

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date:10/13/16	NUMBER: B-14.07
	Replaces: 04/14/2016	Page 1 of 9
	Formulated: 08/05	— —
IMMUNIZATIONS		

POLICY: Offenders will be protected against infections by the use of routine and individually needed immunizations, according to standardized administration guidelines (Attachment A).

GENERAL PROCEDURES:

I. VACCINE ADMINISTRATION

- A. Recommendations included in a product’s package inserts, including reconstitution of vaccines, should be followed closely to assure maximum potency of vaccines. In general, all vaccines should be inspected and monitored to assure that the cold chain has been maintained during shipment and storage. Vaccines should be stored at recommended temperatures immediately upon receipt.
- B. At each clinic visit, the Master Problem List should be reviewed, and any vaccine that is due should be administered unless contraindicated at that time. Vaccines will only be given on the order of an appropriately licensed health provider.
- C. Vaccines may be administered by any qualified staff, whether or not they are the designated Infection Control Nurse (ICN).
- D. Gloves should be worn when administering vaccines. Although this is not always practiced when administering vaccines to children, the prevalence of bloodborne diseases in the offender population, and the fact that there is occasionally a small amount of bleeding after some vaccinations support the use of gloves.
- E. Vaccines should not be pre-drawn into syringes unless proper temperature of the vaccine can be maintained in the syringe. Only enough vaccine may be pre-drawn to meet the needs of that day’s clinic; vaccine stored in syringes must be used within 8 hours, or discarded. Naturally, this does not apply to vaccines supplied by the manufacturer in a syringe.
- F. The administration of each vaccine dose shall be recorded on the Abstract of Immunizations form (HSM-2), along with the vaccine’s manufacturer and lot number as well as the name and title of the health care provider. Administration of a vaccine should also be documented on the mainframe computer (PH-40), unless the vaccine was administered from floor stock.
- G. When an immunization requires multiple doses, subsequent doses (not given at the first appointment) should be listed on the Master Problem List (HSM-11) and annotated as "[name of vaccine]: 1st dose due _____(date); 2nd dose due _____(date); 3rd dose due _____(date)," etc. Users of the Electronic Health Record (EHR) should create reminders for the subsequent doses as an alternative to the entries on the HSM-11.
- H. The facility should have a reliable means of recalling offenders who are due for doses of vaccine to complete a series on time.
- I. If the administration of a vaccination in a series is delayed, **do not** restart the series. Instead, administer the late dose as soon as practical after recognizing the problem, and continue the series from that point.
- J. Offenders will be given adequate information about the risks and benefits of vaccines that are recommended. Refusal of a recommended vaccine must be documented on Form HSM-82

C M H C INFECTION CONTROL POLICY MANUAL	Effective Date 10/13/16	NUMBER: B-14.07
	Replaces: 04/14/16	Page 2 of 9
	Formulated: 08/05	— —
IMMUNIZATIONS		

(Revised 9/98), in accordance with Correctional Managed Health Care Policy and Procedure regarding refusal of treatment.

- K. For vaccines covered under the National Childhood Vaccine Injury Act, federal law requires that offenders be given information contained in Vaccine Information Statement (VIS) provided by the Centers for Disease Control and Prevention (CDC) or the Texas Department of State Health Services (DSHS). Vaccines to which this applies include those containing tetanus toxoid, diphtheria, measles, mumps, rubella, varicella, trivalent influenza, hepatitis A, hepatitis B, pertussis, polio H. influenza type B and human papillomavirus. VIS forms are available in the Infection Control Manual on CMCWEB.

II. PRECAUTIONS

- A. A vaccine should generally not be given if the patient has a history of severe allergic reaction to the vaccine or one of its components.
- B. All live virus vaccines (Attachment B) are contraindicated for persons who are severely immunocompromised for a reason other than HIV infection. Some live virus vaccines are indicated for certain people with HIV infection. Refer to information about each vaccine for more guidance.
- C. Some live virus vaccines can be transmitted to close contacts and cause disease in those who are immunocompromised. These vaccines should be given with caution to people who are close contacts of immunocompromised persons.
- D. Vaccination with live viruses during pregnancy is not recommended. Td, Tdap, hepatitis B, pneumococcal and parenteral influenza vaccines (these are not live vaccines) are **not contraindicated** during pregnancy, and should be given if otherwise indicated.
- E. Vaccines containing rubella should not be given to women who are pregnant or plan to become pregnant in the following three months.
- F. A minor acute febrile illness is not a contraindication to vaccination.
- G. Persons who have experienced a severe Arthus-type hypersensitivity reaction to a prior dose of tetanus toxoid usually have very high serum tetanus anti-toxin levels and should not be given booster doses of Td more frequently than every 10 years, even for severe wounds.
- H. History of neurologic reaction or a severe hypersensitivity reaction following a previous dose is a **contraindication** to further administration of Td vaccine. Mild, non-specific local reaction to tetanus toxoid is common; most people develop cutaneous delayed hypersensitivity to this toxoid. These mild limited reactions to Td vaccines are not contraindications to its administration.
- I. Review the most recent recommendations of the manufacturer and the Advisory Committee on Immunization Practices for additional precautions for specific vaccines.

III. Assessing an Offender's Vaccination History

- A. Only written records (including electronically stored and accessed) which include the dates of

C M H C INFECTION CONTROL POLICY MANUAL	Effective Date: 10/13/16	NUMBER: B-14.07
	Replaces: 04/14/16	Page 3 of 9 _
	Formulated: 08/05	— —
IMMUNIZATIONS		

administration will be acceptable documentation of previous vaccination. However, an offender's verbal history of prior tetanus vaccination, including date, can be accepted. If a verbal history of tetanus vaccination is obtained, the date of the vaccination must be recorded on the HSM-2 and marked "verbal history" in the provider signature block.

- B. Vaccination history of each offender should be assessed on intake. This may be done by any provider who is seeing the offender.
- C. If not already part of the offender's medical record, previous doses which are properly documented should be transcribed to the HSM-2 in the offender's medical record, marked "transcribed from outside records" in the health care provider signature block.
- D. Refer to Attachment E to determine which vaccines are needed and when they should be scheduled. This table is intended for use during the initial evaluation only.

IV. SPECIFIC VACCINES FOR OFFENDERS UNDER 19 YEARS OF AGE

- A. **Offenders under 19 years of age** will have their immunization history assessed upon intake and will be brought up-to-date for the following immunizations if there is no documentation of completion of a basic series for each vaccine. If the offender attended public school in Texas they may be assumed to have received a basic vaccination series for diphtheria, tetanus, MMR and polio vaccines. If they attended 10th grade in a Texas public school after 3/1/05 they can also be assumed to have received basic series of hepatitis B and varicella vaccines.
- B. **Basic vaccination series** needed for offenders under 19 are:
 1. Diphtheria and tetanus (Td)
 2. Tetanus, diphtheria, and pertussis (Tdap) (when appropriate)
 3. Measles, Mumps, Rubella (MMR)
 4. Hepatitis B
 5. Varicella vaccine, unless contraindicated or the patient is immune
 6. Human Papillomavirus (HPV) for females aged 9 thru 26
 7. Polio
- C. Offenders under age 19 will also be subject to the immunization policy for older offenders when applicable.

V. SPECIFIC VACCINES FOR OFFENDERS BETWEEN AGES 9 TO 26

- A. Female offenders in this age range will be assessed for the vaccines appropriate for their age.
- B. In addition, the Human Papillomavirus (HPV) vaccine will be offered to females in the age range of 9 to 26 if they have not previously received this vaccine. The HPV vaccine is used to prevent two types of HPV that cause about 75% of cervical cancer cases and two more types that cause about 90% of genital warts cases. It is given as a series of 3 doses. The second dose is given two months after the first dose. The third dose is given 4 months after the first dose. Gardasil will be the vaccine used for all doses.

C M H C INFECTION CONTROL POLICY MANUAL	Effective Date: 10/13/16	NUMBER: B-14.07
	Replaces: 04/14/16	Page 4 <u> </u> or 9 <u> </u>
	Formulated: 08/05	
IMMUNIZATIONS		

C. A VIS form must be used to convey required information to an offender receiving this vaccine.

VI. SPECIFIC VACCINES FOR OFFENDERS 19 YEARS OF AGE OR OLDER

A. TETANUS AND DIPHTHERIA (Td)/TETANUS, DIPHTHERIA, PERTUSSIS (Tdap) VACCINE:

1. The CDC recommends Tdap vaccination to replace one dose of Td vaccine for most people ages 11 and older who have not previously received Tdap.
2. **Upon admission**, a Td (or Tdap if not previously vaccinated as an adult) immunization shall be offered to all offenders who have not had prior immunization within the past 10 years.
3. A **Td booster** (or Tdap if not previously vaccinated as an adult) immunization should be offered every 10 years following the most recent dose of Td/Tdap vaccine, unless otherwise indicated or contraindicated. The attending physician providing **wound care** shall make assessment of prior immunization history with Td (or DTP/Tdap) and follow guidelines in Table 1 (Summary Guide to Tetanus Prophylaxis in Routine Wound Management).
4. **Pregnancy** is not a contraindication to the administration of Tdap. The CDC recommends that previously immunized pregnant should receive a dose of Tdap during each pregnancy irrespective of the patient's prior history of receiving Tdap. This extra vaccine during pregnancy will offer some extra protection to the baby in its first year of life. Although the Tdap can be given any time during the pregnancy, the optimal timing is between 27 and 36 weeks gestation. (Women who are unimmunized or only partially immunized against tetanus should complete as much of the primary series as possible- substituting one dose of Tdap for Td preferably between 27 and 36 weeks gestation. Eligible women who do not complete the required three-dose series during pregnancy should receive the remaining doses necessary for protection at the appropriate intervals after delivery.
5. A **VIS form** must be used to convey required information to an offender receiving this vaccine.
6. **In** the event of a national shortage of tetanus toxoid, priority will be given to vaccinating those who have a deep, dirty wound who have not received vaccine within the previous 10 years and people who have not completed a primary series of vaccination against tetanus.

B. INFLUENZA VACCINE

1. Influenza vaccinations will be offered to the following:
 - a. Offenders who have chronic pulmonary (including moderate to severe asthma), cardiovascular (excluding hyperlipidemia and hypertension), renal hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
 - b. Are immunosuppressed (including immunosuppression caused by medications or by human immunodeficiency virus);
 - c. Are or will be pregnant during the influenza season;
 - d. Are <18 years of age and on chronic aspirin therapy;

C M H C INFECTION CONTROL POLICY MANUAL	Effective Date: 10/13/16	NUMBER: B-14.07
	Replaces: 04/14/16	Page 5 of 9 _
	Formulated: 08/05	_ _
IMMUNIZATIONS		

- e. Are morbidly obese (body mass index is 40 or greater); or
 - f. Are 50 years of age or older.
2. The vaccine should be administered annually to those in the groups listed above during the months of October - February. Providers may choose to vaccinate after February those who are at high risk of influenza if the vaccine is still available. For the latest data on the incidence of influenza in Texas, please see the Texas Department of State Health Services (DSHS) website at:

<http://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/2014>

3. Contraindications to the inactivated influenza vaccine are:
 - a. Severe life threatening allergy to flu vaccine or any substance in the flu vaccine.
 - b. If an offender has had Guillain-Barre´ syndrome
4. **A VIS form** must be used to convey required information to an offender receiving this vaccine.

C. PNEUMOCOCCAL VACCINE

1. Pneumococcal vaccinations will be offered to the following offenders who have not previously received the pneumococcal vaccine:
 - a. Certain chronic disease patients (e.g., heart disease, emphysema, COPD, diabetes. Note that asthma is not included unless it is associated with COPD, emphysema or long-term systemic steroid use.).
 - b. All inmates with chronic illnesses specifically associated with an increased risk of pneumococcal disease or its complications (e.g., splenic dysfunction, anatomic asplenia, Hodgkin's disease, multiple myeloma, cirrhosis, alcoholism, renal failure, CSF leaks) and conditions associated with immunosuppression (e.g., HIV infection, most cancers, sickle cell disorder),
 - c. All offenders 65 years of age or older.
2. The vaccine shall be administered once to those in the groups listed above. A single **booster dose** \geq 5 years after the first is currently recommended for some people. See Attachment C to determine who should receive a second dose.
3. Every offender age 65 or older who is an inpatient in a TDCJ facility, including infirmary patients, must be offered pneumococcal vaccination, if indicated, prior to discharge.
4. When an offender has previously refused the vaccine, the offender should be offered the vaccine annually or another refusal of treatment must be obtained.

D. MEASLES - MUMPS - RUBELLA (MMR) VACCINE

1. A single dose of live, attenuated MMR vaccine will be given to all offenders born after 1956 who did not attend public school in Texas and do not have written documentation of at least one dose of measles vaccine or MMR, and to immigrants who do not have documentation of completion of the series, unless the vaccine is specifically contraindicated.
2. Persons whose HIV status is unknown should be tested for HIV before administration of MMR, but MMR is **not contraindicated** if the CD4⁺ count is above 200 and the CD4⁺

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date: 10/13/16	NUMBER: B-14.07 Page 6 <u>of</u> 9 ____
	Replaces: 04/14/16	
	Formulated: 08/05	
IMMUNIZATIONS		

percent is $\geq 14\%$ and the patient is asymptomatic for HIV (i.e., HIV classifications A1 or A2).

3. A **VIS form** must be used to convey required information to an offender receiving this vaccine.

E. HEPATITIS B VACCINE

1. The standard administration schedule for hepatitis B vaccine is 1 dose at 0, 2 and 4 months. Some variation in this schedule is acceptable if circumstances dictate. Units where offenders typically stay only 6 months (SAFP, for example) may wish to use a 0, 2 and 4 months schedule. In general, for a vaccination series to be considered acceptable, the second dose must be given at least 1 month after the first, and the third dose must be given at least 2 months after the second and 4 months after the first dose. If doses are given closer together than this, the dose that is given too soon must be repeated. There is no need to start the series over again if longer time periods have elapsed between doses.
2. Hepatitis B vaccine must be offered to the group listed below unless known to have previously completed the vaccine series or are known to be immune or chronically infected.
 - a. Offenders with HIV infection.
 - b. Offenders with chronic hepatitis C or end stage liver disease.
 - c. Offenders who have an occupational exposure as outlined in Infection Control Policy B-14.06.
 - d. Offenders receiving hemodialysis
 - e. Offender workers in job classifications that have a potential for occupational exposure as outlined in Correctional Managed Care Policy B-14.4
 - f. Offenders 18 years old or younger (< 18) that have not completed the basic vaccination series.
3. When the hepatitis B vaccine series is started on an offender, Hepatitis B Vaccination Reminders must be placed in the EHR for the second and third doses. Whenever a chain-in review is done, the reviewer must create new reminders for the current unit to correspond with any Hepatitis B Vaccination Reminders that were still open at the sending unit.
4. Offender refusal of hepatitis B vaccination must be documented in the medical record. If an offender refuses hepatitis B vaccination, assign Medical Alert Code 7035 to the offender and enter this code on FORVUS.
5. If an offender receiving hepatitis B vaccine is infected with HIV or is otherwise severely immunocompromised, an anti-HBs antibody titer should be drawn 1 month after completing the vaccination series. If no antibody is present, check HBsAg. If it is also negative, repeat the vaccination series **one time only**. Another anti-HBs antibody titer should be drawn after the second series to determine whether seroconversion has occurred.
6. A **VIS form** must be used to convey required information to an offender receiving this vaccine.

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date: 10/13/16	NUMBER: B-14.07 Page <u>7</u> of <u>9</u>
	Replaces: 04/14/16	
	Formulated: 08/05	
IMMUNIZATIONS		

F. HEPATITIS A VACCINE

1. Hepatitis A vaccine will be offered to offenders with end stage liver disease (ESLD), chronic viral hepatitis or HIV who are not immune. Baseline testing of newly diagnosed chronic hepatitis B or hepatitis C cases will include anti-HAV antibody (total). If this test is negative, the patient is not immune and must be offered hepatitis A vaccine.
2. **A VIS form** must be used to convey required information to an offender receiving this vaccine.

G. MENINGOCOCCAL VACCINE

1. Meningococcal vaccine 0.5 ml SUBQ will be offered to all **asplenic** offenders (anatomic or functional asplenia) who have **no history** of prior immunization. This should be given as a 2 dose primary series administered 2 months apart. A booster dose should be administered every 5 years.

H. VARICELLA VACCINE

1. Two doses, 4-8 weeks apart will be given to close contacts of varicella cases as outlined in Infection Control Manual Policy B-14.14, provided there is no contraindication.
2. Offenders under age 19 who are not immune will receive 2 doses of varicella vaccine 4-8 weeks apart if there is no contraindication. Before vaccination, a varicella-zoster immune status test should be ordered, unless the patient has a documented history of chicken pox or previous vaccination. Those with a documented history of chicken pox or previous completed immunization should be considered immune.
3. Offenders who are HIV positive without documented immunity will receive 2 doses of varicella vaccine 4 weeks apart if there is no contraindication.
4. Contraindications to varicella vaccine include: allergy to a vaccine component, pregnancy, HIV infection with a CD4 + count of 200 or less, chronic steroids equivalent to 20 mg/day or greater of prednisone, advanced immune disorders, receipt of whole blood or immune globulin within the preceding 5 months, or ongoing moderate to severe illness.
5. **A VIS form** must be used to convey required information to an offender receiving this vaccine.

VII. ADVERSE REACTIONS TO IMMUNIZATION

Suspected adverse events occurring after the administration of any immunizing biological should be reported as follows:

A. By telephone, to the Office of Public Health,

and

B. By completion and submission of a VAERS-1 form to the Vaccine Adverse Event Reporting System (VAERS) Office. (Attachment F) There are three ways to report:

C M H C INFECTION CONTROL POLICY MANUAL	Effective Date: 10/13/16	NUMBER: B-14.07 Page 8 of 9 _
	Replaces: 04/14/16	
	Formulated: 08/05	
IMMUNIZATIONS		

1. Online at www.vaers.hhs.gov.
2. By fax to 877-721-0366
3. By mail to VAERS, P.O. Box 1100, Rockville, MD 20849-1100.

VIII. ALL OTHER IMMUNIZING AGENTS; OTHER INDICATIONS

In a situation potentially requiring the administration of an immunizing agent other than those discussed above, health care personnel may contact the Office of Public Health to review the currently recommended guidelines.

Immunizations that are clinically indicated and are recommended by nationally recognized guidelines should also be given when appropriate.

References:

1. *Control of Communicable Diseases Manual*, 18th Ed., 2004
2. CDC. General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2006; 55(RR-15).
3. CDC. Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). MMWR 1997; 46(RR-18).
4. CDC. Recommendations of the Advisory Committee on Immunization Practices (ACIP): Use of Vaccines and Immune Globulins in Persons with Altered Immunocompetence. MMWR 1993; 42(RR-4).
5. CDC. Prevention and Control of Influenza Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR August 15, 2014, Volume 63.
6. CDC. Prevention and Control of Meningococcal Disease. MMWR 2005; 54(RR-7).
7. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013 Summary Recommendations of the Advisory Committee on Immunization Practices (AUP) , June 14, 2013; 62 (RR04).
8. CDC. Prevention of Pneumococcal Disease Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1997; 46(RR-8).
9. CDC. Poliomyelitis Prevention in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000; 49(RR-5).
10. CDC. Update: Vaccine Side Effects, Adverse Reactions, Contraindications, and Precautions Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1996; 45(RR-12).
11. CDC. Update on Adult Immunization Recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 1991; 40(RR-12).
12. CDC. Diphtheria, Tetanus, and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures Recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 1991; 40(RR-10).

CMHC INFECTION CONTROL POLICY MANUAL	Effective Date: 10/13/16	NUMBER: B-14.07 Page 9 <u> </u> of 9 <u> </u>
	Replaces: 04/14/16	
	Formulated: 08/05	
IMMUNIZATIONS		

13. CDC. A Comprehensive Strategy for Eliminating Transmission of Hepatitis B Virus Transmission in the United: Recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 2006; 55(RR-16).
14. CDC. Prevention of Hepatitis A Through Active or Passive Immunization Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2006; 55(RR-7).
15. CDC. Prevention of Varicella Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007; 56(RR-4).
16. CDC: Immunization of Adolescents: Recommendations of the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American Medical Association. MMWR 1996; 46(RR-13).
17. Texas Health and Safety Code Chapter 161.005, 25 TAC §97.63
18. CDC. Updated Recommendations for the Use of Meningococcal Conjugate Vaccines Advisory Committee on Immunization Practices (ACIP). MMWR January 28, 2011; 60 (03); 72-76.

REF: ACA Standards 1-HC-1A-11, 1-HC-1A-13

TDCJ OFFENDER IMMUNIZATION GUIDELINES

VACCINE	WHO GETS IT *	WHEN THEY GET IT	DOSE/ROUTE
HPV Vaccine	Females age 9 to 26 years if not previously vaccinated.	On Intake	0.5 ml IM
Td/Tdap Booster	Offenders > 10 years since previous dose or > 5 years with a dirty wound (Table 1). Offenders under age 19 without documentation of immunity or pregnant offenders.	Every 10 years (Tdap is given in place of Td once in non-pregnant offenders who have never received the vaccination. Pregnant offenders will receive Tdap with each pregnancy as outlined in policy.)	0.5 mL IM
Influenza	All offenders	Annually between October – February or later depending on the discretion of the providers.	0.5 mL IM
Pneumo-coccal	Certain chronic disease patients; immunocompromised; > 65 years old; asplenic	Once; some patients need booster at 5+ years	0.5 mL IM or SUBQ.
Measles-Mumps-Rubella (MMR)	All offenders born after 1956 without proof of immunity; immigrants who have not completed the series; female offenders**	Once, on intake. ***	0.5 mL SUBQ.
Hepatitis A	Susceptible offenders with ESLD, chronic viral hepatitis or HIV	After baseline evaluation of newly diagnosed offenders with ESLD, chronic viral hepatitis or HIV patients	2 doses of 1.0 mL IM at 0 and 6-12 months
Hepatitis B	High risk offenders to include but not limited to offenders with HIV infection, chronic hepatitis C or end stage liver disease; offenders who have an occupational exposure; offenders receiving hemodialysis; offender workers in high risk job classifications; offenders 18 years old or younger (< 18) that have not completed the basic vaccination series.	On intake or DOI review, after baseline evaluation for Hep C, ESLD, or HIV, post review of occupational exposure, or when assigned a qualifying job	3 doses of 1.0 mL IM at 0, 2 and 4 months
Meningo-coccal	Asplenic patients not previously vaccinated	On intake or DOI review, or post splenectomy.	0.5 mL SUBQ at 0 and 2 months, then every 5 years.
Varicella	Non-immune HIV- offenders under age 19, Non-immune HIV positive offenders with a CD4 count greater than 200, or close contacts of a case	At intake, during annual DOI/chronic care clinic, or after exposure	2 doses of 0.5 mL SUBQ at 0 and 4 weeks
Other vaccines	As clinically indicated		

*Unless contraindicated

** Female offenders of child bearing age who do not have proof of immunity to rubella. Proof of immunity for offenders under age 18 is two doses of a measles-containing vaccine at least one month apart, after 12 months of age, and one dose of mumps and rubella vaccines. See Procedure V.D.1 for alternative criteria for presumption of immunity.

*** Offenders under age 18 who do not have proof of immunity to measles should receive a second dose of MMR at least one month after the first.

Live and Killed Vaccines

Live Virus or	Non-Living Vaccines
Bacterial Vaccines	
Measles	Tetanus diphtheria toxoid (Td)
Mumps	Pneumococcal vaccine
Rubella	Parenteral Influenza
Oral Polio (OPV)	Inactivated Polio (eIPV)
Oral Typhoid	Hepatitis B
Yellow Fever	Meningococcal
Varicella	Rabies
Smallpox	
Influenza nasal vaccine	

Table 1

Tetanus Prophylaxis for Wounds

Previous doses of tetanus toxoid received	Clean, minor wounds		All other wounds *	
	Td	TIG ⁺	Td	TIG ⁺
Uncertain or <3	Yes	No	Yes	Yes
>3 **	No ***	No	No ****	No

Adapted from Update on Adult Immunization Recommendations of the Immunization Practices Advisory Committee (ACIP) MMWR 40(RR12):11/15/1991

* Such as, but not limited to: wounds contaminated with dirt, feces, and saliva; puncture wounds; avulsions; and wounds resulting from missiles, crushing, burns, and frostbite.

** If only three doses of fluid toxoid have been received, a fourth dose of toxoid, preferably an adsorbed toxoid, should be given

*** Yes, if >10 years since last dose.

**** Yes, if >5 years since last dose. (More frequent boosters are not needed and can accentuate side effects.)

+ TIG = Tetanus immune globulin

NOTE: Offenders who do not have written documentation of at least 3 previous doses of tetanus toxoid should be managed as a patient with uncertain vaccination status.

Booster Dose of Pneumococcal Vaccine

Recommendations for revaccination with pneumococcal vaccine

Groups for which vaccination is recommended	Revaccination
Immunocompetent persons	
Over age 65	Single revaccination if patient received vaccine ≥ 5 years previously and were aged < 65 years at the time of the first vaccination.
Persons aged 2–64 with functional or anatomic asplenia	Single revaccination 5 years after previous dose
Persons aged 2–64 years vaccinated for other reasons except immunocompromise	Not Recommended
Immunocompromised persons	
	Single revaccination 5 years after previous dose

Adapted from: CDC. Prevention of Pneumococcal Disease: Recommendations of the ACIP; MMWR 46(RR-8) 4/4/97.

Figure 1

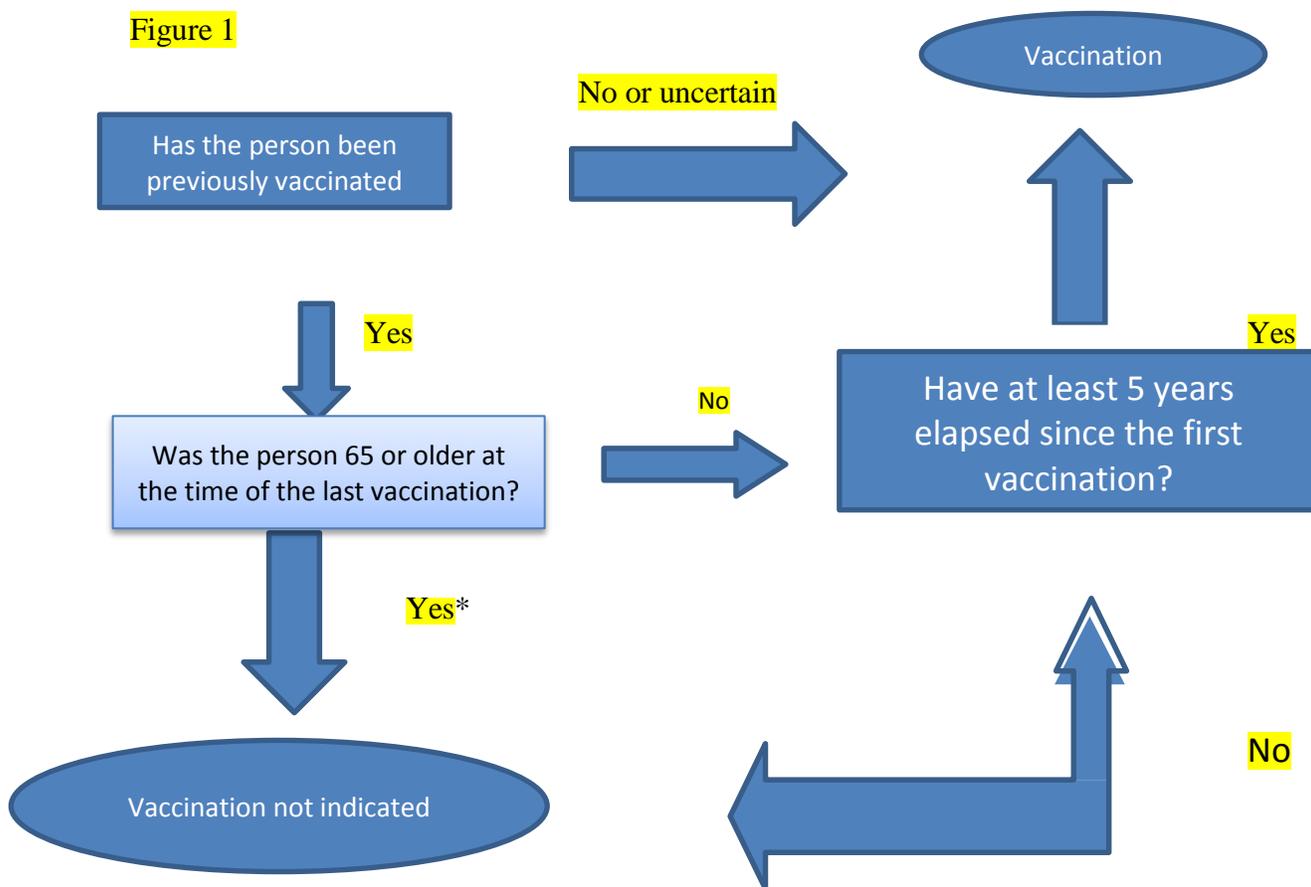


Figure 1 Revaccination of Pneumococcal Vaccine for Person over 65

*Persons first vaccinated at age 65 or later do not require subsequent revaccination

Medical Conditions for which Influenza Vaccine Should be Offered

- ◆ Persons aged 50 years or older
- ◆ Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
- ◆ Adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including moderate to severe asthma, but excluding hypertension or hyperlipidemia without other evidence of cardiovascular disease
- ◆ Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications)
- ◆ Women who are pregnant

Medical Conditions for which Pneumococcal Vaccine Should be Offered

- ◆ Persons aged 65 years or older
- ◆ Persons at increased risk for severe disease include those with chronic illness such as:
 - ◆ chronic cardiovascular disease (e.g., congestive heart failure [CHF] or cardiomyopathies)
 - ◆ chronic pulmonary disease (e.g., COPD or emphysema, but not asthma unless it is accompanied with COPD or long-term systemic steroid use)
 - ◆ diabetes mellitus
 - ◆ alcoholism
 - ◆ chronic liver disease (cirrhosis)
 - ◆ CSF leaks.
- ◆ Persons with functional or anatomic asplenia
 - ◆ Sickle cell disease
 - ◆ Splenectomy
- ◆ Persons who are immunocompromised
 - ◆ HIV infection
 - ◆ Many cancers, including Hodgkin's lymphoma and multiple meloma.

Table 2.

Vaccine history assessment - additional doses required

Vaccine	Offender Group	Documented Previous Doses*			
		0	1	2	3 or more
MMR	Offenders born before 1957	None needed	None needed	None needed	None needed
	Males and females born after 1956 who: Attended school in Texas Did not attend school in Texas	None	None	None	None
		1 dose	None	None	None
Td	High risk offenders	1 dose**	1 dose**	1 dose**	1 dose**
Varicella	Under age 19, attended 10 th grade in a Texas public school after 3/1/05	None needed	None needed	None needed	n/a
Hepatitis B	Under age 19, attended 10 th grade in a Texas public school after 3/1/05	None needed	None needed	None needed	None needed

This table is based on the assumption that all offenders have received adequate basic vaccination against Td, and those who attended public school in Texas after 1972 received at least one dose of measles vaccine. In the event of a wound requiring tetanus prophylaxis, only documented immunizations should be counted.

* Documented doses can only be counted if they are administered at proper minimum intervals, and the first dose was administered after 2 months of age for tetanus and after 12 months for measles or MMR.

** If last dose was administered more than 10 years previously according to written documentation or verbal history from the offender.



VACCINE ADVERSE EVENT REPORTING SYSTEM

24 Hour Toll-Free Information 1-800-822-7967
P.O. Box 1100, Rockville, MD 20849-1100

PATIENT IDENTITY KEPT CONFIDENTIAL

For CDC/FDA Use Only

VAERS Number _____

Date Received _____

Patient Name: _____ Last First M.I. Address _____ _____ _____ City State Zip Telephone no. (____) _____	Vaccine administered by (Name): _____ Responsible Physician _____ Facility Name/Address _____ _____ _____ City State Zip Telephone no. (____) _____	Form completed by (Name): _____ Relation <input type="checkbox"/> Vaccine Provider <input type="checkbox"/> Patient/Parent to Patient <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other Address (if different from patient or provider) _____ _____ _____ City State Zip Telephone no. (____) _____
---	---	---

1. State	2. County where administered	3. Date of birth ____/____/____ mm dd yy	4. Patient age	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Date form completed ____/____/____ mm dd yy
----------	------------------------------	--	----------------	---	--

7. Describe adverse events(s) (symptoms, signs, time course) and treatment, if any	8. Check all appropriate: <input type="checkbox"/> Patient died (date ____/____/____) <input type="checkbox"/> Life threatening illness <input type="checkbox"/> Required emergency room/doctor visit <input type="checkbox"/> Required hospitalization (____days) <input type="checkbox"/> Resulted in prolongation of hospitalization <input type="checkbox"/> Resulted in permanent disability <input type="checkbox"/> None of the above
--	---

9. Patient recovered <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	10. Date of vaccination ____/____/____ mm dd yy Time _____ AM PM	11. Adverse event onset ____/____/____ mm dd yy Time _____ AM PM
--	--	--

13. Enter all vaccines given on date listed in no. 10				
Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous Doses
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

14. Any other vaccinations within 4 weeks prior to the date listed in no. 10					
Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses	Date given
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____

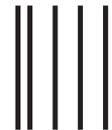
15. Vaccinated at: <input type="checkbox"/> Private doctor's office/hospital <input type="checkbox"/> Public health clinic/hospital <input type="checkbox"/> Military clinic/hospital <input type="checkbox"/> Other/unknown	16. Vaccine purchased with: <input type="checkbox"/> Private funds <input type="checkbox"/> Public funds <input type="checkbox"/> Military funds <input type="checkbox"/> Other/unknown	17. Other medications
--	---	-----------------------

18. Illness at time of vaccination (specify)	19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)
--	---

20. Have you reported this adverse event previously? <input type="checkbox"/> No <input type="checkbox"/> To health department <input type="checkbox"/> To doctor <input type="checkbox"/> To manufacturer	Only for children 5 and under
	22. Birth weight _____ lb. _____ oz.
	23. No. of brothers and sisters _____

21. Adverse event following prior vaccination (check all applicable, specify)	Only for reports submitted by manufacturer/immunization project													
<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Adverse Event</th> <th style="width:15%;">Onset Age</th> <th style="width:15%;">Type Vaccine</th> <th style="width:15%;">Dose no. in series</th> </tr> <tr> <td><input type="checkbox"/> In patient</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> In brother or sister</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Adverse Event	Onset Age	Type Vaccine	Dose no. in series	<input type="checkbox"/> In patient	_____	_____	_____	<input type="checkbox"/> In brother or sister	_____	_____	_____	24. Mfr./imm. proj. report no. _____	25. Date received by mfr./imm.proj. _____
Adverse Event	Onset Age	Type Vaccine	Dose no. in series											
<input type="checkbox"/> In patient	_____	_____	_____											
<input type="checkbox"/> In brother or sister	_____	_____	_____											
	26. 15 day report? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. Report type <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up												

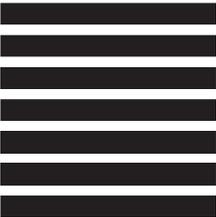
Health care providers and manufacturers are required by law (42 USC 300aa-25) to report reactions to vaccines listed in the Table of Reportable Events Following Immunization. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.



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

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

POSTAGE WILL BE PAID BY ADDRESSEE



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



DIRECTIONS FOR COMPLETING FORM

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

GENERAL

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

SPECIFIC INSTRUCTIONS

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

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