IMMUNIZATION

I. Administer immunizations provided by the health department per the most current recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control (CDC).

II. FOR MASS CLINIC ADMINISTRATION:

Do NOT prefill syringes or pre-open syringes/needles. This compromises sterility and vaccine competency.

III. IMMUNIZATION FOR INTERNATIONAL TRAVELERS:

Information concerning the specific recommendations and requirements for immunization of international travelers can be found in the Centers for Disease Control and Prevention (CDC) publication Health Information for International Travel, the “Yellow Book”. This publication may be accessed online at http://www.cdc.gov/travel/yb/index.htm. For the most current information, travelers may be referred to CDC’s website at www.cdc.gov/travel. CDC’s toll free Traveler’s Health hotline number is 1-800-232-4636. See APPENDIX 1 for a list of clinics in Oklahoma that routinely administer vaccines for travel outside the United States.

IV. CLIENT EDUCATION:

A. Advisory Committee on Immunization Practices (ACIP) no longer recommends prophylactic use of acetaminophen or other analgesics BEFORE or AT THE TIME of vaccinations. They may continue to be used after immunization, if fever of 101ºF or higher occurs.

B. Prior to administration of any vaccine, “Vaccine Information Statements” describing the risks and benefits of each vaccine must be reviewed with the client or guardian and a copy offered to them for their records.

C. “After the Shots...” parent information sheet from the Immunization Action Coalition website - http://www.immunize.org/catg.d/p4015.pdf in English and Spanish. (http://www.immunize.org/catg.d/p4015 or d/p4014-01.pdf) may be provided to clients for help in dealing with discomfort after immunizations. Note: the new version of “After the Shots” does not recommend a rectal temperature.

D. Make sure individuals/parents know that they or their children will not be fully protected until the primary immunization series has been completed.

E. The PHN is to administer all immunizations due at the visit. If this does not occur, the PHN is to document the reason in the client record. The parent is to be educated on the safety concerns and issues raised by not immunizing their child as recommended.

V. ASSESSMENT FOR CONTRAINDICATIONS:

A contraindication is a condition in a person which increases the risk for a serious adverse reaction. A vaccine should not be administered when a contraindication is present. Assessment for contraindications must be made prior to administration of vaccines at each vaccination visit. If contraindications exist, the RN must make the determination using the guidance listed on the back of the screening checklist as to whether or not the vaccination may be administered. Using SOAP format, the RN is to document on a Progress Note whether or not the vaccination was administered and the reason behind that decision. The Progress Note is then placed in the client’s chart along with the corresponding screening checklist. If a significant reaction occurs the client's record must be marked in Oklahoma's State Immunization Information System (OSIIS) under the “view immunizations” page. Contraindication screening forms for both children and adults are available from the Immunization Action Coalition website at http://www.immunize.org/catg.d/p4060.pdf and http://www.immunize.org/catg.d/p4065.pdf. The complete Guide to Vaccine Contraindications and Precautions by CDC can be found at http://www.cdc.gov/vaccines/recs/vac-admin/downloads/contraindications-guide-508.pdf.
VI. REFERRAL:

A. Report severe reactions on Vaccine Adverse Event Reporting System (VAERS) on line at: http://www.vaers.hhs.gov/ and to District Nurse Manager and mark the “Reaction” field in the client’s record in OSIIS.

B. Report inadvertent administration of Tdap vaccine to pregnant women of less than 20 weeks gestation to the appropriate registry: for BOOSTRIX® report to GlaxoSmithKline biologicals at 1-888-825-5249 and for ADACEL report to Sanofi Pasteur at 1-800-822-2463 (1-800-VACCINE).


VII. FOLLOW-UP:

Determine tracking priority utilizing professional judgment.

VIII. TRANSPORTATION OF VACCINE TO AN OFF-SITE CLINIC

SEE NURSING SERVICE PROCEDURE MANUAL

IX. SPECIAL CONSIDERATION:

A. The public health nurse must ensure that another competent employee who is CPR certified is present before any vaccinations can be administered.

B. Public health nurses are not to administer live virus vaccines to immunocompromised clients.

C. A specific order from an immunocompromised client’s PCP that is consistent with the ACIP guidelines is required before inactivated vaccines may be administered. For additional assistance in identifying conditions recognized as being immunocompromising or immune deficiencies and the vaccination recommendations for person with those diagnoses, refer to appendix A.,-26 “Vaccination of Person with Primary and Secondary Immune Deficiencies” from the Epidemiology and Prevention of Vaccine-Preventable Diseases 13th Edition.

D. Minors who have an immunosuppressed diagnoses should be referred to their PCP or the specialist treating their immunosuppressed condition for their vaccinations.

E. Household contacts and other close contacts of person with altered immunocompetence should be encouraged to receive all age-appropriate vaccines except for smallpox.

F. Persons receiving large doses of corticosteroids should not receive live vaccines. This would include persons: receiving 20 milligrams or more of prednisone daily or 2 or more milligrams of prednisone per kilogram of body weight per day for 14 or more days. Aerosolized steroids such as inhalers for asthma, are not contraindicated to vaccination, nor are alternate-day, rapidly tapering, and short (less than 14 days) high-dose schedules; topical formulations, and physiologic replacement schedules.

G. Diluents are not just for dissolving vaccines and in most cases are not interchangeable. Diluents are designed to meet an individual vaccine’s specific requirements in terms of volume, sterility, pH and chemical balance. Certain vaccine diluents include some of the antigens that are components of the vaccines.

H. If the wrong diluent is used the vaccination will always need to be repeated. If the diluent error occurred with an inactivated vaccine which was administered, that dose is invalid and should be repeated ASAP.

I. If a live vaccine is reconstituted with the wrong diluent and the vaccine was administered, the
A dose is invalid and will need to be repeated. If the live vaccine cannot be repeated on the same day as the error, they must wait a minimum of 4 weeks before being revaccinated with the live virus.

J. To minimize loss of vaccine potency, do not reconstitute a vaccine until just before administering it.

K. If delay occurs between doses, regardless of the length, the series does not have to be re-started. Pick up the schedule where it was left off, maintaining age appropriateness.

L. TB skin testing is not a prerequisite to measles or varicella vaccines. If needed, a TB skin test can be given before or the same day as measles (or MMR) or varicella vaccine. If a booster TB skin test is indicated, delay the measles (or MMR) or varicella until the booster is administered or read.

M. Provide parent/guardian/caregiver with a record of all immunizations including full dates and any contraindications identified or ongoing using approved ODH procedure.

N. If live virus vaccines (MMR, Varicella, LAIV, and yellow fever) are NOT given on the same day, they should be given no less than 28 days apart. The 4-day grace period does not apply to this 4-week interval.

O. Document all doses of vaccine in OSIIS (Oklahoma State Immunization Information System) at the time of administration. Add all history immunizations to child’s OSIIS record with proof of immunizations.

P. Children receiving expired vaccine should receive a repeat dose of the vaccine. Doses of expired vaccines that are administered inadvertently generally should not be counted as valid and should be repeated. Inactivated vaccines should be repeated as soon as possible. Live vaccines should be repeated after a 28-day interval from the invalid dose to reduce the risk for interference from interferon on the subsequent doses.

Q. Invalid doses of vaccine (given too early) should be repeated. The repeat dose should be spaced after the invalid dose by the recommended minimum interval established by the ACIP.

R. Varicella virus vaccine is very fragile and must be stored frozen at an average temperature of 5º F. Once reconstituted, the vaccine must be used within 30 minutes or discarded and should not be refrozen.

S. Incomplete doses of vaccine may be repeated immediately. This includes incomplete doses of live virus vaccines as long as they are administered that same day. For example if the patient moves while the vaccine is being injected and the vaccine runs down the arm or leg, the nurse should decide if the quantity of vaccine injected constituted a dose. If it did not constitute a dose, the dose should be repeated immediately.

T. For instructions regarding transferring vaccine between clinic sites, see Nursing Service Procedure Manual.

U. Recommendations regarding route, site, and dosage of vaccine are derived from data from clinical trials, from practical experience, and from theoretical considerations. ACIP strongly discourages variations from the recommended route, site, volume, or number of doses of any vaccine. Variation from the recommended route and site can result in inadequate protection.

V. Selecting the appropriate needle size depends on the age and body mass of the person receiving the vaccinations. A decision on needle size and site of injection should be made for each person on the basis of the size of the muscle, the thickness of adipose tissue at the injection site, the volume of the material being administered, injection technique, and the depth below the muscle surface into which the material is to be injected. See attachment “Administering Vaccines: Dose, Route, Site, and Needle Size”.

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W. Any vaccination using less than the standard dose should not be counted, and the person should be revaccinated according to age and minimum interval, unless serologic testing indicates that an adequate response has been achieved. Administering doses smaller than the recommended might result in inadequate protection.

X. There is no contraindication to the simultaneous administration of any vaccines. Simultaneous administration of the most widely used live and inactivated vaccines does not result in decreased antibody responses or increased rates of reactions.

Y. Vaccine doses administered no more than 4 days or less before the minimum interval or minimum age listed for that vaccine will be counted as a valid dose except for doses of Daptacel and Infanrix (DTaP) given before the child’s first birthday (12 month of age).

Z. ACIP prefers doses of vaccine in a series come from the same manufacturer; however, if this is not possible or if the doses given previously is unknown, administer the vaccine that is available.

AA. The STD Service Division provides Hepatitis A & B vaccine (Twinrix) for clients that have been diagnosed with Hepatitis C. When these clients are identified:

1. The clinic should notify the STD Service Division of the need for the vaccine.
2. Place the order for the vaccine through OSIIS for Twinrix.
3. Place “CDN” in the comment section of the ordering screen.

REFERENCES:

Institute for Vaccine Safety, Johns Hopkins University. www.vaccinesafety.edu