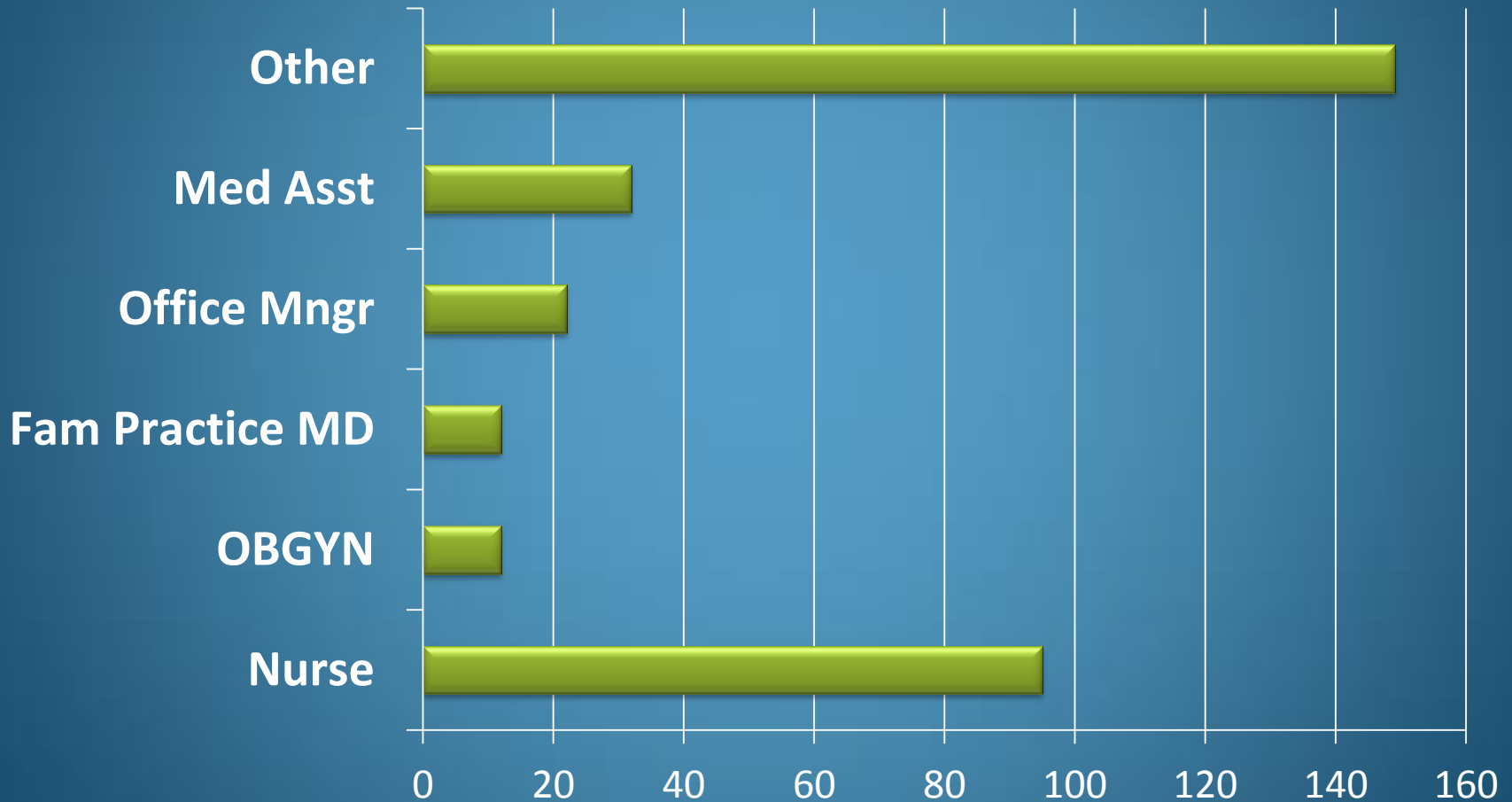


Increasing Tdap Immunization Rates and Running an Efficient Immunization Practice: Tips from California OBs



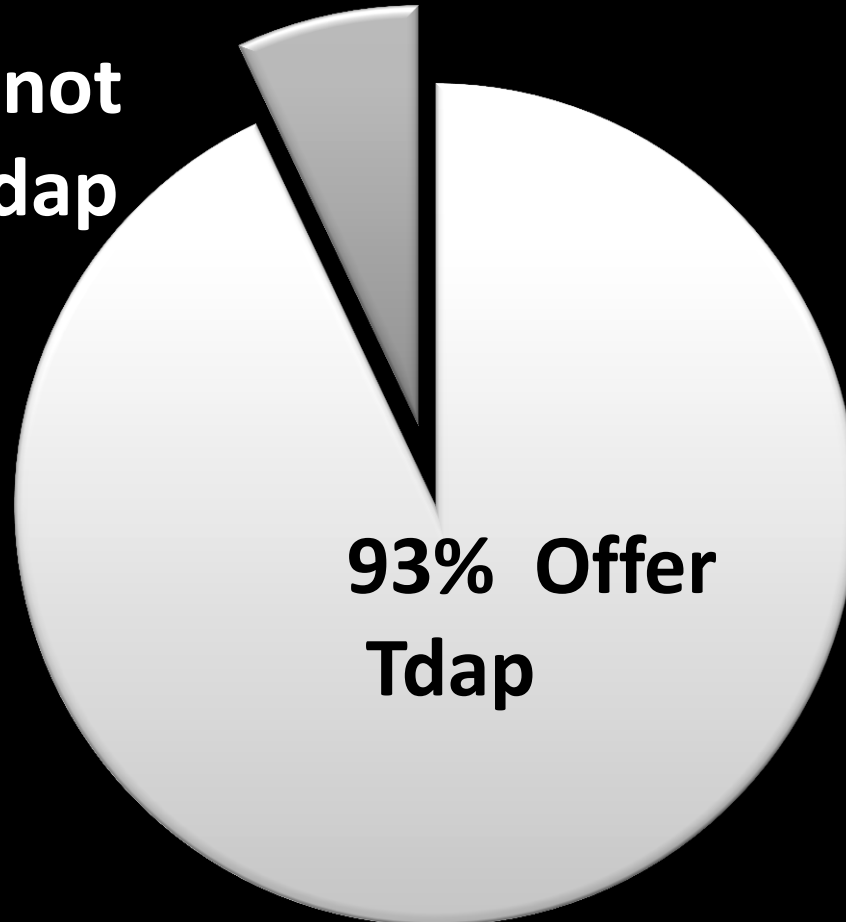
August 2014

Your Professional Roles



Among those of you who vaccinate...

**7% Do not
offer Tdap**



**93% Offer
Tdap**

Robert Schechter, MD

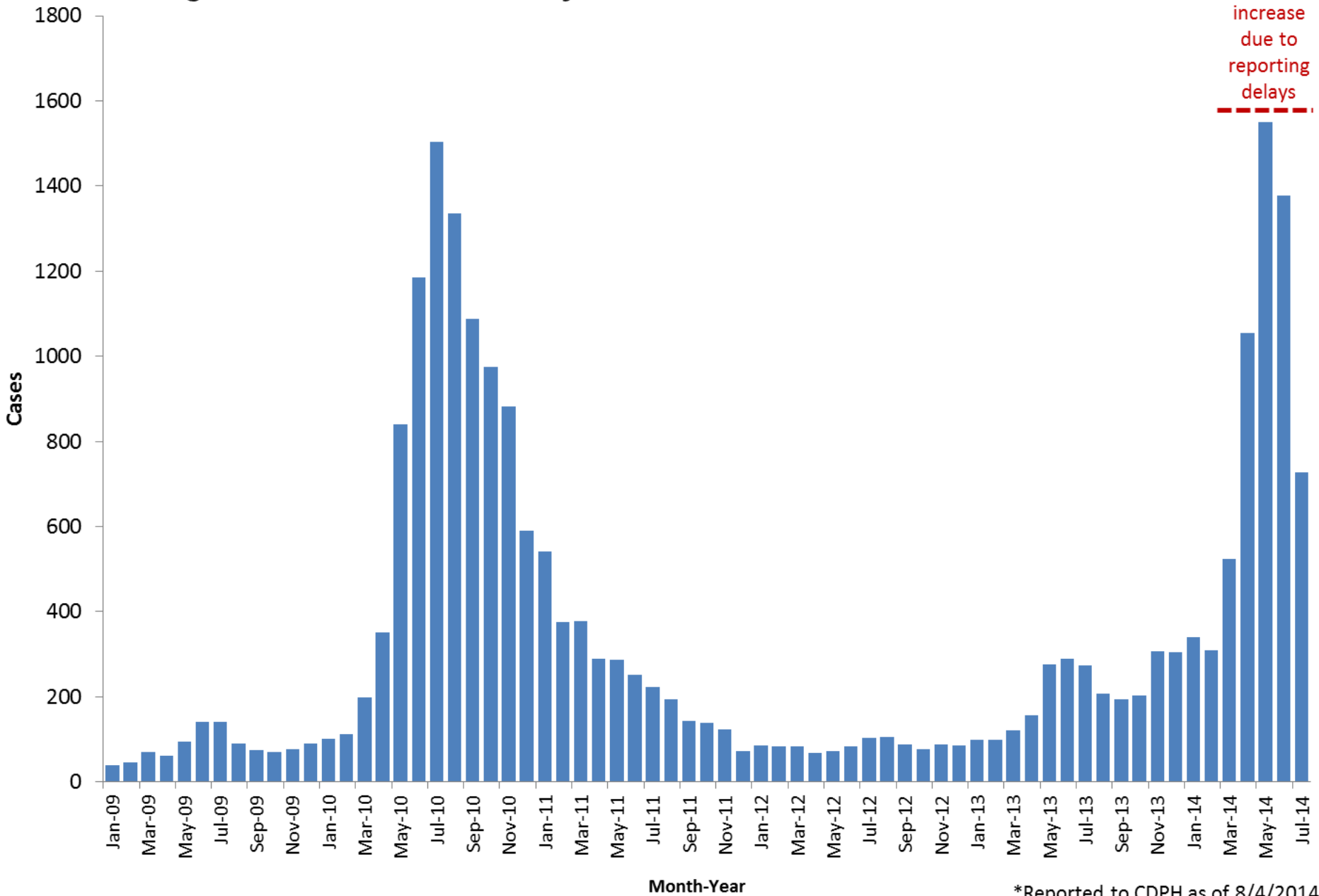


**Section Chief, Immunization Branch
California Department of Public Health**

Prenatal Tdap

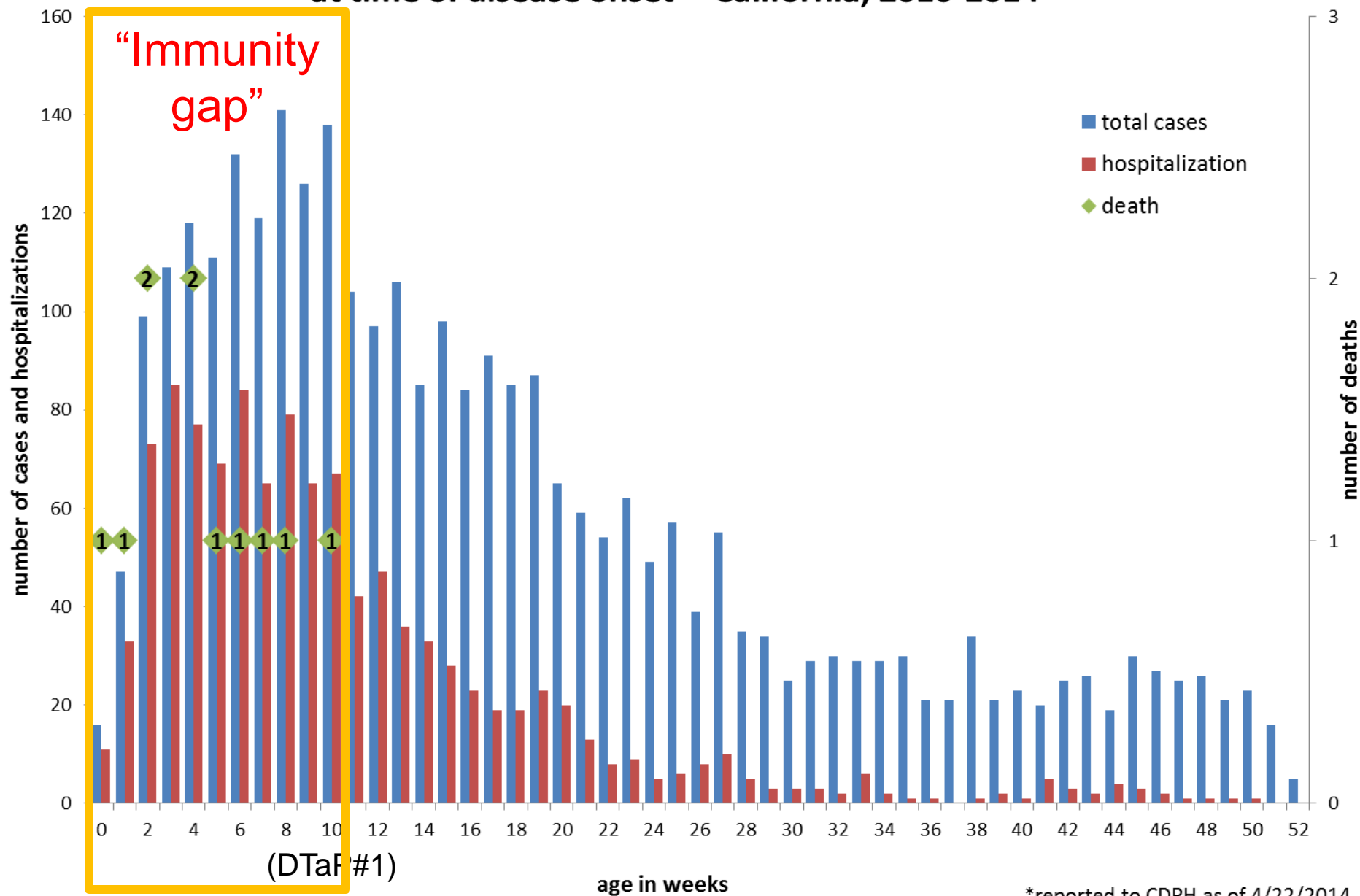
- **Rationale**
- **Recommendations**
- **Recent data**
- **Program considerations**
- **Assuring that immunization occurs**

Figure 3. Pertussis cases by month of onset -- California, 2009-2014*



*Reported to CDPH as of 8/4/2014

Pertussis cases, hospitalizations and deaths in infants, by age in weeks at time of disease onset -- California, 2010-2014*




*reported to CDPH as of 4/22/2014

Recommendations

ACOG, ACIP, AAP, AAFP

- Tdap should be administered during each pregnancy, irrespective of the patient's prior history of receiving Tdap.
- To maximize maternal antibody response and passive antibody transfer to the infant, optimal timing for Tdap administration is **between 27 and 36 weeks gestation.**

<http://www.cdc.gov/mmwr/pdf/wk/mm6207.pdf>



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 566 • June 2013 (Replaces No. 521, March 2012)

Committee on Obstetric Practice
This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination

ABSTRACT: In the face of dramatic and persistent increases in pertussis disease in the United States, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices has updated its guidelines for the use of the tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) for pregnant women. The new guidance was issued based on an imperative to minimize the significant burden of pertussis disease in vulnerable newborns, the reassuring safety data on the use of Tdap in adults, and the evolving immunogenicity data that demonstrate considerable waning of immunity after immunization. The revised Advisory

If no prenatal Tdap dose...

- Administer Tdap immediately postpartum to mother with no prior doses.
 - Protection to mother but not transplacental antibody
 - (Unclear how much extra protection conveyed from human milk after Tdap immunization)
 - Give Tdap each successive pregnancy
 - Other close contacts to infant recommended for first Tdap dose
 - Nulligravida 11 years and older recommended for first dose of Tdap

Recent Data - Safety

- **>20,000 UK women, 3rd trimester pertussis immunization, 10/2012 –**
- **No increased risk of**
 - stillbirth
 - preterm delivery
 - maternal or neonatal death
 - pre-eclampsia or eclampsia
 - hemorrhage
 - fetal distress
 - uterine rupture
 - placenta or vasa previa
 - caesarean delivery
 - low birth weight
 - neonatal renal failure

Recent Data - Benefits

- **UK, 2013: Infants <3 months**
 - Effectiveness of prenatal pertussis immunization : 91% (84-95%)
 - Age group with greatest proportionate fall in
 - Cases
 - Hospitalizations

Amirthalingam G et al., Lancet 2014
- **$\geq 4x$ \uparrow anti-PT IgG in infants of immunized moms**

Munoz FM et al., JAMA 2014

Prenatal Tdap rates low...

- US Survey

- 8/2011- 4/2012 - **3%**

Liang J. Presentation to ACIP; October 24, 2012.

- California Kaiser Permanente sites

- 2010 - **16%**
- 2011 - **30%**
- 2012 - **20%**

- OR, WA, CO, WI, MN sites

- 2012 - **16%**

Kharbanda EO et al. Prev Med 2014



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 608 • September 2014

(Replaces Committee Opinion Number 468, October 2010)

Committee on Obstetric Practice and Immunization Expert Work Group

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Influenza Vaccination During Pregnancy

ABSTRACT: The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices and the American College of Obstetricians and Gynecologists recommend that all adults receive an annual influenza vaccine. Influenza vaccination is an essential element of preconception, prenatal, and postpartum care because pregnant women are at an increased risk of serious illness due to seasonal and pandemic influenza. Since 2010, influenza vaccination rates among pregnant women have increased but still need significant improvement. It is particularly important that women who are or will be pregnant during influenza season receive an inactivated influenza vaccine as soon as it is available. It is critically important that all obstetrician–gynecologists and all providers of obstetric care advocate for influenza vaccination, provide the influenza vaccine to their pregnant patients, and receive the influenza vaccine themselves every season. It is imperative that obstetrician–gynecologists, other health care providers, health care organizations, and public health officials continue efforts to improve the rate of influenza vaccination among pregnant women.

Different phases, settings, needs

Spectrum – your clinic may currently offer

- No vaccines
- Seasonal influenza vaccine
- All routine vaccines



Considerations for Offering Vaccines

July 2014 ACOG Webinar (modified)

- Need for “vaccine champion”
- Budget for inventory
- **Centralized control of all processes**
- **Storage & handling of vaccines**
- Specific usage criteria and methods
- Recall systems – ensure series completion
 - EHR, CAIR
- **Billing**
- **Staff training for above**

ACOG webinar archive:

bit.ly/ACOG-IZWebinar2014

ACOG Toolkits

www.immunizationforwomen.org/resources/acog_resources



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Coding Information on Tdap Immunization for Patients

CPT Codes for Vaccine Administration

Code	Method	Route of Administration	Type of Service	Reporting Rules
90471	Injection	Percutaneous, intradermal, subcutaneous, or intramuscular	Primary	Report only one primary vaccine administration per encounter.
+90472	Injection	Percutaneous, intradermal, subcutaneous, or intramuscular	Additional	Report for secondary or subsequent vaccine administration. Report only with code 90471 or code 90473.
90460	Any Route	Percutaneous, intradermal, subcutaneous, or intramuscular	Primary	Report only one primary vaccine administration per day. Report for administration of first vaccine if more than one was provided. Physician also provides counseling. Patient is 18 years of age or younger.
90461	Any Route	Percutaneous, intradermal, subcutaneous, or intramuscular	Additional	Report for secondary or subsequent vaccine administration. Physician also provides counseling. Patient is 18 years of age or younger.

Tdap Vaccines Administered to Adolescents and Adults

Vaccine	Code for Vaccine Product	CPT Administration Code
Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap), patient 7 years of age or older, intramuscular	90715	90471-90472

This publication is provided by the American College of Obstetricians and Gynecologists (the College) for educational purposes only. It is not intended to represent the only, or necessarily the best, coding format or method for the situations discussed, but rather as an approach, view, statement, or opinion that may be helpful to persons responsible for diagnosis and procedure coding. The statements made in this publication should not be construed as College policy or procedure, nor as standards of care. The College makes no representations or warranties, expressed or implied, regarding the accuracy of the information contained in this publication and disclaims any liability or responsibility for any consequences resulting from or otherwise related to any use of or reliance on this publication.

For more information, please visit the Coding section on the Immunization for Women web page, http://www.immunizationforwomen.org/practice_management/coding.

Denied Claims for Prenatal Tdap?

CDPH interested in learning more

- Especially Medi-Cal claims

Contact izbranch@cdph.ca.gov

Prenatal Vaccines - If not from you, then from whom?

- Minimize barriers
 - Optimal to immunize in or near prenatal exam room
- Where are the affordable and convenient sources near your patients?
 - Pharmacy – cost?
 - Primary care providers – accessibility?
 - Local Health department – local days/hours/accept insured?

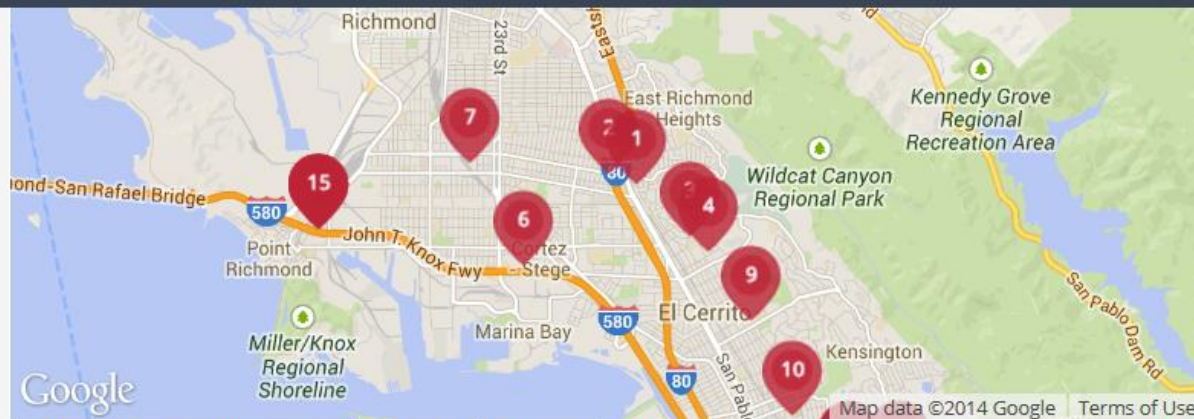


http://vaccine.healthmap.org/



HealthMap Vaccine Finder

About



Vaccines: Pneumococcal (\$75), Td (\$55), Tdap (\$64)

2. Contra Costa Health Services - Richmond Public Health

100 38th Street, Richmond, CA 94804

📞 925-313-6767 📍 [Directions](#) 🌐 [Website](#)

Hours: Every Thursday Drop-in 1:00 - 4:30pm

Vaccines: Hepatitis A (\$70), Hepatitis B (\$65), HPV (\$140), Meningococcal (\$140), MMR (\$80), Pneumococcal (\$46), Shingles/zoster (\$175), Td (\$15), Tdap (\$15), Varicella (\$120)

Location

Richmond, CA 94805, USA

Vaccines

- Flu
- Hepatitis A
- Hepatitis B
- HPV
- MMR
- Shingles
- Tdap
- Td
- Meningococcal
- Pneumococcal
- Varicella

Mariah Bianchi, RN



**Mother, Immunization Advocate
San Francisco, CA**

Moderator: Robert Schechter, MD



**Section Chief, Immunization Branch
California Department of Public Health**

Let's Meet our Panelists!



- 500 clinicians in 45 offices
- 35,000 deliveries in N. CA Kaiser facilities.

**Tracy Flanagan, MD OBGYN
Director, Women's Health
Kaiser Permanente Nor. California**

Let's Meet our Panelists!



6 OBGYNs and
4 midwives at a
multispecialty group

Ashley Weinert, MD OBGYN
Sutter Pacific Medical Foundation
Santa Rosa, CA

Let's Meet Our Panelists!



**10 Obs in an FQHC
80% of deliveries
in Tulare County**

**Elizabeth Enderton, MD OBGYN
Family Healthcare Network
Visalia, CA**

Our Panelists



Dr. Flanagan
Kaiser Permanente



Dr. Weinert
Sutter



Dr. Enderton
FHCN

Our Panel Responds to Questions!



Dr. Schechter
CDPH
(moderator)



Dr. Flanagan
Kaiser No. Ca

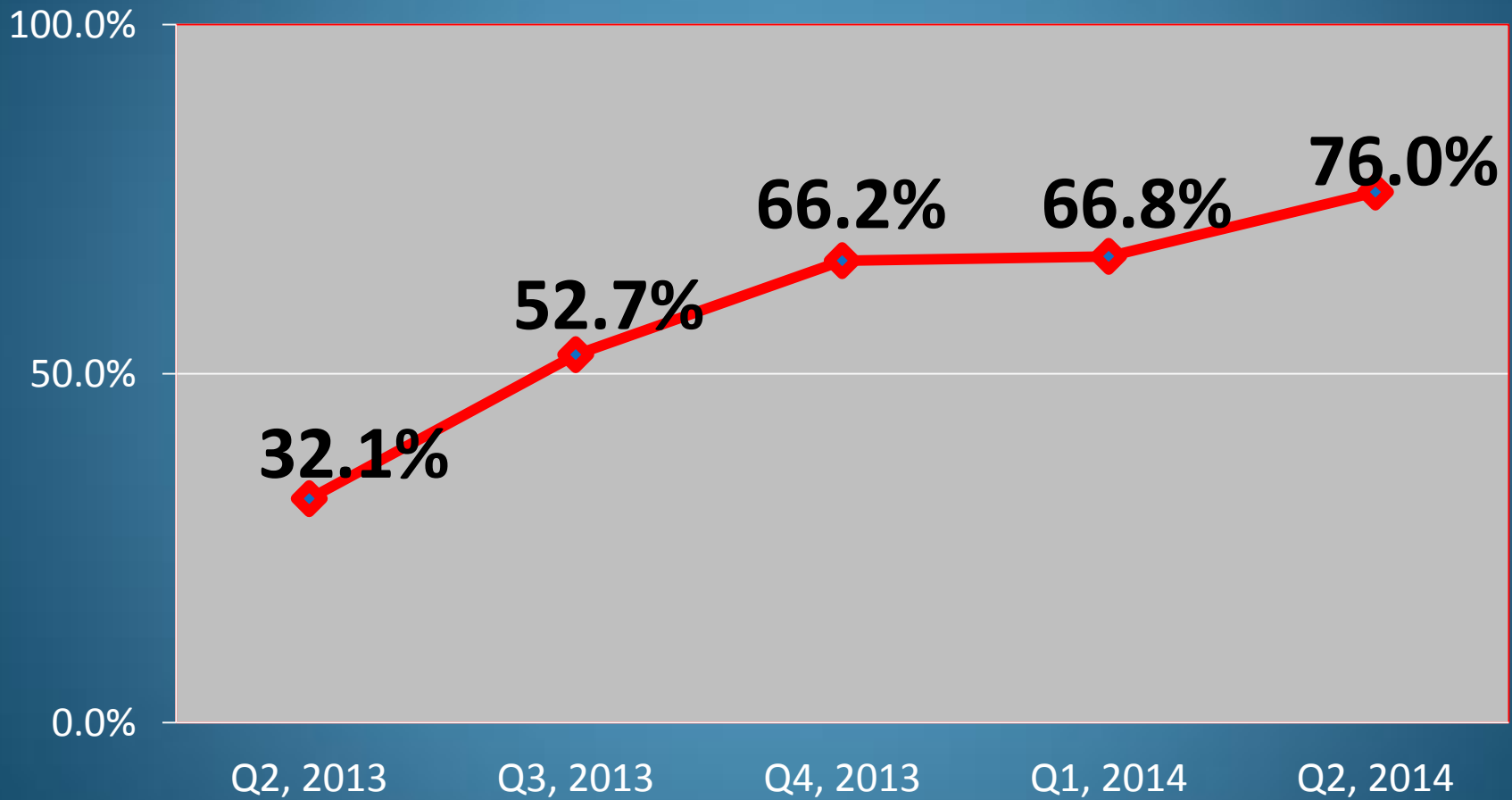


Dr. Weinert
Sutter



Dr. Enderton
FHCN

TDAP Vaccination Rate 3rd Trimester, KP NCAL




◆ Percent Vaccinated

Kaiser Best Practice Alert

Alert begins @ 28 Weeks

 There is no record of a Tdap immunization during this pregnancy. The Tdap vaccine is recommended during each pregnancy, preferably between 27 and 36 weeks. Please advise the patient to get the immunization to protect herself and her baby. If the patient declines Tdap, document in the Declined Screenings, add GDECLINETDAP to your progress note and provide the GPITDAPPREGNANCY Patient Instruction.

 Place order: VACC TDAP (ADACEL)

Refresh

Last refreshed on 8/20/2014 at 5:19 PM

 Accept

 Restore  Close F9

 Previous F7  Next F8


 Restore  Close F9

 Previous F7  Next F8

no record of a Tdap immunization during this pregnancy. The Tdap vaccine is recommended during each pregnancy, preferably between 27 and 36 weeks. Please advise the patient to get the immunization to protect herself and her baby. If the patient declines Tdap, document in the Declined Screenings, add GDECLINETDAP to your progress note and provide the GPITDAPPREGNANCY Patient Instruction.

Health Ed Materials: Kaiser

**Protect your baby from whooping cough.
GET YOUR PERTUSSIS VACCINATION.**



Whooping cough is on the rise in the U.S.

Whooping cough, also called pertussis, is a contagious disease that spreads easily through coughing.

The disease can be very serious and even life-threatening for young babies, causing them to cough so much they can't breathe. About half of infants who get whooping cough are hospitalized. Most babies who get whooping cough get it from family members and other people who care for them. Protect your family from whooping cough by making sure everyone's immunizations are up to date.

Who needs the pertussis vaccine?

Adults: You and all other adults who come into close contact with your baby should get the Tdap booster shot. This includes parents, grandparents, babysitters, and other family members.

Pregnant Women: To protect your baby, we recommend that you receive the Tdap vaccine during each pregnancy, preferably between 27 and 36 weeks. The vaccine is safe in pregnancy. Even if you have already been vaccinated against whooping cough, please get the vaccine again each time you are pregnant because it transfers additional protection to your baby.

Young Children: Young children should receive the DTaP (Diphtheria, Tetanus, and Pertussis) series. It is given in 5 shots and is usually completed before kindergarten.

Older Children: Older children need a Tdap booster shot. Proof of a Tdap vaccine is required for all children starting 7th grade.

If you are not sure if you and your family members are up to date on your immunizations, check your **Preventive Health Reminders** on your registration slip or online at kp.org/mydoctor.

HEALTH EDUCATION
© 2010, TM&S, Inc. All rights reserved.
011001-047 (REVISED 4-10) HL 8.7

KAISER PERMANENTE thrive

issue 5 | 24–28 weeks

Kaiser Permanente
healthy beginnings
PRENATAL NEWSLETTER

▶ **TODAY'S APPOINTMENT**

Today your practitioner will:

- Check your blood pressure and weight.
- Check your baby's growth by measuring the size of your abdomen.
- Listen to your baby's heartbeat.
- Check your baby's movements.

Because you don't want your baby to be born too soon, you'll also learn how to recognize and prevent preterm (premature) labor. You may also receive a Tdap booster shot today to help protect your newborn from whooping cough (also called pertussis). Whooping cough is a highly contagious disease that spreads from person to person by coughing. When babies get whooping cough, it can be life threatening.

We recommend that you receive the Tdap vaccine during each pregnancy, preferably between 27 and 36 weeks. The vaccine is safe for pregnant women. Even if you have already been vaccinated for Tdap, we recommend that you have the vaccine again during the end of your pregnancy because it transfers additional protection to your baby.

▶ Your baby: at 24–28 weeks



As you start your seventh month of pregnancy, your baby weighs between 1 to 2 pounds and is anywhere between 8 to 14 inches long. In this trimester, your baby will gain most of its total birth weight. Your baby's eyes are able to open and close, skin is becoming smooth, and the hair on its head is getting longer. The lanugo, a soft, fine downy hair that once covered the baby, is beginning to disappear. The vernix caseosa, a white creamy substance that protects the skin from long exposure to amniotic fluid, still covers the body. The lungs are maturing and your baby is starting to practice breathing. Your baby could probably survive

what's inside

- Partner's corner 2
- Feeling more confident about childbirth 2
- Staying healthy during pregnancy and beyond 2
- Smoking and pregnancy 2
- Sex and pregnancy 2
- Fetal movement: How active is your baby? 3
- Your "Kick Count Card" 3
- Planning to manage your pain 3
- Late preterm infants 4
- Warning signs of preterm labor 4
- What you can do about common discomforts 4
- Other resources 4

NEXT APPOINTMENT

Date: _____ **Time:** _____

Day: _____

Practitioner: _____

Notes: _____

Healthy Beginnings Newsletter

- 24-28 weeks
- 30-32 weeks
- Also promotes Tdap to partner

Health Ed Materials: Sutter

Before or during pregnancy: Flu and whooping cough (pertussis)

Flu and [whooping cough](#) are dangerous diseases for newborns and young infants. The flu can also be dangerous for you when you're pregnant. Getting the flu and Tdap vaccines during pregnancy is considered safe for your fetus. And these vaccines protect both you and your newborn. The U.S. Centers for Disease Control and Prevention (CDC) recommends:

- If you didn't get the yearly flu vaccine yet, get the flu shot before or during your pregnancy. ² This is especially important if you have a chronic health problem (including asthma). The intranasal vaccine contains live virus, so it is not used during pregnancy.
- Get a [tetanus](#) , [diphtheria](#) , and pertussis (Tdap) shot before or during **each** pregnancy. ¹
- People who expect to have close contact with your baby should also get the flu and Tdap shots if they haven't had them. It's best to get them at least 2 weeks before contact with your baby.

Searchable
online content
for members:
“**Immunizations
and pregnancy**”

Natalie Nakahara Preas, MFA



**Creative Director, Immunization Branch
California Department of Public Health**

EZIZ.org
Resources for OBGYNs



**I got my
Tdap Shot!**

EZIZ.org

Home
EZIZ Training
VFC Program
Storage & Handling
Resources

Contact VFC
Phone: 1-877-243-8832
Business hours: 9-5
Fax: 1-877-329-9832

- ▶ Find a VFC field representative in your area
- ▶ Find other VFC provider offices in your area
- ▶ Send us your comments at eziz@cdph.ca.gov

Sign up to receive EZIZ news and VFC letters via email!

California VFC Program

Overview
Find out how to become a California VFC provider.

Temperature Monitoring
New MIN/MAX logs, job aids, and thermometer calibration info.

VFC Forms
Download forms for enrolling, vaccine ordering and more.

EZIZ Training
Interactive lessons, job aids, video demonstrations, and other resources.

VFC Online Ordering
Place a vaccine order. Order flu vaccine. Submit a Transfer/Return.

Hot Tips

- New MIN/MAX Temperature Logs
- New Thermometer Calibration Requirements
- EZIZ Training now required for Annual VFC Recertification.
- VFC Vaccine Fact Sheets

Popular Links

- ▶ 317 Communications for Local Health Departments
- ▶ Printable Materials For Your Practice
- ▶ Pertussis Materials
- ▶ Flu and Respiratory Disease Prevention
- ▶ Immunization Schedule & Recommendations
- ▶ Vaccine Information Statements (VIS)
- ▶ CAIR Registry
- ▶ Disease Surveillance
- ▶ Laws and Regulations
- ▶ Local Health Departments

VFC Memos | **Vaccine Order Status** | **From CDPH**

- VFC Call Center: Hours of Operation for March 2014
- 2014 Recommended Immunization Schedule for Persons 0 Through 18 Years 2014/2/14
- Vaccine Tips- Flu vaccine expiration dates 2014/2/4
- Influenza Vaccine Update 2014/1/17
- 2014 VFC Recertification Reminder 2014/1/8
- January Vaccine Tips 2014/1/9

Childhood CDC

EZIZ Online Training



Google™ Custom Search

A one-stop shop for immunization training and resources.

- Home
- EZIZ Training**
- VFC Program
- Storage & Handling
- Resources

Contact VFC

Phone: 1-877-243-8832
Business hours: 9-5
Fax: 1-877-329-9832

- ▶ Find a VFC field representative in your area
- ▶ Find other VFC provider offices in your area
- ▶ Send us your comments at eziz@cdph.ca.gov

Sign up to receive EZIZ news and VFC letters via email!



Frequently Asked Questions



EZIZ Training

▶ **Start lessons** or find out more below.

VFC Program Requirements (15 min.)
Identify responsibilities of the Vaccine Coordinator;
Identify responsibilities of the Provider of Record;
Comply with California VFC Program requirements

Storage and Handling

Monitoring Refrigerator Temperatures (8 min. video demonstration)
Read and record current, minimum (MIN), and maximum (MAX) temperatures;
Identify temperatures that are too warm or too cold and take appropriate action

Monitoring Freezer Temperatures (7 min. video demonstration)
Read and record current, minimum (MIN), and maximum (MAX) temperatures;
Identify temperatures that are too warm and take appropriate action

Storing Vaccines (20 min.)
Prepare refrigerators and freezers for vaccine storage;
Store vaccines in refrigerators and freezers;
Safeguard refrigerator and freezer power supplies
Notice: This lesson does not include new requirements for thermometers. Please see VFC letter about new Program requirements for updated information. Lesson will be updated in the future.

Vaccine Inventory Management

Conducting a Vaccine Inventory (19 min.)
Identify vaccine brand name and packaging;
Enter lot numbers, expiration dates,
and total doses on hand on *VFC Inventory Form* for all VFC vaccines

Vaccine Administration

Preparing Vaccines (25 min.)
Select vaccines based on physicians' orders;
Identify expired vaccines;
Mix, reconstitute, and draw up vaccines

Resources


For Trainers

- ▶ EZIZ Promo Flyer
- ▶ EZIZ Quick-start Cards
- ▶ CAIR Tools for Trainers

For Provider Offices

- ▶ **EZIZ Training now required for Annual VFC Recertification**
- ▶ CAIR Training
- ▶ Vaccine Administration Materials
- ▶ Storage and Handling Materials
- ▶ VFC Forms
- ▶ Flu and Disease Prevention
- ▶ For Staff and Patients
- ▶ Training by Other Organizations

EZIZ Online Training



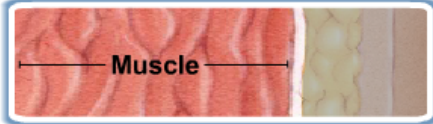
Lesson: Preparing Vaccines

Lesson Map | Glossary | References | Help | Close X

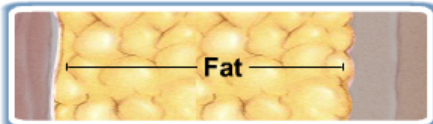
Practice Exercise: Selecting the Right Needle

Situation: Imagine that you are preparing two immunizations—one intramuscular and one subcutaneous. Select the correct needle for each injection.

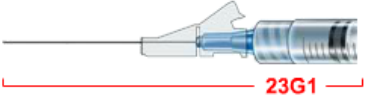
Instructions: Drag the correct length needle to the intramuscular (IM) site and the correct length needle to the subcutaneous (SC) site.




Muscle




Fat



23G 1



29G 1/2




25G 5/8

© 2009 California Department of Public Health. All rights reserved. Page 9 of 15

Back | Next

EZIZ Online Training



Lesson: Preparing Vaccines



[Lesson Map](#) [Glossary](#) [References](#) [Help](#) [Close](#)

Drawing up Ready-to-use Vaccines


Watch the video to learn how to draw up vaccine from a vial. Then, click on the job aid icon to review the steps.

Remember...

- If you contaminate the needle while drawing up, change the needle.
- Never mix vaccines in the same syringe.



EZIZ Online Training



Lesson: Storing Vaccines

Lesson Map | Glossary | References | Help | Close X


Vaccine Storage Units

Refrigerators and freezers:


- Come in many styles and sizes
- Are not equally good at keeping vaccines at the right temperatures
- Come in household, commercial, and pharmaceutical grades
- Must have enough room to hold the year's largest monthly inventory of vaccine—including flu vaccine

California VFC providers' storage units must meet additional requirements.


Instructions: Click each picture to learn about each type of vaccine storage unit, then click **Next** to continue.




Job Aid




▶ Refrigerator-only units household & pharmaceutical



▶ Upright freezer & chest freezer



▶ Combination unit



▶ Dorm-style refrigerator

Certificate of Completion



Resources



Google™ Custom Search



A one-stop shop for immunization training and resources.

[Home](#)

[EZIZ Training](#)

[VFC Program](#)

[Storage & Handling](#)

[Resources](#)

[Contact VFC](#)

Phone: 1-877-243-8832

Business hours: 9-5

Fax: 1-877-329-9832

▶ [Find a VFC field representative in your area](#)

▶ [Find other VFC provider offices in your area](#)

▶ [Send us your comments at \[eziz@cdph.ca.gov\]\(mailto:eziz@cdph.ca.gov\)](#)

Resources

Forms

- [VFC Program and Disease Reporting Forms](#)

Job Aids

- [Storage and Handling](#)
- [Vaccine Administration](#)
- [VFC Vaccine Fact Sheets](#)
- [Billing and Reporting](#)

Educational Resources

- [Flu and Respiratory Disease](#)
- [Immunizations](#)
- [Measles](#)
- [Pertussis \(Whooping Cough\)](#)
- [Parent Education](#)
- [Training Opportunities and Events by Various Organizations](#)

Related Links

- ▶ [Printed copies of many of the materials posted on EZIZ.org can be ordered from your local health department. Check with the immunization program in your area.](#)
- ▶ [Vaccine Information Statements \(VIS\)](#)
- ▶ [Immunization Schedule & Recommendations](#)
- ▶ [Disease Surveillance](#)
- ▶ [Laws and Regulations](#)
- ▶ [EZIZ Online Training](#)



Vaccine Fact Sheet

Tdap

Brand Name and Manufacturer	Adacel* Sanofi Pasteur	Boostrix* GlaxoSmithKline (GSK)
Protects Against	Tetanus, diphtheria, and pertussis	Tetanus, diphtheria, and pertussis
Routine Schedule	One (1) booster dose: 11-12 years	One (1) booster dose: 11-12 years
Minimum Intervals	No minimum interval since prior Td	No minimum interval since prior Td
Approved for use in	Persons aged 10 through 64 years	Persons aged 10 years and older
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection
Packaging	Vaccine is packaged as 10 single-dose 0.5mL vials or 5 single-dose 0.5mL prefilled Luer-Lok syringes	Vaccine is packaged as 10 single-dose 0.5mL vials or 10 single-dose 0.5mL prefilled syringes without needles
Storage	Refrigerate between 35°F and 46°F (2°C to 8°C) DO NOT FREEZE	Refrigerate between 35°F and 46°F (2°C to 8°C) DO NOT FREEZE
Full ACIP Recommendations	http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_w ACIP Recommendations in Pregnant Women http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm	http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_w ACIP Recommendations in Pregnant Women http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm
VFC Letter	Not available on EZIZ	Not available on EZIZ
Billing Codes	CHDP code: 72 CPT code for vaccine: 90715 CPT code for administration: 90460, 90461, 90461 Medi-Cal Fee-For-Service (FFS) administration: 90175-SL ICD-9-CM code: v06.1	CHDP code: 72 CPT code for vaccine: 90715 CPT code for administration: 90460, 90461, 90461 Medi-Cal Fee-For-Service (FFS) administration: 90715-SL ICD-9-CM code: v06.1

Job Aids: Storage & Handling

Vaccine Coordinator

The Role of the Vaccine Coordinator

Vaccines are expensive and sensitive to temperature. Careful vaccine management is essential to protecting your vaccine supply.

VFC requires providers to designate a fully trained Vaccine Coordinator and a Backup Vaccine Coordinator to implement routine and emergency vaccine management plans. Their names and contact information must be reported to the VFC Program through MyVFCVaccines.org. In many practices, the Vaccine Coordinator is a medical assistant. In other practices, the Vaccine Coordinator is an LVN, RN, office manager, or other staff person.



Responsibilities of the Vaccine Coordinator

The Vaccine Coordinator's responsibilities vary depending on the amount of vaccine the practice gives and practice protocols. In some practices, the Vaccine Coordinator is responsible for all vaccine management activities, including training other (especially new) staff. In other practices, a different person may have one or more vaccine management responsibilities, such as ordering vaccines. Below is a list of essential responsibilities.

Receiving vaccines

- Be present when vaccine is delivered and immediately process it into inventory.
- Ensure that acceptable temperature ranges have been maintained.

Storing vaccines

- Rotate the vaccine inventory so that vaccines with shorter expiration dates are used first.
- Ensure that there are no expired vaccines in the refrigerator or freezer.
- Keep VFC vaccine separate from private vaccine stock.
- Perform routine cleaning on vaccine storage units.

Monitoring vaccine temperatures

- Use a certified calibrated thermometer to review refrigerator and freezer temperatures.
- Record minimum, current, and maximum temperatures on a VFC-supplied log twice a day.
- Take immediate action if temperatures are outside acceptable ranges.
- Implement the emergency vaccine management plan, if necessary.
- Review vaccine temperature logs weekly.
- Retain temperature logs for three years.

Ordering vaccines

- Perform a physical inventory of all vaccines in stock.
- Account for doses of returned or transferred vaccines since the last order.
- Complete and submit the VFC vaccine order at MyVFCVaccines.org.

www.eziz.org

Vaccine Refrigerator Setup

Preparing for Vaccine Storage

- Remove all drawers and bins. Vaccines should not be stored in refrigerator doors, drawers, or bins.
- Put a few water bottles in areas where vaccines will not be stored.
- Use a calibrated thermometer to ensure accurate temperatures. The thermometer must have a glycol-encased probe. The digital monitor must display CURRENT, MIN, and MAX temperatures.
- Place the probe in the center of the refrigerator, near the vaccines.
- Attach the monitor to the outside of the refrigerator, either on the door or on the side.
- Plug in the refrigerator. Secure with plug guard/cover. Post "Do Not Unplug" sign.
- Set the refrigerator temperature. If the refrigerator has a thermostat, set it for 40°F. If it has a dial with a range of numbers, set it to slightly warmer than the middle of its range. The next morning, check the temperature and adjust it until it stabilizes at approximately 40°F.
- Once the temperature has stabilized, record it on the temperature log. Record CURRENT, MIN, and MAX temperatures twice a day. Do not store vaccines in the refrigerator until the temperature is stable at around 40°F for 3-5 days.

www.eziz.org

California Department of Public Health, Immunization Branch


IMM-962 (11/12)

Job Aids: Storage & Handling

Recording Refrigerator Temperatures

Record **CURRENT, MIN, AND MAX** temperatures in vaccine refrigerators twice a day. Keep temperature logs for 2 years.

MIN/MAX numbers are important! They tell you if temperatures were ever in a **DANGER Zone** since you last checked them. (See Step 2 for examples.)



CURRENT is the temperature now.

MIN shows the **coldest** temperature since the memory dashboard button was pressed.

MAX shows the **warmest** temperature since the memory dashboard button was pressed.

Step 1

A. Start a new log at the beginning of every month. Write the month, year, location of refrigerator, and VFC PIN.

Month/Year: September 2012
 Refrigerator Code (in Inventory Room):
 VFC PIN: 454521

B. Write your initials. Then write the unit or port, time.

Staff Initials: JA
 Day of Month: 1
 Time: 8:30 AM

Step 2

A. Read the **CURRENT, MIN, and MAX** temperatures on the thermometer display. Write the temperatures in the space provided.

Be sure to record any temperatures **before** opening the refrigerator or doing inventory.

CURRENT	35.2
MIN	34.7
MAX	48.1

B. Check if the temperatures you recorded are OK or are in **DANGER Zones**.

DANGER Zone 1 (Too Cold! Go to Step 3)
These temperatures are OK. Go to step 4.
DANGER Zone 2 (Too warm! Go to Step 3)

C. Circle any temperatures that are in **DANGER Zone 1** or 2. Then take the actions in both Step 3 (even if **CURRENT** temp is OK).

Write Temperatures below 35°F (like 34.7) as in Danger Zone 1. Temperatures above 40°F (like 48.1) are in Danger Zone 2.

CURRENT	41.2
MIN	40.0
MAX	48.1

D. If all the temperatures are OK, go to Step 4.

(Continued on next page)

Refrigerator Temperature Log

Record **CURRENT, MIN, and MAX** temperatures twice a day. Complete steps 1-4.

Months/Year: _____
 (Days 1-6)
 Refrigerator Location: _____
 VFC PIN: _____

Step 1 Write your initials and the time of day.

Staff Initials	<u>JA</u>						
Day of Month	<u>1</u>	2	3	4	5	6	7
Time	<u>8:30 AM</u>						
CURRENT	35.2						
MIN	34.7						
MAX	48.1						

Step 2 Write **CURRENT, MIN, and MAX** temperatures. Circle any temperatures that are in **DANGER Zone 1 or 2**. Then go to step 3 (even if **CURRENT** temp is OK). If ALL temperatures are OK, go to step 4.

CURRENT	MIN	MAX
35.2	34.7	48.1

27°-30°
DANGER Zone 1
Too cold! Go to Step 3!

35°-38° 37° 39° 39° 40° 41° 42° 43° 44° 45° 46°
These temperatures are OK. Go to step 4.

47°-48° 49° 50° 51° 52° 53° 54° and higher
DANGER Zone 2
Too warm! Go to step 3.

Step 3

If any **CURRENT, MIN, or MAX** temperature is in **Danger Zone 1** (below 35°F),
see the 1st chart below.

- Put a "Do Not Use Vaccine" sign on the refrigerator.
- Alert your supervisor immediately.
- Call the VFC Call Center (1-877-240-8552) to report the incident.

If any **CURRENT, MIN, or MAX** temperature is in **Danger Zone 2** (above 40°F),
see the 2nd chart below.


- Alert your supervisor immediately.
- Do not adjust the thermostat. Press the **MEMORY CLEAR/RESET** button.
- Check temperatures again in 1 hour. If temps are still in **DANGER Zone 2**, call the VFC Call Center (1-877-240-8552).

Document the date and actions you take.

Step 4 Press the **MEMORY CLEAR/RESET** button(s) on the thermometer every time you finish logging temperatures. Press on the **MEMORY CLEAR/RESET** button by mistake. LCD will display "Press 3 again to see pH and pHSE".

At the end of the month fill this log and keep it for 2 years.

WMA 1.0 (1/10)



www.cdph.ca.gov
1-877-240-8552



Job Aids: Vaccine Administration

Administering Injectable Vaccines

Cleaning the Injection Site

1. Wash your hands.
2. Clean the injection site with an alcohol pad or a cotton ball soaked with alcohol. Using a circular motion, wipe from the center of the injection site out about two inches in a spiral pattern.
3. Allow the alcohol to dry for several seconds. (Alcohol stings if it gets into the injection.)
4. Throw away the cotton ball.

Giving an Intramuscular (IM) Injection

1. Clean the injection site. (See above.)
2. With your left hand*, bunch up the muscle.
3. With your right hand*, insert the needle at a 90-degree angle to the muscle.
4. Push down on the plunger and inject the entire contents of the syringe. Do not aspirate.
5. Remove the needle and simultaneously apply light pressure to the injection site with a dry cotton ball or gauze. Hold it in place for several seconds.
6. If there is any bleeding, cover the injection site with a bandage.
7. Put the used syringe in a sharps container.



* Use opposite hand if you are left-handed.

Giving a Subcutaneous (SC) Injection

1. Clean the injection site. (See above.)
2. With the thumb and index finger of your left hand*, pinch up the fatty tissue of the injection site.
3. With your right hand*, insert the needle at a 45-degree angle to the skin. Insert the entire needle.
4. Push down on the plunger and inject the entire contents of the syringe. Do not aspirate.
5. Remove the needle and simultaneously apply light pressure with a dry cotton ball or gauze on the injection site. Hold it in place for several seconds.
6. If there is any bleeding, cover the injection site with a bandage.
7. Put the used syringe in a sharps container.



Important! Dispose of used needles immediately after use. Never re-cap a used needle or try to separate it from the syringe.

www.eziz.org

EZ-IZ Vaccine Administration Job Aid

VACCINE INFORMATION STATEMENT

Tdap Vaccine (Tetanus, Diphtheria, and Pertussis)

What You Need to Know

Macy Vaccine Information Statements are available in Spanish and other languages. See www.imzimmz.org/vsi.
Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.imzimmz.org/vsi.

1 Why get vaccinated?

Tetanus, diphtheria and pertussis can be very serious diseases, even for adolescents and adults. Tdap vaccine can protect us from these diseases.

TETANUS (Lockjaw) causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 5 people who are infected.

DIPHTHERIA can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, the United States saw as many as 200,000 cases a year of diphtheria and pertussis, and hundreds of cases of tetanus. Since vaccination began, tetanus and diphtheria have dropped by about 99% and pertussis by about 80%.

2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for health care professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

A similar vaccine, called Td, protects from tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have not already gotten a dose. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor can give you more information.

Tdap may safely be given at the same time as other vaccines.

3 Some people should not get this vaccine

- If you ever had a life-threatening allergic reaction after a dose of any tetanus, diphtheria, or pertussis containing vaccine, OR if you have a severe allergy to any part of this vaccine, you should not get Tdap. Tell your doctor if you have any severe allergies.
- If you had a coma, or long or multiple seizures within 7 days after a childhood dose of DTP or DTaP, you should not get Tdap, unless a cause other than the vaccine was found. You can still get Td.
- Talk to your doctor if you:
 - have epilepsy or another nervous system problem,
 - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
 - ever had Guillain-Barré Syndrome (GBS),
 - aren't feeling well on the day the shot is scheduled.



U.S. Department of Health and Human Services
Center for Disease Control and Prevention

Resources



Google™ Custom Search



A one-stop shop for immunization training and resources.

[Home](#)

[EZIZ Training](#)

[VFC Program](#)

[Storage & Handling](#)

[Resources](#)

[Contact VFC](#)

Phone: 1-877-243-8832

Business hours: 9-5

Fax: 1-877-329-9832

▶ [Find a VFC field representative in your area](#)

▶ [Find other VFC provider offices in your area](#)

▶ [Send us your comments at \[eziz@cdph.ca.gov\]\(mailto:eziz@cdph.ca.gov\)](#)

Resources

Forms

- [VFC Program and Disease Reporting Forms](#)

Job Aids

- [Storage and Handling](#)
- [Vaccine Administration](#)
- [VFC Vaccine Fact Sheets](#)
- [Billing and Reporting](#)

Educational Resources

- [Flu and Respiratory Disease](#)
- [Immunizations](#)
- [Measles](#)
- [Pertussis \(Whooping Cough\)](#)
- [Parent Education](#)
- [Training Opportunities and Events by Various Organizations](#)

Related Links

- ▶ [Printed copies of many of the materials posted on EZIZ.org can be ordered from your local health department. Check with the immunization program in your area.](#)
- ▶ [Vaccine Information Statements \(VIS\)](#)
- ▶ [Immunization Schedule & Recommendations](#)
- ▶ [Disease Surveillance](#)
- ▶ [Laws and Regulations](#)
- ▶ [EZIZ Online Training](#)

Materials For Providers

Stop Pertussis.

Pregnant Women and Their Babies Rely on You.



Immunize with Every Pregnancy

Newborns can die from pertussis. Infants most often contract pertussis from family members.

Pregnant women should get a pertussis booster shot (Tdap) with every pregnancy irrespective of their prior history of receiving Tdap.

Immunize between 27 and 36 weeks gestation to maximize the transfer of maternal antibody to the infant.

Tdap should also be given:

- to all adolescents and adults who have not received Tdap.
- after giving birth, before hospital discharge, to women who have not received Tdap (even if breastfeeding).
- to other family members and close contacts of infants who have not received Tdap, ideally at least 2 weeks prior to contact with the baby.

Think Pertussis

- Pertussis is often misdiagnosed. It starts like a cold with runny nose and cough.
- Typically, after 1-2 weeks, symptoms in adults progress to severe coughing attacks that may include:
 - post-tussive vomiting
 - a high-pitched "whoop"
 - sweating episodes, gagging, choking sensation
 - complications, such as broken ribs or pneumonia.
- Pertussis immunity wanes, so it is possible to get pertussis even with a history of vaccination or disease.

Test for Pertussis

If your patient has pertussis-like symptoms (especially in the 3rd trimester), promptly obtain a nasal aspirate (preferred specimen) or nasopharyngeal swab for PCR and/or culture.

Treat Pertussis, Reduce Transmission

- Antibiotics stop transmission, and if given early, may reduce pertussis severity. Erythromycin or Azithromycin are the preferred antibiotics for pertussis treatment or post-exposure prophylaxis during pregnancy.
- If your pregnant patient is exposed to pertussis, particularly in her 3rd trimester, prophylactic antibiotic therapy is recommended to protect her and the newborn.
- If she has pertussis, especially near-term or at delivery, treat her with antibiotics, and ensure that her newborn and household contacts receive prophylactic antibiotic therapy.
- Place new mothers with pertussis on droplet precautions during their hospitalization for delivery or until they have received 5 days of a full course of antibiotics. However, if both mother and infant are receiving antibiotic treatment, it is not necessary to isolate the baby from the mother, and breastfeeding is encouraged.



Dylan's Story

I caught pertussis in my 9th month of pregnancy. Two weeks after giving birth, my son Dylan died of pertussis that he caught from me. My doctor thought it was just a cold. — Mariah, Dylan's Mom (Watch her full story on ShotbyShot.org)

For more information, visit www.pregnancyshotsca.org



Materials for Patients

IMMUNIZATIONS
for a **Healthy
Pregnancy**





Expecting? Protect Your Baby from Whooping Cough.

Whooping Cough is a Widespread Threat

Each year, thousands of Californians catch whooping cough (also called pertussis).

Babies are Most at Risk

Young babies have higher chances of getting very sick or dying from whooping cough. Very young babies with whooping cough may not have the coughing fits common in older children and adults but may gag or gasp. Their face may also turn red or purple.

Protect Your Baby by Getting Tdap

Ask your doctor for a whooping cough vaccine (Tdap) during your third trimester of pregnancy, even if you received it before pregnancy. You'll need a Tdap vaccine each time you are pregnant.



"Getting Tdap is something easy I can do to protect my baby."

—Danielle, first time mom

Type your info here.

Tdap is safe for you and your baby.¹ The protection you get from Tdap also passes to your baby in the womb. This will help protect your baby during the most vulnerable period, until it's time to get the first whooping cough vaccine at 6–8 weeks of age.

Get Vaccinated

Tdap vaccines may be available from your doctor, local health department, or pharmacy. To find a nearby location, please visit: <http://vaccine.healthmap.org/> Tdap vaccine for pregnant women is a covered benefit under Medi-Cal and private health plans. Call your health plan for more details.

Treat Whooping Cough Early

Call the doctor if you or your baby:

- Have cold symptoms or cough that are getting worse.
- Are around someone with a bad cough.

If your baby is having trouble breathing (face turning blue, red or purple; gasping or having a pause in breathing), take him or her to the hospital or the doctor right away.



Dylan's Story

Before Dylan was born, I was sick and had a bad cough. I coughed so hard that it caused contractions to start early. Dylan was born a healthy, beautiful baby. But I continued to cough, and it was hard to keep Dylan awake during feedings — the only sign of pertussis he ever had.

Two weeks later, my son Dylan died of pertussis that he caught from me. He was 17 days old. It is possible to prevent babies like Dylan from catching pertussis. Now I urge parents to vaccinate their children, and adults, especially pregnant women, to get a Tdap booster. I don't want to see any family suffer the way mine has.

—Mariah Bianchi

For more personal stories, go to shotbysthot.org

References:
1. The Centers for Disease Control and Prevention (2014). Pertussis (20). Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine (Tdap) in Pregnant Women — Advisory Committee on Immunization Practices (ACIP), 2014. Released August 2014 from: http://www.cdc.gov/mmwr/preview/preview_tnrrd/v062014a03.htm

FREE copies of this material may be available from your local health department: <http://bit.ly/cdu-immunization>
This publication was supported by Grant Number H2SM004622507 from the Centers for Disease Control and Prevention (CDC).



Rx Pads: Maternal Immunization

- Sample run printed; demand being assessed.

R_x

Prescriber Name, Address, Phone Number:

Patient Name: _____ Date: _____

Vaccines recommended during pregnancy:

Tdap (tetanus, diphtheria, pertussis [whooping cough]) during 3rd trimester
0.5 mL IM x 1

Inactivated Influenza
0.5 mL IM x 1

Prescriber's Signature: _____ License #: _____

These vaccines may be available from your primary care physician, local health department, or pharmacy. To find a nearby location, please visit www.vaccine.healthmap.org.

Your baby is counting on you for protection. Get vaccinated. IMM-1143 (7/14)

Vacunas recomendadas durante el embarazo:

Tdap (tétanos, difteria, tos ferina) en su tercer trimestre de embarazo

Vacuna contra la influenza (gripe) inactivada

Estas vacunas pueden estar disponibles en el consultorio de su médico de cabecera, departamento de salud local o farmacia. Encuentre un lugar cercano en: www.vaccine.healthmap.org


Su bebé cuenta con usted. Protéjalo. Vacúnese.

IMM-1143S (7/14)

Materials for Patients

★
★
★
★
★
★
★
★
★
★
★

Parents



Protect your little one with immunizations.

Vaccine Safety:

10 Facts for Parents



As a parent, you want to make the best decisions to protect your child. Being informed helps you talk with your doctor—and keep your family healthy. Your questions are important and you deserve reliable information to support your decisions. This fact sheet has been reviewed by medical experts. If you want to learn more, ask your doctor for a “consultation visit,” or check out the websites at the end.

1. Are Vaccines safe?

Yes. Vaccines are safe. Millions of children and adults are vaccinated every year. However, any medicine can cause reactions in some people. The most common side effects are swelling or tenderness at the injection site and fever. Serious reactions are very rare, happening in 1-2 people out of a million shots given.

Thousands of people take part in clinical trials to test a vaccine before it is licensed by the Food and Drug Administration (FDA). After it's licensed, the Vaccine Adverse Events Reporting System (VAERS) helps track any health effect that happens hours, days, weeks, or even months later. Anyone can report a possible side-effect so that it can be studied. This monitoring helps ensure vaccines are safe.

2. Why do children today get so many immunizations?

To save lives. Advances in medical science have developed vaccines to protect us against more than 15 dangerous diseases. Only a few years ago vaccines prevented just a small handful of diseases. Who benefits most? Babies. Their bodies may be too weak to fight off a serious disease. Many vaccine-preventable diseases can have dangerous complications. These include seizures, brain damage, blindness, and even death.

3. Are diseases of the “old days” really still something to worry about?

Diseases do exist—though many young parents haven't seen them. This is the success of our country's immunization program. But people not vaccinated, especially children, are at risk for common illnesses like influenza, whooping cough, and chicken pox. Did you know that before the chicken pox vaccine, almost 11,000 Americans had to go to the hospital, and over 100 died, each year from chicken pox? Less common diseases like measles, mumps, and rubella happen unexpectedly and can spread quickly. Some

Text For Baby



Tips 4 Mom and Mom 2B

Get FREE text messages on prenatal care,
baby health, parenting & more!

Sign Up Now 



EZIZ.org

EZIZ

Google™ Custom Search

A one-stop shop for immunization training and resources.

Home

EZIZ Training

VFC Program

Storage & Handling

Resources

Contact VFC

Phone: 1-877-243-8832
Business hours: 9-5
Fax: 1-877-329-9832

- ▶ Find a VFC field representative in your area
- ▶ Find other VFC provider offices in your area
- ▶ Send us your comments at eziz@cdph.ca.gov

Sign up to receive EZIZ news and VFC letters via email!

California VFC Program

Overview
Find out how to become a California VFC provider.

Temperature Monitoring
New MIN/MAX logs, job aids, and thermometer calibration info.

VFC Forms
Download forms for enrolling, vaccine ordering and more.

EZIZ Training
Interactive lessons, job aids, video demonstrations, and other resources.

VFC Online Ordering
Place a vaccine order. Order flu vaccine. Submit a Transfer/Return.

Hot Tips

New MIN/MAX Temperature Logs

New Thermometer Calibration Requirements

EZIZ Training now required for Annual VFC Recertification.

VFC Vaccine Fact Sheets

Popular Links

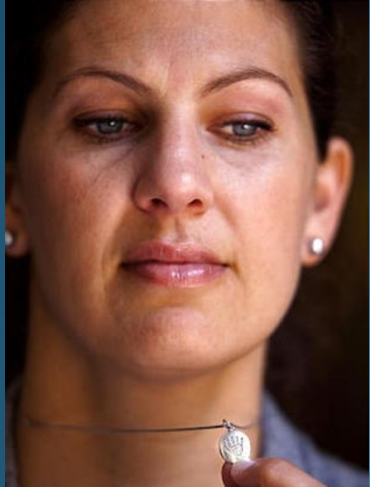
- ▶ 317 Communications for Local Health Departments
- ▶ Printable Materials For Your Practice
- ▶ Pertussis Materials
- ▶ Flu and Respiratory Disease Prevention
- ▶ Immunization Schedule & Recommendations
- ▶ Vaccine Information Statements (VIS)
- ▶ CAIR Registry
- ▶ Disease Surveillance
- ▶ Laws and Regulations
- ▶ Local Health Departments

VFC Memos | **Vaccine Order Status** | **From CDPH**

- VFC Call Center: Hours of Operation for March 2014
- 2014 Recommended Immunization Schedule for Persons 0 Through 18 Years 2014/2/14
- Vaccine Tips- Flu vaccine expiration dates 2014/2/4
- Influenza Vaccine Update 2014/1/17
- 2014 VFC Recertification Reminder 2014/1/8
- January Vaccine Tips 2014/1/9

Childhood CDC

Ask a question to our speakers!



**Mariah
Bianchi
Advocate**



**Dr. Weinert
Sutter**



**Dr. Flanagan
Kaiser Perm.**



**Natalie
Nakahara Preas
CDPH**



**Dr. Enderton
FHCN**



**Dr. Schechter
CDPH**

Best Practice Takeaways

- **Everyone in the office gets involved, helping create smart, efficient IZ systems.**
- **Set practice alert or standing order as trigger**
- **Maximize EMR — Contact vendor or cairweb.org**
 - flags for vaccine due
 - document date given
 - report coverage, on-time rate
- **Administer immunization in exam room—or Rx script + follow-up**
- **Patient handouts support encounter**

Resources

All resources & links from this webinar
available at **EZIZ.org**



Immunization Business & Clinical Strategies for Ob-Gyn Offices



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Tips 4 Mom and Mom 2B

Get FREE text messages on prenatal care,
baby health, parenting & more!

Sign Up Now



text4baby

Thanks for Attending!

Questions following
the webinar?

izbranch@cdph.ca.gov

This program will be
archived for on-demand
viewing until August 2015.

To receive CME/CEU...

**Complete the post-test.
Link will be sent to you.**



**Tdap was
worth it!**