VAX FACTS

The place to go to be in the know!

www.immunize.nc.gov

Educational Reminder:

Need help obtaining your certificate for the required annual training modules?

All Vaccines For Children (VFC) providers must receive comprehensive training at the time of enrollment. After the initial enrollment training, providers are responsible for annual training. The two areas of training include: VFC programmatic and vaccine management. The primary vaccine coordinator and back-up coordinators who were not able to attend the North Carolina Immunization Program (NCIP) regional trainings this year must complete the below CDC online training modules to fulfill the annual training requirement.

* MODULE SIXTEEN-VACCINES FOR CHILDREN PROGRAM—2018

* YOU CALL THE SHOTS-MODULE TEN-STORAGE AND HANDLING—2018

Want more educational opportunities for your practice? The CDC offers free email subscription service, making it easy for you to learn more about different topics. Click here for a step by step guide from the Centers for Disease Control and Prevention (CDC).

Clinician's Corner

- **Preventing and Managing Adverse Reactions**

  Two significant changes have been made to the ACIP's Best Practices Guide including:

  1) more descriptive characterization of anaphylactic allergy

  2) incorporation of protocols for managing adverse reactions

- **Preventing Adverse Reactions**

  An **adverse reaction** is an undesirable side effect that occurs after a vaccination.

  Vaccine adverse reactions are classified as 1) **local**, 2) **systemic,** or 3) **allergic**.

  Local reactions tend to be more frequent and less severe; an example is redness of the injection site.

  Systemic reactions occur with less frequency than local reactions; an example is the development of a fever after vaccination.

  Allergic reactions are more severe but are the least frequent of all adverse reactions; an example is **anaphylaxis** (an immediate and severe allergic reaction).

Allergic reactions are a concern for many vaccine providers and parents; however, these reactions are not as common and anaphylaxis, following the administration of a vaccine is rare.

The best practice to avoid and prevent allergic reactions is to identify individuals at increased risk by obtaining a history of allergy to previous vaccinations and vaccine components that may indicate an underlying hypersensitivity.

- **Managing Adverse Reactions**

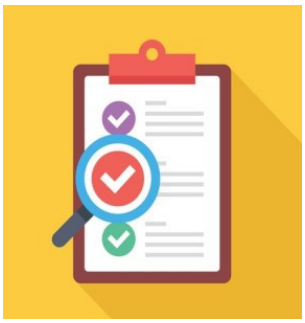
  Vaccine providers should be familiar with identifying immediate-types allergic reactions, including anaphylaxis, and be competent in treating these events at the time of vaccin4 administration.

  Providers should also have a plan in place to contact emergency medical services immediately in the event of a severe acute vaccine reaction.

- **Reporting Adverse Events After Vaccination**

  The Vaccine Adverse Event Reporting System (**VAERS**) is a national vaccine safety surveillance program co-sponsored by the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC). The **purpose of VAERS** is to detect possible signals of adverse events associated with vaccines.

Compliance Component



Fraud and Abuse

- **Fraud** is defined as intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.
- **Abuse** is defined as the provision of practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

Borrowing and Replacement

•Borrowing of vaccine between private and public inventories must be a rare, unplanned occurrence

•VFC vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory

•Borrowing VFC vaccine must not prevent a VFC-eligible child from being vaccinated because VFC vaccine was administered to a non-VFC eligible child

•Two way borrowing system (except for flu- DO NOT USE VFC FLU VACCINE FOR PRIVATE PATIENTS)

•All instances of borrowing must be properly documented, reported, and replaced

•Replacement must be timely (within 30 days)

It's Flu Season!

<u>CDC recommends everyone 6 months of age and older get a influenza (flu) vaccine every year.</u>

Your Vaccine Recommendation is Critical

As a health care professional, your strong recommendation is a critical factor that affects whether your patients get an influenza vaccine. Research indicates that adults are more likely to get their flu vaccine if their doctor or health care provider recommends it to them. Most adults believe vaccines are important, but they need a reminder from you to get vaccinated.

When to Vaccinate

Optimally, vaccination should occur before onset of influenza activity in the community. However, because timing of the onset, peak, and decline of influenza activity varies, the ideal time to start vaccinating cannot be predicted each season.

CDC recommends that patients receive an influenza vaccine by the end of October, if possible. However, as long as influenza viruses are circulating, vaccination should continue throughout flu season, even into January or later. Children aged 6 months through 8 years who require 2 doses should receive their first dose as soon as possible after vaccine becomes available, to allow the second dose (which must be administered ≥4 weeks later) to be received by the end of October.

After making a flu vaccine referral, follow up with each patient during subsequent appointments to ensure the patient received the influenza vaccine. If the patient still is unvaccinated against flu, repeat the recommendation and try to identify and address any questions or concerns.

How to Make a Strong Flu Vaccine Recommendation

The **SHARE** method can help you to make a strong vaccine recommendation and provide important information to help patients make informed decisions about vaccinations.

S- SHARE the reasons why the influenza vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors. *"This vaccine can protect you and your family from getting sick from flu. By getting the shot today, you'll be protecting yourself and the people around you who are more vulnerable to serious flu illness, like your children and parents."*

H- HIGHLIGHT positive experiences with influenza vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in flu vaccination. *Tell your patients that CDC and you recommend they get the influenza vaccine each year.*

A- ADDRESS patient questions and any concerns about the influenza vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language. *"A flu shot cannot cause flu illness. Flu shots are made either with flu vaccine viruses that have been 'inactivated', making them not infectious or with no flu vaccine viruses at all. The most common side effects of an influenza vaccine are mild, like redness, swelling, or pain in your arm where the shot was given. This should go away within a few days."*

R- REMIND patients that influenza vaccines protect them and their loves ones from serious flu illness and flu-related complications. *"Flu activity is going to start to pick up, and CDC says to expect more cases in the coming months. That is why I want to make sure I help protect you and your loved ones."*

E- EXPLAIN the potential costs of getting the flu, including serious health effects, time lost (such as missing work or family obligations), and financial costs. *"It's important to get vaccinated this season because flu vaccination can reduce potential flu illnesses, doctor visits, and missed work and school due to flu."*

For more information, visit:**www.cdc.gov/flu**

Storage and Handling Segment

Do you know?

- Cold Chain Flow –maintaining proper temperatures along the way. Number in correct order the "chain" of responsibility.

  Vaccine Storage & Handling at Provider Facility

  Vaccine Transport to Distributor and Provider

  Vaccine Arrival at Provider Facility

  Vaccine Manufacturer

  Vaccine Administration

- Which of the following should be used to maintain stable temperatures in a refrigerator?

  Frozen Ice packs

  Unopened water bottles

  Any type of non-carbonated cans or bottles

  Empty boxes of vaccine to take up any extra space

- What type of storage unit is most recommended by the CDC for the storage of vaccines?
- A "Dorm Style" unit may only be used for the temporary storage of vaccine.

  True

  False

Answers

4,2,3,1,5

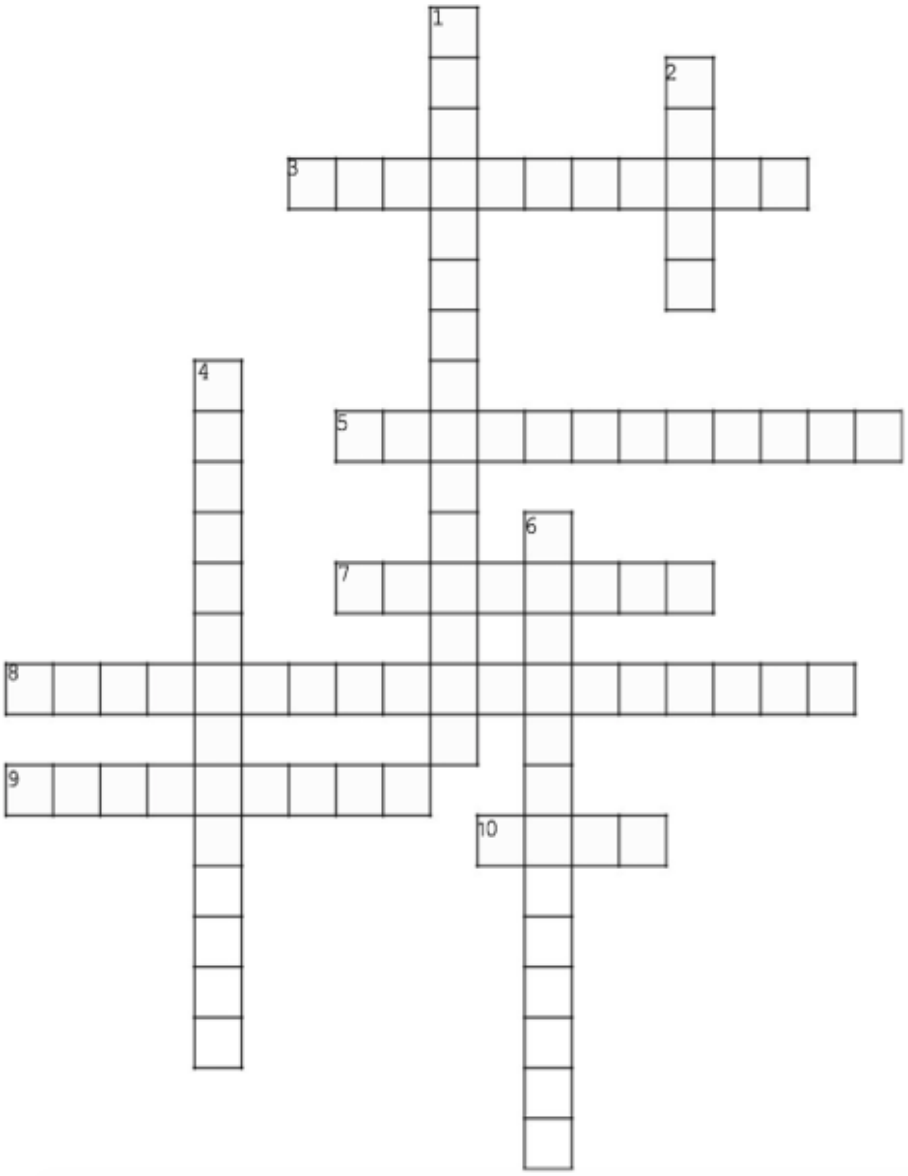
Unopened water bottles

Stand-alone single units or pharmaceutical/ purpose built units

False

Test Your Immunization Knowledge

Complete the crossword below



Across

3. VFC is an _____ program
5. The process by which a person or animal becomes protected against a disease
7. Recertification is required_____
8. Name of the CDC Training Modules
9. Meningococcal Vaccine type required by North Carolina law
10. The VFC program was created through the establishment of this act

Down

1. The production of antibodies against a specific disease by the immune system
2. A mechanism for the collection and analysis of adverse events associated with vaccines currently licensed in the US
4. Type of storage unit recommended by CDC for vaccines
6. Used to maintain stable temperatures in the refrigerator

Key:

1. Active Immunity; 2. VAERS; 3. Entitlement; 4. Pharmaceutical; 5. Immunization; 6. Water Bottles; 7. Annually; 8. You Call The Shots; 9. Conjugate; 10. OBRA