

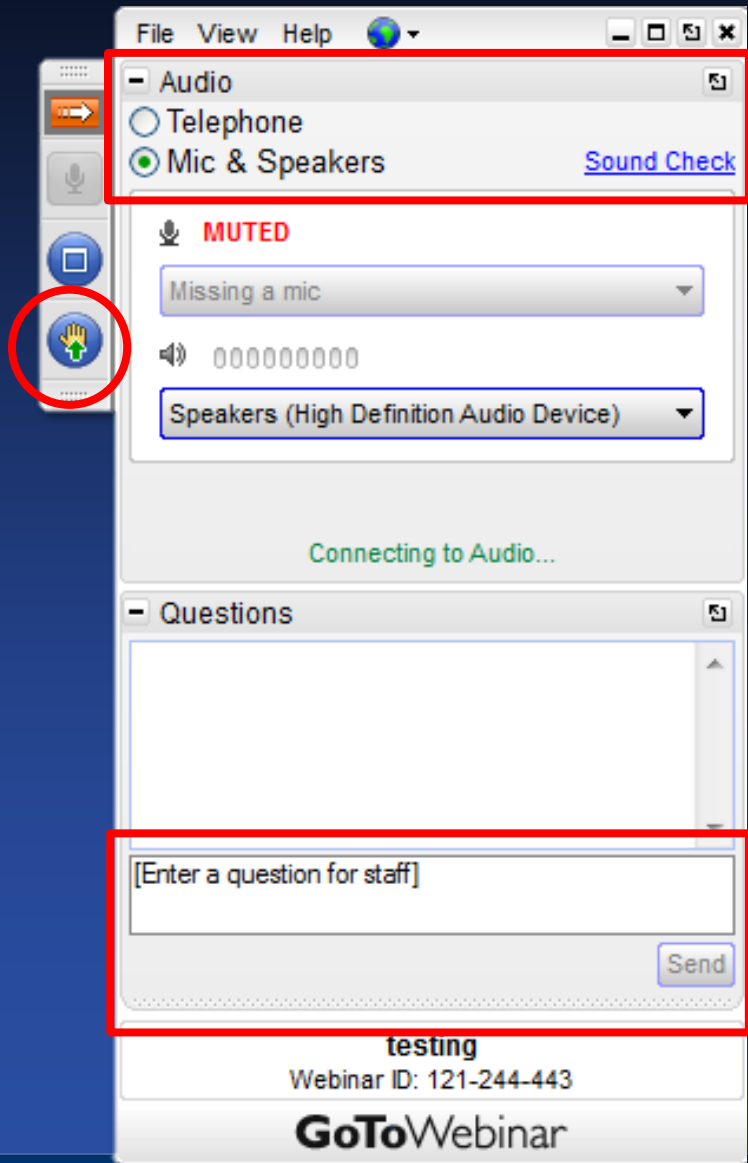
California Vaccines for Adults (VFA) Program Overview

Webinar Series for
Newly Enrolled FQHCs

June 23, 2016

Presenters: Claudia Aguiluz, Nisha Gandhi,
Anya Gutman and Gabriela Pasat

Submit Questions to Presenter



- or -



Your Participation

Join audio:

- Choose “Mic & Speakers” to use your computer’s speakers.
- Choose “Telephone” and dial using the information provided.

Questions/Comments:

- Submit questions and comments via the Questions panel.
- “Raise your hand” via hand icon at left of panel.

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VFA Program Overview

- The California Vaccines for Adults Program (CA VFA) is a new program expanding access to 317 funded vaccines to a limited number of eligible Federally Qualified Health Centers (FQHC)/FQHC Look-Alikes/Rural Health Centers (RHC) in the state
- The expansion program is part of a new CDC Adult Grant
- VFA vaccine supply allows for the immunization of uninsured and under-insured populations already served by the clinics
- Vaccines supplied through this program are funded with limited federal funding, Section 317

Goal of the CA VFA Program

- Expand access to 317-funded vaccines to federally Qualified Health Centers and Rural Health Centers that are already providing healthcare services to uninsured and under-insured adult populations in the state
- Provide vaccines at no cost to eligible adults
- Integrate routine immunization recommendations as part of routine adult care
- Learn about essential aspects of integrating and coordinating adult immunization services within FHQCs and RHCs



VFA Program Timeline

- Adult vaccines will be available to approved applicants from June 10, 2016 to June 30, 2017.
 - an opportunity for a continuation of the receipt of vaccine doses may be available to participating sites beyond June 30th, 2017.
- Once doses are received, clinics may continue using the 317 vaccines for uninsured/underinsured adults until the vaccine's expiration date.

Vaccines Available Through the Program

Most ACIP recommended adult vaccines will be available through the program

- Hepatitis A vaccine
- Hepatitis B vaccine
- HPV vaccine
- MMR vaccine
- MCV
- Pneumococcal conjugate (PCV13) vaccine
- Pneumococcal polysaccharide (PPSV23) vaccine
- Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine
- Tetanus and diphtheria toxoids (Td)
- Zoster

Recommended Adult Immunization Schedule—United States - 2016

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended immunization schedule for adults aged 19 years or older, by vaccine and age group¹

VACCINE	AGE GROUP	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza ^{2,3}		1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap) ^{4,5}		Substitute Tdap for Td once, then Td booster every 10 yrs					
Varicella ^{6,7}		2 doses					
Human papillomavirus (HPV) Female ^{8,9}		3 doses					
Human papillomavirus (HPV) Male ^{8,9}		3 doses					
Zoster ⁴						1 dose	
Measles, mumps, rubella (MMR) ^{7,2}		1 or 2 doses depending on indication					
Pneumococcal 13-valent conjugate (PCV13) ^{3,8}						1 dose	
Pneumococcal 23-valent polysaccharide (PPSV23) ⁸		1 or 2 doses depending on indication					1 dose
Hepatitis A ^{3,8}		2 or 3 doses depending on vaccine					
Hepatitis B ^{3,8}		3 doses					
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4) ^{10,11}		1 or more doses depending on indication					
Meningococcal B (MenB) ¹¹		2 or 3 doses depending on vaccine					
Haemophilus influenzae type b (Hib) ¹²		1 or 3 doses depending on indication					

¹Covered by the Vaccine Injury Compensation Program

Yellow box: Recommended for all persons who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection; zoster vaccine is recommended regardless of past episode of zoster

Purple box: Recommended for persons with a risk factor (medical, occupational, lifestyle, or other indication)

White box: No recommendation

²Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

³Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400. Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8:00 a.m. - 8:00 p.m. Eastern Time, Monday - Friday, excluding holidays.

⁴Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services. The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), the American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse-Midwives (ACNM).

Figure 2. Vaccines that might be indicated for adults aged 19 years or older based on medical and other indications¹

VACCINE	INDICATION	Pregnancy	Immuno-compromising conditions (excluding HIV infection) ^{2,3,4,5,6,7}	HIV infection CD4+ count (cells/ μ L) ^{8,9,10,11}	Men who have sex with men (MSM)	Kidney failure, end-stage renal disease, on hemodialysis	Heart disease, chronic lung disease, chronic alcoholism	Asplenia and persistent complement component deficiencies ^{12,13}	Chronic liver disease	Diabetes	Healthcare personnel
Influenza ^{2,3}				< 200	≥ 200						
Tetanus, diphtheria, pertussis (Td/Tdap) ^{4,5}		1 dose 10 days post pregnancy									
Varicella ^{6,7}		Contraindicated									
Human papillomavirus (HPV) Female ^{8,9}											
Human papillomavirus (HPV) Male ^{8,9}											
Zoster ⁴		Contraindicated									
Measles, mumps, rubella (MMR) ^{7,2}		Contraindicated									
Pneumococcal 13-valent conjugate (PCV13) ^{3,8}											
Pneumococcal polysaccharide (PPSV23) ⁸											
Hepatitis A ^{3,8}											
Hepatitis B ^{3,8}											
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4) ^{10,11}											
Meningococcal B (MenB) ¹¹											
Haemophilus influenzae type b (Hib) ¹²											

¹Covered by the Vaccine Injury Compensation Program

Yellow box: Recommended for all persons who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection; zoster vaccine is recommended regardless of past episode of zoster

Purple box: Recommended for persons with a risk factor (medical, occupational, lifestyle, or other indication)

White box: No recommendation

Red box: Contraindicated

²These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly recommended for adults aged ≥19 years, as of February 2016. For all vaccines being recommended on the Adult Immunization Schedule a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturer's package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/hcp/acip-recs/index.html). Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.



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



Summary of Participation Requirements

Participants agree to comply with a 317 Provider Agreement and Certification of Capacity to Store and Manage Vaccines.

- Vaccines will be administered only to eligible populations.

Eligible Populations:



- will be conducted and documented prior to vaccine administration.

Eligibility screening:



- Vaccines will be administered in compliance with adult ACIP immunization schedules.

ACIP Schedules:



- Patients cannot be billed for the cost of 317 vaccine. An administration fee of up to \$26.03 per vaccine dose may be charged to patients.

Fees:



- Current Vaccine Information Statements (VIS) will be offered

VIS:



- will be documented using an Immunization Registry, Electronic Health Record (EHR), or 317 Eligibility Screening Form

Vaccine administration documentation:



- Usage and inventory on-hand must be reported to CDPH.

Reporting:



- All records related to the 317 VFA Pilot project will be retained for three (3) years.

Record Retention:



- Standards for vaccine management will be followed.
- Must ensure adequate vaccine storage space for vaccines.

Vaccine Management:



- Organization will operate in a manner intended to avoid fraud and abuse. Authorized CDPH representatives may visit the site for Program compliance reviews.

Program Integrity:



Populations Eligible to Receive CA VFA (317) Vaccines

- Uninsured and underinsured adults, 19 years of age and older, served by the clinic.
 - Uninsured: A person without any health insurance coverage (public or private coverage).
 - Underinsured: A person who has health insurance, but the coverage does not include vaccines or a person whose insurance covers only selected vaccines.
- Not eligible to receive 317 vaccines
 - the insurance includes a high deductible or copay, or
 - if a claim for the vaccine cost & administration is denied because the plan's deductible had not been met.
 - Individual's insurance has cost-sharing. These individuals must pay out-of-pocket for immunizations.

Notes:

- Unlike the VFC Program, adults with Medi-Cal are considered insured, and therefore not eligible to receive 317 vaccines.
- Seniors without Medicare Part D are considered underinsured.

True or False POLL

*Medi-Cal beneficiaries are eligible for vaccination
under California VFA Program*

VACCINE ELIGIBILITY GUIDELINES

For FQHCs, FQHC Look-Alikes and Rural Health Centers (RHC) enrolled in the California Vaccines for Adults (VFA) and Vaccines for Children (VFC) Programs




	Vaccines for Children (VFC) Funded Vaccine	California Vaccines for Adults (VFA) 317-Funded Vaccine
Age	Children birth through 18 years of age meeting any of these eligibility criteria:	Adults 19 years of age and older meeting one of the following eligibility criteria:
Eligibility	<ul style="list-style-type: none"> - Medi-Cal/CHDP eligible - Uninsured (no health insurance) - Underinsured (health insurance does not cover vaccines or only covers select vaccines (only eligible at FQHCs and RHCs). - American Indian & Alaskan Native 	<ul style="list-style-type: none"> - Uninsured (no health insurance) - Underinsured (Eligible only if listed vaccines are not covered by insurance) <p>Note: Fully insured adults are not eligible to receive VFA vaccines (adults enrolled in Medi-Cal/Medi-Cal managed care plans are considered fully insured).</p>
Vaccine	<ul style="list-style-type: none"> ✓ DTaP ✓ Hepatitis A ✓ Hepatitis B ✓ Hib ✓ HPV ✓ Influenza ✓ Meningococcal Conjugate (MCV4) ✓ Meningococcal B (MenB) ✓ MMR ✓ Pneumococcal Conjugate (PCV13) ✓ Pneumococcal Polysaccharide (PPSV23) ✓ Polio (IPV) ✓ Rotavirus ✓ Td ✓ Tdap ✓ Varicella 	<ul style="list-style-type: none"> ✓ Hepatitis A ✓ Hepatitis B¹ ✓ HPV ✓ Meningococcal Conjugate (MCV4) ✓ MMR ✓ Pneumococcal Conjugate (PCV13) ✓ Pneumococcal Polysaccharide (PPSV23) ✓ Td ONLY when Tdap is not indicated² ✓ Tdap² ✓ Varicella ✓ Zoster

¹If patient has Medicare Part B but does not have Medicare Part D, then patient is only covered if patient is considered low-risk for contracting Hepatitis B.

²Includes patients that have Medicare Part B but do not have Medicare Part D, and do not have a wound.



Eligibility Screening and Documentation

317 Eligibility Screening Record for Adult Patients 

Patient Information				
Patient Name	Last	First	Mi	Date
Date of Birth				
Provider Name				

Determine if the patient named above is eligible to receive Section 317-funded vaccines at each immunization visit. Write the screening date and check appropriate Eligibility Status Verification Category in the section below.

- ✓ The patient named above **is eligible** to receive Section 317-funded vaccines. He/she meets one of the following criteria:
 - Is 19 years of age or older and Uninsured -patient does not have health insurance.
 - Is 19 years of age or older and Under-Insured -patient has health insurance, but it: *Does not cover vaccines, does not cover certain vaccines, or covers vaccines with a fixed dollar limit which has been reached.*
 - Is 65 years of age or older and Under-Insured:
 - Patient has Medi-Care Part B, but NOT Part D – PATIENT OK for Zoster
 - Patient has Medi-Care Part D, but NOT Part B – PATIENT OK for PCV 13
- ✓ The patient named above **is not eligible** to receive Section 317-funded vaccines because he/she:
 - Has health insurance that pays for vaccines. Adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured.
 - Is 65 years of age or older and patient has both Medi-Care Part B and Part D.

Eligibility Status Verification					
Screening Date	Eligible for 317-funded vaccines			Not Eligible for 317-funded vaccines	
	Uninsured, 19 years of age or older	Under-Insured, 19 years of age or older	Under-Insured, 65 years of age or older	Has health insurance that pays for vaccines	Is 65 years of age or older and patient has both Medi-Care Part B and Part D

Notes

- 1) This form documents the eligibility status of the patient named above.
- 2) 317 eligibility screening and documentation of eligibility status must take place at every immunization visit to ensure eligibility status has not changed.
- 3) Verification of responses is not required.
- 4) The health care provider must keep this record for the 317-eligible adult for no less than three (3) years and make it available to state or federal officials for review upon request.

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CDPH 8523 (10/2015) IMM-317

- Eligibility screening must be conducted and documented prior to vaccine administration
 - Paper-based
 - Registry
 - Or EHR



Vaccine Ordering and Tracking

- 317 vaccine ordering should be done via MyVFCvaccines
- An ordering page dedicated to My317Vaccines will be made available to VFA program participants (expected completion: Summer 2016)

Placing 317 Vaccine Orders

The VFA 317-funded vaccine ordering process is similar to the VFC ordering process.

- Log-in to your [MYVFCVaccines](#) account.
- Enter your VFC PIN and ZIP Code
- Click on the button labeled "Order 317 Vaccine"
- Confirm that your Practice Delivery Information is correct
- For your initial order, select the vaccine from the drop-down and enter the number of doses you would like to request.
- Future orders will require that you enter 317 doses administered and 317 doses on hand.
- Click Preview to review the order and make any corrections if necessary.
- Click Submit to place your order.

Go to
EZIZ.org/myvfcv
accines



The screenshot shows the EZIZ website interface. At the top left is the EZIZ logo featuring a family and the text 'EZIZ'. To the right is a search bar with the Google logo and the tagline 'A one-stop shop for immunization'. Below the logo is a green navigation menu with the following items: Home, EZIZ Training, VFC Program, Storage & Handling, Resources, and Contact VFC. The phone number 1-877-243-8832 is listed below the menu. The main content area is titled 'California VFC Program' and contains several links: 'About the VFC Program', 'Requirements for Refrigerators and Freezers', 'VFC Forms', 'EZIZ Training', 'Order, Transfer, or Return Vaccines' (highlighted with a red box), and 'Job Aids'. There are also icons for 'New Lessons!' and 'myVFC VACCINES'.

Enter your VFC
PIN and Zip Code
to access the 317
order form



The screenshot shows the 'myVFCVACCINES' login page. At the top is the logo for 'myVFCVACCINES' with a smiley face icon. Below the logo is the text 'WELCOME TO CALIFORNIA'S VFC PROGRAM PROVIDER SITE'. The login form consists of two input fields: 'PIN:' and 'Zip Code:'. Below these fields is a 'Sign On' button. At the bottom of the page, there is a note: 'If you have trouble signing on, call our VFC toll-free line at: 1-877-243-8832 (877-2GET-VFC). You must be actively enrolled in the VFC Program to sign on to your account.'



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

Contact VFC

Phone: 1-877-243-8832
 Business hours: 8:30-5
 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



myVFCVACCINES

MAIN PAGE

Izzy the Bear- Pediatrics MD
PIN: 888888

Order confirmation email: megan.brunner@cdph.ca.gov
Add'l order confirmation email: megan.brunner@cdph.ca.gov
Phone: (877) 243-8832
Address: 850 Marina Bay Pkwy Ste 1
 Richmond, CA 94804

Provider of Record: Test Provider
Provider of Record email: megan.brunner@cdph.ca.gov
Vaccine Coordinator: Test Provider
Vaccine Coordinator email: megan.brunner@cdph.ca.gov

[Key Practice Staff Change Request](#)

Delivery Information:

	Open (From/To)	Lunch/Closed (From/To)
Monday	To	To
Tuesday	To	To
Wednesday	To	To
Thursday	8AM To 5PM	12PM To 1PM
Friday	To	To

Provider Category: High Volume
Order Frequency: Monthly

[Update Practice Information >>](#)

Orders

- Order VFC Vaccine
- Order 317 Vaccine**
- View Order History
- View Shipping History
- Log Out

Inventory

- Enter Returns & Transfers
- View Returns & Transfers
- [Vaccine Inventory Form](#)
- [Vaccine Usage Form](#)
- [Video Demo](#) | [PDF](#)

Recertification

- Submit Recertification
- Storage and Handling**
- All information inputted will be saved under your VFC Provider Account
- Report/View Excursions

317 Vaccine Order Form for PIN 999999, Test Practice.

317 Vaccines	317 Doses Administered Enter -0- for no doses	317 Vaccine Inventory (Doses On Hand) Enter -0- for no doses	New 317 Vaccine Order
<i>Refrigerated vaccines</i>			
Hepatitis A	<input type="text" value="317"/>	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/dd/yyyy) Add More	--Choose vaccine-- <input type="text" value="0"/> Add More
Hepatitis B	<input type="text" value="317"/>	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/dd/yyyy) Add More	--Choose vaccine-- <input type="text" value="0"/> Add More
HPV	<input type="text" value="317"/>	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/dd/yyyy) Add More	Adult Gardasil 9 Single Dose Vials - 10 Per Box <input type="text" value="0"/>
Meningococcal Conjugate	<input type="text" value="317"/>	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/dd/yyyy) Add More	--Choose vaccine-- <input type="text" value="0"/> Add More
Pneumococcal Conjugate	<input type="text" value="317"/>	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/dd/yyyy) Add More	Adult Prevnar 13 Single Dose Syringes - 10 Per Box <input type="text" value="0"/>
Pneumococcal Polysaccharide	<input type="text" value="317"/>	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/dd/yyyy) Add More	Adult Pneumovax Single Dose Syringes - 10 Per Box <input type="text" value="0"/>
Tdap	<input type="text" value="317"/>	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/dd/yyyy) Add More	--Choose vaccine-- <input type="text" value="0"/> Add More
<i>317 Vaccines Stored in the Freezer</i>			
Zoster	<input type="text" value="317"/>	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/dd/yyyy) Add More	Adult Zostavax Single Dose Vials - 10 Per Box <input type="text" value="0"/>
Varicella	<input type="text" value="317"/>	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/dd/yyyy) Add More	Adult Varivax Single Dose Vials - 10 Per Box <input type="text" value="0"/>
MMR	<input type="text" value="317"/>	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/dd/yyyy) Add More	Adult MMR Single Dose Vials - 10 Per Box <input type="text" value="0"/>
*** Special Order Vaccines *** <i>The following vaccines are not routinely recommended vaccines and are only intended for certain high-risk patients. For additional information, please refer to communications posted on eziz.org</i>			
Td	<input type="text" value="317"/>	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/dd/yyyy) Add More	--Choose vaccine-- <input type="text" value="0"/> Add More

Comments (optional):

(Maximum characters: 200). You have 200 characters left.

- Have you returned or transferred 317 vaccines during this ordering period? Yes: No:
- By checking this box, I acknowledge that I have authority to submit this vaccine request on the facility's behalf.

Preview

Save For Later



Vaccine Ordering and Tracking

- Initial order: **two-month** supply of 317-funded vaccines submitted by June 30, 2016.
- Subsequent orders: submitted on a monthly basis.

Vaccine Shipments

- VFA (317-funded) vaccines and VFC ordered vaccines will arrive in the same shipping container **if the order is placed at the same time.**
- Although these doses will not be individually identified as VFC and/or 317 vaccines, the shipment's packing slip will clearly identify which vaccines are VFC and/or 317-funded based on the order ID, lot number, and funding source.

McKesson Specialty Care Dist.
4100 Quest Way
Memphis, TN 38115

Packing Slip

This is not an invoice

Page 1 of 2

Provider PIN: CAA07777
Delivery Number: 201186744
Quality Check Date: 09/24/2013
Customer Contact: EMILY CARROLL

Ship-to:

Happy Valley Pediatrics
Attn: Pediatric Room
12345 Valley Street
Richmond, CA
(123) 456-7891

Awardee:

California Department of Public Health
Immunization Program
850 Marina Bay Parkway, Building P
Richmond, CA
(877) 243-8834

Internal use only



VFC
doses

317
doses

NDC	Customer P.O.	Material Description Manufacturer	MFR Lot#	Exp. Date	VFC Doses	317 Doses	State Doses	CHIP Doses	Order Qty	Ship Qty	Unit Price	Extended Price
49281-0400-15	0503965322	TDAP, SYR; 5-pack SANOFI PASTEUR INC	U3049AA	12/30/2014	25	20	5	0	50	50	\$30.41	\$1,520.50
58160-0820-11	0503965322	HEP B (PED); SDV; 10-pack GLAXO SMITHKLINE	AFLUA239CA	12/30/2014					50	50		
58160-0820-11	0503965322	HEP B (PED); SDV; 10-pack GLAXO SMITHKLINE	CCB060283	12/31/2014					50	50		
					40	30	15	15	100	100	\$10.93	\$1,093.00
Total									250	250		\$2,613.50

This vaccine was purchased with public (state, local, and/or federal) funds and may be administered only to patients eligible to receive publically-funded vaccine.

If you have questions about your order, or to retrieve a pedigree document for Rx product received on this packing list, please contact your Immunization Program for assistance.

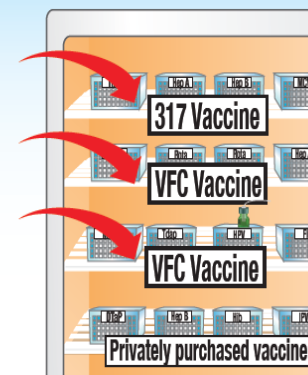
Vaccine Shipments

Label vaccines received according to their funding source, and store them in the pre-designated shelf/area of the vaccine storage unit.



Determine which vaccine is 317 vaccine.

Separate and clearly label 317, VFC, and privately purchased stock. Many practices keep vaccines on different shelves to avoid mixing inventory.



Storage and Handling



Skilled
trained staff

Written Routine and
Emergency Vaccine
Management Plans

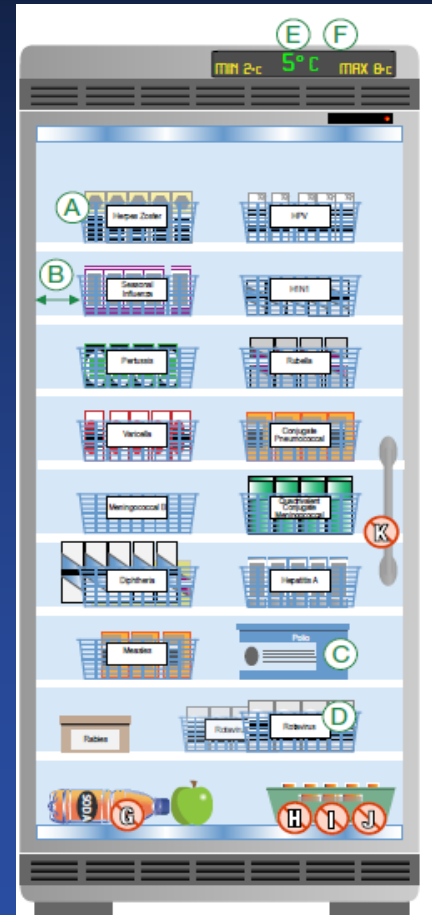
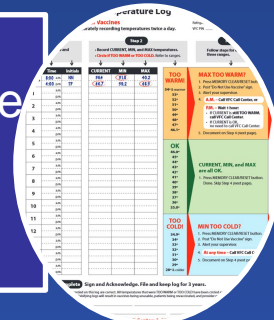


Appropriate vaccine
storage units

Accurate
temperature
monitoring
equipment



Proper temperature
monitoring AND
documentation



Reporting

- First report due date - October 1, 2016
- Submission frequency - Every two months following the first due date
- Reported data - At minimum, doses used and doses on hand
- Additional reporting elements to be announced prior to the due date of the first report

Tracking and Reporting

Forms

➤ [317 Funded Adult Vaccines Daily Usage Log \(IMM-1228\)](#)


➤ [317 Funded Adult Vaccines Physical Inventory Form \(IMM-1227\)](#)

317 Adult Vaccines Daily Usage Log		Date: _____		VFA California Vaccines for Adults		CDPH						
Ordering Period: _____ to _____												
INSTRUCTIONS: Keep this log where you store Ca VFA / 317 vaccines. Fill in today's date, patient info, and make a check for each vaccine you use. At the end of the day add up the checks. This is your Daily Total. When you prepare to order vaccines, add up the Daily Totals and report it as the number of doses administered during the ordering period. File Usage Log for reference.												
Today's Date	Patient Name (or medical record)	Date of Birth	Hep A VAQTA Havrix	Hep B Engerix Recom- bivax B	HPV Gardasil 9	MCV4 Menactra Menveo	PCV13 Pneumovax	Td Tenivac	Tdap Adacel Boostrix	MMR	Varicella VARIVAX	Zoster Zostavax
Daily Total:												
Order Period Total:												
Log taken by: _____												

317 Adult Vaccines PHYSICAL INVENTORY FORM			VFA California Vaccines for Adults	CDPH	
DATE: _____					
INSTRUCTIONS: 1. Complete this form before you order 317 vaccines. 2. Transfer all lot numbers, expiration dates, and total doses on hand of all vaccines on this form to the 317 Vaccine Order Form.					
REFRIGERATOR					
VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND
Hep A	<input type="checkbox"/> VAQTA-vials	10			
	<input type="checkbox"/> VAQTA-syringes	10			
	<input type="checkbox"/> Havrix-vials	10			
	<input type="checkbox"/> Havrix-syringes	10			
Hep B	<input type="checkbox"/> ENGERIX B-vials	10			
	<input type="checkbox"/> ENGERIX B-syringes	10			
	<input type="checkbox"/> RECOMBIVAX-vials	10			
	<input type="checkbox"/> RECOMBIVAX-syringes	10			
HPV	<input type="checkbox"/> Gardasil 9-vials	10			
IPV	<input type="checkbox"/> IPOL-vials	10			
MCV4	<input type="checkbox"/> Menactra-vials	5			
	<input type="checkbox"/> Menveo-vials	5			
PCV13	<input type="checkbox"/> Pneum-syringes	10			
Td	<input type="checkbox"/> Tenivac-vials	10			
	<input type="checkbox"/> Tenivac-syringes	10			
Tdap	<input type="checkbox"/> ADACEL-vials	10			
	<input type="checkbox"/> ADACEL-syringes	5			
	<input type="checkbox"/> BOOSTRIX-vials	10			
	<input type="checkbox"/> BOOSTRIX-syringes	10			
FREEZER					
MMR	<input type="checkbox"/> MMR-8-vials	10			
Varicella	<input type="checkbox"/> VARIVAX-vials	10			
Zoster	<input type="checkbox"/> Zostavax-vials	10			



Program Materials and 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

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Frequently Asked

California VFC Program



- About the VFC Program
- Requirements for Refrigerators and Freezers
- VFC Forms
- EZIZ Training
- Order, Transfer, or Return Vaccines
- Job Aids

New

- About the California Vaccines for Adults (VFA) Program
- California VFA Resources
- California Immunization Registry (CAIR) Is Moving
- 2016 Temperature Logs and Job Aids
- Thermometer Calibration Requirements
- Digital Data Loggers

Popular Links

- Printable Materials for Patients and Staff
- Pertussis Materials
- Flu and Respiratory Disease Prevention Materials
- Schedules & Recommendations
- VFC Vaccine Fact Sheets
- Vaccine Information Statements
- 317 Resources and Communications for Local Health Departments
- Links to Other Websites

VFC Memos

VFC Memos	Vaccine Order Status	From CDPH
2016		
• VFC Pentacel® Vaccine Supply Delay – Status Update May 27		
• VFC Customer Service Center Closures and Supplemental Flu Ordering May 24		
• Vaccine Tips – Data Logger Reminder May 11		
• Vaccine Tips – Protect your Vaccines April 15		
• 2016 Recommended Immunization Schedule for Persons 0–18 Years April 8		
• VFC Customer Service Center Closed for Cesar Chavez Holiday March 23		
• Vaccine Tips – Receiving Vaccine Shipments March 21		
• Vaccine Tips – Recertification Reminder February 5		
• VFC Flu Update – Flu Season Begins: Severe Influenza February 4		
• 2016 VFC Recertification Reminder, Vaccine Supply Update, and February Call Center Schedule January 28		
• Vaccine Tips – Happy New Year January 22		
• VFC Letter: 2016 Recertification January 14 <ul style="list-style-type: none">Recertification Instructions		





- 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



California Vaccines for Adults Program/317

PROGRAM OVERVIEW

Through the California Vaccines for Adults (VFA) Program, eligible Federally Qualified Health Centers (FQHC)/FQHC Look-Alikes/Rural Health Centers (RHC) in the state applied to receive adult vaccines in order to provide free or low-cost immunizations to uninsured or underinsured adults (19 years of age and older). Vaccines supplied through this program are funded with limited federal Section 317 funding. The number of approved doses is based on available funding and received requests. The program timeframe is for a one-year period (and will be extended as funding permits).

The purpose of the California VFA Program is to expand access to 317-funded vaccines to FQHCs/FQHC Look-Alikes and RHCs that are already providing healthcare services to uninsured and underinsured adult populations; integrate immunizations as part of routine adult care; and learn about essential aspects of coordinating adult immunization services within FQHCs and RHCs.

We are currently NOT accepting applications.

PROGRAM ELIGIBILITY

Federally Qualified Health Centers, FQHC Look-Alikes, and Rural Health Centers are eligible if they can demonstrate:

- Current and active participation in the California Vaccines for Children Program (VFC);
- Experience providing a safety net for uninsured and underinsured adults;
- Current participation in an Immunization Information System (e.g., California Immunization Registry – CAIR) or use of an Electronic Health Record (EHR).

NOTE: FQHC/RHC organizations with satellite sites serving adult populations that are not enrolled in the VFC Program may apply to receive 317 doses; however, the site may require a new enrollment approval site visit.

Eligible Populations

Adults, 19 years of age and older, served by the clinic, who are:

- Uninsured: An adult without any health insurance coverage (public or private coverage).
- Underinsured: An adult who has health insurance, but the coverage does not include vaccines or a person whose insurance covers only selected vaccines.

Note: Fully insured adults are not eligible to receive VFA vaccines (adults with Medi-Cal coverage are considered insured and are therefore not eligible to receive 317-funded vaccines since the Medi-Cal program covers all ACIP-recommended immunizations). Refer to [California VFA/VFC Vaccine Eligibility Guidelines](#) for more information.

PROGRAM REQUIREMENTS

In order to participate in the California Vaccines for Adults (VFA) Program, organizations will agree to comply with program requirements outlined in the **2016 Vaccines for Adults Program Provider Agreement** and the **Certification of Capacity to Store and Manage Vaccines**. Program requirements of particular importance are the following:

- Have appropriate vaccine storage units
- Use VFA-compliant continuous temperature monitoring devices
- Manually check and record temperatures twice a day

<http://eziz.org/vfa-317/>



Do I qualify for no-cost or low-cost vaccines through the California Vaccines for Adults (VFA) program?



A one-stop shop



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

California VFA Resources

Forms

- 317 Eligibility Screening Record for Adult Patients | Spanish
- Vaccine Receiving Log and Checklist
- How to Do a Physical Inventory
- Physical Inventory Form
- Daily Usage Log
- Frozen Vaccine Transport Log
- Refrigerated Vaccine Transport Log

Training

- EZIZ training

Resources and Job Aids

- California VFA/VFC Vaccine Eligibility Guidelines
- California VFA Patient Flyer
- Storage and Handling
- Vaccine Administration
- Schedule and Recommendations
- Immunization Materials for Staff and Patients
- Screening Checklist for Contraindications to Vaccines for Adults (IAC)
- Immunization Adult Patient Intake Form (CDC)

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
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 VFC letters
 via email!



You may be eligible to receive no-cost or low-cost¹ vaccines at your doctor's office or local clinic if you:

- Are 19 years of age or older
- Are uninsured (have no health insurance)²
- Are underinsured³

Vaccines are one of the safest and most effective ways to protect your health and your family's health.

Ask your doctor's office or local health clinic about the VFA Program today!

State of California Vaccines for Adults (VFA) Program:
 Phone: (877) 243-8832



¹Providers may charge up to \$26.03 per dose.
²Adults enrolled in Medi-Cal/Medi-Cal managed care plans do not qualify for VFA.
³Underinsured means you have health insurance, but it doesn't cover vaccines, only covers some vaccines, or has a fixed dollar limit for vaccines. You may be eligible for certain vaccines if you do not have Medicare Part D.

<http://eziz.org/assets/docs/IMM-1223ES.pdf>





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Immunization Promotional Materials for Staff and Patients

- + **Children**
- + **Preteens**
- **Adults**
 - You May be at High-risk for Pneumonia Flyer for Adults | Spanish
 - If You are 65+, You Need 2 Pneumonia Shots flyer | Spanish | Chinese
 - Hepatitis B brochures (Asian Liver Center)
 - Meningococcal flyer for College Students
 - HPV fact sheet for Young Adults (CDC)
 - **Adult Vaccination Resources for Clinics (Immunization Action Coalition)**
 - **Immunization Education Resources for Adults (CDC)**
 - **Resources in Implementing the Standards for Adult Immunization Practice (CDC)**
 - For college students: Don't Let Mumps Spoil Your Fun infographic (CDC)
- **Pregnant Women**
 - Flu and Whooping Cough poster for Pregnant Women | Spanish | Chinese
 - Expecting? Protect Yourself and Your Baby Against Flu and Whooping Cough flyer | Spanish | Chinese
 - Immunizations for a Healthy Pregnancy brochure | Spanish | Chinese
 - RX Pad for Prenatal Tdap and Flu Immunizations

- More:**
- Parent Education (Vaccine Safety)
 - Measles & Travel
 - Pertussis (Whooping Cough)
 - Flu
 - Vaccine Information Statements (Immunization Action Coalition)
 - Schedules and Recommendations

Printed copies of many of these materials can be ordered from your local health department. Check with the [immunization program](#) in your area.

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

Fact:
Flu viruses circulate all year, even in summer.
Think you know the flu?
Test your Flu IQ!
www.cdc.gov/flu



Other Resources to Promote Adult Immunizations in Your Practice

<http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

<http://eziz.org/assets/docs/IMM-1146.pdf>

Recommended Adult Immunization Schedule—United States - 2016
 Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended immunization schedule for adults aged 19 years or older, by vaccine and age group¹

Vaccine	19-21 years	22-49 years	50-64 years	65-69 years	70 years
Influenza ²	1 dose annually	1 dose annually	1 dose annually	1 dose annually	1 dose annually
Tetanus, diphtheria, pertussis (Td/Tdap) ³	Substitute Tdap for Td once, then Td booster every 10 yrs	2 doses	2 doses	2 doses	2 doses
Varicella ⁴	2 doses	2 doses	2 doses	2 doses	2 doses
Human papillomavirus (HPV) (male) ⁵	3 doses	3 doses	3 doses	3 doses	3 doses
Human papillomavirus (HPV) (female) ⁶	3 doses	3 doses	3 doses	3 doses	3 doses
Zoster ⁷	1 dose	1 dose	1 dose	1 dose	1 dose
Measles, mumps, rubella (MMR) ⁸	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication
Pneumococcal 13-valent conjugate (PCV13) ⁹	1 dose	1 dose	1 dose	1 dose	1 dose
Pneumococcal 23-valent polysaccharide (PPSV23) ¹⁰	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication
Hepatitis B ¹¹	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine
Hepatitis E ¹²	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine
Human papillomavirus (HPV) (male) ⁵	3 doses	3 doses	3 doses	3 doses	3 doses
Human papillomavirus (HPV) (female) ⁶	3 doses	3 doses	3 doses	3 doses	3 doses
Measles, mumps, rubella (MMR) ⁸	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication
Pneumococcal 13-valent conjugate (PCV13) ⁹	1 dose	1 dose	1 dose	1 dose	1 dose
Pneumococcal 23-valent polysaccharide (PPSV23) ¹⁰	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication
Hepatitis B ¹¹	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine
Hepatitis E ¹²	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine	2 or 3 doses depending on vaccine
Human papillomavirus type 9 (HPV) ¹³	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication	1 or 2 doses depending on indication

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS) Reporting forms and instructions on filing a VAERS report are available at www.cdc.gov/vaers or by telephone, 800-338-2382. To file a claim for vaccine injury compensation, visit www.hrsa.gov/oig/compensation or by telephone, 800-338-2382. To file a claim for vaccine injury compensation, visit www.hrsa.gov/oig/compensation or by telephone, 800-338-2382. To file a claim for vaccine injury compensation, visit www.hrsa.gov/oig/compensation or by telephone, 800-338-2382.

<http://eziz.org/assets/docs/IMM-887.pdf>

Figure 2. Vaccines that might be indicated for adults aged 19 years or older based on medical and other indications¹

Vaccine	Indication	Age group	Number of doses	Interval between doses	Notes
Influenza ²	Annual	19 years and older	1 dose	Annually	
Tetanus, diphtheria, pertussis (Td/Tdap) ³	Substitute Tdap for Td once, then Td booster every 10 yrs	19 years and older	2 doses	10 years	
Varicella ⁴	Contraindicated	19 years and older	2 doses	4-8 weeks	
Human papillomavirus (HPV) (male) ⁵	3 doses through age 26 yrs	19-26 years	3 doses	0-2 months, 2-6 months, 6-12 months	
Human papillomavirus (HPV) (female) ⁶	3 doses through age 26 yrs	19-26 years	3 doses	0-2 months, 2-6 months, 6-12 months	
Zoster ⁷	Contraindicated	19 years and older	1 dose	Annually	
Measles, mumps, rubella (MMR) ⁸	Contraindicated	19 years and older	1 or 2 doses depending on indication	1-2 months	
Pneumococcal 13-valent conjugate (PCV13) ⁹	1 dose	19 years and older	1 dose	Annually	
Pneumococcal polysaccharide (PPSV23) ¹⁰	1, 2, or 3 doses depending on indication	19 years and older	1, 2, or 3 doses	1-2 months	
Hepatitis B ¹¹	2 or 3 doses depending on vaccine	19 years and older	2 or 3 doses	1-2 months	
Hepatitis E ¹²	2 or 3 doses depending on vaccine	19 years and older	2 or 3 doses	1-2 months	
Human papillomavirus type 9 (HPV) ¹³	1 or 2 doses depending on indication	19 years and older	1 or 2 doses	1-2 months	

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

PROTECT yourself & your growing family

Like most moms-to-be, you want to give your baby a healthy start in life. Shots (also called immunizations) are a safe way to protect you and your baby from some harmful diseases.



Get up-to-date on the shots you need for a healthy pregnancy and baby.

Want to learn more?
 For more information, talk with your doctor or nurse. You can also visit or call:
PregnancyShotsCA.org
Vaccines.gov
ImmunizationForWomen.org
(800) CDC-INFO / (800) 232-4636

IMMUNIZATIONS for a Healthy Pregnancy



Free copies of this material may be available at your local health department: <http://bit.do/immunization>
 California Department of Public Health
 Center for Infectious Diseases
 California Communicable Disease Control
 Immunization Branch
 800 Marina Bay Parkway
 Redwood, CA 94064
 This publication was supported by Grant Number 5U49CE000209 from the Centers for Disease Control and Prevention (CDC).
 IMM-887 (2/15)



Is flu really dangerous?
 Yes. If you get the flu, it is not the same as getting a common cold. You can still get the flu even if you are healthy and active. Flu can lead to serious complications such as high fever, pneumonia, and even death for both you and your baby.¹

How common are these diseases?
 Millions of Californians get flu each year, and about 1,300 babies under 6 months of age are hospitalized due to flu in California.² In 2014, over 11,000 people in California became ill with whooping cough, hundreds were hospitalized, and three infants died. In 2010, almost 10,000 Californians caught whooping cough, and 10 infants died. Tragically, more than 70% of cases hospitalized were babies younger than 6 months old.⁴

How dangerous is whooping cough?
 For adults, coughing fits can last for months and lead to vomiting, trouble sleeping, and even broken ribs. Whooping cough is highly contagious and can easily spread to others, including babies.⁵
 For babies, catching whooping cough can lead to trouble breathing (turning blue or gasping for air), pneumonia, hospitalization, and death.⁶

Babies most often get whooping cough from their family members, including their mothers.⁶

- Flu Shot**
Get vaccinated as early as possible during the flu season (August-May) every year.^{1,7,8}
- Whooping Cough (Tdap) Shot**
Get vaccinated during your third trimester—27 to 36 weeks of pregnancy—even if you got the shot before becoming pregnant. You will need to get the Tdap shot during every pregnancy.^{11,12}

California Department of Public Health, Immunization Branch - eziz.org
 IMM-1146 (4/15)



CDC's Adult IZ Resources

<http://www.cdc.gov/vaccines/hcp/adults/index.html>

Adult Vaccination Resources

Vaccines for Adults [f](#) [t](#) [+](#)

For Provider Practices +
For Educating Patients +
For Partners +

Adult Vaccination Information for Healthcare and Public Health Professionals

Healthcare professionals are the most valued and trusted source of health information for adults. Research shows that most adults believe vaccines are important and that a recommendation from their healthcare professional is the strongest predictor of adults getting vaccinated. CDC is committed to working with healthcare professionals to improve adult vaccination rates and reduce the number of missed opportunities for vaccinations.

Spotlight

- Adult Immunization Schedules, 2016
- MMWR: Vaccination Coverage Among Adults – U.S., 2014
- HHS releases National Adult Immunization Plan [↗](#)

For Provider Practices

Information and tools to help you and your practice stay up-to-date on vaccination standards and practices.

- Current Immunization Schedules
- Standards for Adult Immunization Practice
- Strategies for Increasing Adult Vaccination Rates
- Resources for Insurance and Payment
- Travel Vaccine Recommendations
- NFID Adult Immunization Resources [↗](#)

For Educating Patients

Resources to help you educate your adult patients about vaccination.

- Resources for:
 - All Adults
 - Older Adults
 - Adults with Chronic Conditions
 - Pregnant Women
 - Travelers
 - Healthcare workers
 - Spanish Speakers
- Disease-specific resources
- Easy-to-read immunization schedule
- Adult Vaccine Quiz

[More](#)

Resources for Community and Media Outreach

Adult Vaccination Resources

Vaccines for Adults [CDC > Vaccines for Adults > For Educating Patients](#)

Educating Adult Patients: Vaccination Resources

[f](#) [t](#) [+](#)

These resources are free for you to use to inform and educate adults about immunization.

Adult Vaccination Patient Handouts

You can print these materials about adult vaccination and give them to patients prior to their appointments or suggest they be taken home to read.

On this Page

- Patient Handouts
- Flyers/Posters/Print Ads
- Videos
- Radio PSAs
- Web Buttons and Banners
- Ready to Publish Articles
- Sample Tweets and Social Media Posts

Vaccines: Know What You Need [↗](#) (2 pages) **UPDATED SEP 2015**

Provides an overview of vaccines recommended for adults based on age, health conditions, and other factors. Size and orientation: 8-1/2" x 11", portrait, color. Suitable for printing on your office printer.

[Order free copies](#) of this patient handout. (Order limits apply. Allow ample time for shipping.)

3 Important Reasons for Adults to Get Vaccinated [↗](#) (2 pages) **UPDATED AUG 2015**

Provides compelling reasons for adults to get vaccinated as well as a chart of vaccine-preventable diseases and how they can affect adults. Size and orientation: 8-1/2" x 11", portrait, color. Suitable for printing on your office printer.

[Order free copies](#) of this patient handout. (Order limits apply. Allow ample time for shipping.)

Adult Immunization Patient Intake Form [↗](#) (2 pages) **UPDATED FEB 2015**

Distribute the form to your adult patients at appointment check-in to help facilitate the vaccine conversation. Customizable for your practice's contact information. Size and orientation: 8-1/2" x 11", portrait. Suitable for printing on your office printer.

Recommended Immunization Schedule for Adults

Easy-to-read schedule of recommended vaccines. Size and orientation: 8-1/2" x 11" landscape, color. 2 sides.

<http://www.cdc.gov/vaccines/hcp/adults/for-patients/adults-all.html>

INFORMATION FOR ADULT PATIENTS

2016 Recommended Immunizations for Adults: By Age

If you are this age, talk to your healthcare professional about these vaccines

If you are this age, ↓	Flu influenza	Td/Tdap Tetanus, diphtheria, pertussis	Shingles Zoster	Pneumococcal		Meningococcal		MMR Measles, mumps, rubella	HPV Human papillomavirus		Chickenpox Varicella	Hepatitis A	Hepatitis B	Hib Haemophilus influenzae type b
				PCV13	PPSV23	MenACWY or MPSV4	MenB		for women	for men				
19 - 21 years	Green	Green		Blue	Blue	Blue	Blue	Green	Green	Green	Blue	Blue	Blue	
22 - 26 years	Green	Green		Blue	Blue	Blue	Blue		Green	Blue	Blue	Blue	Blue	
27 - 49 years	Green	Green		Blue	Blue	Blue	Blue	Green			Blue	Blue	Blue	
50 - 59 years	Green	Green		Blue	Blue	Blue	Blue	Green			Blue	Blue	Blue	
60 - 64 years	Green	Green	Green	Blue	Blue	Blue	Blue				Blue	Blue	Blue	
65+ year	Green	Green	Green	Blue	Blue	Blue	Blue				Blue	Blue	Blue	

More Information:

You should get flu vaccine every year.

You should get a Td booster every 10 years. You also need 1 dose of Tdap. Women should get a Tdap vaccine during every pregnancy to protect the baby.

You should get shingles vaccine even if you have had shingles before.

You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.

You should get this vaccine if you did not get it when you were a child.

You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.



Recommended For You: This vaccine is recommended for you unless your healthcare professional tells you that you cannot safely receive it or that you do not need it.



May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines. Ask your healthcare professional about which vaccines you may need at least 6 weeks before you travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines



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

CS300412

Immunization Action Coalition's Adult IZ Resources

<http://www.immunize.org/handouts/adult-vaccination.asp>

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Immunization Action Coalition


Handouts for Patients & Staff | Clinic Resources | Vaccine Information Statements | Diseases & Vaccines | Talking about Vaccines | Topics

IAC HOME

IAC Publications: Vaccinate Adults

Vaccinate Adults is a publication written for health professionals who provide services for adults. Every issue includes the Ask the Experts feature by CDC experts who answer challenging and timely questions about vaccines and their administration and copyright-free print materials from IAC to photocopy and hand out to clinic staff and patients. The technical content of *Vaccinate Adults* is reviewed for accuracy by CDC. [Subscribe to Vaccinate Adults - it's free!](#)

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The Vaccine Handbook: A Practical Guide for Clinicians The Vaccine Handbook or "The Purple Book" is a uniquely comprehensive source of practical, up-to-date information for vaccine providers and educators. Available as a book or App.	15
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[HOW TO CITE IAC](#) | [DISCLAIMER](#) | [ERRATA](#) [Adobe Reader® required](#) | [PDF Help](#)

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This page was reviewed on May 24, 2016.

VACCINATE ADULTS!

What's in This Issue

Use Standing Orders to Increase Coverage Rates and Protect Patients

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 **Needle Tips**
For health professionals providing services to adults
[LATEST ISSUE](#) | [SUBSCRIBE](#)

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Handouts: Clinic Resources

Adult Vaccination

Administering Vaccines

Adult Vaccination

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- >> Patient-friendly schedules
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- >> Standing orders
- >> Vaccine summaries
- >> Vaccine recommendations

Documenting Vaccination

Parent Handouts

Patient Schedules

Questions and Answers

Recommendations

Screening Questionnaires

Standing Orders

Storage and Handling

Supplies Checklist

Temperature Logs

Vaccine Reactions

Vaccine Summaries

Adults: Administering Vaccines

Administering Vaccines to Adults: Dose, route, site, and needle size
One-page reference table [#P3084]

Guide to contraindications and precautions to commonly used vaccines in adults
One-page table listing contraindications and precautions [#P3072]

How to administer intramuscular and subcutaneous vaccine injections to adults
One-page information sheet with illustrations [#P2020A]

How to administer intradermal, intranasal, and oral vaccinations
This piece is for providers, and shows how to administer intradermal, intranasal, and oral vaccinations [#P2021]

How to administer intramuscular, intradermal, and intranasal influenza vaccines
This piece is for providers, and shows how to administer intramuscular, intradermal, and intranasal influenza vaccines [#P2024]

Supplies you may need at a community adult immunization clinic
One-page form, lists vaccines, VISA, supplies, and emergency kit [#P3047]

Vaccine administration record for adults
Document vaccinations using this handy form and put it in the front of each patient's medical chart [#P2023]

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Adults: Documenting Vaccination

Declination of influenza vaccination
Form for healthcare worker signature and date, lists important reasons for annual influenza vaccination and consequences of vaccine refusal [#P4068]
Languages: SPANISH

Vaccine administration record for adults
Document vaccinations using this handy form and put it in the front of each patient's medical chart [#P2023]

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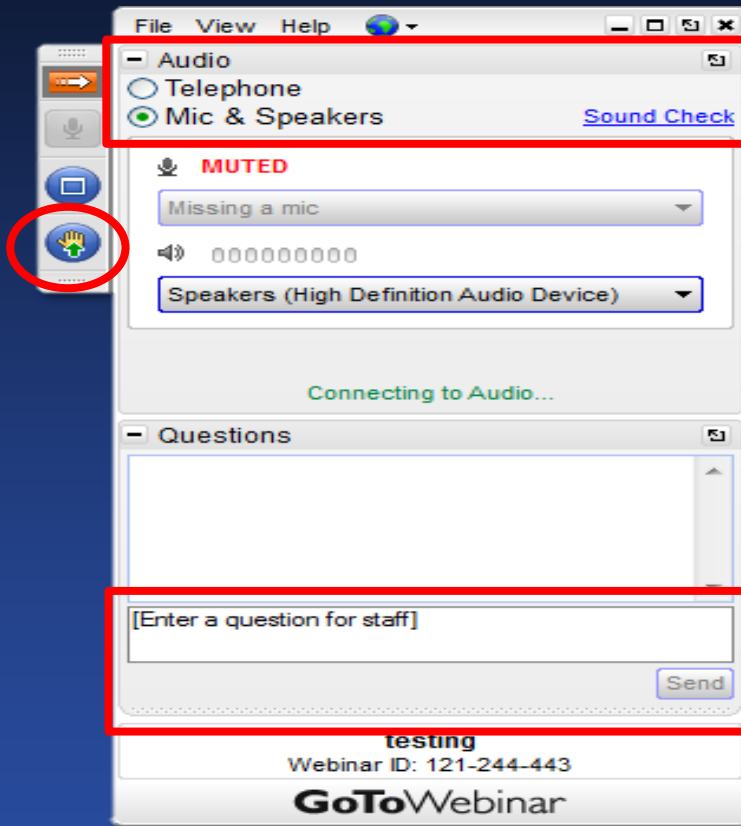
Adults: Patient-friendly Schedules

Vaccinations for adults -- you're never too old to get immunized
One-page sheet describes vaccinations that adults need [#P4030]
Languages: SPANISH • ARABIC • CHINESE • FRENCH • KOREAN
RUSSIAN • VIETNAMESE

<http://www.immunize.org/va/>



Questions?



What topic would you be most interested in for future webinars?

POLL

- Adult immunization schedule & recommendations
- Successful strategies for reaching uninsured adults
- Successful strategies for promoting the program to clinicians

Thank you!

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