partner ImmPact Site B3: _____
Enter Partner Contact First Name: _____
Enter Partner Contact Last Name: _____
Enter Partner Address: _____ ZIP Code: _____
Enter Partner Country: _____
Enter Partner Phone Number: _____
Enter Partner Email: _____

C. Vaccinator* (Entity who provides licensed personnel for physically administering the vaccine)

If you have more than one Vaccinator working with your SAU this season, enter the contact information for each entity that will be administering vaccines at your SAUs SLVCs.

Partner Organization C1: _____
Partner ImmPact Site C1: _____
Enter Partner Contact First Name: _____
Enter Partner Contact Last Name: _____
Enter Partner Address: _____ ZIP Code: _____
Enter Partner Country: _____
Enter Partner Phone Number: _____
Enter Partner Email: _____

Partner Organization C2: _____
Partner ImmPact Site C2: _____
Enter Partner Contact First Name: _____
Enter Partner Contact Last Name: _____
Enter Partner Address: _____ ZIP Code: _____
Enter Partner Country: _____
Enter Partner Phone Number: _____
Enter Partner Email: _____

Partner Organization C3: _____
Partner ImmPact Site C3: _____
Enter Partner Contact First Name: _____
Enter Partner Contact Last Name: _____
Enter Partner Address: _____ ZIP Code: _____
Enter Partner Country: _____
Enter Partner Phone Number: _____
Enter Partner Email: _____

D. Clinic ImmPact User Administrator

Enter the name and contact information for the school nurse or other school employee who is responsible for managing user access to your site in ImmPact (Clinical Coordinator).

Organization (SAU): _____

ImmPact Site (Your School): _____

Enter Clinic Coordinators First Name: _____

Enter Clinic Coordinators Last Name: _____

Enter Clinic Coordinators Address: _____ Zip Code: _____

Enter Clinic Coordinators County: _____

Enter Clinic Coordinators Phone Number: _____

Enter Clinic Coordinators Email Address: _____

***IF YOU HAVE MORE THAN 3 PARTNERS FOR ROLE B or ROLE C:
PLEASE MAKE EXTRA COPIES OF THIS FORM TO PROVIDE THE CONTACT
INFORMATION FOR ALL OF YOUR PARTNERS**



Webinar Notes: SLVC REGISTRATION – Scenario 1*

School Responsible for all SLVC roles

<http://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/webinars.shtml>

* Instructions in both Scenarios 1 and 2 require that the preparatory work to manage sites in ImmPact is completed. Refer to the webinar and written instructions for School Located Vaccine Clinic (SLVC) Registration First Steps

PART 1

These instructions are for completing page 1 Part 1 of the SLVC registration for a SLVC where only one site, the school district, will be participating and fulfilling all roles in Sections A through D.

- Log into you school or school based health center (SBHC) site.
- Locate Mass Immunization/Manage Registrations in the blue menu panel to the left.
- Click Manage Registration.
 - View the page to see if your site has any registrations pending.
 - If there is a registration in the block labeled Pending Action by Stakeholder, click edit to view the registration.
 - If there are no pending registrations, click New Registration.
- Page 1 of the registration consists of four sections. Each will be prefilled with its corresponding site contact and address.

In Section A: Clinic Authority –

- Verify the contact information is correct
- Click “Confirm as Clinic Authority”

In Section B: Vaccine Provider –

- Verify the contact information is correct
- Click “Confirm as Vaccine Provider”

In Section C: Vaccinator–

- Verify the contact information is correct
- Click “Confirm as Vaccinator”

In Section D: ImmPact User Administrator –

- Verify the contact information is correct
 - Click “Confirm as ImmPact User Administrator”
-
- Once all sections have been confirmed, locate the NEXT button at the end of Section D.
 - Click NEXT to continue on to page 2 of the registration.

Please view the Webinar and written instructions for **SLVC Registration – Final Steps**.



Webinar Notes: SLVC REGISTRATION – Scenario 2*

Multiple Partners for SLVC Roles

<http://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/webinars.shtml>

* Instructions in both Scenarios 1 and 2 require that the preparatory work to manage sites in ImmPact is completed. Refer to the webinar and written instructions for School Located Vaccine Clinic (SLVC) Registration First Steps

PART 2

These instructions are for completing page 1 Part 2 of the SLVC registration for a SLVC where multiple sites will be participating and fulfilling all roles in Sections A through D.

For this example, one school site will fulfill the roles in Section A and Section D; another partner (site) will complete Section B and Section C.

Follow these instructions to enroll your partners who are performing the roles specified in Sections B and C.

- Log into your school or school based health center (SBHC) site.
- Locate Mass Immunization/Manage Registrations in the blue menu panel to the left.
- Click Manage Registration.
 - Click Search.
 - View the page to see if your site has any registrations pending.
 - If there is a registration in the block labeled Mass Immunization Registrations Pending Action By Stakeholder, click edit to view the registration.
 - If there are no pending registrations, click New Registration.

Page 1 of the registration consists of four sections. Each section - for which the corresponding site contact and address have been saved - will pre-fill.

For the Mass Immunization Clinic Type, select SLVC

- Click “Confirm Mass Immunization Clinic Type”

In Section A: Clinic Authority –

- Verify the contact information is correct
- Click “Confirm as Clinic Authority”

In Section D: ImmPact User Administrator –

- Verify the contact information is correct
- Click “Confirm as Clinic ImmPact User Administrator”

In Section B: Vaccine Provider –

- In the Transfer dropdown menu, locate the site that will be the Vaccine Provider.
- Click Transfer
 - You will be re-directed to the Manage Registration page.
 - The registration you transferred will be posted in the block labeled “Mass Immunization Registrations Pending Action By Partner”.
 - ***You must notify the site that you have transferred a registration to them and instruct them to log into ImmPact.***
 - The Vaccine Provider site will log into ImmPact.
 - Locate Mass Immunization/ Manage Registration.
 - Click Manage Registration.
 - Click Search
 - Locate the registration in the block labeled “Mass Immunization Registrations Pending Action By Stakeholder”
 - Click Edit

In Section B: Vaccine Provider –

- Verify the contact information is correct
- Click “Confirm as Vaccine Provider”

In Section C: Vaccinator –

- Verify the contact information is correct
- Click “Confirm as Vaccinator”

You will be re-directed to the Manage Registration page

- A message will be posted at the top of the page stating the registration has been transferred to the Clinic Authority for submission.
- The registration you transferred will be posted in the block labeled “Mass Immunization Registrations Pending Action By Partner”.
- You should notify the site that you have transferred a registration to them.

Log into the school or school based health center (SBHC) site

- Locate Mass Immunization/Manage Registrations in the blue menu panel to the left.
- Click Manage Registration.
- Locate the registration in the block labeled “Mass Immunization Registrations Pending Action By Stakeholder”
- Click Edit
- Verify all sections have been completed.
- Click NEXT at the bottom of Section D to continue on to Page 2 of the SLVC registration.

Please view the Webinar and written instructions for **SLVC Registration – Final Steps.**



Webinar Notes: SLVC REGISTRATION – Final Steps

Mass Immunization: Memorandum of Agreement

<http://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/webinars.shtml>

Please read the Memorandum of Agreement paragraph at the top of the ImmPact page.

Section 1. Mass Immunization Clinic Authority and Partner Relationship

Please indicate if the Mass Immunization Clinic Authority will be responsible for all roles or if a combination of partners will be fulfilling the roles required by this MOA.

1. Our Clinic Authority will be responsible for **ALL** of the roles listed in the electronic portion of this MOA.
 - a. If you select YES, the Clinic Authority column will fill “Responsible” for all line items in section 2
 - b. If you Select NO, you must select yes for number 2
2. Our Clinic Authority will be working with outside stakeholders to assist in performing Mass Immunization Clinic(s) / Events
 - a. If you select Yes, continue to section 2 and designate who is responsible for each line item. You may also designate who is participating.

NOTE: If you click YES for number 1 but meant NO, change item 1 to NO and select YES for number 2. This will clear the selections from the Clinic Authority column.

Section 2: Mass Immunization Roles

Please indicate the agreed upon responsible party and/or participants for each of the roles below.

- Each row must have one “Responsible” selected.
- Each row may have multiple “Participating” selections.

When you have completed Section 1 and Section 2 of the MOA, click NEXT to move forward to the signature page.

- Verify that the information on the signature page is correct.
- Click the button labeled “Submit Agreement Form” to send the MOA to the state for approval.
- You will be returned to the Manage Registration page.
- Your submitted registration agreement will be posted in the block labeled “Mass Immunization Registrations Pending Action By State”
- Click on the Print Sig link.
- Print the document.
- Have each partner sign and date the form.
- Fax the form to 207-287-8127*.

****Please note that the Maine CDC will not move forward in approving your MOA until the signature page is received by ImmPact.***



School Located Vaccine Clinic Creation

To create a clinic for your school-located vaccine clinic (SLVC) registration(s) please follow the instructions below:

1. Log into ImmPact.
NOTE: Only Section A (Clinic Authority Site) can create a clinic(s). If you are creating the clinic on the behalf of Section A you will need to switch into the clinic authority site.
 - Click Manage Clinics
 - Locate the row containing the registration for which a clinic needs to be created
 - Click CREATE NEW
2. Clinic Information section:
 - Type in a name for the clinic
 - Enter the clinic date
 - Open the Clinic Location drop down menu
 - Select the site where the clinic will be held
3. Clinic Billing section:
NOTE: If you need assistance with your MaineCare NPI which may be in either a 10 digit format or a 10-3 digit format, you may call:
MaineCare Provider Enrollment 1-866-690-5585, Select option 2.
 - Open the Intend to Bill MaineCare drop down menu
 - Select YES or NO
 - If **NO**, skip to number 4
 - If **YES**, enter the NPI number for the partner who is to be paid for the administration
 - click Verify NPI
 - The provider information for the NPI will load below
 - If the information is not correct, click CLEAR NPI and re-enter your NPI number
 - If the information is correct continue to Clinic Vaccine Needs
4. Clinic Vaccine Needs section (not required):
NOTE: This is not your vaccine order
 - Enter in the number of doses you expect to use at this clinic
 - Click SAVE
5. You will be returned to the Manage Clinics page and the clinic should now be in the EDIT drop down menu.

NOTE: Clinic dates will appear on the Mass Imm administration screen.

School-Located Vaccine Clinics for Influenza

2013-2014 SLVC TOOLKIT

Part 2: DOCUMENTS TO SEND HOME

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- 2.1 Letter Template for Parents/Guardians**
- 2.2 Maine CDC SLVC Fact Sheet**
- 2.3 VIS Live Intranasal Influenza Vaccine**
- 2.4 VIS Inactivated Influenza Vaccine**
- 2.5 Health Screen and Permission Form**
- 2.6 Information Sheet for Parents of Children Less than 9 Years Old**
- 2.7 After the Shot Parent Information Sheet**



(SCHOOL HEADER)

_____ School will be having an influenza vaccination clinic during the month of _____.

Please read the Vaccine Information Sheets attached to this letter and complete the attached Health Screen & Permission Form and return to the school by _____.

- ✓ You will be notified if there is a change in the planned dates of school flu clinics.
- ✓ **Reminder:** Some children less than 9 years of age may need 2 doses of flu vaccine this year.
- ✓ Please see the Information Sheet for Parents to determine if your child will need 2 doses.
- ✓ Please see the School-Located Vaccine Clinic Fact Sheet for Parents about the advantages to having your child vaccinated in the school-located vaccine clinic setting.

For information about flu and the vaccine go to www.maine flu.gov, www.flu.gov, or <http://www.cdc.gov/flu>

For questions about the flu vaccine, call Maine Center for Disease Control & Prevention (Maine CDC) at 1-800-867-4775, Monday – Friday 9 a.m. – 5 p.m.

For questions about the vaccine clinics at our school, please call the school nurse at _____.

OPTIONAL: *Parents are encouraged, but not required, to attend these clinics with their child.*

Sincerely,

Please be sure to complete and return the Health Screen & Permission form!



Fact Sheet: School-Located Vaccine Clinics for Flu

Q. What is influenza (flu)?

A. The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death.

The best way to prevent the flu is by getting a flu vaccination each year.

Some people, such as older people, young children, and people with certain health conditions (such as asthma, diabetes, or heart disease), are at high risk for serious flu complications.

Q. How does the flu spread?

A. Flu viruses spread mainly from person to person through coughing or sneezing. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

Q. What can I do to prevent my child from getting the flu?

A. Maine CDC recommends a yearly flu vaccine as the first and most important step in protecting against this serious disease. While there are many different flu viruses, the flu vaccine protects against the three main flu strains that research indicates will cause the most illness during the flu season. The vaccine can protect you from getting sick from these three viruses or it can make your illness milder if you get a different flu virus. In addition, everyday preventive steps like frequent hand washing can decrease your child's chances of getting the flu.

Q. Why are children getting vaccinated at school?

A. School clinics provide an opportunity for more children to be vaccinated, which makes for a safer and healthier school environment. While adults usually have many places to get flu vaccine (work, pharmacy, community clinics, etc) there are fewer opportunities for children outside of their healthcare provider's office. Children who receive flu vaccine are much less likely to get the flu and miss school.

Q. What are the advantages of having my child vaccinated at a school-based clinic?

- **The vaccine is free:** There is no fee for the vaccine and no fee or copayment for an office visit. The clinic provider will ask for your insurance information on your permission form in order to bill your insurance carrier for administering the vaccine. **No child will be denied the opportunity to be vaccinated and there will be no costs passed on to the families.**
- **Parents do not need to miss work:** If your child is vaccinated at the school-based clinic you may or may not need to be present. Consent forms are provided to parents ahead of time. Please check with your school to see if parent attendance is required.
- **Students do not need to miss school:** If your child is vaccinated in the school-based clinic, he or she will not need to be taken out of school for an appointment with your health care provider.
- **Vaccine administration information will be available to your usual health care provider:** Information on this vaccination will be entered into the State's Immunization Registry and this information is available to your health care provider.

Influenza Vaccine

What You Need to Know

(Flu Vaccine, Live, Intranasal)

2013-2014

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every winter, usually between October and May.

Flu is caused by the influenza virus, and can be spread by coughing, sneezing, and close contact.

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, or a weakened immune system. Flu vaccine is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine is the best protection we have from flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Live, attenuated flu vaccine—LAIV, Nasal Spray

There are two types of influenza vaccine:

You are getting a **live, attenuated influenza vaccine** (called LAIV), which is sprayed into the nose.

“Attenuated” means weakened. The viruses in the vaccine have been weakened so they can’t make you sick.

A different vaccine, the “flu shot,” is an **inactivated** vaccine (not containing live virus). It is given by

injection with a needle. *This vaccine is described in a separate Vaccine Information Statement.*

Flu vaccine is recommended every year. Children 6 months through 8 years of age should get two doses the first year they get vaccinated.

Flu viruses are always changing. Each year’s flu vaccine is made to protect from viruses that are most likely to cause disease that year. While flu vaccine cannot prevent all cases of flu, it is our best defense against the disease. LAIV protects against 4 different influenza viruses.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are **not** caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

LAIV may be given to people **2 through 49 years of age**, who are not pregnant. It may safely be given at the same time as other vaccines.

LAIV does not contain thimerosal or other preservatives.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe (life-threatening) allergies**, including an allergy to eggs. If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you should not get a dose.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you have gotten any other vaccines in the past 4 weeks, or if you are not feeling well.** They might suggest waiting. But you should come back.



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- **You should get the flu shot instead of the nasal spray if you:**
 - are pregnant
 - have a weakened immune system
 - have certain long-term health problems
 - are a young child with asthma or wheezing problems
 - are a child or adolescent on long-term aspirin therapy
 - have close contact with someone who needs special care for an extremely weakened immune system
 - are younger than 2 or older than 49 years. (Children 6 months and older can get the flu shot. Children younger than 6 months can't get either vaccine.)

The person giving you the vaccine can give you more information.

4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare. LAIV is made from weakened virus and **does not cause flu**.

Mild problems that have been reported following LAIV:

Children and adolescents 2-17 years of age:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Adults 18-49 years of age:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

Severe problems that could follow LAIV:

- A severe allergic reaction could occur after any vaccine (estimated less than 1 in a million doses).

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5

What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

6

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

7

How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement (Interim)
Live Attenuated Influenza Vaccine

07/26/2013

42 U.S.C. § 300aa-26

Office Use Only



Influenza Vaccine

What You Need to Know

(Flu Vaccine,
Inactivated)

2013-2014

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every winter, usually between October and May.

Flu is caused by the influenza virus, and can be spread by coughing, sneezing, and close contact.

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, or a weakened immune system. Flu vaccine is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine is the best protection we have from flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Inactivated flu vaccine

There are two types of influenza vaccine:

You are getting an **inactivated** flu vaccine, which does not contain any live influenza virus. It is given by injection with a needle, and often called the “flu shot.”

A different, **live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Flu vaccine is recommended every year. Children 6 months through 8 years of age should get two doses the first year they get vaccinated.

Flu viruses are always changing. Each year’s flu vaccine is made to protect from viruses that are most likely to cause disease that year. While flu vaccine cannot prevent all cases of flu, it is our best defense against the disease. Inactivated flu vaccine protects against 3 or 4 different influenza viruses.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are not caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

A “high-dose” flu vaccine is available for people 65 years of age and older. The person giving you the vaccine can tell you more about it.

Some inactivated flu vaccine contains a very small amount of a mercury-based preservative called thimerosal. Studies have shown that thimerosal in vaccines is not harmful, but flu vaccines that do not contain a preservative are available.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe (life-threatening) allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get a dose. Most, but not all, types of flu vaccine contain a small amount of egg.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.** They might suggest waiting until you feel better. But you should come back.



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Control and Prevention

4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare. Inactivated flu vaccine does not contain live flu virus, so **getting flu from this vaccine is not possible.**

Brief fainting spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. **Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls.** Tell your doctor if you feel dizzy or light-headed, or have vision changes or ringing in the ears.

Mild problems following inactivated flu vaccine:

- soreness, redness, or swelling where the shot was given
- hoarseness; sore, red or itchy eyes; cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Moderate problems following inactivated flu vaccine:

- Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may be at increased risk for seizures caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Severe problems following inactivated flu vaccine:

- A **severe allergic reaction** could occur after any vaccine (estimated less than 1 in a million doses).
- There is a small possibility that inactivated flu vaccine could be associated with Guillain-Barré Syndrome (GBS), no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine

07/26/2013

42 U.S.C. § 300aa-26

Office Use Only



HEALTH SCREEN & PERMISSION FORM – Influenza Vaccine 2013-2014

School Name:

Full Name:		Date of Birth: / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:		Town/City:	Zip Code:	Daytime Phone:
Grade:	Teacher:		School Administrative Unit (District)	

Please answer the following questions about the person named above. Comments may be written on the back of this form.

	YES	NO
1) Does this person have any severe (life-threatening) allergies, including an allergy to eggs?		
2) Has this person ever had a severe reaction to an influenza immunization in the past?		
3) Has this person ever had Guillain-Barre Syndrome?		
If you answered "yes" to any questions 1-3, please see your healthcare provider for flu vaccination		
4) Has this person received any other vaccinations in the past 4 weeks, or is not feeling well? If yes, Type of vaccine _____ Date _____		
5) Does this person have long-term health problems, asthma or wheezing problems, or on long-term aspirin treatment?		
6) Does this person have a weakened immune system, or come in close contact with someone who has a severely weakened immune system?		
7) Is this person pregnant or could this person be pregnant?		
If you answered "yes" to any questions 4-7, this person cannot receive the intranasal flu vaccine		
8) Is this person an American Indian or an Alaskan Native?		
9) Is this person uninsured?		
10) Is this person under-insured (has insurance that does not cover flu vaccine)?		
11) Is this person insured by MaineCare (Medicaid)? YES _____ NO _____ MaineCare ID #: _____		
12) Health Insurance: Name of Company: _____ ID Number: _____ Group number: _____		
13) Doctor's Name: _____ Phone Number: _____		

PERMISSION TO VACCINATE

- I was given a copy of the 2013-2014 Influenza Vaccine Information Statements, I have read them or had them explained to me and I understand the benefits and risks of the Influenza vaccine.
- I give permission for a record of this vaccination to be entered into the ImmPact Registry.
- I give permission for information to be used to bill either MaineCare or private insurance for the cost of providing the vaccine
- I am giving my consent for this person to receive the most appropriate vaccine, as determined by the health care provider giving the vaccination.
- If my child refuses to receive the injection and does not have any of the conditions listed above, you have my permission to give the nasal flu mist.
- **I give permission for the flu vaccine to be given to the person named above by signing below.**

X _____ Date: _____
Signature of parent/guardian if person to be vaccinated is a minor or Signature of adult to be vaccinated

Printed Name of Parent or Guardian: _____

FOR OFFICE USE ONLY:

Date Dose Administered	Vaccine Manufacturer	Lot Number	Dose Volume	Signature and Title of Vaccinator	Body Site	Route	VIS date
/ /						<input type="checkbox"/> IM <input type="checkbox"/> Intranasal	07/26/13



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Information Sheet for Parents: Determining the Number of Seasonal Influenza Vaccinations for Children Younger Than 9 Years Old

If your child is younger than 9 years old, the number of seasonal flu vaccines your child needs in order to be protected from the flu in the 2013-2014 season depends on your child's previous vaccination history.

Please answer the following question to find out if your child needs one (1) or two (2) doses of 2013-2014 Seasonal Influenza Vaccine. If your child needs two doses of vaccine, check with your school about second doses or with your child's health care provider.

1. Did this child ever receive influenza vaccine?

- NO or NOT SURE ► Child should receive **2 doses** this season administered a minimum of four weeks apart
- YES ► Go to Question 2

2. Did this child receive a total of 2 or more doses of seasonal influenza vaccine since July 1, 2010?

- NO or NOT SURE ► Child should receive **2 doses** this season administered a minimum of four weeks apart*
- YES ► Child should receive **1 dose** this season

* This algorithm takes into consideration only doses of seasonal influenza vaccine received since July 1, 2010. However children aged 6 months through 8 years may need only 1 dose of vaccine in 2013-14 if they have received **any** of the following:

- 1) 2 or more doses of seasonal influenza vaccine since July 1, 2010;
- 2) 2 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of monovalent 2009(H1N1) vaccine; or
- 3) 1 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of seasonal influenza vaccine since July 1, 2010.

Children in this age group for whom one of these conditions is not met require 2 doses in 2013-2014.

Reviewed and Revised 8/8/2013



After the Shot.....

What to do if your child has discomfort

Your child may need extra love and care after getting shots. Many of the shots that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have about the fussiness, fever, and pain their child may experience after they have been immunized.

**Shots may hurt a little . . .
but diseases can hurt a lot!**

Call your doctor or nearest emergency department right away if you answer "yes" to any of the following questions:

- Does your child have a temperature that your healthcare provider has told you to be concerned about?
- Is your child pale or limp?
- Has your child been crying for more than 3 hours and just won't quit?
- Does your child have a strange, high-pitched cry that isn't normal?
- Is your child's body shaking, twitching, or jerking?
- Does your child have a very noticeable decrease in activity or responsiveness?

My child has been fussy since getting the shot. What should I do?

After a vaccination, children may be fussy or cranky because of pain or fever. Follow your health care provider's instruction for giving pain or fever reducing medicine. **Do not give aspirin.** If the fussiness lasts for more than 24 hours, call your doctor or the nearest hospital emergency department.

My child's arm is swollen, hot, and red. What should I do?

There are several things you can do to help make your child more comfortable.

- Apply a clean, cool, wet washcloth over the sore area, as needed for comfort.
- If there is increasing redness or tenderness after 24 hours, call your doctor or the nearest hospital emergency department.
- Follow your healthcare provider's instructions for giving pain or fever reducing medicine. **Do not give aspirin.**

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using a digital thermometer. Here are some things you can do to help reduce the fever:

- Give your child plenty to drink.
- Dress your child lightly.
- Sponge your child in a few inches of lukewarm (not cold) bath water.
- Give fever or pain reducing medicine based on dosing instructions on the package. **Do not give aspirin.** Recheck your child's temperature after 1 hour. Continue to give the medicine for 1-3 days, as needed, based on the instructions on the medicine package.

My child seems really sick. Should I call the doctor?

If you are worried **at all** about how your child looks or feels, call your healthcare provider or the nearest emergency department!

If your child's temperature is 100° or higher or if you have any questions, call your healthcare provider or the nearest emergency department.

Recommended fever or pain reducing medication:

Children's Acetaminophen (Tylenol) - dosage and time as directed on the package.

School-Located Vaccine Clinics for Influenza

2013-2014 SLVC TOOLKIT

Part 3: CLINIC GUIDANCE

Table of Contents

- 3.1 Framework for Planning SLVCs for Influenza**
 - 3.1.1 Timeline – School Working Independently**
 - 3.1.2 Timeline – School Working with a Partner**
 - 3.1.3 Timeline – Partner Working with a School**
- 3.2 Standing Order for Influenza SLVCs (Model Plan)**
- 3.3 Template School Physician Letter**
- 3.4 Health Screen and Permission Form**
- 3.5 Health Screen and Permission Form Guidance**
- 3.6 CDC Summary Recommendation: Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices-(ACIP)- United States, 2013-14**
- 3.7 Template Adult Refusal to Stay After Receiving Vaccine**
- 3.8 Model Plan: Reporting Adverse Events Following Influenza Vaccination (VAERS)**
 - 3.8.1 VAERS Form**



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Framework for Planning School-Located Vaccine Clinics (SLVCs) for Influenza

These recommendations and guidelines were developed to assist with planning school-located vaccination clinics (SLVC) for influenza.

This document provides general guidance to help ensure smooth operations at SLVCs and is broken into 4 phases, each with specific considerations:

1. Planning
2. Clinic Set-up
3. Clinic Operations
4. After-Clinic Activities

PHASE 1: Planning

- Identify SLVC leaders for overall vaccination delivery operations.
- Identify partners that will be fulfilling mass immunization roles in ImmPact.
- Register your clinics according to guidelines found in the SLVC Toolkit.
- Develop a communication plan among all clinic partners.
- Identify clinic process, including: location, size, # of stations, and staff required.
- Identify staff to fill the positions.
- Meet the language needs of the community using multi-lingual staff as appropriate.
- Prepare staff members regarding their roles and responsibilities during clinic operations.
- Cross-train staff members, if possible, to enable flexibility in meeting needs at various stations as demands fluctuate.
- If possible, provide additional staff to meet fluctuating clinic demands and schedule breaks for staff.
- Ensure the presence of an onsite emergency medical kit and supplies.
- Ensure that emergency procedures are in place to respond to urgent medical problems.

Reviewed and Revised 7/31/13

Vaccine Clinic Location

- If you plan to vaccinate a large number of students at one time, it is recommended clinic planners consider holding the clinic in school gyms, auditoriums, or other large covered spaces that can accommodate a large number of students and staff.
- If you plan to vaccinate smaller numbers of students in small groups by classroom, it is recommended that you carefully consider the building layout to ensure adequate clinic flow. Items such as adequate lighting and heating, functional and accessible restrooms, adequate space for all clinic functions such as screening, registration, vaccine storage, vaccination, and staff breaks are considered.

Clinic Notification & Parental Consent

- Ensure that adequate vaccine is available for the clinic.
- Best practices indicate providing consent forms and information packets to parent 7-61 days prior to the clinic date and sending reminders to parents to return the consent forms. Reminders can include mailings to parents and making personal or automated phone calls.
- Prior to vaccinating students, staff should review the consent forms to verify that parents have fully completed the forms.
- Consent forms are available in the current season's SLVC Toolkit.

PHASE 2: Clinic Set-up

Clinic Lay-Out and Specifications

- See "Example of Influenza Vaccine Clinic Lay-Out" on next page.
- You may want to adjust your clinic's lay-out based on items identified during the initial clinic planning phase.
- Use signs in multiple languages, as needed.
- Provide seating for students and staff if possible.
- Provide a waiting area where students can be observed after vaccination.

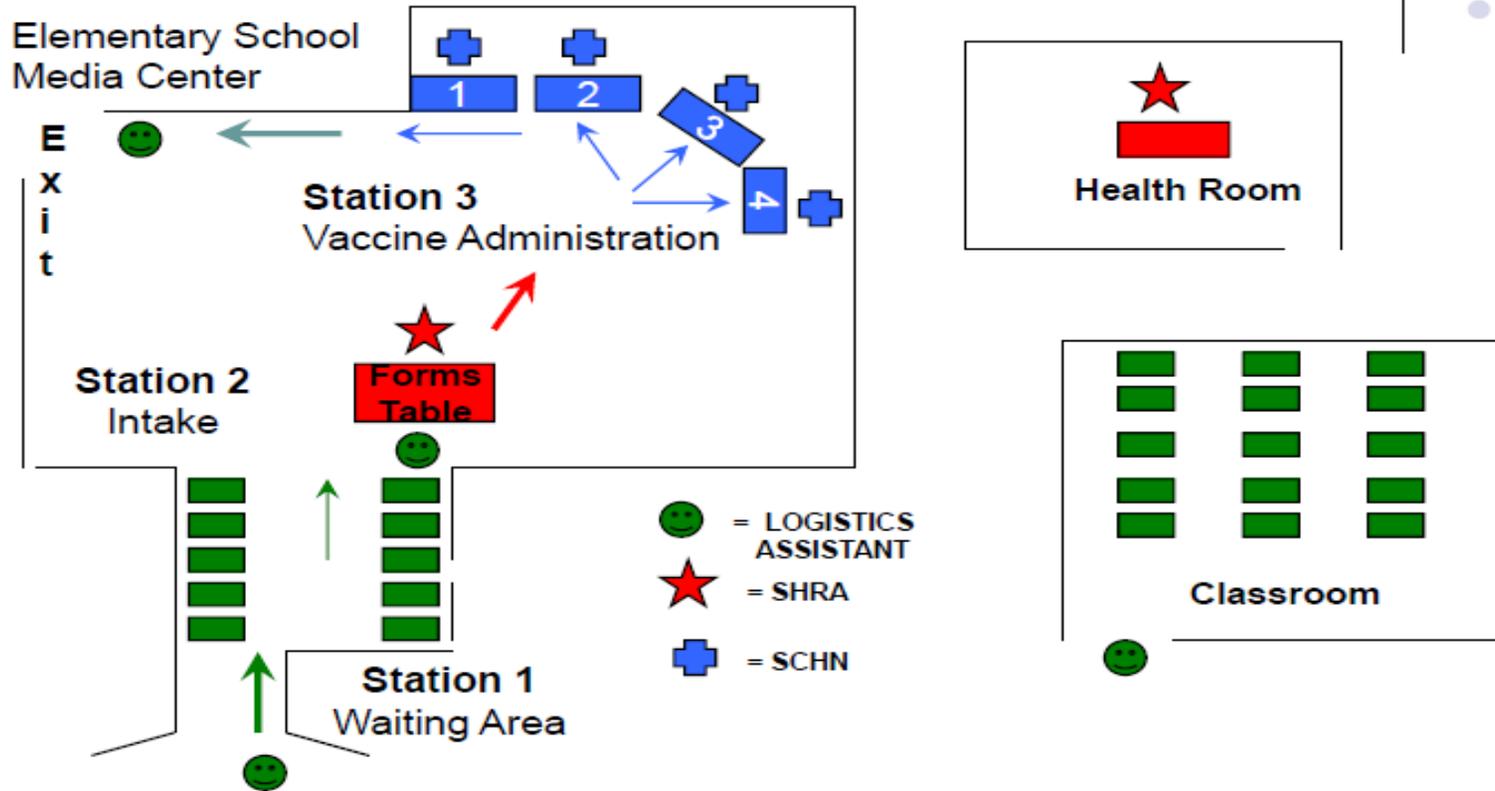
Clinic Security/Safety

- If your school will be utilizing outside volunteers to help operate your clinic, it is recommended that you consider using name tags or ID badges to ensure those inside the clinic are authorized to be there.
- Assure that vaccine is stored in a safe and secure location that can be locked and access can be restricted to medical personnel only.
- Recruit local volunteers as needed to assist with clinic flow.
- Depending on the time of the clinic (during school or off-hours) you may want to coordinate and collaborate with local community resources.



DIAGRAM OF ADMINISTRATION PLAN

School Size 450 – 600 students



PHASE 3: Clinic Operations

- Accommodations for special-needs students will need to be taken into account (e.g., persons with disabilities) for expedited access into the clinic.
- Direct arriving students into clinic to expedite vaccine delivery.
- Ensure all students receiving vaccine have completed all forms, including the consent form and health screen.
- Based on the results on the health screening process, determine the correct vaccine presentation (multi-dose, pre-filled, nasal mist, etc) for each student and direct them to the correct vaccination station.
- In order to keep the flow moving it is recommended that non-medical clinic staff be utilized as supply runners to assist in the clinic supply management process.
- Maintain a steady flow of students through the clinic so that vaccinators are never without a client at their stations; redirect students to other stations if bottlenecks occur.

PHASE 4: After-Clinic Activities

- After-clinic activities need to be part of the initial planning process.
- Step 1: Close the vaccine clinic
 - Clear all students from the vaccination area prior to closing
 - Post clear signage indicating that the site is closed
 - Assign staff for breakdown of site
 - Catalog and repair consumable supplies
 - Collect and dispose of trash
 - Bag and properly dispose of medical waste (sharps containers)
- Step 2: Clean-up
 - Follow your schools policy regarding post-event clean-up
- Step 3: Reporting doses administered
 - At the conclusion of the vaccine clinic, report clinic information to Clinic Authority and to Maine CDC, as required by the Maine Immunization Program.
 - Doses administered must be entered into ImmPact as soon as possible after the completion of SLVC.
 - Delays in doses administered reporting can have multiple effects
 - Results in delayed billing and reimbursement for vaccine
 - Inability of the person's healthcare provider to view up-to-date vaccination history, which may lead to double vaccination of the patient

SLVC CALENDAR-SCHOOL WORKING INDEPENDENTLY

Month/Timeframe	Task/Activity	Responsible Party
June	Obtain standing orders for SLVC from school Medical Director.	School Nurse
July/ Early August	<p>Watch for information from Maine Immunization Program that vaccine is available to order. (See Part 5 of Toolkit for information about ordering and storing vaccine.)</p> <p>Estimate number of doses to order based on last year participation and current student and staff population. Order vaccine.</p> <p>Schedule clinic dates and times with building principals for each building.</p> <p>Go to School Located Vaccine Clinic Toolkit from website: www.maine.gov/education/sh/slvc to obtain current year Vaccine Information Sheets (VIS), consent forms and any helpful information.</p>	School Nurse
August/Opening of School	Start refrigerator that will store vaccine. Begin 2 weeks of temperature logs (to submit to Maine Immunization Program).	School Nurse
Early September	<p>Do SLVC Registration online.</p> <p>Inform central office secretaries of vaccine order and request they notify school nurse of delivery right away.</p> <p>Recruit clinic staff/ volunteers as needed.</p> <p>Prepare vaccine consent packets for mailing/distribution to all students and staff.</p> <ul style="list-style-type: none"> • Pre-K to Grade 5 packets are sent home with students. • Grades 6-12 packets are mailed home. • Staff packets go in office mailboxes. 	School Nurse
September	<p>Order snacks for recovery area from cafeteria.</p> <p>Notify custodial staff of flu clinic dates, times, locations; request services/equipment as needed.</p> <p>Review all returned consent forms for completeness, consent and signature.</p> <p>Get class lists and organize consent forms for use on clinic day.</p> <p>Check clinic supplies.</p> <p>Set up emergency kit (as described in Tool Kit) in bright orange tote to be transported to each clinic.</p>	School Nurse

<p>October/Early November</p>	<p>Conduct flu clinics:</p> <ul style="list-style-type: none"> • Assign volunteer staff to check students in, check temps, escort student to nurse for immunization, escort students out to recovery area, monitor students in recovery area, and release to class after 15 minutes. • Nurses will administer appropriate immunization based on consent form, document method of administration, time, lot number, site and signature. • Parent volunteers and school nurses work together to bring students to immunization clinic, control traffic flow, problem solve and return students to class promptly. <p>Notify parents of students experiencing untoward reaction or refusing immunization at school.</p> <p>Establish dates for second dose clinic as needed.</p>	<p>School Nurse/ Clinic Staff/Parent Volunteers</p>
<p>Week after immunizations:</p>	<p>Enter all immunizations into Impact.</p> <p>File consent forms in student health record.</p> <p>Prepare summary of vaccine clinics for report to administration and school committee.</p> <p>Record list of employee immunizations for roster billing to Anthem. Submit to Anthem.</p>	<p>School Nurse</p>
<p>December</p>	<p>Complete and submit annual Impact User Agreement to Maine Immunization Program.</p> <p>Inventory flu clinic supplies and budget for the following school year.</p>	<p>School Nurse</p>

Created 7/31/2013

SLVC CALENDAR-SCHOOL WORKING WITH PARTNER

Month/Timeframe	Task/Activity	Responsible Party
April	Contact Vaccine Provider to plan for clinic in fall of next school year. This prepares provider to order vaccine.	School Nurse
	Estimate number of doses to order for fall (usually based on previous year usage.)	SchoolNurse & Vaccine Provider
	Establish clinic dates and times for fall.	School Nurse& Vaccine Provider
July/August	Print School Located Vaccine Clinic Toolkit from website: www.maine.gov/education/sh/slvc . This contains current year Vaccine Information Sheets (VIS), consent forms, standing orders, procedures, etc.	School Nurse
Week before school starts	Confirm vaccine clinic dates with school principals.	School Nurse
	Provide dates to school secretaries for inclusion in school calendar/newsletters going home with students.	School Nurse
	Furnish consent forms and parent information to school secretaries for distribution on first day of school.	School Nurse
First day of school	Send consent forms and any parent information home in each building so students can sign up for vaccine.	School secretary(s)
Early September	Do SLVC Registration online.	School Nurse
	Obtain required signatures and fax to Maine Immunization Program.	School Nurse
	Obtain standing orders from school medical director.	School Nurse
	Recruit staff/ volunteers as needed.	School Nurse
	Distribute additional consent forms to each school office for new students and staff.	School Nurse
	Provide staff with information to obtain vaccine at SLVC. (When using state supplied vaccine we are unable to immunize family members at school.)	School Nurse
September	Review all returned consent forms for completeness, consent and signature.	School Nurse
	Collate all consent forms for use on clinic day.	School Nurse
	Notify custodial staff in each building of flu clinic dates, times, locations and request services as needed.	School Nurse

SLVC CALENDAR-PARTNER WORKING WITH SCHOOL

Stage of Development/ Timeframe	Task/Activity	Responsible Party
Prior to SLVC/July	<p>Contact school to determine interest in SLVC.</p> <p>Review vaccine inventory from prior year clinic -estimate number of doses needed</p> <p>Order 40% vaccine doses needed based on state based estimates</p> <p>Negotiate and sign MOU</p>	<p>Clinic Coordinator</p> <p>Clinic Coordinator</p> <p>Clinic Coordinator</p> <p>Clinic Coordinator/ School Contact</p>
Prior to beginning of school/ August	<p>Print SLVC Toolkit (contains VIS, consent forms, state forms) including forms for teachers</p> <p>Organize paperwork to be sent home to parents</p> <p>Send forms to language line service for translation</p>	<p>School Nurse/ Clinic Coordinator</p> <p>School Nurse</p> <p>School Nurse</p>
Immediately following beginning of school/ September (Second or third week)	<p>Notify parents of clinics to be held in October & to expect clinic schedule (do not include clinic notices with other school notifications)</p> <p>Vaccine is delivered & stored in separate refrigerator</p> <p>Notify school nurse when vaccine has been delivered</p> <p>Determine clinic dates, times & schedule (employees first, students next, youngest students first)</p>	<p>Clinic Coordinator & School Nurse</p> <p>Clinic Coordinator</p> <p>Clinic Coordinator</p> <p>Clinic Coordinator & School Nurse</p>
Prior to Clinic (one week)/ September or early October	<p>Advertise School Clinic dates in local newspapers; update and refresh school website: clinic schedule, permission slips, immunization forms</p> <p>Additional notification one week prior to day of clinic contact school nurse to verify projected student count/doses needed</p>	<p>School Nurse</p> <p>Clinic Coordinator</p>
Prior to Clinic (day before)/September or early October	<p>Call school nurse day before clinic for final count</p> <p>Organize clinic supplies: EPI pens, Benadryl, standing order for vaccine administration, medical dosing sheet, pens, chux pads, tissues, gloves, 2X2 gauze, band aids, hand sanitizers, alcohol pads, needles, syringes (if not prefilled) extra forms, rosters and VIS sheets, coolers, ice packs, vaccine – separated by lot number identification, thermometers</p> <p>If possible, outreach to families who have not returned permission slips</p>	<p>Clinic Coordinator</p> <p>Clinic Coordinator</p> <p>School nurse</p>

<p>Day of Clinic/Flu Season</p>	<p><u>Set up clinic</u> location at school:</p> <ul style="list-style-type: none"> • seating for waiting • 2 tables with chairs for registration & temp taking • Immunization stations equipped with waste basket, sharps container, hand sanitizer and tissues <p>Attach lot number stickers to permission slips. Copy front and back of school employee insurance card.</p> <p>Complete rosters required for billing: patient name, date of birth, date of service, clinic site, vaccinator name, attach flu forms with roster</p> <p><u>Review/verify information on consent forms:</u> Student or school employee name, date of birth, contraindication sign off, type of vaccine (nasal or injection), vaccinator nurse sign off (initial/date injection given).</p> <p><u>Vaccinate:</u> Student is seated, roll up sleeve, clean injection area of the arm with alcohol, while drying verify student name and form information, give immunization.</p> <p>Place time sticker on student just prior to receiving snack and clearance – 15 minutes after immunization return to classroom</p> <p>Encourage teachers to get their immunizations with their students.</p>	<p>School Nurse/ Clinic Coordinator</p> <p>Clinic Coordinator</p> <p>Clinic Staff/ School Nurse</p> <p>Vaccinator</p> <p>Clinic volunteers</p>
<p>Immediately following Clinic/October & November</p>	<p><u>Billing:</u> Enter doses into Immpect & EMR system, send copies of forms to relevant schools. School staff has access to mass immunization status in Immpect.</p> <p><u>Quality Assurance:</u> Run reports on numbers of vaccines entered into Electronic Medical Record vs Immpect.</p> <p><u>Dose Redistribution:</u> Contact District Liaison (or local central PHN) re: leftover vaccine so that it can be redistributed.</p>	<p>Clinic Coordinator/ School Nurse</p> <p>Clinic Coordinator</p> <p>Clinic Coordinator</p>

Insert your
School Identifier Here

Model Plan for
**Standing Order for Influenza
School-Located Vaccine Clinics**

The following order provides direction to be followed at mass immunization clinics designated as School-Located Vaccine Clinics (SLVCs).

1. The Clinic Authority (school administration) will work in coordination with the Vaccine Provider (the entity ordering vaccine supply and managing inventory) and the Vaccinator (the entity with licensed professionals that administer vaccine in the clinic setting) to administer the vaccine at immunization clinics.
 2. The Clinic Authority will use the consent form to obtain a relevant health history for the purpose of determining possible contraindications to receiving vaccine.
 3. The Clinic Authority will have a screener check for moderate or severe illness (including fever > 100) in clients. Persons who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If the client is ill, they should be directed to another SLVC for vaccination or to their healthcare provider. Persons with mild illness can usually get the vaccine.
 4. An emergency plan must be in place in the event of anaphylaxis or symptoms of immediate hypersensitivity following administration of the vaccine. (See Part 4 of the *School Located Vaccine Clinics for Influenza 2013-2014 SLVC Toolkit*).
- **Prior to the clinic, Vaccinators and other health professionals attending the clinic shall be familiar with the emergency procedures for anaphylaxis and the administration of Epinephrine and Benadryl.**

Note: An Emergency Kit containing the following items must be at the clinic site:

- Aqueous epinephrine 1:1000 dilution, in ampules, vials of solution or prefilled syringes, including epinephrine autoinjectors (e.g., EpiPen). If EpiPens are to be stocked, both EpiPen Jr (0.15 mg) and adult EpiPens (0.30 mg) should be available.
- Diphenhydramine (Benadryl) injectable (50mg/mL solution) and oral (12.5 mg/5 mL suspension) and 25 or 50 mg capsules or tablets.
- Syringes: 1-3 cc, 22-25g 1", 1 ½", and 2" needles for epinephrine and diphenhydramine (Benadryl).
- Pediatric & adult airways (small, medium, and large).
- Alcohol swabs
- B/P cuffs (child, adult & extra-large) and stethoscope
- Pediatric and adult size pocket masks with one-way valve
- Tongue depressors
- Flashlight with extra batteries (for examination of mouth and throat).
- Wrist watch

- Tourniquet
- Cell phone or access to an on-site phone

Ref: Epidemiology and Prevention of Vaccine-Preventable Diseases, 12th Edition; U.S. DHHS, CDC; May 2012, Appendix D-19

5. There must be a second responsible person present at each clinic site while vaccine is being administered in order to activate the Emergency Medical Services if necessary. The second person may be from a program other than the school.
6. There shall be no pre-filling of syringes at clinics if using multi-dose vials. All doses of vaccine and emergency medication shall be drawn up at the time of administration.
7. During the clinic, if the vaccine is stored in a transport container/cooler, the insulating barrier must be left in place between the vaccine and the refrigerated/frozen packs, and cold chain must be maintained.
8. During the clinic, the SLVC staff shall check the temperature in the cooler, as vaccine is accessed or at least hourly to ensure that the cold chain is not broken. If the temperature range is out of the acceptable CDC ranges for storage of vaccine (35° to 46°F) the following action must be taken immediately:
 - a. Label the vaccine that it has been stored out of range
 - b. Notify the SLVC Vaccine Provider
 - c. Notify the manufacturer of the product for instructions in handling the vaccine (see contact numbers below).
 - d. Notify the Maine Immunization Program (287-3746) if vaccine comes from the Maine Immunization Program.
9. The Vaccinator shall verify that the medical screening/permission form is complete and shall be used for the purpose of determining possible contraindications to receiving the vaccine.
 - As recommended best practice, copy of the Vaccine Administration Record (VAR) or consent form and the health history shall be retained for 3 years by the Vaccine Provider.
10. Persons with a negative health history (no contraindications) or who have written permission from their primary health care provider may receive the vaccine.
11. Each Vaccinator shall have their own sharps container at their station. During use, sharps containers shall be:
 - a. Easily accessible to personnel and located at the area where sharps are used or can be found.
 - b. Maintained upright throughout use.
 - c. Replaced when $\frac{2}{3}$ full.
12. The Vaccinator shall notify the client that they are expected to remain for 15 minutes at the clinic site after receiving the vaccine for the purpose of observing for a reaction to the vaccine. All minors shall be observed for 15 minutes. If an adult client refuses to stay for the 15-minute observation period the Vaccinator shall obtain their signature on the Adult Refusal to Stay After Receiving Vaccine statement.

13. If an adverse reaction should occur, the Vaccinator and clinical staff shall refer to “Medical Management of Vaccine Reactions in Children and Teens” available at www.immunize.org/catg.d/p3082a.pdf and the Model Emergency Plans provided in Part 4 of the *School Located Vaccine Clinics for Influenza 2013-2014 SLVC Toolkit*.

State Supplied Influenza Vaccine Manufacturer Contact Information for 2013/2014 SLVCs

Manufacturer	Phone Number	Products
GlaxoSmithKline	866-475-8222	Fluarix Quadrivalent
Medimunne	877-633-4411	Flumist Quadrivalent
Sanofi- Pasteur	800-822-2463	Flu-zone Trivalent

School Physician – Print Name

School Physician - Signature

Date

Reviewed and Revised 7/31/13

-School Letterhead-

Date

Dear School Physician

Our School Administrative Unit (or SAU name here) will offer influenza vaccine to our school community at a School Located Vaccine Clinic during the 2013-2014 school year. We need a physician order to conduct SLVC in our school district. All immunizations provided during the clinic will be recorded in ImmPact.

It will take the effort of all of us working together to increase the number of students who are immunized for influenza to keep our students healthy. We appreciate your assistance.

If you would like to know more about the School Located Vaccine Clinics initiative from Maine CDC, you may go to:

- www.maine.gov/education/sh/slvc
- www.maine flu.gov,
- www.cdc.gov/flu/school/guidance
- or contact me at (school nurse e-mail) or (school nurse phone number)

Sincerely,

(School Nurse Name)

School Nurse

HEALTH SCREEN & PERMISSION FORM – Influenza Vaccine 2013-2014

School Name: _____

Full Name:		Date of Birth: / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:		Town/City:	Zip Code:	Daytime Phone:
Grade:	Teacher:		School Administrative Unit (District)	

Please answer the following questions about the person named above. Comments may be written on the back of this form.

	YES	NO
1) Does this person have any severe (life-threatening) allergies, including an allergy to eggs?		
2) Has this person ever had a severe reaction to an influenza immunization in the past?		
3) Has this person ever had Guillain-Barre Syndrome?		
If you answered "yes" to any questions 1-3, please see your healthcare provider for flu vaccination		
4) Has this person received any other vaccinations in the past 4 weeks, or is not feeling well? If yes, Type of vaccine _____ Date _____		
5) Does this person have long-term health problems, asthma or wheezing problems, or on long-term aspirin treatment?		
6) Does this person have a weakened immune system, or come in close contact with someone who has a severely weakened immune system?		
7) Is this person pregnant or could this person be pregnant?		
If you answered "yes" to any questions 4-7, this person cannot receive the intranasal flu vaccine		
8) Is this person an American Indian or an Alaskan Native?		
9) Is this person uninsured?		
10) Is this person under-insured (has insurance that does not cover flu vaccine)?		
11) Is this person insured by MaineCare (Medicaid)? YES _____ NO _____ MaineCare ID #: _____		
12) Health Insurance: Name of Company: _____ ID Number: _____ Group number: _____		
13) Doctor's Name: _____ Phone Number: _____		

PERMISSION TO VACCINATE

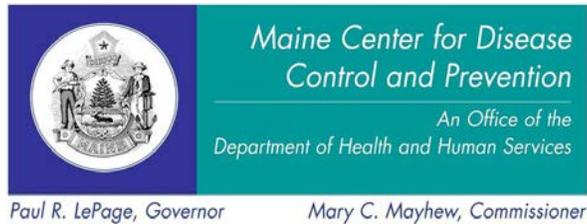
- I was given a copy of the 2013-2014 Influenza Vaccine Information Statements, I have read them or had them explained to me and I understand the benefits and risks of the Influenza vaccine.
- I give permission for a record of this vaccination to be entered into the ImmPact Registry.
- I give permission for information to be used to bill either MaineCare or private insurance for the cost of providing the vaccine
- I am giving my consent for this person to receive the most appropriate vaccine, as determined by the health care provider giving the vaccination.
- If my child refuses to receive the injection and does not have any of the conditions listed above, you have my permission to give the nasal flu mist.
- **I give permission for the flu vaccine to be given to the person named above by signing below.**

X _____ Date: _____
Signature of parent/guardian if person to be vaccinated is a minor or Signature of adult to be vaccinated

Printed Name of Parent or Guardian: _____

FOR OFFICE USE ONLY:

Date Dose Administered	Vaccine Manufacturer	Lot Number	Dose Volume	Signature and Title of Vaccinator	Body Site	Route	VIS date
/ /						<input type="checkbox"/> IM <input type="checkbox"/> Intranasal	07/26/13



GUIDANCE DOCUMENT HEALTH SCREEN & PERMISSION FORM – Influenza Vaccine

PURPOSE OF FORM

- A. Screen both children and staff in the school clinics to make sure that they can receive the vaccine in the school clinic setting (Q1-3)
- B. Select the appropriate type of vaccine to administer (Q4-7)
- C. Obtain administrative information to be used for billing (Q8-13)
- D. Obtain consent which includes permission to have information entered into ImmPact registry
- E. Obtain signature from parent/guardian, or staff member for vaccination

A. QUESTIONS 1-3: WHO SHOULD BE REFERRED TO THEIR OWN HEALTH CARE PROVIDER?

Questions 1-3 determine if the student or staff can be vaccinated in the school located vaccine clinic setting. If any of the questions are answered with a YES then:

- This person cannot receive their 2013/2014 Influenza Vaccine in the school setting
- Refer staff or parent/guardian to see their health care provider

B. QUESTIONS 4-7: WHAT TYPE OF VACCINE SHOULD BE GIVEN?

Questions 4-7 help to determine which type of the 2013/2014 Influenza Vaccine is appropriate for each person based on their medical history. If any of these questions are answered with a YES then:

- This person can not receive the nasal spray formulation, also known as Live, Intranasal Flu Vaccine on the Vaccine Information Statement (VIS)
- This person must receive the vaccine by an injection also known as Inactivated Flu Vaccine on the VIS.

C. QUESTIONS 8-13: ADMINISTRATIVE INFORMATION

- Questions 8-13 provide information that will be used for administrative purposes.

D. CONSENT TO VACCINATE INCLUDING PERMISSION TO ENTER INFORMATION INTO ImmPact

E. SIGNATURE OF PARENT/GUARDIAN ADULT

Signature of the parent/guardian indicates the consent of the parent/guardian for the child or staff member to receive vaccine and to enter the information into the ImmPact immunization registry

Reviewed and Revised 7/31/2103

Summary* Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—(ACIP)—United States, 2013-14

Influenza Prevention and Control Recommendations

This document is a summary of the recommendations of the Advisory Committee on Immunization Practices for the 2013-2014 season in the United States. The full recommendations will be published in Morbidity and Mortality Weekly Report (MMWR) (<http://www.cdc.gov/mmwr/>).

Note on abbreviations: This document includes revised abbreviations to refer to currently available influenza vaccines. Specifically:

- The former abbreviation TIV (Trivalent Inactivated Influenza Vaccine, previously used for inactivated influenza vaccines) has been replaced with the new abbreviation IIV (Inactivated Influenza Vaccine). For 2013-14, IIVs as a class will include:
 - egg-based and cell culture-based trivalent inactivated influenza vaccines (IIV3), and
 - egg-based quadrivalent inactivated influenza vaccine (IIV4).
- RIV refers to recombinant hemagglutinin influenza vaccine, available as a trivalent formulation (RIV3) for 2013-14;
- LAIV refers to live-attenuated influenza vaccine, available as a quadrivalent formulation (LAIV4) for 2013-14.
- LAIV, IIV, and RIV denote vaccine categories; numeric suffix specifies the number of antigens in the vaccine.
- Where necessary to refer specifically to cell culture-based vaccine, the prefix “cc” is used (e.g., “ccIIV3”).

Primary Changes and Updates in the Recommendations

- Routine annual influenza vaccination of all persons aged 6 months and older continues to be recommended.
- 2013-14 U.S. trivalent influenza vaccines will contain an A/California/7/2009 (H1N1)-like virus, an H3N2 virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011, and a B/Massachusetts/2/2012-like virus. Quadrivalent vaccines will include an additional vaccine virus, a B/Brisbane/60/2008-like virus.
- Several new, recently-licensed vaccines will be available for the 2013-14 season, and are acceptable alternatives to other licensed vaccines indicated for their respective age groups when otherwise appropriate:
 - A quadrivalent live attenuated influenza vaccine (LAIV4; Flumist® Quadrivalent [MedImmune]) is expected to replace the trivalent (LAIV3) formulation. FluMist® Quadrivalent is indicated for healthy, nonpregnant persons aged 2 through 49 years;
 - A quadrivalent inactivated influenza vaccine (IIV4; Fluarix® Quadrivalent [GlaxoSmithKline]) will be available, in addition to the previous trivalent formulation. Fluarix® Quadrivalent is indicated for persons aged 3 years and older;
 - A quadrivalent inactivated influenza vaccine (IIV4; Fluzone® Quadrivalent [Sanofi Pasteur]) will be available in addition to the previous trivalent formulation. Fluzone® Quadrivalent is indicated for persons aged 6 months and older;
 - A trivalent cell culture-based inactivated influenza vaccine (ccIIV3; Flucevax® [Novartis]), which is indicated for persons aged 18 years and older; and
 - A recombinant hemagglutinin (HA) vaccine (RIV3; FluBlok® [Protein Sciences]), which is indicated for persons aged 18 through 49 years.
- Within approved indications and recommendations, no preferential recommendation is made for any type or brand of licensed influenza vaccine over another.

Timing of Vaccination

- In general, health-care providers should begin offering vaccination soon after vaccine becomes available, and if possible, by October.
- All children aged 6 months--8 years who are recommended for 2 doses ([Figure 1 \(#figure1\)](#)) should receive their first dose as soon as possible after vaccine becomes available; these children should receive the second

dose ≥ 4 weeks later.

Available Vaccine Products and Indications

A variety of influenza vaccine products are available ([Table 1 \(#table1\)](#)), including (as of July 2013) five newly approved vaccines. For many vaccine recipients, more than one type or brand of vaccine may be appropriate within indications and ACIP recommendations. Where more than one type of vaccine is appropriate and available, no preferential recommendation is made for use of any influenza vaccine product over another.

Persons at Risk for Medical Complications Due to Influenza

Vaccination to prevent influenza is particularly important for persons who are at increased risk for severe complications from influenza, or at higher risk for influenza-related outpatient, emergency department, or hospital visits. When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to the following persons (no hierarchy is implied by order of listing):

- All children aged 6 through 59 months;
- All persons aged ≥ 50 years;
- Adults and children who have chronic pulmonary (including asthma) or cardiovascular (except isolated hypertension), renal, hepatic, neurological, hematologic, or metabolic disorders (including diabetes mellitus);
- Persons who have immunosuppression (including immunosuppression caused by medications or by HIV infection);
- Women who are or will be pregnant during the influenza season;
- Children and adolescents (aged 6 months--18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye's syndrome after influenza virus infection;
- Residents of nursing homes and other long-term care facilities;
- American Indians/Alaska Natives;
- Persons who are morbidly obese (BMI ≥ 40).

Persons Who Live With or Care for Persons at Higher Risk for Influenza-Related Complications

All persons aged ≥ 6 months should be vaccinated annually. Continued emphasis should be placed on vaccination of persons who live with or care for persons at higher risk for influenza-related complications. When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons at higher risk for influenza-related complications listed above, as well as these persons:

- Healthcare personnel (HCP);
- Household contacts (including children) and caregivers of children aged ≤ 59 months (i.e., aged < 5 years) and adults aged ≥ 50 years, with particular emphasis on vaccinating contacts of children aged < 6 months; and
- Household contacts (including children) and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

HCP and persons who are contacts of persons in these groups and who are not contacts of severely immunocompromised persons (those living in a protective environment) may receive any influenza vaccine which is otherwise indicated. Individuals who care for the severely immunocompromised should receive either IIV or RIV3.

Vaccine Dose Considerations for Children 6 Months through 8 Years of Age

Children aged 6 months through 8 years who are receiving influenza vaccine for the first time, and some in this age group who have previously been vaccinated, require two doses of vaccine administered ≥ 4 weeks apart. Two approaches for determining the number of doses are recommended, both of which are acceptable:

1. The first approach, outlined in the flowchart ([Figure 2 \(#figure2\)](#)), takes into consideration only doses of seasonal influenza vaccine received since July 1, 2010. This approach has the advantage of simplicity, particularly in settings in which it is difficult to ascertain vaccination history prior to the 2010-11 season. Using this approach, children 6 months through 8 years of age need only 1 dose of vaccine in 2013-14 if they received a total of 2 or more doses of seasonal vaccine since July 1, 2010. Children who did not receive a total of 2 or more doses of seasonal vaccine since July 1, 2010 require 2 doses in 2013-14.
2. In settings where adequate vaccination history from prior to the 2010-11 season is available, the second approach may be used. By this approach ([Figure 1 \(#figure1\)](#), footnote), if a child 6 months through 8 years of

age is known to have received at least 2 doses of seasonal influenza vaccine during any prior season, and at least 1 dose of a 2009(H1N1)-containing vaccine--i.e., 2010-11, 2011-12, or 2012-13 seasonal vaccine or the monovalent 2009(H1N1) vaccine--then the child needs only 1 dose for 2013-14. Using this approach, children 6 months through 8 years of age need only 1 dose of vaccine in 2013-14 if they have received any of the following:

- 2 or more doses of seasonal influenza vaccine since July 1, 2010 or;
- 2 or more doses of seasonal influenza vaccine before July 1, 2010 and 1 or more doses of monovalent 2009(H1N1) vaccine or;
- 1 or more doses of seasonal influenza vaccine before July 1, 2010 and 1 or more doses of seasonal influenza vaccine since July 1, 2010

Children 6 months through 8 years of age for whom one of these conditions is not met require 2 doses in 2013-14.

Influenza Vaccination for Pregnant Women

- Women who are or will be pregnant during influenza season should receive IIV. Live attenuated influenza vaccine (LAIV) is not recommended for use during pregnancy.
- Postpartum women can receive either LAIV or IIV.
- Pregnant and postpartum women do not need to avoid contact with persons recently vaccinated with LAIV.

Influenza Vaccination of Persons with a History of Egg Allergy

1. Persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine. Because relatively little data are available for use of LAIV in this setting, IIV or RIV should be used. RIV is egg-free and may be used for persons aged 18-49 years who have no other contraindications. However, IIV (egg- or cell-culture based) may also be used, with the following additional safety measures ([Figure 2 \(#figure2\)](#)):
 1. Vaccine should be administered by a healthcare provider who is familiar with the potential manifestations of egg allergy; and
 2. Vaccine recipients should be observed for at least 30 minutes for signs of a reaction after administration of each vaccine dose (1).
2. Persons who report having had reactions to egg involving such symptoms as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention may receive RIV3, if aged 18 through 49 years and there are no other contraindications. If RIV3 is not available or the recipient is not within the indicated age range, such persons should be referred to a physician with expertise in the management of allergic conditions for further risk assessment before receipt of vaccine ([Figure 2 \(#figure2\)](#)).
3. All vaccines should be administered in settings in which personnel and equipment for rapid recognition and treatment of anaphylaxis are available.
4. Some persons who report allergy to egg might not be egg-allergic. Those who are able to eat lightly cooked egg (e.g., scrambled egg) without reaction are unlikely to be allergic. Egg-allergic persons might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy (2). Egg allergy can be confirmed by a consistent medical history of adverse reactions to eggs and egg-containing foods, plus skin and/or blood testing for immunoglobulin E antibodies to egg proteins.
5. For individuals who have no known history of exposure to egg, but who are suspected of being egg-allergic on the basis of previously performed allergy testing, consultation with a physician with expertise in the management of allergic conditions should be obtained prior to vaccination ([Figure 2 \(#figure2\)](#)). Alternatively, RIV3 may be administered if the recipient is aged 18 through 49 years.
6. A previous severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to future receipt of the vaccine.

Influenza Vaccines and Use of Influenza Antiviral Medications

- Administration of IIV to persons receiving influenza antiviral drugs for treatment or chemoprophylaxis is acceptable.
- LAIV should not be administered until 48 hours after cessation of influenza antiviral therapy.
- If influenza antiviral medications are administered within 2 weeks after receipt of LAIV, the vaccine dose should be repeated 48 or more hours after the last dose of antiviral medication.
- Persons receiving antiviral drugs within the period 2 days before to 14 days after vaccination with LAIV should be revaccinated at a later date with any approved vaccine formulation (3).

Concurrent Administration of Influenza Vaccine With Other Vaccines

- Inactivated vaccines do not interfere with the immune response to other inactivated vaccines or to live vaccines.
- Inactivated or live vaccines can be administered simultaneously with LAIV.
- However, after administration of a live vaccine, at least 4 weeks should pass before another live vaccine is administered.

TABLE 1. Influenza Vaccines – United States, 2013–14 Influenza Season*

Vaccine	Trade name	Manufacturer	Presentation	Mercury content (µg Hg/0.5 mL)	Ovalbulmin content (µg/0.5 mL)	Age indications	Route
Inactivated Influenza Vaccine, Trivalent (IIV3), Standard Dose	Afluria®	CSL Limited	0.5 mL single-dose prefilled syringe	0.0	≤ 1	≥9 yrs. ^{†††}	IM [†]
			5.0 mL multi-dose vial	24.5	≤ 1		
	Fluarix®	GlaxoSmithKline	0.5 mL single-dose prefilled syringe	0.0	≤0.05	≥3 yrs.	IM [†]
	Flucelvax®	Novartis Vaccines	0.5 mL single-dose prefilled syringe	0.0	§§§	≥18 yrs.	IM [†]
	FluLaval®	ID Biomedical Corporation of Quebec (distributed by GlaxoSmithKline)	5.0 mL multi-dose vial	<25.0	≤0.3	≥18 yrs	IM [†]
	Fluvirin®	Novartis Vaccines	0.5 mL single-dose prefilled syringe	≤1	≤1	≥4 yrs.	IM [†]
			5.0 mL multi-dose vial	25.0	≤1		
	Fluzone®	Sanofi Pasteur	0.25 mL single-dose prefilled syringe	0.0	****	6-35 mos.	IM [†]
			0.5 mL single-dose prefilled syringe	0.0	****	≥36 mos.	IM [†]
			0.5 mL single-				

			dose vial	0.0	****	≥36 mos.	IM [†]
			5.0 mL multi-dose vial	25.0	****	≥6 mos.	IM [†]
	Fluzone® Intradermal ^{††}	Sanofi Pasteur	0.1 mL prefilled microinjection system	0.0	****	18-64 yrs.	ID [§]
Inactivated Influenza Vaccine, Trivalent (IIV3), High Dose ^{**}	Fluzone® High-Dose	Sanofi Pasteur	0.5 mL single- dose prefilled syringe	0.0	****	≥65 yrs.	IM [†]
Inactivated Influenza Vaccine, Quadrivalent (IIV4), Standard Dose	Fluarix® Quadrivalent	GlaxoSmithKline	0.5 mL single- dose prefilled syringe	0.0	≤0.05	≥3 yrs.	IM [†]
	Fluzone® Quadrivalent	Sanofi Pasteur	0.25 mL single-dose prefilled syringe	0.0	****	6-35 mos.	IM [†]
			0.5 mL single- dose prefilled syringe	0.0	****	≥36 mos.	IM [†]
			0.5 mL single- dose vial	0.0	****	≥36 mos.	IM [†]
Recombinant Influenza Vaccine, Trivalent (RIV3)	FluBlok®	Protein Sciences	0.5 mL single- dose vial	0.0	0.0	18-49 yrs.	IM [†]
Live- attenuated Influenza Vaccine, Quadrivalent (LAIV4)	FluMist® Quadrivalent ^{§§}	MedImmune	0.2 mL prefilled intranasal sprayer	0.0 (per 0.2 mL)	<0.24 (per 0.2 mL)	2-49 yrs.***	IN

IIV=Inactivated Influenza Vaccine; IIV3=Inactivated Influenza Vaccine, Trivalent; IIV4=Inactivated Influenza Vaccine, Quadrivalent; RIV=Recombinant Influenza Vaccine LAIV=Live-Attenuated Influenza Vaccine; IM=intramuscular; ID=intradermal; IN=intranasal.

* Immunization providers should check Food and Drug Administration--approved prescribing information for 2013--14 influenza vaccines for the most complete and updated information, including (but not limited to) indications, contraindications, and precautions. Package inserts for US-licensed vaccines are available at

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm>

(<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm>)

(<http://www.cdc.gov/Other/disclaimer.html>).

† For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. Specific guidance regarding site and needle length for intramuscular administration may be found in the ACIP General Recommendations on Immunization [4].

§ The preferred site is over the deltoid muscle. Fluzone® Intradermal is administered using the delivery system included with the vaccine.

** Inactivated influenza vaccine, high-dose: A 0.5-mL dose contains 60 µg of each vaccine antigen (180 µg total).

†† Inactivated influenza vaccine, intradermal: A 0.1-mL dose contains 9 µg of each vaccine antigen (27 µg total).

§§ It is anticipated that the quadrivalent formulation of FluMist® will replace the trivalent formulation for the 2013-14 season. FluMist® is shipped refrigerated and stored in the refrigerator at 35°F--46°F (2°C--8°C) after arrival in the vaccination clinic. The dose is 0.2 mL divided equally between each nostril. Health-care providers should consult the medical record, when available, to identify children aged 2--4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2--4 years should be asked: "In the past 12 months, has a health-care provider ever told you that your child had wheezing or asthma?" Children whose parents or caregivers answer "yes" to this question and children who have asthma or who had a wheezing episode noted in the medical record within the past 12 months should not receive FluMist®.

*** Flumist® is indicated for healthy, non-pregnant persons aged 2-49 years. Individuals who care for severely immunosuppressed persons who require a protective environment should not receive FluMist given the theoretical risk of transmission of the live attenuated vaccine virus.

††† Age indication per package insert is ≥5 years; however, the ACIP recommends Afluria® not be used in children aged 6 months through 8 years because of increased risk of febrile reactions noted in this age group with CSL's 2010 Southern Hemisphere IIV3. If no other age-appropriate, licensed inactivated seasonal influenza vaccine is available for a child aged 5--8 years who has a medical condition that increases the child's risk for influenza complications, Afluria® can be used; however, providers should discuss with the parents or caregivers the benefits and risks of influenza vaccination with Afluria® before administering this vaccine. Afluria® may be used in persons aged ≥9 years (5).

§§§ Information not included in package insert. The total egg protein is estimated to be less than 50 femtograms (5x10⁻¹⁴ grams) total egg protein, of which a fraction is ovalbumin, per 0.5 mL dose of Flucelvax®.

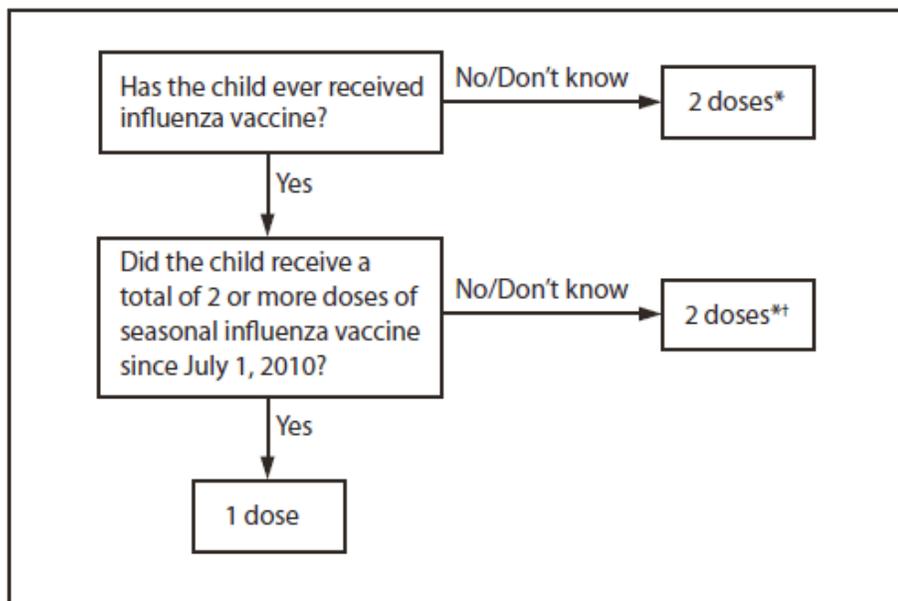
**** Available upon request from upon request from Sanofi Pasteur, by telephone, 1-800-822-2463, or e-mail, MIS.Emails@sanofipasteur.com.

TABLE 2. Contraindications and Precautions to the Use of Influenza Vaccines, 2013-14.*

Vaccine	Contraindications	Precautions
IIV (includes IIV3, IIV4, and ccIIV)	History of severe allergic reaction to any component of the vaccine, including egg protein, or after previous dose of any influenza vaccine.	Moderate to severe illness with or without fever. History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine.
		Moderate to severe illness with or without fever. History of Guillain-

RIV	History of severe allergic reaction to any component of the vaccine.	Barré syndrome within 6 weeks of receipt of influenza vaccine.
LAIV	<p>History of severe allergic reaction to any component of the vaccine, including egg protein, gentamicin, gelatin, and arginine, or after a previous dose of any influenza vaccine; Concomitant Aspirin therapy in children and adolescents. In addition, ACIP recommends against use in the following:</p> <ul style="list-style-type: none"> • Children aged 2--4 years whose parents or caregivers report that a health-care provider (HCP) has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months (see screening guidance, footnote in Table 1); • Persons with asthma; • Children and adults who have chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic disorders; • Children and adults who have immunosuppression (including immunosuppression caused by medications or by HIV); • Persons with egg allergy; • Close contacts and caregivers of severely immunosuppressed persons who require a protected environment; • Pregnant women 	Moderate to severe illness with or without fever. History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine.
<p>IIV=Inactivated Influenza Vaccine; IIV3=Inactivated Influenza Vaccine, Trivalent; IIV4=Inactivated Influenza Vaccine, Quadrivalent; RIV=Recombinant Influenza Vaccine LAIV=Live-Attenuated Influenza Vaccine; IM=intramuscular; ID=intradermal; IN=intranasal.</p> <p>* Immunization providers should check Food and Drug Administration--approved prescribing information for 2013--14 influenza vaccines for the most complete and updated information, including (but not limited to) indications, contraindications, and precautions. Immunization providers should check Food and Drug Administration--approved prescribing information for 2013--14 influenza vaccines for the most updated, manufacturer-specific information, including (but not limited to) indications, contraindications, and precautions.</p> <p>Package inserts for US-licensed vaccines are available at http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm (http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm) http://www.cdc.gov/Other/disclaimer.html.</p>		

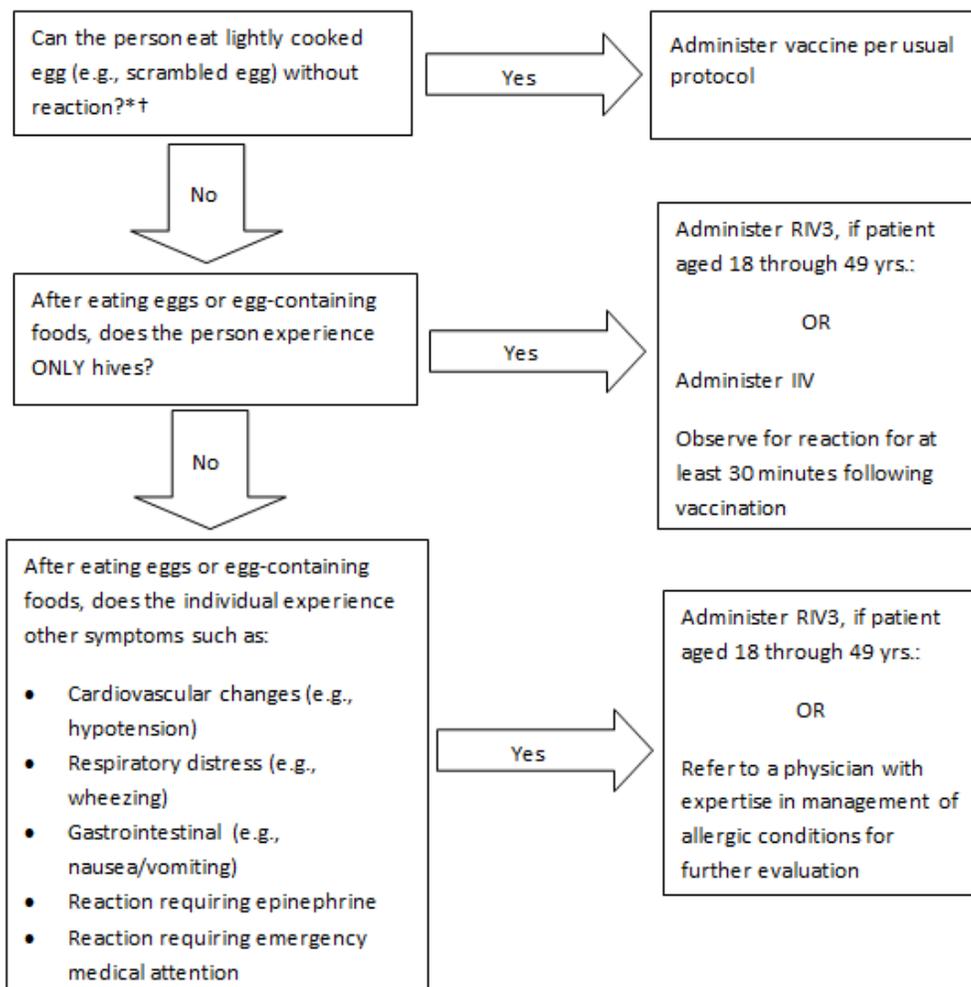
FIGURE 1. Influenza vaccine dosing algorithm for aged children 6 months through 8 years – Advisory Committee on Immunization Practices, United States, 2013–14 influenza season



* Doses should be administered at least 4 weeks apart.

† For simplicity, this algorithm takes into consideration only doses of seasonal influenza vaccine received since July 1, 2010. As an alternative approach in settings where vaccination history from before July 1, 2010, is available, if a child aged 6 months through 8 years is known to have received at least 2 seasonal influenza vaccines during any previous season, and at least 1 dose of a 2009(H1N1)-containing vaccine (i.e., 2010–11, 2011–12, or 2012–13 seasonal vaccine or the monovalent 2009[H1N1] vaccine), then the child needs only 1 dose for 2013–14. Using this approach, children aged 6 months through 8 years need only 1 dose of vaccine in 2013–14 if they have received any of the following: 1) 2 or more doses of seasonal influenza vaccine since July 1, 2010; 2) 2 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of monovalent 2009(H1N1) vaccine; or 3) 1 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of seasonal influenza vaccine since July 1, 2010. Children in this age group for whom one of these conditions is not met require 2 doses in 2013–2014.

FIGURE 2. Recommendations regarding influenza vaccination of persons who report allergy to eggs: Advisory Committee on Immunization Practices, United States, 2013-14 Influenza season.



IIV=Inactivated Influenza Vaccine; RIV3=Recombinant Influenza Vaccine, Trivalent

*Individuals with egg allergy may tolerate egg in baked products (e.g. bread, cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy (2).

† For individuals who have no known history of exposure to egg, but who are suspected of being egg-allergic on the basis of previously performed allergy testing, consultation with a physician with expertise in the management of allergic conditions should be obtained prior to vaccination. Alternatively, RIV3 may be administered if the recipient is aged 18 through 49 years.

References

1. Kelso JM, Greenhawt MJ, Li JT, Nicklas RA, Bernstein DI, Blessing-Moore J, et al. Adverse reactions to vaccines practice parameter 2012 update. *J Clin All Immunol*. 2012 Jul;130(1):25-43.
2. Erlewyn-Lajeunesse M, Brathwaite N, Lucas JS, Warner JO. Recommendations for the administration of influenza vaccine in children allergic to egg. *BMJ*. 2009;339:b3680.
3. FluMist Quadrivalent [Package Insert]. Gaithersburg, MD: MedImmune; 2013.
4. Kroger AT, Sumaya CV, Pickering LK, Atkinson WL. General recommendations on immunization --- recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep*. [Practice Guideline]. 2011 Jan 28;60(2):1-64.
5. Centers for Disease Control and Prevention. Update: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Regarding Use of CSL Seasonal Influenza Vaccine (Afluria) in the United States During 2010--11. *MMWR* 2010; 59(31):989-992.

Page last reviewed: August 7, 2013

Page last updated: August 7, 2013

Content source: [Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases \(NCIRD\)](#)

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA



Adult - Refusal to Stay After Receiving a Vaccine

Printed Name of client: _____ Date vaccine administered: _____

Name of vaccine: _____ Time vaccine administered: _____

- A healthcare professional has informed me that I should remain for 15 minutes after receiving influenza vaccine in order to be observed for signs and symptoms of an immediate adverse reaction.
- I have also been advised of the risks of an allergic reaction to the vaccine, including the inability to breathe.
- I acknowledge that I have been properly informed about the potential side effects of taking the vaccine and the risks of leaving before the recommended fifteen minutes observation.
- Notwithstanding the recommendations, and mindful of the potential adverse consequences from taking the vaccine, I decline to remain for a fifteen minute period of observation.
- I assume full responsibility for any adverse consequences which arise from my leaving prior to the recommended observation period, including a potential severe allergic reaction to the vaccine which may hinder my ability to breathe and may require emergency care.

Signature of Adult Client

Date

Time

Signature of Clinic Authority/Vaccinator

Date

Reference: Epidemiology and Prevention of Vaccine-Preventable Diseases, 12th Edition; U.S. DHHS, CDC; May, 2012, Appendix D-3.

Reviewed and Revised: July 31, 2013



□ Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Model Plan: Reporting Adverse Events Following Influenza Vaccination

School Located Vaccine Clinic (SLVC) staff should report any vaccine adverse events occurring in the SLVC setting to the Vaccine Adverse Event Reporting System (VAERS).

Background

- VAERS, administered by the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC), is a safety surveillance program that collects information about adverse events (possible side effects) that occur after the administration of vaccines licensed for use in the US.
- Each report provides valuable information that is added to the VAERS database that supplies the information needed for evaluation of vaccine safety.
- Anyone can file a VAERS report; including health care providers, vaccine recipients and parents or guardians.
- Vaccine recipients and parents/guardians should consult their health care provider if they suspect an adverse event associated with the vaccine.
- FDA and CDC do not provide individual medical treatment, advice, or diagnosis.

What can be reported to VAERS?

- Report any clinically significant medical event that occurs after vaccination, even if you are not sure whether the vaccine caused the adverse event.
- The National Childhood Vaccine Injury Act requires health care providers to report any adverse event listed by the vaccine manufacturer as a contraindication to receive additional doses of the vaccine and any adverse event listed in the “[VAERS Table of Reportable Events Following Vaccination](#)” that occurs within the specified time period after vaccination. For influenza this includes events described in manufacturer’s package insert as contraindications to additional doses of vaccine (interval - see package insert).

How to report to VAERS:

- **Anyone may report** but preferably the SLVC Vaccinator or Clinic Authority should complete the VAERS report if the event occurs in the SLVC setting.
- Parents and adults vaccinated in the SLVC setting should be instructed to contact their healthcare provider if they are experiencing a possible vaccine associated adverse event after leaving the SLVC.
- Download the [VAERS Form](#) (located at vaers.hhs.gov/index).
- Request a **VAERS Form** by sending e-mail to info@vaers.org, by calling (800) 822-7967, or by faxing a request to (877) 721-0366.
- Before you begin review the [Instructions for Completing the VAERS Paper Form](#).
- Fax a completed **VAERS Form** to (877) 721-0366.
- Mail a completed VAERS Form to VAERS, P.O. Box 1100, Rockville, MD 20849-1100. A pre-paid postage stamp is included on the back of the form.
- Federal CDC will send you a confirmation after the report is received.

If you have additional questions on VAERS Reporting call the Maine Immunization Program at (800) 867-4775

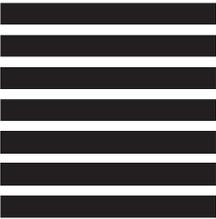
Reviewed and Revised: 07/31/2013



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
OR APO/FPO

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1895 ROCKVILLE, MD

POSTAGE WILL BE PAID BY ADDRESSEE



VAERS
P.O. Box 1100
Rockville MD 20849-1100



DIRECTIONS FOR COMPLETING FORM

(Additional pages may be attached if more space is needed.)

GENERAL

- Use a separate form for each patient. Complete the form to the best of your abilities. Items 3, 4, 7, 8, 10, 11, and 13 are considered essential and should be completed whenever possible. Parents/Guardians may need to consult the facility where the vaccine was administered for some of the information (such as manufacturer, lot number or laboratory data.)
- Refer to the Reportable Events Table (RET) for events mandated for reporting by law. Reporting for other serious events felt to be related but not on the RET is encouraged.
- Health care providers other than the vaccine administrator (VA) treating a patient for a suspected adverse event should notify the VA and provide the information about the adverse event to allow the VA to complete the form to meet the VA's legal responsibility.
- These data will be used to increase understanding of adverse events following vaccination and will become part of CDC Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems". Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.
- Postage will be paid by addressee. Forms may be photocopied (must be front & back on same sheet).

SPECIFIC INSTRUCTIONS

Form Completed By: To be used by parents/guardians, vaccine manufacturers/distributors, vaccine administrators, and/or the person completing the form on behalf of the patient or the health professional who administered the vaccine.

- Item 7: Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, duration of symptoms, diagnosis, treatment and recovery should be noted.
- Item 9: Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if the patient has not returned to the pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.
- Item 10: Give dates and times as specifically as you can remember. If you do not know the exact time, please
- and 11: indicate "AM" or "PM" when possible if this information is known. If more than one adverse event, give the onset date and time for the most serious event.
- Item 12: Include "negative" or "normal" results of any relevant tests performed as well as abnormal findings.
- Item 13: List ONLY those vaccines given on the day listed in Item 10.
- Item 14: List any other vaccines that the patient received within 4 weeks prior to the date listed in Item 10.
- Item 16: This section refers to how the person who gave the vaccine purchased it, not to the patient's insurance.
- Item 17: List any prescription or non-prescription medications the patient was taking when the vaccine(s) was given.
- Item 18: List any short term illnesses the patient had on the date the vaccine(s) was given (i.e., cold, flu, ear infection).
- Item 19: List any pre-existing physician-diagnosed allergies, birth defects, medical conditions (including developmental and/or neurologic disorders) for the patient.
- Item 21: List any suspected adverse events the patient, or the patient's brothers or sisters, may have had to previous vaccinations. If more than one brother or sister, or if the patient has reacted to more than one prior vaccine, use additional pages to explain completely. For the onset age of a patient, provide the age in months if less than two years old.
- Item 26: This space is for manufacturers' use only.

School-Located Vaccine Clinics for Influenza

2013-2014 SLVC TOOLKIT

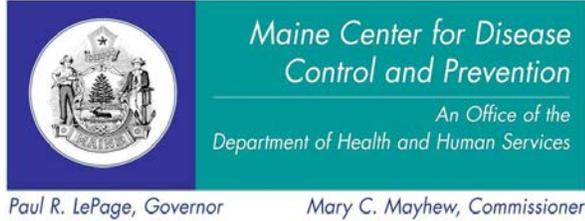
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4.1 Model Plan for Anaphylaxis

4.2 Model Plan for Administration of Epinephrine and Benadryl

4.3 Model Plan for Evaluation and Follow-up of an Exposure to Blood or Other Potentially Infectious Material

4.4 Model Plan for Prevention of Post-Immunization Syncope-Related Injuries



Model Plan: Emergency Plan for Anaphylaxis

I. Purpose:

To define allergic hypersensitivity to drugs administered by parenteral route as well as the emergency management that is to be provided by the School Vaccine Provider.

II. Policy:

- A plan for contacting emergency medical services that are available in the area shall be established prior to starting any clinic.
- The plan shall include local emergency telephone numbers.
- Recipients of medication, vaccine, or biologicals administered by parenteral route shall be requested to remain on site for a minimum of 15 minutes for signs of hypersensitivity or anaphylactic reaction. Symptoms of anaphylaxis usually begin within 15 minutes after administration of the drug, and intervention should be implemented immediately. A School Vaccine Provider shall remain on site for 15 minutes after each drug is administered.
- Individuals with symptoms categorized as mild may only require close monitoring on site with notice to their health care provider. Individuals with symptoms that progress shall require intervention including the administration of epinephrine. Refer to the Protocol: Administration of Epinephrine and Benadryl.

Reviewed and Revised: 7/31/2013



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Model Plan: Administration of Epinephrine and Benadryl

NOTE:

The signs and symptoms of anaphylactic shock are: hypotension, respiratory distress such as laryngeal edema, dyspnea, wheezing, a sense of retrosternal pressure or tightness, rapid and/or irregular pulse, urticaria, loss of consciousness, agitation, faintness, burning and/or itching eyes, tearing, congestion and itching nose, rhinitis, nausea, vomiting, abdominal pain, diarrhea, flushed skin, general itching, non-pruritic swelling of extremities as well as the face and perioral or periorbital regions, and/or a sense of uneasiness.

- After an injection of medication and/or vaccine it is determined that the individual has symptoms categorized as mild, the client may only require close monitoring on site with notice to their health care provider.
- Using clinical judgment, when the individual's symptoms progress to those of anaphylactic shock, School Vaccine Providers shall initiate the emergency procedure for the administration of Epinephrine and Benadryl.

Special Instructions:

1. Have Emergency Kit on site (as defined in Standing Orders for SLVC).
2. All School Vaccine Providers are required to be trained in Health Care Provider cardiopulmonary resuscitation (CPR).
3. In the event of a medical emergency during a clinic session, School Vaccine Providers shall activate emergency medical services and notify the responsible health care provider and/or call an ambulance or other local emergency medical services.
4. School Vaccine Provider staff shall apply CPR if the situation warrants it, unless there is a "Do Not Resuscitate" order in place. The school disclaims any liability for misapplication of this knowledge by the School Vaccine Provider.

In an emergency:

1. Call for assistance
2. Notify local emergency medical services
3. Establish and maintain an airway

To administer Epinephrine and Benadryl, follow the steps below:

1. Administer Epinephrine (per dosage chart/guidelines)
2. Administer Benadryl (per dosage chart/guidelines)
 - A. Using a tuberculin (1cc)-syringe draw up only the amount of Epinephrine needed, based on the weight of the child or the dosage amount for an adult.
 - B. Administer the Epinephrine subcutaneously. NOTE: DO NOT GIVE if symptoms of angina are present.

Epinephrine Dosage Guidelines:*

Epinephrine (Adrenaline Chloride) 1:1000

0.1cc for children < 20 lbs. (0-12 months of age)

0.2cc for children 20 - 45 lbs. (1-4 years old)

0.3cc for children > 45 lbs. (> 4 years of age)

0.3cc for adults

- C. Administer the Benadryl deep I.M. in a large muscle.

Benadryl Dosage Guidelines

****Adult:** Benadryl 50mg. Deep I.M. in large muscle

*****Pediatric Patients other than premature infants or neonates:** Benadryl 1mg/kg Deep IM in large muscle

- D. Observe the clinical condition of the individual including the apical pulse rate and rhythm, respiratory rate, blood pressure, and level of consciousness. Monitor the blood pressure and pulse every 2-5 minutes until stable. Also note a change in any of the symptoms or the development of new symptoms.
- E. If symptoms persist, give a second dose of Epinephrine in 15 minutes, using a second ampule of Epinephrine.
Do not repeat more than one time.

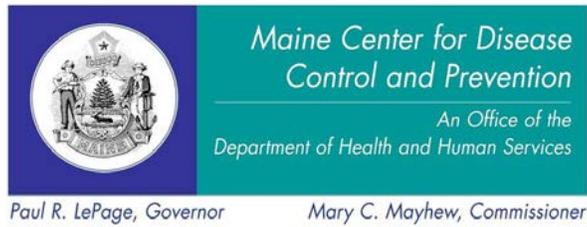
- F. If the individual exhibits signs of shock treat them by having them lie in a supine position with their legs elevated, keeping them warm with blankets, if necessary.
- G. Reassure the individual and the family (if present).
- H. If CPR becomes necessary, institute as per current CPR protocols
The responder must be certified to conduct CPR.

*American Academy of Pediatrics, Abbott Laboratories, American Hospital Formulary Service, Mosby's Nursing Drug Reference

** Nursing 2006 Handbook, 26th edition . New York: Lippincott Williams & Wilkins.

*** Nelson's Textbook of Pediatrics, 15th edition. Philadelphia: Saunders.

Reviewed and Revised: 7/31/2013



Model Plan: Evaluation and Follow-up of an Exposure to Blood and Other Potentially Infectious Material

Special Instructions:

1. Any Vaccinator who sustains a needle stick injury or other parenteral or mucosal exposure to blood or other potentially infectious material (OPIM) shall immediately wash the affected area with soap and water. If washing facilities are not available the School Vaccinator shall use the alcohol based hand gel and paper towels. Mucous membranes should be flushed with water¹.
2. The Vaccinator shall proceed to the closest Urgent Care / Emergency Department for post exposure evaluation and treatment if indicated. NOTE: Postexposure prophylaxis should be initiated as soon as possible, preferably within hours rather than days of exposure. ²
 - i. The Vaccinator who has sustained the exposure with blood or OPIM may enlist the assistance of personnel at the clinic site if needed.
3. The employer of the Vaccinator shall be notified as soon as possible, within 24 hours, of the exposure.
4. The Centers for Disease Control and Prevention (CDC) recommends that the post exposure evaluation and follow-up includes¹:
 - i. Documentation of the routes and circumstances of the exposure.
 - ii. Identification and testing of the source individual, if possible, in accordance with state laws. If the source person is known, the source person may be asked to voluntarily submit to a blood test.

¹ CDC.Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HVC, and HIV and Pecomendations for Postexposure Prophylaxis.MMWR.2001.50(RR11);1-42

² CDC.Updated U.S. Public Health Service Guidelines for Management of Occupational Exposures to HIV:Recommendations for Postexposure Prophylaxis.MMWR 2005;54 (RR09);1-17

- a. Under certain circumstances, and in accord with M.R.S.A. 19203-C, a source that has refused to voluntarily submit to a blood test may be required by a court order to do so.
 - iii. Testing of the exposed employee's blood for HBV, HVC and HIV.
 - a. The HIV blood test may consist of specimens drawn at the time of exposure and at recommended intervals up to 6 months. Counseling occurs according the state law M.R.S.A. 19203, B., or when requested.
 - iv. Post-exposure prophylaxis as ordered by the physician.
 - v. Post-exposure counseling, as indicated for the employee.
 - a. If the employee declines evaluation or treatment they shall sign a declination form that indicates that the employee has been counseled regarding the risks, treatment has been offered and the employee refused the evaluation and treatment.
- 5. The school shall maintain strict confidentiality in accord with statutes, policies and procedures. The employer of the school vaccine provider shall maintain accurate, confidential, separate records for each employee with an occupational exposure. These records shall be maintained consistent with the maintenance of OSHA records. These records shall be maintained for a period of 30 years after the termination of the employee.

Reviewed and Revised: 7/31/2013



□ Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Model Plan: Prevention of Post-Immunization Syncope-Related Injuries

Syncope, also called fainting, is a temporary loss of consciousness resulting from decreased blood flow to the brain. Immunization providers should be aware of the potential for syncope associated with vaccination, particularly among adolescents. Syncope after vaccination itself is usually not a serious event, and patients generally recover within a few minutes. The main concern is injury, especially head injury. Vaccine clinic staff should take appropriate measures to prevent syncope and to readily respond to the vaccinee who feels faint.

Steps to Prevent Syncope-Related Injuries

- Make sure the patient is either seated or lying down at the time of vaccination.
- Observe patients for 15 minutes after vaccination for signs and symptoms that commonly precede syncope, such as weakness, dizziness, light-headedness, nausea, sweatiness, coldness of the hands or feet, paleness or visual disturbances.
- If vaccinee is experiencing possible signs or symptoms of fainting, take the following steps to prevent syncope and injury from falling:
 - ✓ Have the person sit or lie down immediately
 - ✓ Have the person lie flat or sit with head between knees for several minutes
 - ✓ Loosen any tight clothing and maintain an open airway
 - ✓ Apply cool, damp cloths to the patient's face and neck
 - ✓ Observe the person until symptoms completely resolve
- If vaccinee falls but does not experience loss of consciousness:
 - ✓ Check the vaccinee to determine if injury is present before attempting to move him/her
 - ✓ Place patient flat on back with feet elevated
 - ✓ Observe the person until symptoms completely resolve
- If vaccinee loses consciousness:
 - ✓ Check the vaccinee to determine if injury is present before attempting to move him/her
 - ✓ Place patient flat on back with feet elevated
 - ✓ Maintain an open airway
 - ✓ Call 911 if vaccinee does not recover immediately

References:

The Children's Hospital of Philadelphia. Vaccine Update for Healthcare Providers. Technically speaking: Guidance for preventing fainting and associated injuries after vaccination. Available at: <http://www.chop.edu/professionals/vaccine-healthcare-providers/technically-speaking/>. Accessed on 6/6/2012.

CDC. General Recommendations on Immunization: A Report of the Advisory Committee on Immunization Practices. *MMWR* 2011; 60(RR02):1-60.

CDC. Vaccine Safety: Fainting (Syncope) After Vaccination. Available at: <http://www.cdc.gov/vaccinesafety/Concerns/syncope.html>. Accessed on 6/4/2012.

Immunization Action Coalition. Medical Management of Vaccine Reactions in Children and Teens. Available at: <http://www.immunize.org/catg.d/p3082a.pdf>. Accessed on 6/4/2012.

Reviewed: 7/31/2013

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- 5.1 Proper Maintenance and Storage of Vaccine**
- 5.2 SLVC Checklist for Safe Vaccine Handling and Storage**
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- 5.4 Ordering and Storage Frequently Asked Questions**

Proper Maintenance and Storage of Vaccine by School Nurses

Special Instructions:

NOTE: The refrigerator must be designated for vaccines, medications and biologicals only. No food or beverage is allowed to be stored in them.

1. One School Nurse and a backup person shall be assigned the responsibility for the proper handling and storage of vaccines kept in school offices.
2. Each location that stores vaccine shall have a working refrigerator and a certified calibrated thermometer suitable for checking internal temperatures of the refrigerator. The refrigerator thermometer must be able to record temperatures at or above 35⁰ F- 46⁰ F (2-8⁰ C).
3. Refrigerator temperature should be maintained between 35° and 46° F. The temperature of the refrigerator must be checked each workday at the beginning of the day and at the end of the day. The temperatures shall be recorded on the log sheets that are obtained from the Maine Immunization Program and placed on or near the refrigerator. Each log shall be maintained by the school for 3 years and then destroyed.
4. **Upon arrival** of the vaccine, the designated School Nurse or backup person shall immediately unpack the vaccines and place them in the refrigerator as appropriate. The vaccines shall be stored inside the refrigerator and never placed on the door shelves (there is too much temperature variation when the door is opened). The vaccines shall be placed so that the cool air may circulate around the vaccines. The newest vaccine shall be placed behind any of the same type of vaccine that has an earlier expiration date.
5. The vaccines shall be written into the vaccine record book and added to the supply on hand so that the count in the record book matches the count in the refrigerator. Records shall be retained in the office for 3 years and then destroyed.

6. The School Nurse shall rotate the vaccines monthly so that the ones with the earliest expiration dates are placed in the front of the refrigerator and used first.
7. Ice packs shall be placed inside the freezer to help maintain the temperature when the door is opened.
8. Bottles of cold water shall be placed to line the inside walls of the refrigerator and on the door shelves in order to maintain the internal temperature of the refrigerator when the door is opened.
9. The School Nurse shall place a **“Do Not Disconnect”** sign on each refrigerator and circuit breaker. The electrical connection shall be protected from accidental disconnect by either a protected location or protective plug cover.
10. If the temperature of the refrigerator is recording above or below listed temperatures, the School Nurse discovering a refrigerator or freezer out of temperature range shall:
 - Label the vaccine that it has been stored out of range and not to use the vaccine until given the permission to use from the manufacturer.
 - Notify the Manufacturer of the product for instructions in handling the vaccines (contact numbers below). Contact the Maine Immunization Program, if obtained from the Maine Immunization Program,
11. In the event of an extended power outage the School Nurse shall follow the procedure for extended power outages.

Influenza 2013-2014 Season Manufacturer Contact Information

Manufacturer	Phone Number	Products
GlaxoSmithKline	866-475-8222	Fluarix Quadrivalent
Medimunne	877-633-4411	Flumist Quadrivalent
Sanofi- Pasteur	800-822-2463	Flu-zone Trivalent

Maine Center for Disease Control Immunization Program: 287-3746 or 1-800-867-4775

Revised: 7/31//2013

School-based Vaccine Clinic Checklist for Safe Vaccine Handling and Storage

*Here are the 17 most important things you should do to safeguard your vaccine supply.
Are you doing them all?*



- 1. We have a school nurse or a designated person in charge of the handling and storage of our vaccines.
- 2. We have a back-up person in charge of the handling and storage of our vaccines.
- 3. A vaccine inventory log is maintained that documents:
 - Vaccine name and number of doses received
 - Date the vaccine was received
 - Arrival condition of vaccine
 - Vaccine manufacturer and lot number
 - Vaccine expiration date
- 4. Our refrigerator for vaccines is either household-style or commercial-style, NOT dormitory-style. The freezer compartment has a separate exterior door. Alternatively, we use two storage units: a free-standing refrigerator and a separate, free-standing freezer.
- 5. We do NOT store any food or drink in the refrigerator.
- 6. We unpack vaccine immediately upon arrival and place it in the refrigerator.
- 7. We store vaccines in the middle of the refrigerator, and NOT in the door.
- 8. We check vaccine expiration dates before use.
- 9. We post a sign on the refrigerator door showing which vaccines should be stored in the refrigerator and which should be stored in the freezer.
- 10. We always keep a certified calibrated thermometer in the refrigerator that can record temperatures at 35-46°F.
- 11. The temperature in the refrigerator is maintained at 35–46°F.
- 12. We use bottles of cold water to line the inside walls of the refrigerator to help maintain cold temperatures.
- 13. We post a temperature log on the refrigerator door on which we record the refrigerator temperature twice a day—first thing in the morning and at clinic closing time—and we know whom to call if the temperature goes out of range.
- 14. We understand that these temperature logs must be submitted to the Maine CDC Immunization Program at the end of each month with copies maintained by the school for 3 years.
- 15. We have a “Do Not Unplug” sign next to the refrigerator’s electrical outlet.
- 16. In the event of a refrigerator failure, we take the following steps:
 - We call the manufacturer first
 - We notify the Maine CDC Immunization Program.
 - We label the vaccine stating that it has been stored out of range and not to use the vaccine until given the permission to use from the manufacturer. (this vaccine should be kept in a cold storage unit)
- 17. We keep important phone numbers posted where they are easily accessible including:

Manufacturer	Phone Number	Products
GlaxoSmithKline	866-475-8222	Fluarix Quadrivalent
Medimunne	877-633-4411	Flumist Quadrivalent
Sanofi- Pasteur	800-822-2463	Flu-zone Trivalent
Maine Center for Disease Control and Prevention Immunization Program 287-3746 or 1-800-867-4775		



Transportation of Influenza Vaccine

Rationale:

The best assurance of vaccine efficacy is to minimize the number of times vaccines are handled and transported. If vaccine transportation to another location is required, it is critical that the potency is protected by maintaining the cold chain at all times. It is essential that Influenza Vaccines shall be maintained at 35 – 46 degrees F during transportation.

Instructions for all transported vaccine:

1. The School Vaccine Provider shall pack the vaccine in the appropriately sized cooler the day of the clinic according to quantity guidelines outlined below. The vaccine should remain in their original boxes when transported to the home or clinic site.
2. The School Vaccine Provider shall attach a label to the outside of the container to clearly identify the contents as fragile Vaccines.
3. The certified calibrated thermometer shall be fixed to the outside of the cooler by velcro and used for all temperature readings.
4. The School Vaccine Provider shall record the time and temperature inside the cooler on the *Vaccine Transport Temperature Log*.
5. The School Vaccine Provider shall check the temperature at least hourly to ensure that the cold chain is not broken. Record the time and temperature on the *Vaccine Transport Temperature Log*. Do not open the cooler for hourly temperature readings. Retain these records for 3 years and then destroy.
6. If the temperature of the cooler falls outside of the recommended guidelines the School Vaccine Provider shall take the following actions:
 - Label the Vaccine that it has been stored out of range
 - Notify the Manufacturer of the product for instructions in handling the Vaccine (Manufacturer's contact numbers are listed below)
 - If the vaccine was obtained from the Maine Immunization Program notify the Maine Immunization Program at 287-3746

Influenza 2012/2013 Season Manufacturer Contact Information Manufacturer	Phone Number	Products
GlaxoSmithKline	866-475-8222	Fluarix Quadrivalent
Medimunne	877-633-4411	Flumist Quadrivalent
Sanofi- Pasteur	800-822-2463	Flu-zone Trivalent

Special Instructions for Large Quantity:

Select an appropriately sized cooler for all equipment listed and follow the instructions for layering below.

- Equipment needed:
 - vaccine transport ice cooler at room temperature
 - ice packs
 - 2 large blue refrigerated ice packs
 - 1 large blue frozen ice pack
 - 5-6 smaller frozen ice packs
 - 1 plastic food storage container with cover
 - 1 certified calibrated digital thermometer with velcro
 - Vaccine
 - Diluent if needed
- At least one day prior to packing, pre-cool the ice/cold packs and temperature probe in the refrigerator
- One half hour before leaving for a clinic, it is recommended that the ice packs and the thermometer are placed in the cooler to stabilize the temperature before putting in the vaccine.
- The cooler shall be packed in the following manner:
 - a. large blue refrigerated ice pack on the bottom of the cooler
 - b. covered plastic food storage container with the vaccine and liquid bottle probe attached to the thermometer inside the container
 - c. large blue refrigerated ice pack
 - d. large blue frozen ice pack (place on top of refrigerated ice pack)
 - e. 5-6 smaller frozen ice packs to fill the rest of the cooler

Special Instructions for Small Quantity:

Select an appropriately sized cooler for all equipment listed and follow the instructions for layering below.

- Equipment needed:
 - 1 small vaccine transport ice cooler at room temperature
 - 2 small refrigerated ice packs
 - 1 small frozen ice pack
 - 1 plastic food storage container with cover
 - 1 certified calibrated digital thermometer with VelcroVaccine
Diluent if needed
- At least one day prior to packing, pre-cool the ice/cold packs and temperature probe in the refrigerator.
- One half hour before leaving for a clinic, it is recommended that the ice packs and the thermometer are placed in the cooler to stabilize the temperature before putting in the vaccine.
- The cooler shall be packed in the following manner:
 - a. 1 small refrigerated ice pack on the bottom of the cooler
 - b. 1 covered plastic food storage container with the vaccine and liquid bottle probe attached to the thermometer inside the container
 - c. 1 small refrigerated ice pack
 - d. 1 small frozen ice pack (place on top of refrigerated ice pack)

Reviewed and revised 7/31/2013

Ordering and Storage of Influenza Vaccine FAQ's for School Located Vaccine Clinics (SLVC's)

What forms do I need to fill out in order to receive vaccine from the Maine Immunization Program?

You will need to fill out the following forms:

- [2013 Maine Immunization Program Provider Vaccine Agreement](#)
- [ImmPact User Agreement](#)

Do I need to fill out a new provider agreement every calendar year?

If you filled out an agreement in 2013 it remains in effect until December 31st, 2013.

Do I need to fill out a new agreement if I want to order vaccine for 2014? Yes

Why do I need to fill out all these forms every year just to get influenza vaccine?

This is a **FEDERAL** requirement for any organization that receives vaccine from our program.

What are the storage requirements for properly storing vaccine at our school?

1. You can use a units like this:



A refrigerator unit with no freezer compartment is not considered dormitory-style and **is acceptable** for vaccine storage.

Please note the CDC is slowly beginning to phase out the use of *household* units to store vaccine. As of this year it is acceptable to store vaccine, but it may not be next year.

2. You **cannot** use a dorm style refrigerator to store any vaccine that you receive.



A refrigerator with a built in freezer compartment is considered dormitory –style and **is not** acceptable for vaccine storage.

What are the temperature requirements for storing vaccine?

1. Refrigerated vaccine must be stored between 35 °F and 46 °F degrees

(Example influenza vaccine)

2. Freezer vaccine must be stored between -58 °F degrees and +5 °F degrees

(Example varicella vaccine)

How many days of temperatures must I record and submit before I can order vaccine?

You must record and submit through the Impact system 7 days of temperatures before you will be sent vaccine.

Once I receive vaccine how many times a day do I need to check the temperature?

You (or your designee) must check and record the temperature of the vaccine storage unit

twice per day. You **do not** have to record the temperature if the school is not open or if you do not have any vaccine. (example: weekends, holidays, school vacation week)

School nurses who work part-time in buildings must have designee record temps on the days the nurse is not in the building.

Do I really need to keep vaccine until it expires in June?

Yes, you need to keep vaccine until either it expires or you can transfer it to another provider who may be able to use the vaccine before its expiration date.

The Maine Immunization program is working on a system which may allow you to return vaccine earlier than June. We will let you know if you will be able to return vaccine earlier than June.

Please remember that we receive money back even for vaccine that is expired so please do not throw out vaccine.

Do I have to complete two webinars in order to receive vaccine?

Yes, all organizations that receive vaccine from our program must complete two webinars and mail/fax a certificate of completion to our program. This is a federal requirement. You can access the webinars at <http://www.cdc.gov/vaccines/ed/youcalltheshots.htm>

You need to complete the You Call the Shots module and the Vaccines for Children module.

If you have difficulty printing out the certificates you may call Jessica Demers at 287 -3746.

Who can I call about questions about SLVC's?

You may call Ruth Lawson-Stopps at 441- 1325 or Kathleen Mahoney at 287 – 9923

6/13

**School-Located Vaccine Clinics for Influenza
2013-2014 SLVC TOOLKIT**

Part 6: DOSES ADMINISTERED REPORTING

and

BILLING FOR VACCINE ADMINISTRATION FEES

6.1 Doses Administered Reporting

6.2 Roster Billing Instructions for MaineCare Clients

6.3 Billing Private Insurance



□ Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Doses Administered Reporting For School Located Vaccine Clinics

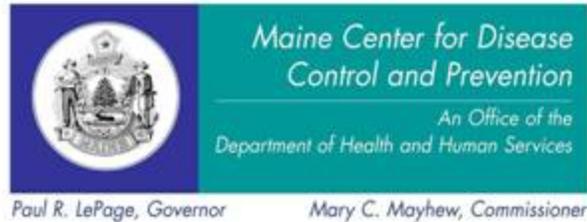
At the conclusion of the vaccine clinic, report clinic information to Clinic Authority and to Maine CDC, as required by the Maine Immunization Program. Doses administered must be entered into ImmPact monthly as a requirement of receiving State Supplied Vaccine.

- Use the Mass Immunization function to record doses administered
- The Mass Immunization function enables the SLVC partner to enter multiple vaccine administration records on one single screen.
- The ledger style process is the same as in previous years with the exception that the dates entered are linked in ImmPact directly to specific clinic dates and no longer need to be entered into the system.

- Delays in doses administered reporting can have multiple effects including:
 - Delayed billing and reimbursement for vaccine
 - Inability of the person's healthcare provider to view up-to-date vaccination history, which may lead to double vaccination of the patient.

Links to video cast webinars (hosted on YouTube) with instructions on doses administered reporting can be found on the MIP ImmPact website at <http://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/webinars.shtml>

Reviewed 7/31/2013



Roster Billing for MaineCare Clients 2013-2014 Influenza Season

Maine Center for Disease Control and Prevention (Maine CDC) has been working to find the most efficient process for Roster Billing. School nurses will be able to locate their MaineCare reimbursement.

Maine CDC and MaineCare have developed a billing procedure that will not require any extra work from your staff. In the next few months more details will be shared with partners and will be posted on the secure DOE SLVC website and in the *2013-2104 SLVC Toolkit*.

- **School Districts and Vaccinator Partners who claim MaineCare reimbursement through ImmPact will be able to automatically process for reimbursement from Maine Care by following a few steps.**
 - MaineCare staff has created a process that will accommodate the need to locate this reimbursement as a distinct payment for SLVC activities in the school district business office or the vaccinator partner business office.
 - **Roster billing is acceptable for all influenza presentations, including intranasal.** ([10-144 Chapter 101; MaineCare Benefits Manual - Chapter II, Section 3: Ambulatory Care Clinic Services](#))

The new process will work as follows:

1. Enter the NPI Type 2 number for the organization that will be receiving the reimbursement for the vaccine administration fees, otherwise known as the Pay-to-Provider. This NPI Type 2 number is available at your business office.
 - For School Districts receiving payment:
 - When registering your SLVC clinics you must associate sites in ImmPact with 4 major roles (See SLVC ToolKit, Section 1: Clinic Registration).
 - ***It is essential that the site that you associate as your Vaccinator (this is the new name for the entity that administers the vaccine on-site) is the site that you wish***

to receive the reimbursements for vaccine administration fees. Your School Physician's individual NPI Type 1 number should already be listed with MaineCare as rendering provider with your organization.

- Your school physician will fulfill MaineCare's requirement of the Supervisory Physician.
 - Your School Physician does not need to be present on-site for SLVCs, but rather be available for consultation as specified in Chapter 90 of the Maine Care Benefits Manual
 - The Supervisory Physician is also able to have other personnel work under their auspices, in accordance with rules approved by their licensing board (MD or DO).
 -
- 2. MaineCare has added an invoicing category to their remittance process,, specifically for SLCV.
 - This change will allow your payment to include a line item specifically for payment requests that are made from the Maine Immunization Program on your behalf.
 - Once this change in the MaineCare system is completed, you will have a line item indicating that a portion of your MaineCare reimbursement is SLVC-related and the amount of that portion of the remittance.

We are extremely pleased that MaineCare is able to offer the SLVC roster billing procedure. The process will help partners to locate the SLVC reimbursements for flu vaccine administration. We hope this helps clarify the MaineCare roster billing process through ImmPact for the influenza season.

Revised 8/14/2013



□ Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Billing Private Insurance 2013-2014 Influenza Season

At present, most insurance carriers have no process for reimbursing schools directly for flu vaccine administered at SLVC.

Other SLVC partners that are contracted with private insurance carriers, may bill according to contractual arrangement with the carrier.

MEA Benefits Trust will reimburse schools for flu vaccine administered to their members at SLVC using roster billing. Please seek information for this process directly from MEA Benefits Trust.

School-Located Vaccine Clinics for Influenza

2013-2014 SLVC TOOLKIT

Part 7: COMMUNICATIONS

- 7.1 Questions**
- 7.2 DOE SLVC Listserv**
- 7.3 SLVC Website: www.maine.gov/education/sh/slvc**
- 7.4 SLVC Team Contact Information**
- 7.5 Other Useful Contacts**
- 7.6 SLVC Poster Template**

7.1 Questions

Questions pertaining to: Clinic Registration, ImmPact, ordering vaccine, entering doses. Call the ImmPact Help Desk: 1-800-906-8754.

Questions pertaining to any other aspect of school located influenza vaccine clinics. Contact Ruth Lawson-Stopps, Program Manager, SLVC.

Ruth.lawsonstopps@maine.gov or 207-441-1325

7.2 Maine Department of Education SLVC listserv

Periodically notifications will be sent on this listserv that specifically pertain to SLVC. The listserv also offers another opportunity for questions to be posed.

7.3 SLVC Website: <http://www.maine.gov/education/sh/slvc/>

This web site offers significant information pertaining to SLVC including:

- A complete copy of this *School-Located Vaccine Clinics for Influenza 2013-2014 SLVC Toolkit*.
- Individual sections of the *Toolkit* available for individual download
- *Health Screen & Permission Form – Influenza Vaccine 2013-2014* in English and translated into 9 languages.
- *Vaccine Information Statements* from the CDC.
- Frequently asked questions.
- New information.

7.4 State SLVC Team Contact Information

DOE: Nancy Dube, RN, MPH,
School Nurse Consultant
Maine Department of Education
207-624-6688
nancy.dube@maine.gov

Ruth Lawson-Stopps, RN, MPA, LSW
SLVC Program Manager
Maine Department of Education
207-441-1325
ruth.lawsonstopps@maine.gov

Maine CDC: Lauren B. Ball, DO, MPH
Deputy State Epidemiologist
Division of Infectious Disease
Maine Center for Disease Control and Prevention
207-287-4326
lauren.ball@maine.gov

Tammy Duguay
SLVC Administrative Assistant
Division of Infectious Disease
Maine Center for Disease Control and Prevention
207-287-7396
tammy.L.Duguay@maine.gov

Dwight Littlefield, RN MBA
Division of Public Health Nursing
Maine Center for Disease Control and Prevention
207-287-9025
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Tonya Philbrick, BS NCMA
Director
Maine Immunization Program
Division of Infectious Disease
Maine Center for Disease Control and Prevention
207-287-2541
tonya.philbrick@maine.gov

Stephen Sears, MD, MPH
State Epidemiologist
Division of Infectious Disease
Maine Center for Disease Control and Prevention
207-287-5183
stephen.sears@maine.gov

Lori Wolanski, MPH
Director
Division of Infectious Disease
Maine Center for Disease Control and Prevention
207-287-6448
lori.wolanski@maine.gov

7.5 Other Contacts

Maine CDC Immunization Program: 1-800-867-4775

Maine CDC ImmPact Help Desk: 1-800-906-8754

Maine CDC District Liaisons:

District Liaison #1: York (York County):

[Adam Hartwig](#) (207) 490-4625

District Liaisons #2: Cumberland (Cumberland County):

[Becca Matusovich](#) (207) 797-3424

District Liaisons #3: Western (Androscoggin, Franklin & Oxford County):

[Jamie Paul](#) (207) 795-4302

District Liaisons #4: Midcoast (Knox, Lincoln, Sagadahoc & Waldo County):
Vacant
District Liaisons #5: Central (Kennebec & Somerset County):
[Paula Thomson](#) (207) 287-2613
District Liaisons #6: Penquis (Penobscot & Piscataquis County):
[Jessica Fogg](#) (207) 561-4421
District Liaisons #7: Downeast (Hancock & Washington County):
[Alfred May](#) (207) 263-4975
District Liaisons #8: Aroostook (Aroostook County):
[Stacy Boucher](#) (207) 493-4087
District Tribal Public Health Liaison:
[Kristi Ricker](#) (207) 532-2240

7.6 SLVC Poster Template

An example of the Poster Template can be seen on the following page.

The Template can be downloaded on the SLVC web page,

<http://www.maine.gov/education/sh/slvc/>

The template can be printed in 2 sizes:

- 8 ½ X 11
- 11 X 17

The template is intended to be personalized.

- Add your school district identifier or logo.
- Communicate notices of clinic dates, locations and times. Post these as flyers.
- Use this to communicate with families regarding school vaccine clinics.
- Communicate information in the clinic setting at various stations.

**Insert School District
Identifier
Here**

How to Access SLVC Template

*Available on the SLVC web site
www.maine.gov/education/sh/SLVC
in the following sizes:*

- 8 ½ X 11
- 11 x 17

