Do no harm... Stick out your arm!

Get Your Flu Shot Today!

Rosie for immunizations, 2009
# Immunizations Toolkit

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*Do no harm ... Stick out your arm!*
Introduction
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This toolkit was developed by the County of San Diego Immunization Branch, Health and Human Services Agency, with the assistance of the above contributing organizations. The content of this publication does not necessarily reflect the views or policies of the Department of Health and Human Services nor is there mention of trade names of commercial products.

Do no harm ... Stick out your arm!
LONG-TERM CARE FACILITY IMMUNIZATION WORKGROUP

The National Quality Forum (NQF), a not-for-profit organization with broad participation from the healthcare sector, was created to develop and implement a national strategy for healthcare quality measurement and reporting (http://www.qualityforum.org). Recently, the NQF recommended that the Centers for Medicare & Medicaid Services (CMS) include immunizations as a publicly reported measure in the Long-term Care Facility (LTCF) setting. As there is currently no standardized national registry to collect this information, an immunization measure has not yet been added to the 14 LTCF measures currently reported on CMS’s Long-term Care Facility Compare Web site.

In the fall of 2009, the San Diego Immunization Branch (SDIB), assembled an Immunization Toolkit and released it at http://www.sdiz.org/HealthCarePros/LTCF-Flu-Toolkit.html. In assembling that toolkit, SDIB noted that a much more comprehensive effort could be undertaken to emphasize the importance of LTCF immunization and to help improve immunization rates among both residents and staff.

SDIB recognized that LTCF stakeholders share a sense of urgency related to the impact of immunizations on patient outcomes, workforce productivity, and healthcare costs. As a result, the SDIB enlisted the time and talent of numerous public and private partners to participate in an Immunization Workgroup. The Workgroup’s task was to help develop and disseminate an immunization toolkit that LTCF providers can use to improve the influenza and pneumococcal immunization rates among their residents, staff, and volunteers. These efforts are in alignment with two national goals: the Healthy People 2010 goal of 90% immunization for residents and the Association for Professionals in Infection Control and Epidemiology (APIC) goal of 90% influenza immunization among staff.

The toolkit offers specific information and education for LTCF providers, staff, beneficiaries and families on the benefits of immunization. These benefits include decreased resident hospitalization and vulnerability to pneumonia, as well as decreased staff illness. The toolkit also offers LTCF providers comprehensive and timely information related to immunization, in addition to sample guidelines and tools needed to run an effective and sustainable resident and staff immunization program.

It is with the utmost gratitude for the hard work and dedication of the members of the Immunization Workgroup that the SDIB offers this toolkit to all LTCF providers.
Acknowledgements

We, San Diego Immunization Branch (SDIB), would like to thank all of the contributing individuals for their direction, assistance, and guidance. Their recommendations and suggestions have been invaluable in the development of this toolkit. Without their generous assistance, this toolkit would not have been possible. Special thanks to Quality Partners of Rhode Island for all of their tremendous work and continual contribution to immunizations.

Rosie the Riveter

While American men were being shipped to the front lines of World War II in the 1940s, American women were moving to the factory lines.

Spurred on by higher wages and a propaganda poster featuring a muscle-bound "Rosie the Riveter" exclaiming “We Can Do It!”, (left) millions of American women helped assemble bombs, build tanks, weld hulls and grease locomotives. More than 6 million women became war workers. Most were married; 60 percent were over 35 and a third had children under the age of 14. A popular song of the day praised "Rosie the Riveter" in verse: “That little frail can do/more than a male can do.”

Because we believe Rosie the Riveter captures the enthusiasm and can-do attitude we want to convey about immunization campaigns—and also speaks to the WWII generation—we’ve adapted her image as our Immunizations Toolkit logo and used her in our materials (brochures, posters, etc.) (right).
Nuts and Bolts
BACKGROUND ON INFLUENZA AND PNEUMONIA

Influenza season comes around every year from October to March putting older adults at risk for serious complications from flu. All Long-term Care Facilities (LTCF) should strive for a 90% immunization rate among their eligible residents for both influenza and pneumonia. Because those at high risk for complications from influenza are also at high risk for pneumococcal disease, autumn is the optimal time to institute guidelines for the administration of both influenza and pneumococcal vaccines. (Although it is true that flu is mostly seasonal, pneumococcal disease occurs year round. Thus, pneumococcal vaccination status should be assessed and updated throughout the year.) These safe and effective vaccines can protect your residents during the coming months and will prevent unnecessary hospitalizations and deaths.

INFLUENZA DISEASE

Influenza, also known as the “flu,” is a contagious respiratory disease caused by influenza viruses. Although those who contract the flu usually recover within one to two weeks, for those ages 65 and older (especially those who reside in LTCFs or have conditions that put them at high-risk for complications) influenza can be a serious and potentially life-threatening disease. It is important to note that older persons do not always present with classic flu symptoms. They may be asymptomatic or simply “act differently” from their usual behavior. Also, care staff may note changes from a resident’s baseline status such as an increased body temperature, increased confusion, and a decrease in appetite or daily activities.

Symptoms of the flu in older people may include:

- Increased body temperature
- Headache of sudden onset – often
- Fatigue—can last 2 or more weeks
- Dry cough—can become severe
- Sore throat/decreased food, fluid
- Stuffy or runny nose
- Body/muscle aches
- Increased confusion

The flu spreads very easily from person to person through indirect contact when an infected person coughs or sneezes into the air and releases air droplets which are then breathed in by other persons. The virus can also be spread by direct contact when droplets from an infected person or object (e.g., door handle, telephone receiver) come in direct contact with another person’s nose or mouth.
**Epidemiology**

Influenza outbreaks are most common from early autumn through late spring, and peak during February. In the U.S., influenza epidemics cause an average of 36,000 deaths and > 200,000 hospitalizations per year. Ninety percent of the deaths attributed to influenza occur in adults over 65 years of age\(^1\).

Although there has been an increase in immunization among individuals over age 65, coverage must improve substantially (from 72.1% in 2007\(^{14}\)) to meet the *Healthy People 2010* goal of 90% immunization\(^2\).

Despite high vaccination rates among residents, influenza outbreaks still occur in LTCFs, triggered by unvaccinated healthcare personnel (HCP)\(^11\). A dismal 38% (or just over one-third) of HCP protect their patients by getting immunized against influenza; the remaining two-thirds greatly increase the risk of spreading flu in healthcare facilities, including LTCFs\(^3\).

**Influenza vaccine effectiveness**

While influenza vaccine is only 30% - 40% effective in preventing influenza disease in adults over 65 years of age\(^11\), it is 80% effective in preventing death from influenza and influenza-related pulmonary and circulatory complications\(^1\). The influenza vaccine is thought to be 50%-60% effective in preventing hospitalization and certain forms of pneumonia\(^1\). The lower efficacy rate in preventing influenza disease can be attributed to the elderly having a *suboptimal* immunologic response to the vaccine\(^11\). Infections among the vaccinated elderly might be associated with an age-related reduction in ability to respond to vaccination rather than reduced duration of immunity\(^12,13\).

**Prevention and Control**

In addition to an immunization campaign, various approaches can be implemented to assist in the prevention and spread of flu in LTCFs:

- Immunize residents and staff early each fall
- Promote flu vaccine January – March for residents and staff who did not receive it in the fall
- Encourage contractors, visitors, state surveyors, and consultants to get immunized
- Ask that employees, family members and volunteers stay home when sick
- Insist that staff wash hands frequently and assist residents to do the same
- Cover nose and mouth with elbow or tissue when sneezing and/or coughing
- Recognize early symptoms of flu and pneumonia and implement treatment

**Who should receive the influenza vaccine?**

All residents, staff and volunteers of LTCFs should be immunized unless they are allergic to the vaccine or eggs. For further information see [http://www.cdc.gov/flu/professionals/acip/persons.htm](http://www.cdc.gov/flu/professionals/acip/persons.htm).
**Administration timing and frequency**

Influenza immunization campaigns ideally should be implemented in October or November. Residents admitted into a LTCF through late March, however, should be assessed and vaccinated at the time of admission if appropriate. Immunization status documentation should accompany the resident when s/he is transferred to another healthcare facility or transferred home; and caregivers should be informed that the vaccination has already been administered. Staff hired after immunization campaigns should also be assessed and vaccinated for influenza through March.

**Immunization side effects**

The most common side effect associated with the influenza vaccine is soreness at the injection site which affects 10% - 50% of individuals vaccinated. Soreness rarely interferes with the individual’s ability to conduct daily activities and generally subsides in 24-48 hours.

Less common side effects include fever, malaise, myalgia, and other systemic symptoms. When these symptoms occur, they usually begin 6 -12 hours after immunization and last one to two days. Rarely are there immediate reactions (e.g., hives, angioedema, allergic asthma, and systemic anaphylaxis) that occur after influenza vaccination. These reactions generally result from an allergy to a component of the vaccine, most typically the residual egg protein contained in the shot. Severe adverse reactions may be treated immediately with epinephrine and will subside.

**Pneumococcal Disease**

Pneumococcal disease refers to a serious infectious disease caused by the bacteria *Streptococcus pneumoniae*. Those at high-risk for invasive infection and death from pneumococcal disease include children less than two years of age, those 65 years of age and older, and those with underlying medical conditions such as chronic cardiac and respiratory disease, liver disease, diabetes mellitus (DM), those who have had their spleen removed, and those with HIV.

Symptoms of pneumococcal disease are related to the type of infection caused by the bacteria. Symptoms of infection include:

- Ear infection (otitis media) – fever, ear pain, drainage, vomiting, irritability
- Sinus infection (sinusitis) – sinus pressure and pain, low-grade fever, headache, nasal discharge
- Pneumonia – fever, chills, shortness of breath or rapid breathing, chest pain that increases with deep breaths, productive cough
- Bacteremia – shaking chills, fever, increased pulse, low blood pressure
- Meningitis – high fever, headache, stiff neck, nausea, vomiting, aversion to bright light, confusion, and sleepiness
Pneumococcal disease spreads from person to person by coughing, sneezing or close contact. The pneumococcal bacteria stick to the surface of cells in the respiratory tract. Once the bacteria invade the body, they can multiply in a process called colonization. If the immune system does not respond adequately, the bacteria can spread to the middle ear, lungs and/or bloodstream.

**Epidemiology**

Pneumococcal infections occur year round, but increase in the winter, with peak incidence among adults occurring from late December through mid-January. Pneumococcal disease causes more deaths (approximately 5,000 deaths annually in the U.S.) than all other vaccine-preventable bacterial diseases\(^4\),\(^5\),\(^6\). The death rates are highest in the elderly (estimated at 50%) for pneumococcal bacteria.

When considering the development of invasive pneumococcal disease, the overall health and age of the person with the disease are more important than bacterial colonization. Therefore, pneumococcal immunization is not recommended for healthcare personnel as it is not spread as easily as influenza.

**Pneumococcal vaccine effectiveness**

The pneumococcal polysaccharide vaccine (PPV23, so named because it protects against 23 serotypes of *S. pneumoniae*) is estimated to be 56% to 81% effective in preventing invasive pneumococcal disease\(^7\),\(^8\),\(^9\),\(^10\). It is important to note that there are some types of pneumonia for which the vaccine does not provide protection (i.e., pneumonias caused by infection with pathogens other than *S. pneumoniae* or even aspiration pneumonia). A person may contract other forms of pneumonia despite PPV23 vaccination.

**Prevention and Control**

Methods to assist in the prevention and spread of pneumococcal disease in the LTCF include:

- Annually assess residents and vaccinate as appropriate
- Insist that staff wash hands frequently and assist residents to do the same
- Cover nose and mouth with elbow or tissue when sneezing and/or coughing
- For further information on pneumonia in healthcare settings visit: [http://www.cdc.gov/ncidod/dhg/id_pneumonia.html](http://www.cdc.gov/ncidod/dhg/id_pneumonia.html)

**Who should receive the pneumococcal vaccine?**

All adults aged 65 and over—including LTCF residents—should receive the pneumococcal vaccine unless the vaccine has been administered within the last five years (and there is documentation for such), or the vaccine is contraindicated for that resident. (See: [http://www.cdc.gov/mmwr/PDF/rr/rr4608.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr4608.pdf))

- Anyone who has long-term health problems such as heart disease, sickle cell disease, diabetes, lung disease, cirrhosis, leaks of cerebrospinal fluid or alcoholism should receive the pneumococcal vaccine.
o Anyone who has a disease or condition that lowers the body’s resistance to infection such as Hodgkin’s disease, leukemia, lymphoma, multiple myeloma, HIV/AIDS, nephrotic syndrome, damaged spleen or absence of a spleen, or any bone marrow or organ transplant should receive the pneumococcal vaccine.

o Anyone who is taking a drug or treatment that lowers the body’s resistance to infection such as long-term steroids, radiation therapy or certain cancer drugs should receive the pneumococcal vaccine.

A second dose is especially recommended for adults under 65 who are considered at high-risk for developing pneumococcal infection. Those who should receive a second dose include:

o Persons 65 years who received the vaccine more than five years ago
o Persons whose vaccination status is uncertain or undocumented at the time of vaccination
o Persons who have: a spleen removed, leukemia, chronic renal failure, or Hodgkin’s disease

**Administration timing and frequency**

Residents admitted to a LTCF should be assessed and vaccinated at the time of admission if the pneumococcal vaccination has not been given or if vaccination status is uncertain. PPV23 can be administered year-round. Influenza and pneumococcal vaccinations can be administered at the same time in separate injection sites without increased risk of side-effects. Immunization status documentation should accompany the resident when they are transferred to another healthcare facility or to home. This serves to inform the family or caregiver that vaccination has already occurred.

**Immunization side effects**

Soreness at the vaccination site is the most common side effect associated with the pneumococcal vaccination and affects 30-50% of individuals vaccinated. However, this rarely interferes with the individual’s ability to conduct daily activities, and subsides in 24-48 hours. Less common side effects include moderate systemic reactions (fever and myalgia). Severe generalized reactions are rare with pneumococcal immunization even among individuals who receive a second dose of PPV23.

**Vaccine Information Statements**

Vaccine Information Statements (VISs) are one-page (two-sided) information sheets produced by the Centers for Disease Control and Prevention (CDC) that inform vaccine recipients or their legal representatives about the benefits and risks of vaccines. VISs for Influenza and Pneumococcal vaccines should be given to residents and staff prior to vaccination. VISs in English are included in this toolkit. Other languages can be found online at: [http://www.cdc.gov/vaccines/pubs/vis/default.htm](http://www.cdc.gov/vaccines/pubs/vis/default.htm)
Want more information?

CDC has a wealth of information on influenza and pneumococcal disease. Visit the following:

- [http://www.cdc.gov/flu/keyfacts.htm](http://www.cdc.gov/flu/keyfacts.htm)
- [http://www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm](http://www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm)
- [http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm)
- [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm)
- [http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm)

Similarly, the Center for Medicare & Medicaid Services has created a comprehensive online resource of quality improvement information (including vaccination) for Medicare providers and beneficiaries:


Finally, you might check out the website developed by the National Foundation for Infectious Diseases:

[http://www.nfid.org/factsheets](http://www.nfid.org/factsheets)

References

Many myths persist about the effectiveness and safety of the flu and pneumococcal vaccines. The fact is these vaccines are effective and safe for the majority of the population. Despite their safety, too many people who should get vaccinated do not out of fear that it will make them ill or cause complications.

The following are common myths & facts about the FLU and PNEUMOCOCCAL vaccines:

| Myth: | Vaccines that are supposed to prevent flu and pneumococcal disease actually cause illness. |
| Fact: | The influenza and pneumococcal vaccines are made from inactivated viruses and bacteria and cannot cause illness. |

| Myth: | The flu is not a serious disease, so I don’t need to worry about being vaccinated. |
| Fact: | Influenza is the most frequent cause of death from a vaccine-preventable disease in this country. Each year, an average of 36,000 deaths and 200,000 hospitalizations are attributable to influenza. |

| Myth: | You should not get the flu shot because the shot may not cover current strains of flu. |
| Fact: | Although the vaccine may not be a perfect match for the predominant virus strains circulating each year, getting the vaccine does provide some protection owing to cross-reactivity of strains. This means that those who are vaccinated and subsequently exposed to a different strain are less likely to have severe complications (including hospitalization and death), if they contract the flu. |

| Myth: | You should not give the influenza and pneumococcal vaccines at the same time due to the possibility of increased side effects. |
| Fact: | Both vaccines can be given at the same time (but at different sites), without increasing the risk of side effects. |

| Myth: | You must get signed consent from residents prior to giving vaccination. |
| Fact: | There are no federal or state laws or regulations (except in the State of Maryland) that require LTCFs to obtain signed consent prior to giving vaccinations. There are, however, strong recommendations that residents are informed of the risks and benefits and provide informed consent prior to vaccination. |

| Myth: | The pneumococcal vaccine is not very effective. |
| Fact: | No vaccine is 100% effective. PPV23 is a senior’s best option for protection against pneumococcal. |

See the Toolbox section for a brochure form of these Myths and Facts.

For more Q&A on Influenza and Pneumonia, ask the experts: http://www.immunize.org/catg.d/p2021.htm
Medicare Billing Tips

TIPS FOR BILLING MEDICARE

- Reimbursement for vaccines and administration is available under Medicare Part B
- If you use state-purchased vaccine, you can still bill Medicare Part B for administration of the vaccines
- Use roster billing in order to simplify the reimbursement process. Remember: you are able to submit multiple residents with Medicare on one reimbursement form
- Providers must submit separate roster billing forms for flu and pneumococcal vaccinations
- Roster billing forms must include the resident’s name, Medicare number, sex, date of birth, date of service, and signature
- Providers need not have residents sign the roster billing form if a signature is on file
- Check your residents’ enrollment status with Medicare Part B
- Contact your billing office personnel to confirm that they are billing for immunizations

MEDICARE COVERAGE

The flu vaccine

- Medicare will reimburse one flu vaccination per person per flu season. This may result in more than one bill per 12-month period across two flu seasons.

The pneumococcal vaccine

- Medicare will reimburse claims for persons who are 65 and older and who have not received a pneumococcal vaccine in the last five years
- Re-vaccination of individuals 65 and older and who are not at highest risk is inappropriate, but Medicare will reimburse if individuals are uncertain of their vaccination status

BECOMING A PROVIDER OF THE FLU AND PNEUMOCOCCAL VACCINES AND ROSTER BILL MEDICARE PART B

- Any individual who meets state licensure requirements may apply for a provider number with the Medicare Part B carrier in his/her area
- Physicians, nurses, public health clinics, and HMOs who vaccinate Medicare residents or patients, but are not HMO members, should use Form HCFA-1500 to bill for the flu and pneumococcal vaccines
**Medicare Billing Tips**

*(continued)*

**MEDICARE BILLING CODES**

**Flu vaccine**
- Diagnosis code: V04.8
- Vaccine code: HCPCS 90659
- Administration code: HCPCS G0008

**PPV23 vaccine only (does not include conjugate vaccine)**
- Diagnosis code: V03.82
- Vaccine code: HCPCS 90732
- Administration code: HCPCS G0009

**The simplified roster billing form**
- Use separate roster forms to bill for flu and pneumococcal vaccination
- Roster billing forms can be obtained from the Medicare Part B carrier in your area
- Attach each roster form to the appropriate HCFA billing form (1500)
- Use a “signature on file” stamp

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*Do no harm ... Stick out your arm!*
The following are common questions about the flu vaccine:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>Who should get the flu shot?</td>
<td>All healthcare employees.</td>
</tr>
<tr>
<td>What is the flu or influenza?</td>
<td>The flu is a very contagious disease of the respiratory system. Symptoms include fever, cough, muscle aches, headache, and general weakness. Don’t confuse the flu with a cold. When you get the flu, you will be in bed and unable to carry out your daily activities for about a week.</td>
</tr>
<tr>
<td>When can I get the flu?</td>
<td>The flu occurs most often in the winter, and peaks in February.</td>
</tr>
<tr>
<td>How could I get the flu?</td>
<td>Influenza viruses live in the nose and throat and are sprayed into the air and land on surfaces when an infected person sneezes, coughs, or talks. People nearby can then inhale the virus and/or touch surfaces where the virus lands and then touches their eyes, nose or mouth. Flu symptoms usually start one to three days after a person inhales the virus.</td>
</tr>
<tr>
<td>Does the flu shot cause the flu?</td>
<td>The injectable flu vaccine is made of killed flu viruses and cannot cause the flu. Nasal spray flu vaccine is made of weakened viruses unable to cause flu disease. Because other common infections cause flu-like symptoms, some people mistake illnesses in the weeks following the shot with the flu.</td>
</tr>
<tr>
<td>Does the vaccine have side effects?</td>
<td>Those who have side effects usually experience a mild reaction such as redness or swelling of the area where the vaccine was administered. Most healthcare personnel who receive the vaccine will not have side effects.</td>
</tr>
<tr>
<td>What if I am scared of shots?</td>
<td>Fear of shots is common. If you qualify you may be able to receive the vaccine in a nasal spry form.</td>
</tr>
<tr>
<td>Why should I get the shot?</td>
<td>It is important for healthcare workers to receive the vaccine not only to protect yourself, but your family, friends, and residents from contracting the flu.</td>
</tr>
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For more Q&A on Influenza and Pneumonia, ask the experts: [http://www.immunize.org/catg.d/p2021.htm](http://www.immunize.org/catg.d/p2021.htm)
The following are specifics regarding the nasal spray, LAIV:

<table>
<thead>
<tr>
<th>Question:</th>
<th>Which health care workers should receive the nasal spray?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response:</td>
<td>The Centers for Disease Control and Prevention (CDC) recommend the use of intra-nasally administered, LAIV for all adult healthcare personnel under the age of 50 who are themselves in good health and not pregnant, and for whom the vaccine is not otherwise contraindicated.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Question:</th>
<th>Which health care workers should not receive LAIV?</th>
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<tr>
<td>Response:</td>
<td>LAIV contains attenuated live influenza virus, it is not suitable for healthcare personnel who may care for severely immunosuppressed residents such as those who have undergone recent bone marrow or solid organ transplant and are cared for in a restricted environment. Healthcare personnel who are not in contact with severely immunosuppressed patients are eligible to receive LAIV unless otherwise contraindicated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question:</th>
<th>How do I protect other long-term non-direct care staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response:</td>
<td>LAIV may be administered to all eligible staff members including: administration, food service, housekeeping, and maintenance personnel.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Question:</th>
<th>What precautions should someone take after receiving LAIV?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response:</td>
<td>Some recipients of LAIV shed the attenuated virus for a few days. But, because the titer of the virus in secretions is low and because the attenuated virus does not cause sneezing or coughing, its transmission is easily prevented with good hygiene, focusing on regular hand washing. There is therefore only a theoretical possibility of transmission. There is no reason for the healthcare personnel to stay out of work on a routine basis after receiving LAIV.</td>
</tr>
</tbody>
</table>

For more Q&R on LAIV, ask the experts:  
http://www.flumist.com
The following are basic measures a LTCF can follow if an influenza outbreak occurs. More detailed information is provided by the California Department of Public Health on the second page of this outbreak document:

Question: What is an outbreak?
Response: A sudden increase in acute respiratory illness cases over the normal background rate or when any resident tests positive for influenza. In a LTCF, if one resident has a confirmed case of influenza by any testing method it is an outbreak.

Question: Who do we inform if we have a resident with a confirmed case of influenza?
Response: Notify the facility medical director immediately. Notify the County of San Diego Community Epidemiology Branch at (619) 515-6620. Notify the California Public Health Department Licensing and Certification district office with jurisdiction over your facility [http://www.cdph.ca.gov/programs/Pages/LnC.aspx].

Question: What monitoring do we need to do during an outbreak?
Response: Implement daily active surveillance for respiratory illness among all residents and staff until at least 1 week after the last confirmed or suspect influenza case occurred.

Question: When do we implement the LTCF’s plan for collecting specimens?
Response: To identify influenza virus as the causative agent, at the first sign of an outbreak, institute the facility’s plan for collecting and handling of specimens. Rapid flu tests are helpful but not diagnostic; a PCR needs to be done to confirm the disease. Ensure that the laboratory performing the tests notifies the facility of tests results promptly.

Question: What precautions should staff take even before an outbreak has been confirmed?
Response: Implement droplet precautions and respiratory hygiene/cough etiquette for all residents with suspected or confirmed influenza. Such precautions are recommended for many viral causes of respiratory infection.

Question: Do we confine residents and staff?
Response: Confine all symptomatic residents and exposed roommate(s) to their room, restrict them from common activities, and serve meals in their room for five days after the onset of symptoms. Restrict staff movement from areas of the facility having outbreaks.
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should we cancel common events in the building?</td>
<td>If other residents become symptomatic, cancel group activities and do not move symptomatic resident(s) or staff to other units. Do not admit new residents to the unit(s) with symptomatic residents.</td>
</tr>
<tr>
<td>Should we have visitors?</td>
<td>Limit all visitors and consider restricting visitation of children via posted notices.</td>
</tr>
<tr>
<td>What about staff?</td>
<td>Monitor personnel absenteeism due to respiratory symptoms and exclude those with influenza-like symptoms from resident care for 5 days following the onset of symptoms whenever possible.</td>
</tr>
<tr>
<td>Do we take in new admissions?</td>
<td>Limit new admissions of new or returning resident for at least 24 hours after fever resolution without the aid of fever reducing medications, especially to units that have confirmed or suspect cases.</td>
</tr>
<tr>
<td>What about residents and staff who did not receive the vaccine?</td>
<td>Review those residents and staff that were not vaccinated. Re-offer the current season’s influenza vaccine to unvaccinated residents and staff. Pay attention to CDC’s current vaccination recommendations for nasal and intramuscular influenza vaccines.</td>
</tr>
<tr>
<td>What about prophylaxis and treatment?</td>
<td>Administer influenza antiviral prophylaxis and treatment to residents and staff according to CDC’s current recommendations.</td>
</tr>
<tr>
<td>What else can staff do?</td>
<td>If the health department has announced that the outbreak is caused by a variant of influenza virus that is not well matched by the vaccine, consider antiviral chemoprophylaxis for staff, regardless of their vaccination status.</td>
</tr>
</tbody>
</table>

**Please refer to the California Department of Public Health’s documents for specific information on outbreaks in a LTCF:**

Recommendations for the Prevention and Control of Influenza in California Long-Term Care Facilities (see page 11 for specific information on outbreaks in a LTCF):


Infection Control for Novel Influenza A (H1N1) Virus (Swine Flu):


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For more Q&R information, ask the experts:

[http://www.cdc.gov](http://www.cdc.gov)

**Do no harm ... Stick out your arm!**
Loading Your Toolbox
**Monthly Checklist**

The following is a month-by-month checklist to be used as a guide for your influenza vaccination program for healthcare personnel. The outline below encourages collaboration between infection control professionals and other departments to ensure a successful program throughout the year.

### January – March

- Identify an inter-disciplinary team meeting for the influenza program comprised of physicians, nurses, administrators, and pharmacists. Invite representatives from departments with the lowest employee immunization rates during last year’s program.

- Appoint an in-house “champion” to manage the program. Empower this person to educate staff during management meetings, departmental in-service training sessions, and new employee orientations about the importance of immunizing health care workers against influenza.

- Evaluate last year’s employee immunization program:
  - How many employees were immunized?
  - How does this compare with previous years?
  - Was the vaccine supply appropriate for the demand?
  - Try to learn why some employees chose not to be immunized. If their concerns are based on misinformation, you may be able to correct it this year.

- Pre-order influenza vaccine for the coming year’s program

- **Continue to vaccinate staff and residents who have not already received flu vaccine**

### April – May

- Determine your budget for the employee influenza immunization program

- Develop a program action plan using this checklist as a guide

- Consider increasing last year’s immunization goal by at least 10 percent

- Schedule meetings with management and highlight the health and economic importance of an employee influenza immunization program
June – July
✓ Meet with the influenza program team to decide what types of educational materials would be most appropriate for your facility
✓ Work with the committee to develop a promotion and logistical plan for the program:
  o Consider using rolling influenza vaccine carts that can be taken to each department, the cafeteria, grand rounds, etc.
  o Make vaccine available during all shifts and to all departments
  o Plan a clinic “kick-off” event to generate excitement about getting vaccinated
  o Use a variety of promotional techniques—flyers, posters, emails, newsletter articles, paycheck flyers, in-service training, etc.
  o Offer incentives or prizes for those who are immunized (e.g., paid vacation days, cafeteria coupons, gift certificates, free parking spaces for a year, etc.)
  o Consider rewarding groups with the highest vaccination rate (e.g., lunch at a restaurant of their choice)
  o Consider special incentives for employees who typically resist immunization or for those who are getting the influenza vaccine for the first time
  o Create departmental competition; reward winners with a newsletter article and prizes
✓ Gather educational materials about influenza and healthcare personnel for the upcoming influenza season; check the web sites of the Association for Professionals in Infection Control and Epidemiology (APIC; www.apic.org) and Centers for Disease Control and Prevention (CDC; www.cdc.gov) for materials that can be downloaded.
✓ Secure support from members of the leadership team; ask them to take an active role in the encouragement of employee influenza immunization. Solicit testimonials from leaders who have been vaccinated in the past and plan to be vaccinated again.
✓ Order promotional materials (e.g., buttons, stickers) to hand out at clinics or units

August
✓ Meet with the committee to complete your plan for the employee influenza immunization program
✓ Begin promotion via e-mail, posters, flyers, newsletter articles, and paycheck flyers; use multi-lingual materials if appropriate
✓ Confirm the timing of influenza vaccine delivery through the pharmacy
✓ Provide training for additional nursing staff to administer influenza vaccine within their department
✓ Contact the San Diego Immunization Branch to schedule an educational in-service for the staff
September
✓ Arrange for the administrator and other members of leadership to be among the first immunized at the influenza vaccine clinic “kick-off”; encourage the administrator, department heads, and key management staff to wear influenza shot stickers, pins, etc.
✓ Obtain the most recent Vaccine Information Sheet from the CDC Web site (http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf).
✓ Create and print authorization/permission forms
✓ Hold the clinic “kick-off” and begin immunizing employees
✓ Take photos of leadership being immunized and publish the image in employee newsletters, post in the cafeteria, or distribute via e-mail

October
✓ Continue promoting the employee influenza immunization program and continue vaccinating employees
✓ Report to staff any early influenza activity in the community to encourage immunization

November
✓ Monitor vaccination rates; troubleshoot any problems and brainstorm ways to reach the employees who have not yet been immunized
✓ Continue to promote and offer vaccinations
✓ Use a newsletter article to announce which department has the highest rates of immunization; remind staff that it’s not too late to get vaccinated

December
✓ Continue to promote and offer vaccinations
✓ Begin critiquing program and identifying areas for improvement
✓ Continue to track immunization rates
✓ Develop preliminary estimates of vaccine orders, and order quantities for next influenza season
Employee Immunization Program

Elements of a successful vaccination program include: availability to ensure the vaccine is available to all employees on all shifts, education using creative slogans and eye-catching designs to create educational materials about influenza and immunization, and incentives to encourage participation with raffles.

Plan Your Program - include all departments:

Because the core immunization program does not change from year to year, Infection Control manages the planning and ensures a consistent influenza immunization program for its staff. Although the core immunization program remains unchanged from year to year, a creative approach to augment the existing program is crucial. This includes promoting the same materials with new handouts, newsletter, and other promotional activities specific to the facility.

The program’s success also depends on the support from departments such as nursing service, administration, and nurse volunteers to administer influenza vaccinations throughout the season. Having leadership show support by being the first to be immunized and setting an example for the staff encourages staff to join in also.

Interdepartmental support can result in a large population of vaccinated employees. Encourage the Infection Control department to partner with multiple other departments in the planning of the employee vaccination effort. Examples are:

- Rehabilitation services share responsibility with Infection Control for the coordination and operation of the “clinic”
- Nurses from all shifts volunteer to assist in the administration of the vaccine
- Purchasing Department orders safety syringes
- The Activities Department, along with Leadership, coordinates incentives
- Leadership acts as role models by being among the first to be immunized against influenza each year

Maintain Leadership Support

Leadership and Infection Control work to maintain the high-level of support by providing ongoing reports of the influenza clinic’s success at management meetings and via memo or email.
Promote the Program – **Consistently**

Use the same posters each year to alert staff to the influenza vaccine clinics, creating an association between the posters and the vaccine clinics. Articles in the employee newsletter, a memo with paychecks, or in the cafeteria will encourage immunization and update employees on rates of vaccination after the season is underway.

Use many highly visible and effective tactics to increase awareness about influenza and to encourage health care workers to be immunized:

- **Posters:** Brightly colored signs with innovative slogans posted in central areas where employees congregate—such as in the cafeteria and near time clocks—and throughout the facility. The posters help raise awareness about the vaccine clinic, provide general information about influenza in a “did you know?” style, and dispel common myths about immunization against influenza.
- **At the vaccine clinic,** employees receive one-page handouts with key facts and figures about influenza and immunization.
- **Newsletter articles:** The employee newsletter publishes a series of articles before, during, and after the influenza immunization program to communicate important immunization messages to all employees. The articles present projections about the next influenza season, information about the disease and immunization, and employee immunization rates as the season progresses.
- **Vaccine Information Sheet (VIS):** The Centers for Disease Control and Prevention produces this resource, which the clinic hands out to help answer employees’ vaccine-related questions.

**Make Vaccination Convenient**

Employees are more likely to be immunized if it is convenient. Offer opportunities for employees to be vaccinated:

- **A flu clinic** is held for four full days next to the cafeteria. Employees are offered raffle tickets for free coffee or snacks at the cafeteria. After they are immunized, employees receive prizes.
- **Rolling carts** help nurse volunteers vaccinate employees on each floor and in each department while they are working.
- **Unit nurses and supervisors** vaccinate their employees during night shifts and off hours.
- **Partner with San Diego Immunization Branch and couple educational in-service and provide a vaccine clinic directly after the in-service.**
- **If you don’t offer vaccine** for your staff you may consider giving them time off to get the vaccine. (See “You’ve got the time….Get the shot!” coupons)

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*Do no harm … Stick out your arm!*
Reach the Resistors

An important aspect of an employee influenza immunization program is its effort to determine why certain employees are hesitant to receive the vaccine. Certain people will probably never change their mind about immunization, but remember – it never hurts to ask.

Have Infection Control staff encourage the nurse vaccinators to use one-on-one counseling and to help council employees, especially those who are reluctant, of the importance and safety of influenza immunization. A key factor is dispelling myths about getting influenza from the vaccine. If the employee refuses, ensure that they sign the declination statement provided in the toolkit.

Evaluate the Program

Have Infection Control staff monitor employee immunization rates from the first vaccine clinic through the end of the season. Assessing the program on a continuous basis gives the long-term care facility an opportunity to redirect awareness efforts if the rates are lower than in previous years.
You’ve Got The Time... Get the shot!

This coupon allows you 1-hour off to go and receive your influenza vaccine.

Staff Name ________________________________

Date and Time Scheduled ____________________

This coupon must be stamped by the vaccine clinic and returned to your supervisor.

Clinic Stamp

Vaccinator’s Signature

You’ve Got The Time... Get the shot!

This coupon allows you 1-hour off to go and receive your influenza vaccine.

Staff Name ________________________________

Date and Time Scheduled ____________________

This coupon must be stamped by the vaccine clinic and returned to your supervisor.

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You’ve Got The Time... Get the shot!

This coupon allows you 1-hour off to go and receive your influenza vaccine.

Staff Name ________________________________

Date and Time Scheduled ____________________

This coupon must be stamped by the vaccine clinic and returned to your supervisor.

Clinic Stamp

Vaccinator’s Signature
What is Influenza?
Influenza is referred to as “the flu”. It is a contagious respiratory illness caused by the influenza viruses. Symptoms of influenza infection vary from mild to severe and are potentially life threatening.

What are the symptoms of the flu?
The most common symptoms of flu include: headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. Gastro-intestinal symptoms, such as nausea, vomiting, and diarrhea, are much more common among children and the elderly.

How can I prevent the flu?
The most effective way to prevent the flu is to get the vaccine in the fall of each year.

What can I do to stop the spread of the flu?
- Wash your hands frequently
- Avoid touching your nose, eyes, and mouth
- Avoid close contact with people who are sick

How do I avoid spreading the flu if I’m already sick?
- Cover your mouth and nose when you sneeze or cough (but NOT with your hands, so you don’t spread the virus. Use your elbow or a tissue.)
- Stay home until you are well

What do I do if I get sick?
If you develop the flu, get plenty of rest, drink a lot of liquids, and avoid using alcohol and tobacco. There are medications you can take to relieve flu symptoms. If your symptoms are severe, however, you should see a doctor.

Where can I learn more?
www.SDIZ.org
www.CDC.gov
www.immunize.org
You Can Help!

Did you know that you can directly effect the health of our elders living in long term care facilities?

That's right! You can personally keep elders healthier and happier this flu season. How, you ask? By getting a flu vaccination.

Many elders in long-term care settings get sick because of staff, volunteers and visitors who get the flu and then spread it. Elder immune systems are much more fragile and far more susceptible to flu. The discomfort, possibility of serious disease and potential for death are very real considerations and one which we can avoid with your help.

| Myth: Vaccines that are supposed to prevent flu and pneumococcal disease actually cause illness. |
| Fact: The influenza and pneumococcal vaccines are made from inactivated viruses and bacteria and cannot cause illness. |

| Myth: The flu is not a serious disease, so I don’t need to worry about being vaccinated. |
| Fact: Influenza is the most frequent cause of death from a vaccine-preventable disease in this country. Each year, an average of 36,000 deaths and 200,000 hospitalizations are attributable to influenza. |

| Myth: You should not get the flu shot because the shot may not cover current strains of flu. |
| Fact: Although the vaccine may not be perfect for the predominant virus strains circulating each year, getting the vaccine does provide some protection, meaning that those who are vaccinated and subsequently exposed to the predominant virus are less likely to have severe complications (including hospitalization and death) if they contract the flu. |

| Myth: You should not give the influenza and pneumococcal vaccines at the same time due to the possibility of increased side effects. |
| Fact: Both vaccines can be given at the same time (but at different sites) without increasing the risk of side effects. |

| Myth: You must get signed consent from residents prior to giving vaccination. |
| Fact: There are no federal or state laws or regulations (except in the State of Maryland) that require Long-term Care Facilities to obtain signed consent prior to giving vaccinations. There are, however, strong recommendations that residents are informed of the risks and benefits of vaccination and provide informed consent prior to vaccination. |

| Myth: The pneumococcal vaccine is not very effective. |
| Fact: Although the PPV23 vaccine is not as effective as other vaccines, it is 60-80% effective against invasive pneumococcal disease when it is given to immunocompetent persons 65 years of age and over or people with chronic illness. The vaccine can significantly lower the risk of serious pneumococcal disease and its complications in most recipients. |
Do No Harm...
Stick Out Your Arm!

Get Your Flu Shot Today!
10 Tips for a Successful Vaccination Campaign In Your Facility

1. Go to the head of the line. Leadership goes first and sets a highly visible example. It’s just the right thing to do.

2. Give the shots for free (or at very low cost). A few dollars spent on flu vaccine now saves many more dollars in avoided absenteeism, serious complications and/or hospitalizations.

3. Be factual. Work to dispel vaccination myths: You won’t get the flu from the shot, (it contains inactivated virus), and you’re protected even if the strain that’s “going around” doesn’t exactly match the strain that’s in the shot.

4. Be firm. “First, do no harm.” Staff have an ethical obligation to protect themselves and the residents for whom they care. Very few people are truly contraindicated.

5. Use blitz advertising. We’re talking: flyers in mailboxes, posters by the elevators, reminders inside restrooms.

6. Throw a party! Celebrate health & wellness, autumn/winter... Make it festive. Include food, music, door prizes. Little things mean the most!

7. 24/7 for stragglers. Have a traveling vaccination cart for the folks who can’t make it to the party. All shifts, every day.

8. Make it competitive. Recognize the wing (shift, department) with the highest percentage vaccinated.

9. Track it. Report it. Keep a paper log, an Excel spreadsheet, or an expanded roster billing of who gets the shot, on what date, from what lot, etc. If the health department asks that you report rate of vaccination, do so.

10. Share Best Practices. If you are successful in your vaccination campaign, spread the news! Tell us – tell your peers in long term care - how you managed it. We can all learn from your success.

Do No Harm... Stick Out Your Arm!
Be Good to You...

Don’t Get the Flu!
Be Energized...

Get Immunized...

Protect yourself, your family, and your residents
It’s flu season and our residents are at high risk for complications from the flu.

Please help us protect our residents from getting the flu.

Get a Flu Shot Today!
Stick Out Your Arm!

By getting the flu shot and remembering to do just a few thing, you can protect yourself, your families, and residents from getting the flu.

- Stay healthy
- Wash your hands frequently (20 seconds)
- Cover your mouth and nose when you sneeze or cough
- Refrain from touching your eyes, nose and mouth
- Wipe surfaces that multiple employees use with antiseptic towels
- Keep tissues handy
- Use tissues and then throw them away
- Use hand sanitizer (rub for 15-20 seconds)
- Stay home when you are sick
- Stick out your arm and get the shot

Do No Harm... Stick Out Your Arm!
Help Us Keep Your Loved One Healthy This Flu Season

If You Think You May Have a Cold or the Flu, Please Postpone Your Visit
What can you do?

You can help to stop the spread of germs by:

- Covering your mouth and nose when you sneeze or cough with your elbow or tissue
- Avoid touching your nose and eyes
- Staying home when you are sick
- Wiping surfaces that multiple employees use with antiseptic towels (telephone receivers, keyboards, etc.)
- Having trash cans accessible
- Washing hands frequently (20 seconds)
- Keeping tissues handy
- Using a tissue and then throwing it away
- Using hand sanitizer (Rubbing for at least 15-20 seconds)

As Health Care Workers We Have a Special Obligation to Our Residents

As professionals, working in long-term care facility, we have been given the distinction of protecting our residents. We need to be aware of what we can do to protect our elders, but also our family, and ourselves. Knowing a few simple facts about influenza and what you can do to stop the spread of germs is essential.

Sharing those facts with others can also help decrease the spread and keep your long-term care facility influenza-free this season.

Facts about Influenza:

- It infects the throat, lungs, and nose
- It is caused by a virus
- It is spread from person to person through respiratory droplets (coughing and sneezing)

Healthy Lifestyle

Although our lives may seem like they are busier than ever, maintaining a healthy lifestyle that includes: eating a variety of nutritious foods, drinking non-caffeinated beverages, and getting seven to eight hours of sleep, in addition to being vaccinated, can help you stay healthy and fight off the flu.

Don’t forget that exercising three times a week for 30 minutes will also aid in battling the flu.

Vaccines Will Be Available Soon

This year [INSERT ORGANIZATION NAME] aims to immunize [INSERT GOAL, I.E., 75 PERCENT] of employees against influenza. Vaccination will be offered free of charge to all employees in October. To encourage participation, we will [INSERT DETAILS ABOUT INCENTIVES, DEPARTMENT COMPETITION, ETC. HERE].
It’s flu shot time again!

Stick out your arm on:

[Insert Date]
[Insert Location]
[Insert Time Frame]
[Additional Information]

Don’t let the flu bug get you!

[Insert Facility Name Here] has officially started its flu campaign.

Please note various times and places we will be holding “FLU CLINICS”

We thank you for STICKING OUT YOUR ARM!
Do your part to prevent the spread of Influenza

Fewer than 40% of healthcare workers receive an annual Influenza Immunization

- Every year influenza causes approximately 200,000 hospitalizations and 36,000 deaths in the United States.
- Influenza (combined with pneumonia) is the seventh leading cause of death in the US across all age groups.
- The latest recommendations from the Centers for Disease Control and Prevention (CDC) specifically call for annual vaccination for all healthcare personnel working in a healthcare setting.
- Minimizing influenza transmission from caregivers to persons at high risk for infection can help reduce morbidity and mortality in the healthcare settings and help reduce work absenteeism.

Join the San Diego County Immunization Branch in their annual Vaccinate Your Staff campaign
go to www.SDIZ.org for further details

Your flu vaccine appointment is scheduled for:

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Date________________ at __________________ am/pm

*If unable to keep the appointment, kindly give 24 hr notice*
The following is a sample letter for employees that LTCF administrators might consider enclosing with paychecks just prior to the facility’s vaccination campaign. Details of the campaign (date, time, location) can be inserted.

Dear [Employee],

Each year on average over 40,000 people die from vaccine-preventable influenza and pneumonia in the U.S., despite the availability of effective vaccines. Some 50-80% of these deaths could be prevented with vaccination.

You can protect yourself and our long-term care residents from flu and its complications by getting immunized each year. A flu vaccination will protect you from getting influenza and will prevent you from passing this serious illness to our most vulnerable residents. Getting immunized demonstrates your professional commitment to preserving the health of our residents.

Our goal is to increase influenza immunization rates to 90% or better this year. If you have any questions please contact ________________________________.

Thank you, as always, for making a difference!

Sincerely,

[Name]

Enclosure: “Riveting Facts” Brochure
Sample Letter - Family

The following is a sample letter for families that LTCF administrators might consider mailing or handing out to visitors just prior to the facility’s vaccination campaign.

Dear [Family Member],

Each year on average over 40,000 people die from vaccine-preventable influenza and pneumonia in the U.S., despite the availability of effective vaccines. Some 50-80% of these deaths—most of which occur in persons 65 years of age and older—could be prevented with timely and widespread vaccination.

You can protect your loved one from flu by making sure that you are immunized each year. A flu vaccination will protect you from getting the flu and will prevent you from passing this serious illness to our most vulnerable residents. Getting immunized against influenza demonstrates your commitment to preserving the health of your loved one.

If you do become sick with a cold or a flu virus, or any other contagious illness, we ask that you postpone your visits here until you recover. Many of our residents are frail and are at risk for severe complications from the flu and other illnesses.

Ask your employer, health plan, family doctor, or pharmacist about getting a flu shot. It’s the right thing to do!

Sincerely,

[Name]

Enclosure: “Riveting Facts” Brochure
Dear [Doctor],

As you are no doubt aware, each year on average over 40,000 people die from vaccine-preventable influenza and pneumonia in the U.S., despite the availability of effective vaccines. Some 50-80% of these deaths—most of which occur in persons 65 years of age and older—could be averted with vaccination.

In an effort to improve immunization coverage rates, we have set an immunization goal of 90% or better among residents and employees in our facility. Enclosed is our guideline for immunization at ________________.

Getting vaccinated will provide a safe environment for both residents and employees. We seek your support and ask that you get vaccinated as well as encourage family members to get immunized.

Thank you, as always, for making a difference.

Sincerely,

[Name]

Enclosure: Policy/Guideline for Immunization
Dear Employees:

[INSERT NAME OF FACILITY] is launching our annual employee influenza immunization program – “Do No Harm...Stick Out Your Arm” – with the goal of vaccinating [INSERT PERCENTAGE] of employees against influenza. Healthcare personnel can be a key cause of outbreaks in healthcare settings, so it is important to get vaccinated.

[Consider spurring employees’ competitive spirit by listing last year’s vaccination rate or the national average for the U.S. – according to the CDC, 36% – and encourage staff to beat the rate. Offer incentives for every X% above the institution or national average they achieve.]

We will hold free vaccination clinics next month for all employees. Details about the dates and locations of the clinics will be available soon. [X person] will be happy to answer any questions you may have about influenza or the vaccine.

Together, we can meet our vaccination goals of [INSERT PERCENTAGE] and help protect our residents, our families, and ourselves by getting immunized against the flu.

I’ll be at the vaccination clinic next month to get my immunization. I hope to see you all there!

Sincerely,

[INSERT NAME OF Administrator]

Enclosure: “Riveting Facts” Brochure
SAMPLE GUIDELINE

The following is a sample guideline (policy or procedure) for influenza vaccination of residents, staff, and volunteers. LTCFs located in states with standing orders can adapt this guideline for use in their particular facility.

LONG-TERM CARE FACILITY GUIDELINE FOR STANDING ORDER INFLUENZA (FLU) VACCINATION OF RESIDENTS, STAFF, AND VOLUNTEERS

I. GUIDELINE:

The Advisory Committee on Immunization Practices (ACIP) recommends vaccinating persons who are at high risk for serious complications from influenza, including those 50 years of age and older, who are residents of long-term care facilities. The Association for Professionals in Infection Control, the Centers for Disease Control and Prevention, the Immunization Action Coalition and the National Foundation for Infectious Diseases all recommend that healthcare personnel be immunized as well, because they work in close contact with residents.

Recognizing the major impact and mortality of influenza disease on residents of long-term care facilities; and the effectiveness of vaccines in reducing healthcare costs and preventing illness, hospitalization and death, [Insert name of facility] has adopted the following policy statements:

(1) All residents, staff and volunteers of our facility should receive the influenza vaccine annually, unless there is a documented contraindication.

(2) These vaccines may be administered by any appropriately qualified personnel who are following our facility procedures, without the need for an individual physician evaluation or order.
II. **Administration Procedure:**

A. Current and newly admitted residents, all staff, and volunteers will be offered the influenza vaccine from September of each year through the end of March the following year.

B. Each resident’s, staff’s, and volunteer’s immunization status will be determined prior to vaccination, and will be documented in either the resident’s medical record or staff/volunteer’s immunization record.

C. Informed consent in the form of a discussion regarding risks and benefits of vaccination will occur prior to vaccination. (In the case of residents, this may be with their authorized representative when appropriate.)

D. Residents, staff, and volunteers may refuse vaccination. Vaccination refusal and reasons why (e.g., allergic, contraindicated, did not want vaccine, etc.) should be documented by the facility.

E. Ensure that the current year’s influenza vaccine is used. Discard expired vaccine.

F. Vaccine will be administered according to the Standing Order: Administer 0.5ml IM of influenza vaccine to all residents, staff, and volunteers who meet vaccination criteria. The deltoid is the preferred location of administration.

G. Vaccine should not be administered to residents, staff, or volunteers who are allergic to chicken eggs, the vaccine, or any of the vaccine’s components.

H. Check body temperature before giving the vaccine. Any changes in baseline or anyone who is febrile (above baseline) or being treated for an infection will not receive the vaccine until he/she has recovered.

I. Document the administration of the vaccine, including injection site, in the medical record (e.g., medication sheet, nurses’ notes, immunization record, or progress sheet) or staff/volunteer immunization record. Submit immunization information to state entity, as required.

J. The vaccine may be given at the same time or at any time before or after a dose of pneumococcal vaccine (PPV23). There are no minimal interval requirements between doses of the flu and PPV. If given at the same time as the PPV, the influenza vaccine must be given in a separate body site, using a different syringe.

K. An epinephrine injection 1:1000 will be kept on hand for severe allergic reactions (i.e., anaphylaxis). Should anaphylaxis occur, a dose of 0.5cc epinephrine 1:1000 SC will be given, standing emergency treatment procedures followed, and the event reported to the Vaccine Adverse Events Reporting System at 1-800-822-7967 or at [http://vaers.hhs.gov](http://vaers.hhs.gov).


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<th>Administrator</th>
<th>Director of Nursing</th>
<th>Medical Director</th>
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Note: The above sample guideline also applies to agency staff
The following is a sample guideline (policy or procedure) for pneumococcal vaccination (PPV) of residents, staff, and volunteers. Long-term care facilities located in states with standing orders can adapt this guideline for use in their particular facility.

LONG-TERM CARE FACILITY GUIDELINE FOR STANDING ORDER PNEUMOCOCCAL VACCINATION (PPV) OF RESIDENTS

I. **GUIDELINE:**

The Advisory Committee on Immunization Practices (ACIP) recommends vaccinating persons at high risk for serious complications from pneumococcal pneumonia, including those 65 years and older and all residents of long-term care facilities.

Recognizing the major impact and mortality of pneumococcal disease on residents of long-term care facilities; and the effectiveness of vaccines in reducing healthcare costs and preventing illness, hospitalization and death, [Insert name of facility] has adopted the following policy statements:

(1) All residents of our facility should receive the pneumococcal vaccine if they are 65 years of age or older; or younger than 65 years with underlying conditions that are associated with increased susceptibility to infection or increased risk for serious disease and its complications.

(2) Re-vaccination with the pneumococcal vaccine if 5 or more years have passed since the previous dose and the person was less than 65, however, who is now 65 or older, and/or is considered high risk for developing pneumococcal infection.

(3) These vaccines may be administered by any appropriately qualified personnel who are following our facility procedures without the need for an individual physician evaluation or order.
II. **ADMINISTRATION PROCEDURE:**

A. Each resident’s pneumococcal immunization status will be determined upon admission or soon afterwards, and will be documented in the resident’s medical record. Current residents will have their immunization status determined by reviewing available past and present medical records.

B. All residents with undocumented or unknown pneumococcal vaccination status will be offered the vaccine.

C. Informed consent in the form of a discussion regarding risks and benefits of vaccination will occur prior to vaccination. (This may be with the resident’s authorized representative when appropriate. If signed consent were required according to state law, it would occur at this procedural step.)

D. Residents may refuse vaccination. Vaccination refusal and reasons why (e.g., allergic, contraindicated, did not want vaccine, etc.) should be documented by the facility.

E. Check to make sure that the current Pneumococcal Vaccine vials have not expired. Discard old vaccine.

F. Vaccine will be administered according to the Standing Order: Administer 0.5ml IM or SC of Pneumococcal Vaccine (PPV23) to all residents who meet vaccination criteria. The deltoid/upper arm is the preferred location for the injection.

G. Vaccine should not be administered to residents who are allergic to the vaccine or any of its components.

H. Check resident’s body temperature before giving the vaccine. Any resident who is febrile (above baseline) or being treated for an infection will not receive the vaccine until he/she has recovered.

I. Document administration of vaccine, including injection site, in the medical record (e.g., medication sheet, nurses’ notes, immunization record, or progress sheet). Submit immunization information to state entity as required.

J. The vaccine may be given at the same time or at any time before or after a dose of influenza vaccine. There are no minimal interval requirements between doses of the flu and pneumococcal vaccines. If given at the same time as the influenza vaccine, the pneumococcal vaccine must be given in a separate body site, using a different syringe.

K. An epinephrine injection 1:1000 will be kept on hand for severe allergic reactions (i.e., anaphylaxis). Should anaphylaxis occur, a dose of 0.5cc epinephrine 1:1000 SC will be given, standing emergency treatment procedures followed, and the event reported to the Vaccine Adverse Events Reporting System at 1-800-822-7967 or at http://vaers.hhs.gov.

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Do no harm ... Stick out your arm!
The following is a sample guideline, (also known as a policy and procedure), for emergency and non-emergency treatment of residents, staff, or volunteers if immunization leads to adverse reactions. Long-term care facilities located in states with standing orders can adapt this guideline for use in their particular facility.

**Sample Guideline**

**LONG-TERM CARE FACILITY GUIDELINES FOR**

**ADVERSE REACTION TO VACCINATION**

**FOLLOWING IMMUNIZATION***

Because of possible hypersensitivity to vaccine components, persons administering biologic products or serum should be prepared to recognize and treat allergic reactions, including anaphylaxis. The necessary medications, equipment, and staff competent to maintain the patency of the airway and to manage cardiovascular collapse must be immediately available. Vaccine providers must be in close proximity to a telephone so that emergency medical personnel can be summoned immediately, if necessary. Whenever possible, residents should be observed for an allergic reaction for 15-20 minutes after receiving immunization(s).

I. **Treatment for Syncope**

   Syncope may occur after vaccination. Personnel should be aware of pre-syncopal manifestations and take appropriate measures to prevent injuries if weakness, dizziness, or loss of consciousness occurs. The relatively rapid onset of syncope in most cases suggests that having resident sit or lie down for 15 minutes after immunization could avert many syncopal episodes and secondary injuries.

   A. If resident becomes pale and/or feels faint:
      - Have resident lie flat or sit with head between knees for several minutes
      - Observe resident until asymptomatic
      - Notify attending physician of incident

   B. If resident loses consciousness, but has a steady pulse, normal blood pressure and respirations:
      - Place resident flat on back with feet elevated
      - Have resident rest in a quiet area and observe for 30 minutes after regaining consciousness
      - Notify attending physician of incident
      - Continue to monitor vital signs
o If resident regains consciousness within three minutes, observe for at least 30 minutes
o **CALL FOR AMBULANCE** if resident remains unconscious for more than three minutes

C. If vital signs are abnormal (e.g., decreased BP, decreased/increased/irregular pulse),
   o Place resident flat on back with feet elevated.
   o If indicated and you have a physician’s order, administer IV fluids.
   o Notify attending physician (if you have not already done so).
   o Continue to monitor vital signs:
     - If normal, observe for at least 30 minutes
     - If abnormal, **CALL FOR AMBULANCE**

II. **Treatment of a local reaction**

Soreness of the arm is the most common side effect associated with vaccination and affects 30%-50% of individuals vaccinated. However, this rarely interferes with the individual’s ability to conduct daily activities, and subsides in about 24-48 hours. Symptoms of local reaction may include mild pain, redness, pruritus, or swelling at the injection site.

A. Apply ice to site
B. If indicated, administer PO acetaminophen or ibuprofen
C. If indicated, administer PO diphenhydramine or hydroxyzine
D. Notify attending physician of incident
E. If resident has local reaction and symptoms subside, observe for at least 30 minutes

III. **Treatment for mild to severe symptoms of anaphylaxis**

Symptoms of mild systemic anaphylaxis may include pruritus, erythema, urticaria and angioedema.

A. Administer epinephrine 1:1000 0.5cc SC. Epinephrine may be repeated every five to 15 minutes, up to a maximum number of three times. If the resident’s condition improves with this management and remains stable, a physician may also recommend that the resident take an oral antihistamine for the next 24 hours
B. Notify attending physician of incident
C. If symptoms subside, observe for at least 30 minutes
D. If symptoms do not subside after appropriate administration of medications, **CALL FOR AMBULANCE**.

IV. **Treatment for more severe or potentially life-threatening systemic anaphylaxis**

Symptoms of more severe or potentially life-threatening systemic anaphylaxis may include severe bronchospasm, laryngeal edema, shock, and cardiovascular collapse.
A. **CALL FOR AMBULANCE**
B. Maintenance of the airway and oxygen administration should be instituted immediately
C. If resident is wheezing, has generalized hives or is in respiratory distress, have him/her sit
D. If resident has low blood pressure or pulse is weak, have resident lie down on back and elevate feet
E. If cardiac and/or respirator arrest occur, start CPR
F. Administer epinephrine 1:1000 0.5cc SC. Epinephrine may be repeated every five to 15 minutes, up to a maximum number of three times
G. Notify attending physician of incident

V. **Document all adverse events**
A. Document administration of all emergency medications according to established MAR procedures
B. Document vital signs and other relevant clinical information and all adverse events in the resident’s medical record
C. Report adverse event(s) to the Vaccine Adverse Event Reporting System 1-800-822-7967 or at [http://www.vaers.org](http://www.vaers.org)

VI. **Emergency equipment and supplies to have on hand**
A. Sphygmomanometer and stethoscope
B. Emergency medications:
   1. Epinephrine 1:1000
   2. Diphenhydramine hydrochloride – PO and injectable
C. Syringes:
   1. 1cc syringes with 5/8 – 3/4 inch needles (for epinephrine injection)
   2. 1 and 2cc syringes with 1 – 1 ½ inch needles (for diphenhydramine injection)
D. Oral airways (small, medium, large)
E. Alcohol wipes and Band-Aids
F. Paper and pen

________________________________________  ______________________________________  __________________________________
Administrator                     Director of Nursing                        Medical Director

________________________________________  ______________________________________  __________________________________
Date                                Date                                    Date

*Adapted from the Massachusetts Department of Public Health: Massachusetts Immunization Program*
Going To Work
The following checklist specifies risk factors for contracting influenza and pneumonia, and the contraindications and possible outcomes of vaccination among residents.

**ADMISSION CHECKLIST**  
**INFLUENZA AND PNEUMOCOCCAL IMMUNIZATION**

<table>
<thead>
<tr>
<th>Resident:</th>
<th>Room#:</th>
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<tr>
<td>Assessed by:</td>
<td>Date:</td>
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**Influenza Vaccine (given October – March)**

Considered **high risk** due to:
- **Every** long-term care resident is at risk for influenza infection.

**Pneumococcal Vaccine (offered year round)**

Considered **high risk** due to *(check all that apply)*:
- Resident is 65 years of age or older and does not have documentation of previous immunization for pneumococcal pneumonia in past 5 years
- Age less than 65 and history of heart disease, lung disease, end stage renal disease, weakened immune system, diabetes or other chronic medical condition. **Refer to VIS for PPV**
- None of the above – **STOP HERE**

**Contraindications**

**Vaccine not indicated due to (check all that apply):**
- Serious (anaphylactic) allergy to eggs or thimerosal (preservative in contact lens solution)
- Previous adverse reaction to influenza vaccine
- Physician order not to vaccinate at this time
- Acute febrile illness
- Other
  
  If contraindicated – **STOP HERE**

**Contraindications**

Vaccine not indicated due to *(check all that apply):*
- Hypersensitivity (to any component of the vaccine)
- Previous adverse reaction to PPV
- Physician order not to vaccinate at this time
- Febrile respiratory illness or other active infection
- Other
  
  If contraindicated – **STOP HERE**

**Outcome**

- Vaccine indicated but **NOT** administered
  - Resident declined
  - Why? _______________________
  - Vaccine indicated and administered

**Outcome**

- Vaccine indicated but **NOT** administered
  - Resident declined
  - Why? _______________________
  - Vaccine indicated and administered
Use Avery 5294 Labels

1 Stuck Out My Arm
1 Got My Flu Shot

1 Stuck Out My Arm
1 Got My Flu Shot

1 Stuck Out My Arm
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1 Stuck Out My Arm
1 Got My Flu Shot
This Tracking Form can be used to identify all residents and staff that did not receive a vaccine for any reason. The form can be completed on a daily basis, from the beginning to the end of flu season, or for any time period desired. It is recommended to keep two separate forms: one for resident and the other for staff.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Reason for Not Receiving Vaccine</th>
<th>Plan</th>
<th>Initials</th>
<th>Date Vaccine was Received</th>
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Influenza vaccine consent

I have read the “Influenza Vaccine Information Statement”. I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine.

Print name ___________________________ Department ___________________________

I request that the vaccine be given to me.

Signature ___________________________ Date ___________________________

I decline the vaccine today because I have already had a flu shot this year.

Clinic where vaccinated ___________________________ Date vaccinated _________ (Approximate is OK.)

Signature ___________________________ Date signed _________ We will count you as vaccinated.

Influenza vaccine declination

Written declination is required!

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
- Influenza virus may be shed for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with influenza have no symptoms, allowing transmission to others.
- Flu virus changes often, making annual vaccination is necessary. Immunity following vaccination is strongest for 2 to 6 months. In CA, influenza usually arrives around New Year through February or March.
- I understand that flu vaccine cannot transmit influenza. It does not, however, prevent all disease.
- I have declined to receive the influenza vaccine for the 20XX-20XX season. I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

Knowing these facts, I choose to decline vaccination at this time. I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information on this declination form.

Print name ___________________________ Department ___________________________

Signature ___________________________ Date ___________________________

☐ I decline vaccination for the following reason(s). Please check all that apply.

☐ I believe I will get the flu if I get the shot.

☐ I do not like needles.

☐ My philosophical or religious beliefs prohibit vaccination.

☐ I have a medical contraindication to receiving the vaccine.

☐ Other reason – please tell us. ______________________________________________________

☐ I do not wish to say why I decline.
LONG-TERM CARE FACILITY
PHYSICIAN STAFF OFFICE
Screening for Influenza Vaccination for Physicians

Name: ___________________________ Physician ID#: ___________________________ Today’s Date: ___________________________
Address: ___________________________ Office Phone: (____) _____________ Office FAX: (____) _____________

Attestation for Receipt of Influenza Vaccination

☐ I have received the influenza vaccine for the 20XX-20XX season.

Setting where vaccine was administered:
☐ Hospital ☐ Clinic ☐ MD office ☐ Other

Signature ____________________________________________

Declination

☐ I have declined to receive the influenza vaccine for the 20XX-20XX season. I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

Reasons for declination:
☐ I have had Guillain-Barré or other medical problems that preclude me from receiving the vaccine.
☐ I am allergic to components of the vaccine (specify) __________________________
☐ I don’t believe in vaccines.
☐ I won’t take the vaccine because of side effects.
☐ I don’t believe it is important.
☐ I never get influenza.
☐ I am afraid of getting the flu from the vaccine.
☐ I am afraid of needles.
☐ Other (specify) __________________________________________________________

Signature ________________________________________________________________

I authorize release of the information above to the Medical Staff Office and its agents. This authorization is to be renewed annually and I understand that I may revoke this authorization in writing. I understand I have the right to receive a copy of this signed form.

Signature: ___________________________ Date: ___________________________
Employee Influenza Vaccination/Declination Surveillance
For Long-term Care Facilities

Data Collection Start Date: September 1, XXXX; End Date: March 31, XXXX

Name of Facility: ______________________________________________

Name of Person Completing Form: ________________________________

Contact Information:  
Email: ___________________________ Phone: _________________________

<table>
<thead>
<tr>
<th>Components</th>
<th>Number</th>
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<tbody>
<tr>
<td>1. Total number of employees (include part-time)</td>
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<tr>
<td>2. Sum total number of vaccinations¹ and declinations</td>
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</tr>
<tr>
<td>3. Compliance rate (Item 2/Item 1)</td>
<td>(%)</td>
</tr>
<tr>
<td>4. Total number of vaccinations</td>
<td></td>
</tr>
<tr>
<td>5. Vaccination rate (Item 4/Item 1)</td>
<td>(%)</td>
</tr>
</tbody>
</table>

For questions, please contact Jae L. Hansen at jae.hansen@sdcounty.ca.gov or phone (619) 692-6644, Fax (619) 692-5677.

¹ Include influenza vaccines administered in settings other than the reporting long-term care facility.
Family Council

The following provides information on how to reach out to your Family Council Members to ensure they have the facts and receive the influenza vaccine.

**Overview**

Family Council is a forum where families, as a group, can come together to offer support to each other, facilitate communication between families and staff, and impact the quality of care for the residents.

A major purpose of the council is to become knowledgeable about whatever affects the residents' lives, such as the importance of staff and family members receiving a yearly flu vaccine.

A successful family council provides an opportunity for the members to meet on a regular basis, without the presence of long-term care facility staff, to share ideas and concerns that may be submitted in writing to the administrator.

**The flu vaccine**

The Immunization Campaign Champion will do the following:

- Request a time on the agenda in September or October
- Mail the family sample letter to each family member
- Provide a short description of the presentation to add to the council invitation
- Post flyers in common areas where they can be easily seen by family members
- Provide handouts at the meeting
- Mail newsletter/brochure to family members
Family Council Meeting

Date:

Where:

When:

Topic: Flu Shots

Your best shot for avoiding the flu!

Please join us on [Insert date here] and learn how you can protect your loved ones and yourself from the flu.
**1 Why get vaccinated?**

*Influenza ("flu") is a contagious disease.*

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Other illnesses can have the same symptoms and are often mistaken for influenza.

Infants, the elderly, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from seasonal influenza and even more require hospitalization.

By getting vaccinated you can protect yourself from influenza and may also avoid spreading influenza to others.

**2 Inactivated influenza vaccine**

There are two types of influenza vaccine:

1. **Inactivated** (killed) vaccine, or the “flu shot” is given by injection into the muscle.

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

A “high-dose” inactivated influenza vaccine is available for people 65 years of age and older. Ask your healthcare provider for more information.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year.

The 2010-2011 vaccine provides protection against A/H1N1 (pandemic) influenza and two other influenza viruses – influenza A/H3N2 and influenza B. It will not prevent illness caused by other viruses.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts about a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Thimerosal-free influenza vaccine is available. Ask your healthcare provider for more information.

**3 Who should get inactivated influenza vaccine and when?**

**WHO**

All people *6 months of age and older* should get flu vaccine.

Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.

People who got the 2009 H1N1 (pandemic) influenza vaccine, or had pandemic flu in 2009, should still get the 2010-2011 seasonal influenza vaccine.

**WHEN**

Getting the vaccine as soon as it is available will provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur at any time, but most influenza occurs from November through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your healthcare provider.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

**4 Some people should not get inactivated influenza vaccine or should wait**

- Tell your healthcare provider if you have any severe (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
- Influenza vaccine virus is grown in eggs. People with a **severe egg allergy** should not get influenza vaccine.
- A severe allergy to any vaccine component is also a reason not to get the vaccine.
- If you ever had a severe reaction after a dose of influenza vaccine, tell your healthcare provider.

**•** Tell your healthcare provider if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). Your provider will help you decide whether the vaccine is recommended for you.

**•** People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your healthcare provider about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

### What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

**Mild problems:**
- soreness, redness, or swelling where the shot was given
- hoarseness; sore, red or itchy eyes; cough
- fever • aches

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

**Severe problems:**
- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

One brand of inactivated flu vaccine, called Afluria, **should not be given** to children 8 years of age or younger, except in special circumstances. A related vaccine was associated with fevers and fever-related seizures in young children in Australia. Ask your healthcare provider for more information.

---

The safety of vaccines is always being monitored. For more information, visit: [http://www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html](http://www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html) and [http://www.cdc.gov/vaccinesafety/Activities/Activities_Index.html](http://www.cdc.gov/vaccinesafety/Activities/Activities_Index.html)

---

**6 What if there is a severe reaction?**

**What should I look for?**
Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

**What should I do?**

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your healthcare provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at [http://www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

---

**7 The National Vaccine Injury Compensation Program**

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

People 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 [http://www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

---

**8 How can I learn more?**

- Ask your healthcare provider. They can give you the vaccine package insert or suggest other sources of information.
- 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 [http://www.cdc.gov/flu](http://www.cdc.gov/flu)
PNEUMOCOCCAL POLYSACCHARIDE VACCINE

WHAT YOU NEED TO KNOW

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

1 Pneumococcal disease

Pneumococcal disease is caused by Streptococcus pneumoniae bacteria. It is a leading cause of vaccine-preventable illness and death in the United States. Anyone can get pneumococcal disease, but some people are at greater risk than others:

- People 65 years and older
- The very young
- People with certain health problems
- People with a weakened immune system
- Smokers

Pneumococcal disease can lead to serious infections of the:

- Lungs (pneumonia),
- Blood (bacteremia), and
- Covering of the brain (meningitis).

Pneumococcal pneumonia kills about 1 out of 20 people who get it. Bacteremia kills about 1 person in 5, and meningitis about 3 people in 10.

People with the health problems described in Section 3 of this statement may be more likely to die from the disease.

2 Pneumococcal polysaccharide vaccine (PPSV)

Treatment of pneumococcal infections with penicillin and other drugs used to be more effective. But some strains of the disease have become resistant to these drugs. This makes prevention of the disease, through vaccination, even more important.

Pneumococcal polysaccharide vaccine (PPSV) protects against 23 types of pneumococcal bacteria, including those most likely to cause serious disease.

Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well, or at all.

Another type of pneumococcal vaccine (pneumococcal conjugate vaccine, or PCV) is routinely recommended for children younger than 5 years of age. PCV is described in a separate Vaccine Information Statement.

3 Who should get PPSV?

- All adults 65 years of age and older.
- Anyone 2 through 64 years of age who has a long-term health problem such as:
  - heart disease
  - lung disease
  - sickle cell disease
  - diabetes
  - alcoholism
  - cirrhosis
  - leaks of cerebrospinal fluid or cochlear implant
- Anyone 2 through 64 years of age who has a disease or condition that lowers the body’s resistance to infection, such as:
  - Hodgkin’s disease
  - lymphoma or leukemia
  - kidney failure
  - multiple myeloma
  - nephrotic syndrome
  - HIV infection or AIDS
  - damaged spleen, or no spleen
  - organ transplant
- Anyone 2 through 64 years of age who is taking a drug or treatment that lowers the body’s resistance to infection, such as:
  - long-term steroids
  - certain cancer drugs
  - radiation therapy
- Any adult 19 through 64 years of age who:
  - is a smoker
  - has asthma

PPSV may be less effective for some people, especially those with lower resistance to infection.
But these people should still be vaccinated, because they are more likely to have serious complications if they get pneumococcal disease.

Children who often get ear infections, sinus infections, or other upper respiratory diseases, but who are otherwise healthy, do not need to get PPSV because it is not effective against those conditions.

How many doses of PPSV are needed, and when?

Usually only one dose of PPSV is needed, but under some circumstances a second dose may be given.

- A second dose is recommended for people 65 years and older who got their first dose when they were younger than 65 and it has been 5 or more years since the first dose.
- A second dose is recommended for people 2 through 64 years of age who:
  - have a damaged spleen or no spleen
  - have sickle-cell disease
  - have HIV infection or AIDS
  - have cancer, leukemia, lymphoma, multiple myeloma
  - have nephrotic syndrome
  - have had an organ or bone marrow transplant
  - are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

When a second dose is given, it should be given 5 years after the first dose.

Some people should not get PPSV or should wait

- Anyone who has had a life-threatening allergic reaction to PPSV should not get another dose.
- Anyone who has a severe allergy to any component of a vaccine should not get that vaccine. Tell your provider if you have any severe allergies.
- Anyone who is moderately or severely ill when the shot is scheduled may be asked to wait until they recover before getting the vaccine. Someone with a mild illness can usually be vaccinated.
- While there is no evidence that PPSV is harmful to either a pregnant woman or to her fetus, as a precaution, women with conditions that put them at risk for pneumococcal disease should be vaccinated before becoming pregnant, if possible.

What are the risks from PPSV?

About half of people who get PPSV have mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small.

What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell the doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- 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/vaccines.
LIVE, INTRANASAL INFLUENZA VACCINE

WHAT YOU NEED TO KNOW

2010-11

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

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease.
It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Other illnesses can have the same symptoms and are often mistaken for influenza.

Infants, the elderly, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease or a weakened immune system – can get much sicker. Influenza can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from seasonal influenza and even more require hospitalization.

By getting vaccinated you can protect yourself from influenza and may also avoid spreading influenza to others.

2 Live, attenuated influenza vaccine - LAIV (nasal spray)

There are two types of influenza vaccine:
1. Live, attenuated influenza vaccine (LAIV) contains live but attenuated (weakened) influenza virus. It is sprayed into the nostrils.
2. Inactivated (killed) influenza vaccine, or the “flu shot,” is given by injection into the muscle. This vaccine is described in a separate Vaccine Information Statement.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year.

The 2010 – 2011 vaccine provides protection against A/H1N1 (pandemic) influenza and two other influenza viruses— influenza A/H3N2 and influenza B. It will not prevent illness caused by other viruses.

It takes up to 2 weeks for protection to develop after the vaccination. Protection lasts about a year.

LAIV does not contain thimerosal or other preservatives.

3 Who can receive LAIV?

LAIV is recommended for healthy people 2 through 49 years of age, who are not pregnant and do not have certain health conditions (see #4, below).

People who got the 2009 H1N1 (pandemic) influenza vaccine, or had pandemic flu in 2009, should still get the 2010-2011 seasonal influenza vaccine.

4 Some people should not receive LAIV

LAIV is not recommended for everyone. The following people should get the inactivated vaccine (flu shot) instead:

- Adults 50 years of age and older or children from 6 through 23 months of age. (Children younger than 6 months should not get either influenza vaccine.)
- Children younger than 5 years with asthma or one or more episodes of wheezing within the past year.
- Pregnant women.
- People who have long-term health problems with:
  - heart disease
  - kidney or liver disease
  - lung disease
  - metabolic disease, such as diabetes
  - asthma
  - anemia, and other blood disorders
- Anyone with certain muscle or nerve disorders (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone with a weakened immune system.
- Anyone in close contact with someone whose immune system is so weak they require care in a protected environment (such as a bone marrow transplant unit). Close contacts of other people with a weakened immune system (such as those with HIV) may receive LAIV. Healthcare personnel in neonatal intensive care units or oncology clinics may receive LAIV.
- Children or adolescents on long-term aspirin treatment.

Tell your healthcare provider if you have any severe (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.

- Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get influenza vaccine.
- A severe allergy to any vaccine component is also a reason not to get the vaccine.
- If you ever had a severe reaction after a dose of influenza vaccine, tell your healthcare provider.
Tell your healthcare provider if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). Your provider will help you decide whether the vaccine is recommended for you.

Tell your healthcare provider if you have gotten any other vaccines in the past 4 weeks.

Anyone with a nasal condition serious enough to make breathing difficult, such as a very stuffy nose, should get the flu shot instead.

People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your healthcare provider about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

When should I receive influenza vaccine?

Getting the vaccine as soon as it is available will provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur any time, but most influenza occurs from November through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your healthcare provider.

Influenza vaccine may be given at the same time as other vaccines.

What are the risks from LAIV?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Live influenza vaccine viruses very rarely spread from person to person. Even if they do, they are not likely to cause illness.

LAIV is made from weakened virus and does not cause influenza. The vaccine can cause mild symptoms in people who get it (see below).

Mild problems:
Some children and adolescents 2-17 years of age have reported:
• runny nose, nasal congestion or cough
• headache and muscle aches
• abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:
• runny nose or nasal congestion
• cough, chills, tiredness/weakness
• sore throat
• headache

Severe problems:
• Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
• If rare reactions occur with any product, they may not be identified until thousands, or millions, of people have used it. Millions of doses of LAIV have been distributed since it was licensed, and the vaccine has not been associated with any serious problems.

The safety of vaccines is always being monitored. For more information, visit:
http://www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html
and
http://www.cdc.gov/vaccinesafety/Activities/Activities_Index.html

What if there is a severe reaction?

What should I look for?
Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?
• Call a doctor, or get the person to a doctor right away.
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The National Vaccine Injury Compensation Program

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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 http://www.hrsa.gov/vaccinecompensation.

How can I learn more?

• Ask your healthcare provider. They can give you the vaccine package insert or suggest other sources of information.
• 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 http://www.cdc.gov/flu
Following are two sample tools for documenting the administration of flu and pneumonia vaccines. The Vaccination Log can be used to keep a running list of residents who were vaccinated, the date, and whether the appropriate VIS sheet was given. This Log may be able to be used for roster billing. Or you can use the San Diego Regional Immunization Registry (SDIR) for your vaccination documentation needs: [www.sdir.org](http://www.sdir.org).

### VACCINATION LOG

<table>
<thead>
<tr>
<th>#</th>
<th>Last Name</th>
<th>First Name</th>
<th>Influenza date</th>
<th>PNE Vaccine Date</th>
<th>Date VIS Sheet Given/Comments</th>
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Frequently Asked Questions (FAQ) about... Immunization Registries (Health Care Providers)

What is an immunization registry? What is CAIR?

An immunization registry is a secure web-based database that can store your patients’ and staffs’ immunization records. A registry helps medical practices keep their patients and/or staffs vaccinated on time, avoiding under- or over-immunization. All 50 states have immunization registries. Our California Immunization Registry is also known as CAIR. California has 10 regional CAIR affiliates that cover the state. CAIR users pay nothing for software, training and help desk support.

Who can use CAIR?

CAIR can only be used by authorized medical office staff, hospitals, long-term care facilities (LTCF), and public health departments for the purposes of evaluating shot records, sending reminders, billing, and protecting the public health. Programs such as WIC, child care, schools, foster care, and CalWORKS may also be authorized to view shot histories for the person they serve.

Why hospitals and LTCF like CAIR

- It’s easy to participate, very user-friendly, no cost to join,—and staff can get trained to use the system by registry trainers at no cost
- It provides an efficient way to track inventory and lot numbers for all hospital/LTCF vaccines and run reports on vaccine usage
- Hospitals/LTCFs can use the registry to track their own employees’ flu shots to help comply with California State law

What can CAIR do for my practice? Will it increase my staff’s busy workload?

CAIR reduces the staff time needed to:
- Search for or replace patient immunization records
- Provide records (“yellow cards” and “blue cards,”) for school, camp, or other activities
- Calculate which vaccines are due
- Give “just-in-case” immunizations when earlier shot records are missing
- Request shot records from other providers
- Prepare reminder notices, and
- Track vaccine inventory

Immunization registry software works quickly and efficiently in a variety of clinic settings. The software has a high satisfaction rate. Testimonials from medical office staff affirm these advantages. Your regional CAIR representative can help assess your office workflow to maximize CAIR benefits for your practice.
**Immunization Registry FAQ (Health Care Providers)**

**What if our immunization rates are high already, should my facility join the registry?**

CAIR:
- Saves staff time and helps your patients
- Consolidates records when persons have been immunized by different providers
- Keeps persons up-to-date by making rapid, accurate assessments of the increasingly complex vaccine schedule
- Accurately tracks your practice’s coverage rates; informal estimates by providers of their practice’s rates may overestimate true coverage
- Improves immunization rates, whether high or low; just one function of the registry, providing routine reminder notices to staff/patients/families, has been shown to raise rates by 17%.

**What computer equipment is needed?**

Most computers with high-speed Internet access are adequate for registry use. CAIR representatives can evaluate your current system technology, identify any gaps, and direct you, as needed, to lower-cost options for equipment and Internet service.

**Who will train our staff to use the registry?**

CAIR representatives can schedule free training for your staff at your convenience. CAIR software is very user-friendly, requiring no prior computer skills. Free Help Desk services are available to answer questions as they arise.

**What if data entry errors occur after training? How do we ensure data accuracy?**

CAIR software has built-in quality assurance features. Validation procedures identify inaccurate or missing data entered into the registry. CAIR staff can help you correct data.

**How will the registry program integrate with our existing computer systems?**

CAIR is currently being used successfully in practices both with and without electronic medical record and billing systems. There are several ways to transfer data between systems that will become increasingly available. Please contact your local CAIR representative about the feasibility of electronic data transfer.

**Are patients’ records in CAIR kept secure?**

CAIR complies with HIPAA and state law to protect patient privacy. Providers and CAIR staff must abide by confidentiality agreements in order to share patient records. Each viewing of patient records is tracked to maintain an “audit trail”. Moreover, CAIR software has security features to protect confidential data from being seen by unauthorized sources.

**Some people might not like the idea of a registry. What are their options?**

Staff/patient/family has the choice of whether their immunizations are recorded in CAIR. All staff/patient/guardians must be notified before their immunization records are entered into CAIR. In practice, few individuals have chosen to not participate after this notification. Participating individuals also have the choice whether to receive reminders and to inspect their registry records for accuracy.
Immunization Registry FAQ (Health Care Providers)

Can I access staff/patient records from another part of California?

Check with your regional CAIR representative. Data are currently shared within each of California’s 10 regional CAIR affiliate registries. Over the next years the regions will be electronically linked. This will enable participating provider anywhere in California to receive patient immunization data from any of the state’s regions.

How do we maintain control of our patients’ records? Will other practices be able lure away our patients?

Your staffs'/patients’ immunization records are protected by security measures as well as by agreements signed by all providers participating in CAIR. Providers must use specific identifying information to search for a person in the registry and cannot browse through all records.

Where can I learn more about CAIR?

Additional information about CAIR and regional CAIR affiliates can be found at www.CAIRWeb.org or http://sdiz.org/CAIR-SDIR/index.html.
Do you want to make sure that your family’s immunization records can be easily located by a health care provider when you change doctors, or during a disease outbreak, or natural disaster?

San Diego Regional Immunization Registry (SDIR), part of the California Immunization Registry (CAIR) will enter immunization records into the centralized, secure, and confidential database. Use one method below to send both the copy of the immunization record and this completed form:

- US mail - Immunization Branch, SDIR, P.O. Box 85222, San Diego, CA 92186
- fax (619) 692-6619
- email the SDIR Help Desk at: sdir@sdiz.org

For more information, visit the SDIR Website at: www.sdiz.org/CAIR-SDIR/about.html or call the SDIR Help Desk at (619) 692-5656.

Please complete the information below. Fill out additional form(s) if submitting more than one immunization record.

Please print clearly and include your phone number in case we need to call you!

<table>
<thead>
<tr>
<th>SUBMITTER</th>
<th>INDIVIDUAL ON RECORD</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Last name:</td>
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<tr>
<td>Street Address:</td>
<td>First name:</td>
</tr>
<tr>
<td>City:</td>
<td>Date of Birth:</td>
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<tr>
<td>Zip Code:</td>
<td>Gender:</td>
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<tr>
<td>Email:</td>
<td>Fields below will help locate the immunization record in the future:</td>
</tr>
<tr>
<td>Home Telephone:</td>
<td>□ Mother’s maiden name:</td>
</tr>
</tbody>
</table>

Relationship to individual on the record

- □ Parent
- □ Guardian
- □ Self
- □ Other [specify]

CAIR USE ONLY:

- □ ENTERED IN SDIR
- DATE: ___/___/___
- STAFF INITIALS

Note: Immunization records are only shared with public health, participating health care providers, schools, childcare and other authorized programs that require the review of immunization records for enrollment.

HHSA: IZ148ES 09/09
The Vaccination Tally Sheet can be used to tally the numbers of residents and staff who have received each of the two vaccines, the numbers for whom the vaccines were contraindicated, and the numbers who refused. This Tally Sheet can be completed on a monthly basis, at the end of flu season, or for any time period desired.

**VACCINATION TALLY SHEET**

**INSTRUCTIONS**

This tool allows for separate tallying of resident and staff vaccination data. Specify below the time period for which data is being summarized. Because resident census fluctuates, choose a method for determining census that you will be able to use consistently. Examples include the midpoint census, the average census, or the highest census during the chosen data collection time period. *Examples of contraindications: allergic to eggs, hospice patient, medical contraindications.*

<table>
<thead>
<tr>
<th>Time Period: ____________ to ____________</th>
<th>Facility: __________________</th>
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<tr>
<td>Floor/Wing: ________________</td>
<td>Recorder: ________________</td>
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**RESIDENTS**

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<tr>
<td>Total <strong>Resident</strong> census</td>
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<tr>
<td>Total <strong>Residents</strong> receiving flu vaccine</td>
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<tr>
<td>Total <strong>Residents</strong> for whom flu vaccine contraindicated and/or resident refused</td>
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<td>Total <strong>Residents</strong> receiving pneumonia vaccine in facility</td>
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<tr>
<td>Total <strong>Residents</strong> previously vaccinated for pneumonia</td>
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<tr>
<td>Total <strong>Residents</strong> for whom pneumonia vaccine contraindicated and/or resident refused</td>
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<td>Total number of <strong>Staff</strong></td>
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<td>Total <strong>Staff</strong> receiving flu vaccine in facility</td>
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<tr>
<td>Total <strong>Staff</strong> receiving flu vaccine outside of facility</td>
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