Immunization Resource Guide for Ob-Gyns & their Patients

Incorporating Vaccines into Routine Care

Well Woman
Once a year. Every year

ACOG
THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS
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Special thanks to:
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EXECUTIVE SUMMARY

The American Congress of Obstetricians and Gynecologists (ACOG), District II has embarked on a Well-Woman Educational Initiative (WWEI): Once a year, Every year. The goal of the Well-Woman Educational Initiative is to increase provider and patient knowledge on aspects of the annual well-woman visit, and ensure that ob-gyns are fully prepared to serve as a comprehensive primary resource for healthcare throughout a woman’s lifespan.

This immunization resource guide is the first installment in a series of comprehensive educational tools that will be provided by ACOG District II.

It is reported that 47 percent of women in their reproductive years consider their ob-gyn to be their primary and overall healthcare provider. As such, patients may rely on you to recommend appropriate immunizations.

This resource guide provides practical information and needed resources for administering immunizations in your practice. Contained within this guide, you will find information on:

- Communicating the importance of vaccine-preventable diseases;
- Appropriate use of Vaccine Information Statements and where to obtain forms;
- Documentation and recordkeeping requirements;
- When and where to report vaccine adverse events;
- Tools for implementing a successful vaccination program into your practice;
- The New York State Immunization Information System (NYSIIS) and the New York Citywide Immunization Registry (CIR) programs; and,
- Meaningful Use and electronic health record incentive programs and how they relate to administering immunizations.

Provided within are highlights of the College’s “Immunization for Women” website and tips for navigating through the site. Resources and information for special populations, such as pregnant and breast-feeding women, patients with chronic illness and those traveling outside of the United States can be obtained from this site.

A vaccine questionnaire has also been developed and will be distributed as complementary patient education material to this resource guide.
This resource guide is available in both hard copy format and through the ACOG District II www.nywellwoman.org website. A downloadable smart-phone application is in development and will complement the web and paper tools. The tools can serve as a framework for care, which may be provided by a single physician or a team of healthcare professionals. This tool should be adapted as necessary to meet patients’ needs and reflect the scope of services provided to ob-gyns which will vary from practice to practice.

ACOG District II will continue developing components of the Well-Woman Educational Initiative: Once a year, Every year. If you have questions regarding the resource guide or the initiative, please contact the ACOG District II office at info@ny.acog.org or (518) 436-3461.
The Opportunity to Vaccinate

The immunization recommendations of the Centers for Disease Control and Prevention (CDC) are generally adopted by ACOG. The CDC recommends vaccinations from birth through adulthood. While childhood vaccination rates are relatively high, most adults are not vaccinated as recommended, leaving them needlessly vulnerable to illness, long-term suffering and even death.

According to a report from the Trust for America’s Health, about 95 percent of the 50,000 Americans who die every year from vaccine-preventable diseases or their related complications are adults. During most influenza seasons 5% to 20% of the U.S. population are infected with seasonal influenza virus. Each year thousands of people die from influenza and even more require hospitalization. By age 50, 80% of women will be infected with human papillomavirus (HPV). There are on average 9,710 new cases and 3,700 deaths from cervical cancer in the US every year. Rates of acute hepatitis B are highest among adults, with an estimated 45,000 new cases per year in the United States.

As part of its initiative focused on adult immunization, the National Foundation for Infectious Diseases (NFID) conducted a survey of US adults to gauge awareness of vaccines and found that low awareness is complicated by complacency about the severity of getting vaccine-preventable diseases. The survey results showed that interactions in physician offices are a key factor in vaccine administration.

- The vast majority of respondents, 87 percent (N=1,005) said they are very or somewhat likely to get a vaccine if their doctor recommends it.
- More than half (55 percent) would not get a vaccine unless it was recommended by their doctor.

Few adults can name more than one or two diseases that are vaccine-preventable. About half of respondents (49 percent) correctly named influenza as a vaccine-preventable disease; just 3 to 18 percent could name any of the other vaccine-preventable diseases.

The need for immunization may be most closely associated with infants and toddlers, but vaccines like influenza and pneumococcal have long been recommended specifically for older adults. More recently, human papillomavirus (HPV); shingles; and combination tetanus, diphtheria and pertussis (Tdap) vaccines have become available and are recommended for routine use in adults of varying ages. Still other vaccines are recommended for “catch-up” immunization of adults who were not
fully vaccinated as children. Finally some vaccines are recommended for sub-populations of adults with certain underlying conditions or risk factors.

Utilize the annual well-women visit and prenatal visit to create a special opportunity to screen, evaluate and counsel your patients on the importance of vaccine-preventable disease. This opportunity will play an extremely large role in helping increase immunization rates in adults.

Healthcare providers influence their patients’ receptiveness to vaccines, yet many providers lack the necessary resources to maintain an adequate vaccine supply and/or educational resources to stay abreast of current vaccine guidelines. This resource guide will provide you with practical tools and instructions that are essential to the implementation of a successful vaccination program in your practice. In addition, this guide will help you maintain a practice where vaccination education becomes as routine as taking vital signs.

Changing behaviors of healthcare providers and patients alike is a long-term process of education and reinforcement. Obstetricians and gynecologists should recognize that when they recommend and administer, or refer patients for all appropriate vaccines, they are endorsing high-quality care and the safety of their patients and communities.
A key barrier to vaccine acceptance is a lack of knowledge about the benefits and safety of vaccinations. For pregnant, adolescent, and adult women, advice and information from a trusted healthcare provider such as an ob-gyn plays an important role in the decision to get vaccinated. Studies consistently show that provider recommendation is the strongest predictor of immunization.

Simple Steps to Get Started

- Make it standard practice to obtain and review patients’ immunization histories and offer vaccinations during the annual well-woman visit and/or prenatal visits.
- Promote the use of standing orders for vaccinations.
- Use electronic medical records and immunization registries to improve information sharing and care coordination among various specialty providers.
- Generate reminders about recommended vaccinations for each patient.
- Simple chart reminders, such as a colorful sticker that states that patient vaccinations are due or overdue, should be placed prominently in a chart.
- Healthcare workers and employees in your practice can reduce transmission of disease and set an example by complying themselves with immunization recommendations.

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### Introducing Vaccination Discussions into each Well-Woman Visit

Vaccines work! CDC statistics demonstrate dramatic declines in vaccine-preventable diseases when compared with the pre-vaccine era.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Pre-Vaccine Era Estimated Annual Morbidity*</th>
<th>Most Recent Reports or Estimates of U.S. Cases</th>
<th>Percent Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>21,053</td>
<td>0†</td>
<td>100%</td>
</tr>
<tr>
<td>H. influenza (invasive, &lt;5 years of age)</td>
<td>20,000</td>
<td>243†§</td>
<td>99%</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>117,333</td>
<td>11,049†</td>
<td>91%</td>
</tr>
<tr>
<td>Hepatitis B (acute)</td>
<td>66,232</td>
<td>11,269†</td>
<td>83%</td>
</tr>
<tr>
<td>Measles</td>
<td>530,217</td>
<td>61†</td>
<td>&gt; 99%</td>
</tr>
<tr>
<td>Mumps</td>
<td>162,344</td>
<td>982†</td>
<td>99%</td>
</tr>
<tr>
<td>Pertussis</td>
<td>200,752</td>
<td>13,506†</td>
<td>93%</td>
</tr>
<tr>
<td>Pneumococcal disease (invasive, &lt;5 years of age)</td>
<td>16,069</td>
<td>4,167†</td>
<td>74%</td>
</tr>
<tr>
<td>Polio (paralytic)</td>
<td>16,316</td>
<td>0†</td>
<td>100%</td>
</tr>
<tr>
<td>Rubella</td>
<td>47,745</td>
<td>4†</td>
<td>&gt; 99%</td>
</tr>
<tr>
<td>Congenital Rubella Syndrome</td>
<td>152</td>
<td>1†</td>
<td>99%</td>
</tr>
<tr>
<td>Smallpox</td>
<td>29,005</td>
<td>0†</td>
<td>100%</td>
</tr>
<tr>
<td>Tetanus</td>
<td>580</td>
<td>14†</td>
<td>98%</td>
</tr>
<tr>
<td>Varicella</td>
<td>4,085,120</td>
<td>449,363§</td>
<td>89%</td>
</tr>
</tbody>
</table>

* CDC, JAMA, November 14, 2007; 298 (18): 2155-63
† CDC, MMWR, January 8, 2010; 58 (51, 52): 1458-68
§ 2008 estimates, S. pneumonia estimates from Active Bacterial Core Surveillance
‡ 25 type b and 218 unknown
**Distributing the Vaccine Questionnaire**

Many women are unaware of the potential risks of vaccine-preventable disease and may question the safety or effectiveness of vaccines. Furthermore, many women, including healthcare workers, fail to consider that immunization protects family and close contacts, as well as themselves.

**FIGURE A** is a visual of the ACOG District II Vaccine Questionnaire and is intended for patients to fill out during each well-woman office visit. Patients coming in for scheduled appointments should be handed the vaccine questionnaire by the receptionist to complete in the waiting room. The patient should be instructed to check whether they fall into any of the risk groups. If a patient checks a box, it does not necessarily mean they need to be vaccinated; it simply implies that additional questions must be asked to further determine the need for vaccination.

It is important that the patient’s vaccine questionnaire remains on file and that it is updated at each well-woman visit. Documenting and keeping a thorough record of your discussion will be useful for patients’ future visits. A reproducible vaccine questionnaire is available in Appendix A (see page 52).

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**VACCINE QUESTIONNAIRE**

**Do I Need Any Vaccinations Today?**

- Are you planning a pregnancy in the near future?
- Are you pregnant now or have you had a baby in the past 6 months?
- Do you travel outside of the United States?
- Do you work in a hospital or healthcare facility?
- Do you care for children or the elderly?
- Do you have a chronic illness that affects your heart, kidney, liver, lungs, or immune system?

**VACCINES YOU MAY NEED TODAY**

1. **Polio**
2. **Hepatitis A**
3. **Hepatitis B**
4. **Human Papillomavirus (HPV)**
5. **Influenza**
6. **Measles, Mumps, Rubella (MMR)**
7. **Meningococcal**
8. **Pneumococcal**
9. **Tetanus, diphtheria, pertussis (Tdap)**
10. **Varicella (chickenpox)**
11. **Zoster (shingles)**

**Flu vaccine is recommended for everyone over 6 months of age every year.**

- **Hepatitis B and HPV** are vaccine-preventable infections that are spread by sexual contact and can cause cancer.
- **If you do not get the vaccines that you need before you plan a pregnancy, you can get them after delivery.**
- **If you take care of patients, children, or the elderly, vaccines have two purposes – they will protect you from getting infections and also prevent you from giving infections to the people you care for.**
- Depending upon where you travel, you might need other vaccines as well. Discuss your specific travel destination with your healthcare provider.
- **If you have a chronic medical problem, vaccinations are likely to be very important to your health and should be coordinated with your primary care provider.** The vaccines recommended for you will depend on your specific health conditions.

This card was discussed & reviewed during my annual ob-gyn visit.

**Patient Initials:** __________

**Reviewed by:** __________

**Date:** ____/____/____

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**VALID AS OF AUGUST 2011**

- ACOG District II
- 452 Washington Avenue
- Suite 300
- Albany, NY 12210
- www.acogny.org
During the well-woman visit you can review the questionnaire with your patient to determine if vaccines are needed, answer any questions, and then administer (or have a nurse administer) the indicated vaccines.

This approach is easy and offers the opportunity for you and your patients to conduct an open dialogue about the importance of immunizations.

**What You Should Know:**

- Develop a system to identify when to distribute the vaccine questionnaire to your patients (e.g. during the well-woman or prenatal visits)
- Assign staff person(s) to distribute the vaccine questionnaire daily to your patients.
Communication Strategies: How to Have a Successful Dialogue

A successful discussion about vaccines involves a two-way conversation, with both parties sharing information and asking questions. These communication principles can help you connect with your patients by encouraging open, honest and productive dialogue.

**Take Time to Listen**
Despite a full schedule, resist the urge to multi-task, and give patients your full attention. Restate your patient’s concerns to be sure you understand her viewpoint. Your willingness to listen will play a large role in helping her with her decision to get vaccinated.

**Don’t be Offended**
Some patients may come to you with a list of questions or information from a variety of sources. Do not interpret this as a lack of respect for you or a lack of intelligence on the part of your patient. If you appear offended by her questions, dialogue may shut down and trust may be eroded.

**Science vs. Anecdote**
Too much science may frustrate some patients, while too little may frustrate others. For some patients, a story from your experience about an unprotected patient who became ill may be on target. Which approach to use will depend on your knowledge of your patients, so be prepared to use a mix of science and personal stories that will be most effective in addressing patients’ questions.
Acknowledge Benefits & Risks
It is important to emphasize the benefits of vaccination and also explain that vaccines may vary in their efficacy. It is honest and important to say that not vaccinating is a risk. Never state that vaccines are risk-free. Always discuss the known side effects caused by vaccines. It is important to utilize the Vaccine Information Statements (VISs) to support your discussion.

Refusal
The choice for immunization rests with your patient (or her guardian). Visit www.immunizationforwomen.org for more information on providing patient education for those patients who refuse immunizations.

After the Office Visit
If a patient expresses extreme concern during her office visit, contact her a few days later. A caring call or e-mail will provide her with comfort and reassurance. Educating your patients by providing them with the information to make informed decisions is essential to encourage them to receive recommended vaccinations.

Nurses and other office staff can play a significant role in establishing and maintaining a practice-wide commitment to communicating about vaccines and maintaining high vaccination rates. This can be achieved by: providing patients with educational material; being available to answer questions and making sure that those patients who schedule extra visits for vaccines, make and keep vaccine appointments.

School entry mandates helped make vaccinations a standard part of early-childhood medical office visits, in turn leading to the success of the Childhood Immunization Program. Because mandates for adult vaccination are unlikely, it is even more important to make ongoing education and awareness a part of routine patient care.
Vaccine Information Statements

Supplying patients with objective information on vaccine safety and diseases the vaccines protect against is essential so that patients are actively involved in making decisions affecting their health or the health of their children. When patients are not informed about vaccine adverse events, even common mild events, they can lose their trust in healthcare providers and vaccines. The Vaccine Information Statement (VIS) provides a standardized way to present objective information about vaccine benefits and adverse events.

A Vaccine Information Statement (VIS) is an information sheet produced and updated often by the CDC. The VIS informs vaccine recipients (or a legal representative) about the benefits and risks of a vaccine. Federal law requires that the VIS be given out whenever certain vaccinations are administered. Vaccine Information Statements are available online in multiple languages (Chinese, Spanish, French and Korean to name a few). Most are available as audio files for non-reading patients.

IMPORTANT: According to federal law (National Childhood Vaccine Injury Act of 1986), all vaccine providers must give patients, or their parents or legal representatives the appropriate VIS prior to vaccine administration.

The most up-to-date VIS must be given to each patient. A VIS with a date several years old is not necessarily out of date, but they are updated as vaccine recommendations change. By visiting the CDC website at www.cdc.gov/vaccines/pubs/vis, you can sign up to obtain “email updates” when a VIS is updated.
Myth: If there isn’t enough time to have the patient read the VIS before the vaccine is given, you can give the patient a copy to read at home.

Fact: The idea behind a VIS is to provide information about the vaccine and the disease before the patient is to receive the vaccine. It is acceptable, however, to hand out a VIS well before administering vaccines (e.g., at a prenatal visit or at birth for vaccines an infant will receive during infancy) as long as you still provide the VIS right before administering a vaccine.

What You Should Know:

- Always offer the patient or parent a copy of the appropriate VIS to read during the immunization visit, and a copy (either paper or electronic) to take home. Always offer the patient an opportunity to ask questions.
- It is acceptable to make a VIS available to be read before the immunization visit (e.g., by giving the patient or parent a copy to take home during a prior visit, or telling them how to download or view a copy from the Internet). These patients must still be offered a copy to read during the immunization visit. [www.cdc.gov/vaccines/pubs/vis](http://www.cdc.gov/vaccines/pubs/vis)
- The patient may be offered a permanent (e.g., laminated) copy of the VIS to read during the immunization visit (instead of their own paper copy).
- Always encourage the patient to take a copy of each appropriate VIS home when they leave the office. This is because some information (e.g., the routine schedule, or how to recognize or report an adverse event) can be useful later. Offer the patient a paper copy, or if they prefer to download the VIS onto a mobile device, direct them to CDC’s patient VIS download webpage during the visit. [www.cdc.gov/vaccines/pubs/vis](http://www.cdc.gov/vaccines/pubs/vis)
- As needed, supplement a VIS orally, with videotapes, additional printed material, or in any other way that will help recipients understand the disease and vaccine.
- Record the required information on the patient’s medical record or on a permanent office log (the record should be both permanent and accessible).
Myth: Providers can modify a VIS to better suit their practice.

Fact: Providers should not change a VIS or write their own. It is permissible to add a practice’s name, address, or phone number to an existing VIS. Providers are encouraged to supplement VIS with additional patient-education material.

Where to Obtain Vaccine Information Statements

All current VISs are available on the Internet, and can be downloaded as a PDF file and printed. You can also order free single hard copies of a VIS using online publication order forms. VISs in multiple different languages can be found on both the Immunization Action Coalition and CDC websites. The CDC has information and tools about VISs including an application to download VISs to mobile devices. In addition, the CDC website has links to other vaccine resources.

1. www.immunize.org/vis/
2. www.cdc.gov/vaccines/pubs/vis/default.htm

For further information on Vaccine Information Statements, you may contact the CDC Contact Center (immunization information) at 1-800-CDC-INFO (or 1-800-232-4636).
Documentation and Recordkeeping

Documentation of patient vaccinations helps to ensure that those in need of a vaccine receive it. It is also important to document episodes of adverse events in the permanent medical record of the vaccine recipient.

Healthcare providers who administer one or more of the vaccines covered by the National Vaccine Injury Compensation Program (NVICP) are required to ensure that the permanent medical record (or a permanent office log or file) of the patient states the:

- date the vaccine was administered
- vaccine manufacturer, lot number & expiration date
- name, address (location where the information will be stored), and signature and title of the individual who administers the vaccine (this may also be indicated in a general consent for treatment)
- the edition (date of publication) of the VIS given to the patient (found on the bottom of the back of the VIS)

The Advisory Committee on Immunization Practices (ACIP) recommends that the above information be kept for all vaccines and not only for those required by the National Vaccine Injury Act.

Ob-gyns frequently encounter patients who have no adequate documentation of vaccinations. Although vaccinations should not be postponed if records are not readily available, an attempt to locate missing records should be made by contacting previous healthcare providers. If records cannot be located, patients should be considered susceptible and should be started on the age-appropriate immunization schedule.

To review a list of known vaccine side effects, visit the Immunization Action Coalition website at www.immunize.org.

Since contraindications vary by vaccine, make sure you and your staff are familiar with and have access to the manufacturer’s labeling for all the vaccines you use in your practice. It is very important to check to make sure your patient is not receiving a vaccine that is contraindicated before administering any vaccine. Contraindications can also be found on Vaccine Information Statements.

Because immunization schedules are frequently updated, they are not included in this resource guide. The most current immunization schedules for adults and adolescents can be viewed and downloaded from the CDC’s website at www.cdc.gov/vaccines/recs/schedules.
Vaccine Adverse Event Reporting System (VAERS)

The Vaccine Adverse Event Reporting System (VAERS) is a voluntary national vaccine safety surveillance program. VAERS collects information about adverse events (possible side effects) that occur after the administration of vaccines licensed for use in the US. VAERS is a mechanism by which adverse events following immunization may be reported, analyzed, and made available to the public.

Experts from the CDC and the Federal Drug Administration (FDA) analyze VAERS reports to monitor vaccine safety by uncovering the following:

- Patterns of previously unrecognized vaccine-related events
- An unusual increase in the rate at which a previously reported vaccine-related event occurs
- Pre-existing conditions that may cause certain reactions and contraindicate additional doses of the vaccine
- Specific vaccine lots associate with reported events

Reporting to VAERS is voluntary, and anyone may report vaccine adverse events. Reports are made by physicians, nurses, vaccine manufacturers, parents, persons affected by adverse events and others. You may submit an adverse event report online, by fax or mail. Healthcare providers are strongly encouraged to report all significant adverse events that occur after vaccination of adults and children, even if you are not sure whether the vaccine caused the adverse event.

For a copy of the adverse event reporting form and instructions on how to file a VAERS report, please visit: http://vaers.hhs.gov/esub/index#Online
This section of the resource guide will help ob-gyn practices not currently vaccinating with a start-up guide for implementing a successful vaccination program.

Designating an Immunization Coordinator, i.e., someone whose role is to coordinate the processes involved in administering vaccines. The coordinator— a physician, nurse, or manager— would be responsible for ordering and maintaining a vaccine inventory with necessary supplies, keeping track of medical protocols, keeping current on vaccination recommendations, and monitoring storage and recordkeeping. In addition, at least two additional office staffers should be aware of all these processes, to serve as a backup and support to the Immunization Coordinator.

**FIGURE B** is a useful checklist of important things your practice must do to ensure safe and responsible administration of vaccines. Reviewing this administration and recordkeeping checklist will help improve your practice’s vaccine administration and documentation.

The checklist shown in **FIGURE C** is designed to help you rate your knowledge of, and comfort level with, each important vaccination step. This checklist will assist you in tracking the necessary steps needed to implement a vaccine program in your practice.
Proper Vaccine Administration

Yes  No

☐ ☐ Our practice has access to the most recent available vaccination schedules for adults and adolescents.

☐ ☐ We are aware of the contraindications for all the vaccine types our practice orders.

☐ ☐ Our practice offers patients educational materials about vaccines.

☐ ☐ Our practice screens patients with a questionnaire to determine if they require vaccinations at each visit. (See Figure A)

Administering a Vaccine

The Immunization Coordinator & at least one back-up person:

☐ ☐ Are thoroughly familiar with the procedures for preparing vaccines that require reconstitution.

☐ ☐ Are thoroughly familiar with the use of vaccines that come in multi-dose vials, when applicable.

☐ ☐ Are thoroughly familiar with the procedures for giving vaccines intramuscularly and subcutaneously, and understand which vaccines are given in each manner.

☐ ☐ Understand that all needed vaccines should be given at each office visit.

☐ ☐ Understand how to safely dispose of syringes and used needles.

☐ ☐ Are familiar with the guidelines on accidental needle-stick.

Required

☐ ☐ The practice has the necessary supplies on hand to deal with an anaphylactic reaction of a patient.

☐ ☐ The immunization coordinator and at least one back-up person are familiar with the procedure for reporting adverse reactions to the Vaccine Adverse Event Reporting System (VAERS).

☐ ☐ The practice has copies on hand of the most recent Vaccine Information Statements (VISs) for each vaccine stocked, and gives them to all patients prior to vaccination.

☐ ☐ Vaccination information is always recorded in the patient’s medical record or permanent office log.

☐ ☐ All patients receive a personal vaccination record that is updated every visit.

Completion

If any of the answers above are “no”, a staff person(s) is being assigned to implement needed changes.

FIGURE B
## Office Readiness Checklist

<table>
<thead>
<tr>
<th>LOGISTICS</th>
<th>Obtaining, storing, and handling vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Designating an “Immunization Coordinator”</td>
</tr>
<tr>
<td></td>
<td>Purchasing supplies (not including vaccines)</td>
</tr>
<tr>
<td></td>
<td>Adequate refrigerator/freezer storage</td>
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<tr>
<td></td>
<td>Understanding proper vaccine storage (refrigeration/freezer)</td>
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<td></td>
<td>Inventory control</td>
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<td>Vaccine ordering</td>
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<td></td>
<td>Receiving vaccine shipments</td>
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<tr>
<td></td>
<td>Access to vaccine resources</td>
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<table>
<thead>
<tr>
<th>PROTOCOLS</th>
<th>Who to vaccinate and how to do it</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Access to current immunization schedules</td>
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<tr>
<td></td>
<td>Knowledge of contraindications</td>
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<td></td>
<td>Patient education</td>
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<td></td>
<td>Patient screening (who to vaccinate)</td>
</tr>
<tr>
<td></td>
<td>Vaccine preparation/reconstitution</td>
</tr>
<tr>
<td></td>
<td>Administering vaccines (i.e. giving injections)</td>
</tr>
<tr>
<td></td>
<td>Responding to accidental needle-sticks</td>
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<tr>
<td></td>
<td>Adverse reactions (i.e. anaphylaxis)</td>
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<td></td>
<td>State &amp; Federal requirements for vaccinations</td>
</tr>
<tr>
<td></td>
<td>Use of Vaccine Information Statements (VISs)</td>
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<tr>
<td></td>
<td>Recordkeeping/documentation</td>
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<tr>
<td></td>
<td>Adverse event reporting (VAERS)</td>
</tr>
</tbody>
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<thead>
<tr>
<th>REIMBURSEMENT</th>
<th>Getting reimbursed for vaccination services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Access to current coding requirements</td>
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</tbody>
</table>

### FIGURE C
A myriad of vaccination-related handouts and fact sheets, such as checklists and forms (e.g. safety checklist for handling, storage and refrigeration guidelines) are available to support your practice with implementing a successful vaccine program. Refer to the Available Web-Based Resources section of this guide (see page 41) for links to reproducible handouts.

**Patient Referrals**

Depending on the size of your practice and services provided, you may not have the means to supply and offer age-appropriate immunizations. The following options are available to assist you in referring your patients.

1. City and county health departments or local hospitals hold clinics to administer influenza, pneumococcal, hepatitis A and hepatitis B vaccines. Clinics may also be available in grocery stores, senior centers and other community settings.

2. Amendments made to the New York State Education Law allow pharmacists to administer the influenza and pneumococcal vaccines to adults 18 years of age and older. Pharmacists who are eligible to administer immunizations will contain the prefix “I” on their certificate.

3. The [www.flu.gov](http://www.flu.gov) website provides an interactive map for ease of locating facilities that provide the flu shot in your area.

4. County health departments can assist you and your patients in locating information such as specific vaccine program details, clinic locations, schedules, and fees (if any). Visit the New York State Association of County Health Officials website to obtain your country specific contact information:

   [www.nysacho.org/i4a/pages/index.cfm?pageid=1](http://www.nysacho.org/i4a/pages/index.cfm?pageid=1)
Additional New York State Provider Support
Immunization coalitions bring together groups and individuals, combining their resources and talents towards projects that increase immunization rates. Groups that often form a coalition include health departments, hospitals, insurers, health maintenance organizations, private practices, nonprofit organizations, vaccine company representatives, and individuals.

NEW YORK STATE IMMUNIZATION COALITIONS

Adult Immunization Coalition of Tompkins County
Ithaca, NY 14850
Phone: 607-274-6604
www.tompkins-co.org

Broome County Adult Immunization Coalition
Binghamton, NY 13905
Phone: 607-778-2839

Childhood Influenza Immunization Coalition
New York, NY 10011
Phone: 212-886-2277
www.preventchildhoodinfluenza.org

Finger Lakes Adult Immunization Coalition
Penn Yan, NY 14527
Phone: 315-536-5160

New York City Adult Immunization Coalition
Long Island City, NY 11101
Phone: 212-396-2557

Northern Manhattan Start Right Coalition
New York, NY 10032
Phone: 212-304-5501

NYC Childhood Coalition for Immunization Initiatives
Long Island City, NY 11101
Phone: 212-676-2323
Meaningful Use and Immunization Reporting

In July 2010, the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) published final rules under the American Recovery and Reinvestment Act of 2009, and HITECH Act of 2009, authorizing incentive payments to healthcare providers and hospitals that demonstrate Meaningful Use of certified electronic health records (EHRs).

Simply put, “Meaningful Use” means providers need to show that they are using certified EHR technology in ways that can be measured significantly in quality and in quantity. EHR technologies that meet the certification requirements for the Medicare and Medicaid EHR Incentive Programs are listed on the ONC Web site.

http://onc-chpl.force.com/ehrcert

Using EHRs to help prevent vaccine-preventable diseases is a public health Meaningful Use goal. To view Core Measures, Menu Set Measures, and Clinical Quality Measure (CQM) Sets that relate to not only immunizations but the overall Well-Woman visit please visit:

http://www.cms.gov/EHRIncentivePrograms

Submitting electronic immunization data to the New York State Immunization Information System (NYSIIS) or to the New York Citywide Immunization Registry (CIR) using Health Level 7 (HL7) Standard, version 2.3.1 or 2.5.1 protocol fulfills one “menu” objective of the Meaningful Use rule. The CDC, together with public and private healthcare professionals and software developers, has defined a set of electronic messages that support the national standards for exchanging immunization data. Using HL7 standards enables interoperability (communication) between EHRs, administrative and billing systems.

In order to adopt Meaningful Use, healthcare providers who are currently sending immunization data to NYSIIS or the CIR will need to begin sending immunization data through their EHRs using the HL7 standard protocol.

Eligible professionals and eligible hospitals that have never reported immunization data to NYSIIS or the CIR and would like to send an HL7 standard test message to fulfill Stage 1 of the Meaningful Use requirements may contact:

NYSIIS: 518-473-2839 or email nysiis@health.state.ny.us
CIR: 212-676-2323 or email nycimmunize@health.nyc.gov
Practices reporting to the CIR may continue to utilize the Universal Provider Interface Format (old CIR file format); however, they will not be eligible for the Medicare/Medicaid “Meaningful Use” incentives.

For more information regarding the Meaningful Use rule, please refer to Appendix B (see page 54) which provides you with a detailed summary of criteria, eligibility and reporting requirements. For more information on the EHR incentive programs, visit:

http://www.cms.gov/EHRIncentivePrograms

For those practices not currently using an electronic health record system, a sample vaccine administration record is available in Appendix A (see page 45).
Purpose & Regulations

An immunization information system (IIS) is an invaluable tool for the management of immunizations within clinical practices. An IIS helps sustain high immunization rates and low disease levels with more efficient management of information. An IIS acts as a connection between multiple providers a woman may have and keeps track of which immunizations have already been given and those that are needed.

Immunization information systems are currently operational in 46 states. The CDC has developed guidelines and requirements to support the consistent operation of IISs nationwide. New York State currently utilizes two immunization information systems: one for New York City and one for the rest of the state.

Through an immunization information system (IIS) ob-gyns and other women’s healthcare providers have access to:

- Consolidated and accurate immunization records of their patients;
- Clinical decision support in complying with an increasingly complex vaccination schedule; and,
- Efficient tools to manage their vaccine inventory.

Ob-gyns can also obtain reminders when an immunization has been missed and up-to-date information on patients’ vaccination history to help prevent unnecessary and duplicate immunizations.

New York State Immunization Information System (NYSIIS)
(all of New York State except the five boroughs of New York City)

Women and Girls Younger Than 19 Years of Age

The New York State Immunization Registry Law (Public Health Law Article, 21, Title 6, Section 2168) requires all healthcare providers to report every immunization administered to women less than 19 years of age to the Department of Health (DOH) through a web-based immunization information system (IIS). The law also requires that immunization histories of persons less than 19 years of age who received vaccines after January 1, 2008 be recorded in the New York State Immunization Information System (NYSIIS) if those histories have not already been reported to the system.
Physicians, nurses and other medical providers will realize many long-term benefits from using NYSIIS, such as improving office efficiency by reducing the time needed to gather and review records.

Multiple training opportunities on the web-based system are available to providers statewide. It is important to note that ob-gyns who provide vaccines to women younger than 19 years of age and are not currently participating in NYSIIS, are out of compliance with the legislative mandate. Failure to comply with public health law may result in monetary penalties.

Women 19 Years of Age and Older:

Reporting of immunizations administered to women 19 years of age and older is not required. Consent is required and a form for this population has been developed by NYSIIS. This is especially important to consider for a patient starting their 3-dose HPV vaccination series prior to 19 years of age. Obtaining consent to continue to add information in NYSIIS is critical for recording the completion of the full series.

This section of the resource guide will help guide practices that have not yet attended training or begun reporting imperative to NYSIIS.

Health Commerce System (HCS)

The Health Commerce System (HCS) is a secure intranet designed to electronically exchange health-related data and information between healthcare providers and the New York State Department of Health (NYSDOH). Users will access NYSIIS through the HCS, a HIPAA-compliant system that currently supports reporting and information interchange pertaining to vital records and registries, disease surveillance and response, and health facilities management.

Every (individual) provider prescribing in New York State must have an active HCS account in order to access and report to NYSIIS. The process of obtaining an HCS account can take up to two weeks.

- Providers will access the web-based immunization information system through the HCS. Internet access is required to log on to the HCS.
- The prescribing provider may delegate an “HCS” Coordinator role to one or more medical or non-medical staff members. Every HCS Coordinator must have an active HCS account. This can be done by logging on to the HCS website at, https://commerce.health.state.ny.us/ and accessing Coordinator Account Tools and requesting “Coordinator” account.
• All staff from providers’ practices that will be responsible for accessing NYSIIS will need to have his or her own **PERSONAL**, unique login ID and password.

• Users can apply for access by submitting a signed and notarized account request form to the Commerce Account Management Unit (CAMU) through their Coordinator.

• An HCS account can be requested at the following NYSDOH website: [https://hcsteamwork1.health.state.ny.us/pub/top.html](https://hcsteamwork1.health.state.ny.us/pub/top.html)

• Any prescribing provider who obtains an HCS account is automatically given “Director” and “HCS Coordinator” roles.

• The HCS Coordinator can manage the medical practice user accounts on the HCS and be the principal point of contact concerning HCS access. The Coordinator will be given access to the online request forms for obtaining additional user accounts for other staff, which include non-medical office staff. This can be done through the Health Commerce website by logging on to: [https://commerce.health.state.ny.us/pub](https://commerce.health.state.ny.us/pub)

  o Click on Coordinator Account Tools- HCS on the left side of the main screen.

  o In the Blue Navigator box to the right, click on “Request an Account.”

  o Select the appropriate link under the column “Request an account for a….”

If you are not sure if your office has previously applied for access to the HCS, or who your HCS Coordinator is, you can contact the Commerce Account Management Unit (CAMU) Help Desk at 1-866-529-1890 or hinhpn@health.state.ny.us.
NYSIIS User Roles

NYSIIS is set up to accommodate a variety of user types. Each user will have access to certain features of the application, based on the role assigned to them by their facility. Training opportunities are provided to target either the NYSIIS Administrative User or the NYSIIS Standard User.

Administrative User

This is the main contact for NYSIIS. The administrative user can access all features of the application. Only the administrative user will be authorized to provide access to NYSIIS for all appropriate staff.

Other responsibilities of the administrative user include maintaining all practice specific information and adding and maintaining physician information. In addition, if your facility chooses to utilize the vaccine inventory functions available within NYSIIS, only the administrative user will have access to add and manage vaccine inventory.

Standard User

The standard user is the most common user role for NYSIIS. The standard user adds, edits, and finds patients, manages immunization information, and can run and print various reports (e.g. Patient Specific, Doses Administered, Reminder Recall, etc.).

**It is recommended that the Administrative Users receive both Standard User and Administrative User training. This can be done in one session by selecting a combined standard/administrative user webinar.**
Training Options

You will need to participate in NYSIIS training only once. There are four free training options available.

<table>
<thead>
<tr>
<th>Classroom</th>
<th>Webinar</th>
<th>User Manual</th>
<th>Self-guided Online Tutorials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard User Only</td>
<td>Standard and Administrative User Roles</td>
<td>Available in hardcopy and online</td>
<td>Available through the NYSDOH Health Commerce System portal</td>
</tr>
</tbody>
</table>

Classroom vs. Webinar Training:

When selecting either classroom or webinar training, it is important to first determine the designated role (Standard or Administrative User) for each staff person to be trained.

- Classroom and webinar trainings are both live instructor-led formats with similar material outlines. Classroom training also offers the opportunity to practice using the system on a training computer. Classroom training focuses specifically on Standard User functions with hands-on practice.
- Webinars provide training in both Standard and Administrative User functions without the hands-on practice. During the live webinar sessions, participants will be able to communicate with the trainer as they would in classroom training.

User Manual:

The user manual is a thorough review of the entire functionality of NYSIIS. It provides easy to follow, step-by-step instructions on how to use the system.

Self-guided Online Tutorials:

This method allows staff to explore NYSIIS at their own pace. Training can be completed in one session or over the course of multiple sessions. Modules will cover activities for both Standard and Administrative Users. The tutorial offers the ability to revisit topics as needed.

For registration and access to the most current training options, please visit:

http://www.health.state.ny.us/prevention/immunization/information_system/status.htm
✓ Pre & Post Training Checklist
The following list will assist you with tracking the activities to be completed before and after training.

<table>
<thead>
<tr>
<th>CHECKLIST</th>
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</thead>
<tbody>
<tr>
<td><strong>Before NYSIIS Training</strong></td>
</tr>
<tr>
<td>☐ Ensure all staff has their own HCS Account.</td>
</tr>
<tr>
<td>☐ Verify HCS Account is active by successfully logging in to the HCS home page at: <a href="https://commerce.health.state.ny.us/">https://commerce.health.state.ny.us/</a></td>
</tr>
<tr>
<td>☐ Assign NYSIIS user roles for your office (Administrative or Standard User)</td>
</tr>
<tr>
<td>☐ Designate staff to attend interactive training.</td>
</tr>
<tr>
<td>☐ Complete appropriate online registration for interactive training (Classroom or Live) <strong>or</strong></td>
</tr>
<tr>
<td>☐ Opt to utilize self-training methods (user manual, recorded webinar or online tutorial).</td>
</tr>
<tr>
<td><strong>After NYSIIS Training</strong></td>
</tr>
<tr>
<td>☐ Complete NYSIIS User Agreement for each staff member accessing NYSIIS</td>
</tr>
<tr>
<td>☐ NYSIIS Administrative User adds all other NYSIIS users to the system</td>
</tr>
<tr>
<td>☐ Training participant disseminates NYSIIS information and provides training for other office staff</td>
</tr>
<tr>
<td>☐ Begin reporting to NYSIIS</td>
</tr>
<tr>
<td>☐ Begin distributing NYSIIS parental notification when immunizations are administered.</td>
</tr>
</tbody>
</table>

**Additional Information**
NYSIIS Staff Phone Number: (518) 473-2839
Email: nysiis@health.state.ny.us
Public Website:
Healthy Commerce System (HCS):
https://commerce.health.state.ny.us/hpn/bcdc/immunizations/nysiis.html
Public Website:
http://www.nyhealth.gov/prevention/immunization/information_system
New York Citywide Immunization Registry (CIR)  
(Five boroughs of New York City)

Purpose & Regulations
The purpose of the New York Citywide Immunization Registry (CIR) is to improve the immunization status of all NYC children (18 years of age and younger) by consolidating immunization information and sharing it with healthcare providers, families, and agencies concerned with children’s health.

The City Health code section 11.04 and 11.07(d) requires that all physicians, nurse practitioners, and physician assistants who order the administration of an immunization for any individual age 18 years old and younger in New York City must report the immunizations administered to the Registry. Reporting of immunizations administered to patients age 19 years old or over is strongly encouraged. Consent is required from patients age 19 years and older to report the immunizations. A sample form is available for such consent and can be obtained by calling 212-676-2323, or online at:


The CIR will contain only as much information as providers add to it. The long-term goal is to have a complete immunization record for every New Yorker. As with NYSIIS, information must be reported to CIR within 14 days after administering a vaccine.
How to Register
To start participating in the CIR, you must request access by completing an online form. The form is to be signed and faxed to the New York City Department of Health and Mental Hygiene (DOHMH). You must complete a user name and password request form as well as a confidentiality statement. One person per facility receives site security administrator (SSA) rights to be designated by the provider or the user manager role. The CIR will assign the user name and password to your SSA, who can create and manage user accounts for staff and determine security access levels.
Record Search

Health plans, hospitals, private practitioners and authorized agencies that are responsible for immunizing patients may request immunization records by submitting a list of patients to be looked up in the Citywide Immunization Registry (CIR).

Turnaround time will depend on the size of the list submitted to CIR. Providers may also request immunization records for their patients by calling the Registry at (212) 676-2323. When calling in a request, the following information is required:

   Provider Information:
   • Provider or facility name
   • License number
   • Facility code

   Patient Information:
   • Patient first and last name
   • Gender
   • Date of birth
   • Additional identifiers, such as address and telephone number

If a patient’s record is found, it can be relayed verbally, faxed or mailed to the provider and or requesting facility.

Report

Once you have registered, go to www.nyc.gov/health/cir and click on the online registry button (shown top left). Enter your user ID and password in the Log on screen.

   My List: contains every record your facility has looked up and found. Click on an individual’s name to quickly and easily find the record.

   Refresh My List: use this feature to update My List. Add patients you have immunized in the past who are in the CIR but may not already be on My List. Add patients you have looked up but may not have immunized yet at your practice. Please note that My List is shared by all users at your practice.

   Search: allows you to search the CIR for a patient’s immunization record. If you cannot find an individual, and believe the individual was born in NYC after 1995, please call CIR for assistance at (212) 676-2323.

---

You may add a patient online if the individual was born before 1996 or was born outside of NYC and you cannot find the patient. When entering a New Patient, enter as much information as possible to prevent duplicate records.
**Add Events:** allows you to add all the immunizations you administer, as well as historical immunizations administered by you or other providers, to a patient’s record.

**Reports:** when a search is successful, the patient’s immunization record, medication history, and lead test history are displayed. Vaccines administered are listed from left to right, and organized by date. The “Next Due” column to the right will tell you if a series is complete or indicates the date the next vaccine in the series is due. In this section you can choose to print provider and public reports. Provider reports contain comments and recommendations. Only valid immunizations are displayed on public reports; no recommendations or comments are shown.

**Recall/Reminder:** allows you to identify patients who may be due for immunizations. This feature also allows you to print letters and address labels, and a list of addresses and phone numbers.

**Set-Up:** contains set-up features useful for the user or the practice. In this section you can set up default settings, manage vaccine lots (your Lot List is a customized list of the vaccine lot numbers you enter when reporting vaccines), change passwords and manage user (available to site security administrators only). The Manage User feature is used to create user IDs for each user at your facility. You may also update and change contact information in this area.

---

**Additional Information**

New York City Department of Health and Mental Hygiene
Bureau of Immunization
42-09 28th Street, 5th floor
CN-21
Long Island City, NY 11101-4132

Phone: (212) 676-2323
Email: nycimmunize@health.nyc.gov
The College has designed an immunization website (www.immunizationforwomen.org) to provide ob-gyns and their patients with a central, trusted source of up-to-date information related to immunizations.

The screen shots below provide highlights of the College’s Immunization website and is meant to be used as a reference guide for navigating through the Immunization for Women site. Resources and information for special populations, such as pregnant and breastfeeding women, patients with chronic illness and those traveling outside the United States can be obtained from this site. In addition, you will have access to information on seasonal flu and other vaccine-preventable diseases, including immunization facts and safety, immunization schedules, clinical and practice management guidelines, and links to other reliable immunization resources.

www.immunizationforwomen.org
Immunization Facts

Immunizations are one of the greatest public health achievements and save thousands of lives every year. By offering immunizations to your patients, you are not only offering women protection from disease, you are also helping them keep your community healthier by helping prevent the spread of disease.

**Did You Know?**

Pregnant women are at increased risk for serious illness and death from the flu. Immunizing pregnant and postpartum women against seasonal influenza can protect the mother and may help her baby by preventing the spread of the flu from mother to child following delivery.

**Immunization Facts**
- Seasonal Influenza (Flu)
- Vaccine-Preventable Diseases
- Special Populations

**Special Populations**
- Pregnant/Breastfeeding
- Adolescents
- Ethnic & Racial Groups
- Medical Conditions
- Seniors
- Travelers

Your patients will have differing immunization needs based on stage of life and lifestyle choices. Visiting the “Immunization Facts” page will provide you with information related to vaccine-preventable diseases, specific immunizations based on patient risk factors, links to current immunization schedules and more.
**Practice Management**

Beginning or expanding the immunization program in your office offers you the ability to better fulfill your mission of keeping women healthy. Managing an efficient and effective practice is essential for both you and your patients. While the initial addition of providing immunizations will require the full support of you and your staff, after it has been implemented, it is very manageable to maintain a program.

### Supply

Once you know which vaccines your office will offer, visit the “Practice Management” page to see how to order and keep your vaccines safe.

### Coding

Recognizing the importance of women receiving recommended immunizations, the “Practice Management” page offers a coding guide to help keep your office efficient.

### Storage and Handling

Vaccines are fragile and must be stored at certain temperatures in order to maintain their efficacy. Visit the “Practice Management” page to learn more about storage and handling.

You will also find information on financing, liability, patient refusal, communicating effectively with your patients, immunization rates, and vaccines for healthcare workers.
Vaccine Safety
While vaccines are effective in preventing the spread of disease, there sometimes is concern surrounding their safety. Some patients may express concern about side effects of vaccines, especially your patients who are pregnant or who are thinking about becoming pregnant.

Did You Know?
Anyone who gives or receives a licensed vaccine in the U.S. is encouraged to report any significant health problem or unexpected event (even if uncertain that the vaccine caused the event) for any vaccine.

As the primary healthcare providers for most women, ob-gyns are in a unique position to educate their patients about the benefits of immunization against seasonal flu and other vaccine-preventable diseases, and to provide them with (or refer them for) all their recommended vaccinations.

News & Media
Vaccine and vaccine preventable disease information is frequently discussed in the national and international media. The College wants you to be aware of recent research and recommendations related to immunizing your patients.

Visit the “News & Media” page to see the latest alerts surrounding vaccines, updates in women’s immunizations, and articles on women’s immunizations and vaccine-preventable diseases.

There are many projects going on nationally and in your area to help educate healthcare providers and their patients about the importance of immunizations. Visit the “News & Media page to learn more about these projects and how you can get involved.
Resources

Immunization guidelines and resources are updated during each influenza season and as new information evolves. The College strives to keep you informed about new guidelines, resources and research and how to best incorporate new findings into your practice.

<table>
<thead>
<tr>
<th>Resources</th>
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<tbody>
<tr>
<td>• Surveys</td>
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<tr>
<td>• Studies / Research</td>
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<tr>
<td>• Education</td>
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<tr>
<td>• External Links</td>
</tr>
<tr>
<td>• ACOG and College Resources</td>
</tr>
<tr>
<td>• Other Languages</td>
</tr>
<tr>
<td>• Provider Materials</td>
</tr>
<tr>
<td>• Patient Education Materials</td>
</tr>
</tbody>
</table>

Surveys
ACOG and other medical organizations conduct surveys about which immunizations are being given, who is giving them and the results of these immunization studies. You can learn more about how to participate in these surveys and to see data from recent surveys by visiting the “Resources” page.

Education (Webcasts, Training, Post Grad, Conference Calls)
If you or your staff want to learn more about vaccines, on-line education and training, please visit this page for educational opportunities.

Other Languages
If you have patients that speak a language other than English, visit this page for vaccine resources in other languages.

Provider Materials
This page offers information for providers, including print and electronic materials.

The “Resources” page also provides you with studies/research, external links, ACOG and College resources and patient education materials.
**FAQs**

The “FAQs” page will assist you with any questions you or your patients may have concerning which vaccines she may need. Questions pertaining to seasonal influenza, vaccine-preventable diseases and where to obtain immunization schedules can all be found on this page.

<table>
<thead>
<tr>
<th>FAQs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Seasonal Influenza</td>
</tr>
<tr>
<td>• Vaccine-Preventable Diseases</td>
</tr>
<tr>
<td>• Immunization Schedules</td>
</tr>
</tbody>
</table>

**During which trimester should pregnant women be immunized?**

All women who will be pregnant during influenza season (October through May) should receive inactivated influenza vaccine at any point in gestation. Live attenuated influenza vaccine is contraindicated for pregnant women.

**I am pregnant. Should I receive the chickenpox vaccine?**

No. Pregnant women should wait to get the chickenpox vaccine until after they have given birth. Women should not get pregnant for 1 month after getting the chickenpox vaccine.
ADDITIONAL RESOURCES

ACOG Immunization for Women
www.immunizationforwomen.org
www.acog.org
A central, trusted source of up-to-date information on seasonal flu and other vaccine-preventable diseases, including immunization facts and safety, immunization schedules, clinical and practice management guidelines, and links to other reliable immunization resources.

NY Well-Woman
www.nywellwoman.org
Provider and patient education and topics related to what comprises a well-woman visit, as well as a web-based version of this resource guide.

American Academy of Family Physicians
www.aafp.org
AAFP looks to assume a leadership role in health promotion, disease prevention, and chronic disease management involving family physicians in targeted public health activities; specifically tobacco, obesity, exercise, and immunizations.

American Academy of Pediatrics
www.aap.org
AAP’s mission is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/vaccines/
Access to ACIP recommendations, immunization schedules, vaccine shortage and delay information, statistics and surveillance, education and training, vaccine side effects and safety, requirements & laws, VIS's, publications and much more.

Centers for Medicare and Medicaid Services (CMS)
www.cms.gov/EHRIncentivePrograms/
Information on the Meaningful Use Rule and Electronic Health Incentive Programs.

Immunization Action Coalition (IAC)
www.immunize.org
Printable Vaccine Information Statements (VISs) available in multiple languages. The IAC works to increase immunization rates and prevent disease by creating and distributing educational materials for health professionals and the public.

Flu Vaccine Finder
www.flu.gov
An interactive US map for ease of locating facilities that provide the flu shot.
Medical Society of the State of New York (MSSNY)
www.mssny.org
Information provided for physicians on EHR Implementation Services including Certification of Meaningful Use. This certification enables physicians to qualify for Medicare or Medicaid Incentive Programs.

National Foundation for Infectious Diseases
www.nfid.org
Multiple resources for educating the public, healthcare professionals, supporting research and training in infectious diseases, building coalitions and legislative contributions.

New York State Department of Health (NYDOH)
www.health.state.ny.us/prevention/immunization/
Links, materials and information on vaccine-preventable diseases. Educational resources to ensure children and adults receive the vaccines they need.

New York State Immunization Information System (NYSIIS)
www.health.state.ny.us/prevention/immunization/information_system/index.htm
A complete, accurate, secure, real-time immunization medical record that is easily accessible and promotes public health by fully immunizing all individuals appropriate to age and risk.

New York City Department of Health & Mental Hygiene (NYC DOHMH)
The Citywide Immunization Registry (CIR) improves the immunization status of all. The CIR keeps immunization records for New York City to improve the immunization status of all NYC children by consolidating immunization information and sharing it with healthcare providers, families, and agencies concerned with children’s health.

New York City Wide Immunization Registry (CIR)
The New York Citywide Immunization Registry (CIR) keeps immunization records for New York City’s children with the aim to improve the immunization status of all NYC children by consolidating immunization information and sharing it with health care providers, families, and agencies concerned with children’s health.

Trust for America’s Health
www.healthyamericans.org
Focuses on prevention, protection and communities. Access to reports, policy information and latest news on immunizations.

Vaccine Adverse Event Reporting System (VAERS)
www.vaers.hhs.gov/index
A safety surveillance program, collecting information about adverse events (possible side effects) that occur after the administration of vaccines licensed for use in the United States.
Who makes vaccine recommendations?
The Advisory Committee on Immunization Practices (ACIP) consists of experts in fields associated with immunization, who have been selected by the Secretary of the U. S. Department of Health and Human Services to provide advice and guidance to the Secretary, the Assistant Secretary for Health, and the Centers for Disease Control and Prevention (CDC) on the control of vaccine-preventable diseases.

The ACIP develops written recommendations for the routine administration of vaccines to children and adults in the civilian population; recommendations include age for vaccine administration, number of doses and dosing interval, and precautions and contraindications. The ACIP is the only entity in the federal government that makes such recommendations.

How many vaccines can be given during an office visit?
No upper limit exists for the number of vaccines that can be administered during an office visit. The ACIP and American Academy of Pediatrics consistently recommend that all needed vaccines be administered during an office visit.

Are there vaccines that cannot be administered at the same office visit, at the same time?
No— all routine vaccines can be administered during an office visit, as long as a different syringe is used for each vaccine.

Is it necessary to routinely test young women for pregnancy before administering vaccines?
No. However, women of childbearing age should be asked about the possibility of their being pregnant before they are given any vaccine for which pregnancy is a contraindication or precaution. The patient’s answer should be documented. If the patient thinks she might be pregnant, a pregnancy test should be performed prior to administering live virus vaccines.
Which vaccines can be given to breastfeeding women?
All routinely recommended vaccines may be administered to women who are breastfeeding. Smallpox and Yellow fever vaccines are NOT recommended while breastfeeding.

Why the concern about influenza?
Although many people think of influenza as the “flu” or just a common cold, it is really a specific and serious respiratory disease that can result in hospitalization and death. The risks for complications, hospitalizations, and deaths are higher among people age 65 years of age and older, young children, and people of any age who have certain medical conditions. Pregnancy can increase the risk for serious medical complications from influenza.

Which flu vaccine can be administered to pregnant women?
Vaccination with inactivated influenza vaccine is recommended for patients who will be pregnant during the influenza season. Live Attenuated Influenza Vaccine (LAIV) is contraindicated for pregnant women because of the theoretical risk of transmission of the vaccine virus to the fetus.

What if a pregnant women inadvertently receives a live-virus vaccine?
If a live-virus vaccine is inadvertently given to a pregnant woman, or if a woman becomes pregnant within 4 weeks after vaccination, she should be counseled about the potential effects on the fetus. Please visit www.cdc.gov/vaccines/pubs/preg-guide.htm for guidelines for vaccinating pregnant women.
## Sample Vaccine Administration Record/Log

**Provider:**

**Patient Name:**

D.O.B:

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure she understands the risks and benefits of the vaccine(s). Always provide or update the patient’s personal record.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type of Vaccine</th>
<th>Date Given (mo/day/yr)</th>
<th>Site</th>
<th>Vaccine</th>
<th>Vaccine Information Statement</th>
<th>Vaccinator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lot #</td>
<td>Manufacturer</td>
<td>Exp. Date</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
**Recommended Adult Immunization Schedule — United States, 2011**

**FIGURE 1. Recommended adult immunization schedule, by vaccine and age group — United States, 2011**

<table>
<thead>
<tr>
<th>VACCINE ▼</th>
<th>AGE GROUP ▶</th>
<th>19–26 years</th>
<th>27–49 years</th>
<th>50–59 years</th>
<th>60–64 years</th>
<th>≥65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza¹, *</td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap)², *</td>
<td>Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella³, *</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV)⁴, *</td>
<td>3 doses (females)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster⁵</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)⁶, *</td>
<td>1 or 2 doses</td>
<td></td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (polysaccharide)⁷, ⁸</td>
<td>1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal⁹, *</td>
<td>1 or more doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A¹⁰, *</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B¹¹, *</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Covered by the Vaccine Injury Compensation Program*

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of previous infection) are recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications).

No recommendation

**NOTE:** The above recommendations must be read along with the footnotes on pages 51 and 52.
FIGURE 2. Vaccines that might be indicated for adults, based on medical and other indications — United States, 2011

<table>
<thead>
<tr>
<th>INDICATION ▶</th>
<th>Immunocompromising conditions (excluding human immunodeficiency virus [HIV])&lt;sup&gt;3,5,6,13&lt;/sup&gt;</th>
<th>H/V infection&lt;sup&gt;5,6,12,13&lt;/sup&gt;</th>
<th>CD&lt;sup&gt;+&lt;/sup&gt; T lymphocyte count</th>
<th>Diabetes, heart disease, chronic lung disease, chronic alcoholism</th>
<th>Asplenia&lt;sup&gt;12&lt;/sup&gt; (including elective splenectomy) and persistent complement deficiencies</th>
<th>Chronic liver disease</th>
<th>Kidney failure, end-stage renal disease, receipt of hemodialysis</th>
<th>Health-care personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>VACCINE ▼</td>
<td>Pregnancy</td>
<td>&lt;200 cells/μL</td>
<td>≥200 cells/μL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza&lt;sup&gt;1,∗&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 dose TIV annually</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap)&lt;sup&gt;2,∗&lt;/sup&gt;</td>
<td>Td</td>
<td></td>
<td></td>
<td>Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years</td>
<td></td>
<td></td>
<td></td>
<td>1 dose TIV or LAIV annually</td>
</tr>
<tr>
<td>Varicella&lt;sup&gt;3,∗&lt;/sup&gt;</td>
<td>Contraindicated</td>
<td></td>
<td></td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV)&lt;sup&gt;4,∗&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td>3 doses through age 26 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster&lt;sup&gt;5&lt;/sup&gt;</td>
<td>Contraindicated</td>
<td></td>
<td></td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella&lt;sup&gt;6,∗&lt;/sup&gt;</td>
<td>Contraindicated</td>
<td></td>
<td></td>
<td>1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (polysaccharide)&lt;sup&gt;7,8&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td>1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal&lt;sup&gt;9,∗&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td>1 or more doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A&lt;sup&gt;10,∗&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B&lt;sup&gt;11,∗&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of previous infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

No recommendation

NOTE: The above recommendations must be read along with the footnotes on pages 51 and 52.
Footnotes to “Recommended Adult Immunization Schedule — United States, 2011”

1. Influenza vaccination
   Annual vaccination against influenza is recommended for all persons aged 6 months and older, including all adults. Healthy, nonpregnant adults aged 18 years or older, and persons aged 6 months through 18 years with high-risk medical conditions, can receive either inactivated influenza vaccine (IIV), or a flu vaccine. Other persons should receive the trivalent vaccine vaccine. Adults aged 65 years and older can receive the standard influenza vaccine or the high-dose vaccine (Fluzone). Additional information about influenza vaccination is available at http://www.cdc.gov/vaccines/hcp/professional/flu/default.htm.

2. Tetanus, diphtheria, and acellular pertussis (Tdap) vaccination
   Adults aged 18 years or older who have not received Tdap previously for whom vaccine status is unknown should receive one dose of Tdap at the next available opportunity. Tetanus toxoid vaccine (TT) should be administered as part of the adult tetanus-diphtheria vaccination series.

3. Venereal warts
   Adults without evidence of immuno deficiency to venereal warts should receive 3 doses of single-antigen HPV vaccine. HPV vaccine is recommended for those who have not received all 3 doses.

4. Human papillomavirus (HPV) vaccination
   HPV vaccination is recommended for persons aged 11 through 12 years and catch-up vaccination for females aged 13 through 26 years. Ideally, vaccination should be administered before exposure to HPV through sexual activity.

5. Hepatitis A vaccine
   A single dose of inactivated hepatitis A vaccine is recommended for adults aged 19 years and older regardless of whether they report a previous episode of hepatitis A. Persons with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication.

6. Measles, mumps, rubella (MMR) vaccination
   Adults born before 1960 generally are considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine (e.g., laboratory evidence of immunity to each of the three diseases, or documentation of provider-diagnosed measles or mumps disease). For rubella, documentation of provider-diagnosed disease is not considered acceptable evidence of immunity.

7. Pneumococcal polysaccharide (PPSV) vaccination
   The adult pneumococcal conjugate vaccine is recommended for all persons aged 18 years and older regardless of whether they have a previous episode of pneumococcal disease. The adult pneumococcal conjugate vaccine is recommended for all persons aged 18 years and older regardless of whether they have a previous episode of pneumococcal disease.

8. Meningococcal vaccination
   Meningococcal vaccine should be administered to persons with the following indications:
   - Meningococcal A, C, Y, and W-135: 2 doses of meningococcal conjugate vaccine is recommended for adults with anatomic or functional asplenia, or persistent complement component deficiencies. Adults with HI or injury who are vaccinated should receive a routine 2-dose series of meningococcal conjugate vaccine. The second dose should be administered 4 through 6 months after the first dose.
   - Meningococcal A, C, Y, and W-135: 1 dose of meningococcal polysaccharide vaccine is recommended for adults 18 years and older.

**WELL WOMAN 48**
Menigococcal conjugate vaccine, quadrivalent (MCV4): Recommended for adults with any of the following indications who are aged 55 years and older: meningococcal polysaccharide vaccine (MPSV4) is preferred for adults aged 36 years and older. Vaccination with MCV4 every 5 years is recommended for adults previously vaccinated with MPSV4 or MPSV4 who remain at increased risk for infection (e.g., adults with anatomic or functional asplenia, or a complement component deficiencies).

10. Hepatitis A vaccination

Vaccinate persons with any of the following indications and any person seeking protection from hepatitis A virus (HAV) infection:

- Behavioral men who have sex with men and persons who use injection drugs.
- Occupational: Persons working with HAV-infected primates or with HAV in a research laboratory setting.
- Medication: Persons with chronic liver disease and persons who receive dialysis for chronic kidney disease.
- Others: Persons traveling to or working in countries that have high or intermediate endemicity of Hepatitis A (a list of countries is available at http://www.cdc.gov/travel/diseases/). Vaccinated persons who anticipate close personal contact (e.g., household with regular baby sitting) with an international adoptee during the first 60 days after arrival in the United States or a country with high or intermediate endemicity should be vaccinated.

The first dose of the 2-dose hepatitis A vaccine series should be administered as soon as possible and ideally 2 or more weeks before the arrival of the adoptee.

Single-antigen vaccine formulations should be administered in a 2-dose series with the second dose given at least 6 months after the first dose.

If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule may be used, administered on days 0, 7, and 31, followed by a booster dose at month 12.

11. Hepatitis B vaccination

Vaccinate persons with any of the following indications and any person seeking protection from hepatitis B virus (HBV) infections:

- Behavioral: Sexually active persons who are not in a long-term, mutually monogamous relationship (i.e., persons with more than one sex partner during the previous 6 months) persons seeking evaluation treatment for a sexually transmitted disease (STD) or recent infection disease users and men who have sex with men.

Credible data do not indicate the need for revaccination with hepatitis B vaccine after the initial series. However, hepatitis B vaccine should be administered to adults and adolescents not previously vaccinated who are at continued risk for HBV infection (e.g., persons who are healthcare providers, travelers or residents to HBV-endemic areas, and persons engaging in high-risk behaviors). Hepatitis B vaccination is also recommended within 1 month of parenteral exposure to HBV. Additional information about doses and intervals is available at http://www.cdc.gov/vaccines/recs/adverse-reactions/appendix-doses-intervals.htm.

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of January 1, 2011. For all vaccines being recommended for 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 component of the combination is 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 manufacturers’ package inserts and the complete statements from the Advisory Committee on Immunization Practices (http://www.cdc.gov/vaccines/recs/adac/index.html).


Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at http://www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

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
# Recommended Immunization Schedule for Persons Aged 7 Through 18 Years

**United States • 2011**

For those who fall behind or start late, see the schedule below and the catch-up schedule.

<table>
<thead>
<tr>
<th>Vaccine ▼</th>
<th>Age ▲</th>
<th>7–10 years</th>
<th>11–12 years</th>
<th>13–18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, Diphtheria, Pertussis¹</td>
<td></td>
<td>TDap</td>
<td>TDap</td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus²</td>
<td>see footnote²</td>
<td>HPV (3 doses)(females)</td>
<td>HPV Series</td>
<td></td>
</tr>
<tr>
<td>Meningococcal³</td>
<td>MCV4</td>
<td>MCV4</td>
<td>MCV4</td>
<td></td>
</tr>
<tr>
<td>Influenza⁴</td>
<td></td>
<td>Influenza (Yearly)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal⁵</td>
<td></td>
<td></td>
<td>Pneumococcal</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A⁶</td>
<td></td>
<td></td>
<td>HepA Series</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B⁷</td>
<td></td>
<td></td>
<td>Hep B Series</td>
<td></td>
</tr>
<tr>
<td>Inactivated Poliovirus⁸</td>
<td></td>
<td></td>
<td>IPV Series</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella⁹</td>
<td></td>
<td></td>
<td>MMR Series</td>
<td></td>
</tr>
<tr>
<td>Varicella¹⁰</td>
<td></td>
<td></td>
<td>Varicella Series</td>
<td></td>
</tr>
</tbody>
</table>

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: [http://www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm). Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at [http://www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967.
Footnotes to “Recommended Immunization Schedule for Persons Aged 7 through 18 Years — United States, 2011”
Do I Need Any Vaccinations Today?
Vaccines are not just for children, they are a very important part of women’s health. So at each office visit, just as we routinely check your weight and blood pressure, we will check to see if you are up to date with all the vaccines that you need.

Please check all the boxes below that apply to you.

☐ Are you planning a pregnancy in the near future?

☐ Are you pregnant now or have you had a baby in the past 6 months?

☐ Do you travel outside of the United States?

☐ Do you work in a hospital or healthcare facility?

☐ Do you care for children or the elderly?

☐ Do you have a chronic illness that affects your heart, kidney, liver, lungs, or immune system?
**VACCINES YOU MAY NEED TODAY**

<table>
<thead>
<tr>
<th></th>
<th>Under Age 26</th>
<th>Planning Pregnancy</th>
<th>Pregnant</th>
<th>Post-delivery</th>
<th>Travel Outside United States</th>
<th>Healthcare Worker and/or Care for Children or Elderly</th>
<th>Chronic Illness</th>
<th>Age 50 to 64</th>
<th>Age 65 or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus (HPV)</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Influenza</td>
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<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Meningococcal</td>
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<td></td>
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<td></td>
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<td></td>
<td>✓</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Tdap)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster (shingles)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

- Flu vaccine is recommended for everyone over 6 months of age every year.
- Hepatitis B and HPV are vaccine-preventable infections that are easily spread by sexual contact and can cause cancer.
- If you do not get the vaccines that you need before you plan a pregnancy, you can get them after delivery.
- If you take care of patients, children, or the elderly, vaccines have two purposes – they will protect you from getting infections and also prevent you from giving infections to the people you care for.
- Depending upon where you travel, you might need other vaccines as well. Discuss your specific travel destination with your healthcare provider.
- If you have a chronic medical problem, vaccinations are likely to be very important to your health and should be coordinated with your primary care provider. The vaccines recommended for you will depend on your specific health conditions.

*This card was discussed & reviewed during my annual ob-gyn visit.*

Patient Initials: __________  Reviewed by: __________      Date: ____/____/____
Meaningful Use, Electronic Health Record (EHR) Incentive Programs & The Well-Woman Visit

What is Meaningful Use, who is eligible & why should I participate?

In July 2010, the federal regulatory agencies published final rules which authorize incentive payments to healthcare providers and hospitals that demonstrate meaningful use of certified electronic health records (EHRs). Simply put, “meaningful use” means providers must demonstrate that they are using certified EHR technology in ways that can be measured significantly in quality and in quantity.

Your EHR technology must be tested and certified by an Office of the National Coordinator (ONC) Authorized Testing and Certification Body (ATCB) in order for a provider to qualify for EHR incentive payments. Ultimately, you as the provider are responsible for ensuring that EHR systems used to achieve Meaningful Use objectives are certified.

It is important to know that even if you are already using EHR technology, it must be tested and certified by an ONC-ATCB specifically for the Medicare and Medicaid EHR Incentive Programs.

EHR technologies that meet the certification requirements for the Medicare and Medicaid EHR Incentive Programs are listed on the ONC Web site. http://onc-chpl.force.com/ehrcert.
Eligible Professionals (EPs)

**Medicare:**
- Doctor of Medicine or Osteopathy
- Doctor of Surgery or Dental Medicine
- Doctor of Podiatric Medicine
- Doctor of Optometry
- Chiropractor

**Medicaid:**
- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioner
- Certified nurse-midwife
- Dentist
- Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.
- Have a minimum 30% Medicaid patient volume

Eligible Hospitals

**Medicare:**
- “Subsection (d) hospitals” in the 50 states or the District of Columbia that are paid under the Inpatient Prospective Payment System (IPPS)
- Critical Access Hospitals (CAHs)
- Medicare Advantage (MA-Affiliated) Hospitals

**Medicaid:**
- Acute care hospitals (including CAHs and cancer hospitals) with at least 10% Medicaid patient volume
- Children’s hospitals (no Medicaid patient volume requirements)
Incentive payments for Eligible Professionals (EPs) are based on individual practitioners. If you are part of a practice, each eligible professional may qualify for an incentive payment if each eligible professional successfully demonstrates meaningful use of certified EHR technology. Each eligible professional is only eligible for one incentive payment per year, regardless of how many locations services are provided.

**Hospital-based eligible professionals are not eligible for incentive payments.**

An eligible professional is considered hospital-based if 90% or more of his or her services are performed in a hospital inpatient setting.

The criteria for Meaningful Use are staged in three steps over the course of the next five years.

- **Stage 1 (2011 and 2012)** sets the baseline for electronic data capture and information sharing.
- **Stage 2 and Stage 3** (expected to be implemented prior to 2015) will continue to expand on this baseline and be developed through future rule making.

**Requirements of Meaningful Use (2011 & 2012)**

Meaningful Use includes both a core set and a menu set of objectives that are specific to eligible professionals or eligible hospitals and Critical Access Hospitals (CAHs).

For eligible professionals, there are a total of 25 Meaningful Use objectives. To qualify for an incentive payment, 20 of these 25 objectives must be met. There are 15 required core objectives.

For eligible hospitals and CAHs, there are a total of 24 Meaningful Use objectives. To qualify for an incentive payment, 19 of these 24 objectives must be met. There are 14 required core objectives. To demonstrate Meaningful Use successfully, EPs, eligible hospitals and CAHs are also required to report clinical quality measures specific to eligible professionals or eligible hospitals and CAHs.

Eligible Professionals must report on 6 total clinical quality measures: 3 required core measures (substituting alternate core measures where necessary) and 3 additional measures (selected from a set of 38 clinical quality measures). Eligible hospitals and CAHs must report on all 15 of their clinical quality measures.
Below are the Meaningful Use Core and Menu Set Objectives for EPs.

**Stage 1: 15 Meaningful Use Core Set Objectives (REQUIRED)**

1. Use Computerized Provider Order Entry (CPOE) for medication orders
2. Implement drug-drug and drug-allergy interaction checks
3. Generate and transmit permissible prescriptions electronically (eRX)
4. Record patient demographics (Preferred language, gender, race, ethnicity, DOB)
5. Maintain an up-to-date problem list of current and active diagnoses
6. Maintain active medication list
7. Record and chart changes in vital signs (height, weight, BP, BMI, growth charts)
8. Record smoking status (patients 13 and older)
9. Implement one clinical decision support rule
10. Report ambulatory clinical quality measures to CMS or the state
11. Capability to exchange key clinical information electronically among providers of care and patient-authorized entities.
12. Implement systems to protect privacy and security of patient data in the EHR
13. On request, provide patients with an electronic copy of their health records
14. Provide patients with clinical summaries for each office visit
15. Proper security in place to protect electronic health information

**Stage 1: Meaningful Use 5 of 10 Menu Set Objectives (one must be public health)**

- Implement drug-formulary checks
- (Public Health) Incorporate clinical lab test results into certified EHRs as structured data
- Generate lists of patients by specific conditions
- Send reminders to patients (per patient preference) for preventive and follow-up care
- Perform medication reconciliation between care settings
- Provide summary of care record for patients referred or transitioned to another provider or setting
- Provide patients with timely electronic access to their health information
- Use certified EHR technology to identify patient-specific education resources and provide to patient as appropriate
- (Public Health) Capability to submit electronic syndromic surveillance data to public health agencies (one occurrence)
- (Public Health) Capability to submit immunization data electronically to State immunization registry (one occurrence)
Incentive Payments for Medicare EPs

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For information on how to register and participate in Meaningful Use and EHR incentive programs, visit:

http://www.cms.gov/EHRIncentivePrograms

Regional Extension Centers (RECs)

The federal government has identified Regional Extension Centers to support healthcare providers in EHR implementation, technical support, and education on the rules for Meaningful Use incentives. The goal is to bring priority primary care providers (PPCPs) to Meaningful Use by 2012. PPCPs are preferred primary care (family, internal, general, pediatrics, obstetrics and gynecology) providers (physicians and/or healthcare professionals with prescriptive privileges, such as a PA or NP) in any following settings:

- Individual or small group practice (ten or fewer professionals with eRX privileges) primarily focused on primary care;
- Public and Critical Access Hospitals;
- Community Health Centers & Rural Health Clinics;
- Other settings mostly serving uninsured, underinsured & medically underserved populations.

RECs will provide subsidized services for those providers who:

- Do not have an electronic health record (EHR);
- Have an EHR that is used in a hybrid fashion, hard to use or non-certified;
- Have a working EHR that needs to be optimized to fully benefit the physician, the patient and satisfy federal Meaningful Use requirements.

New York State currently has two regional extension centers, upstate New York e-Health Collaborative (NYeC) and downstate New York City –Regional Electronic Adoption Center for Health (NYC REACH).
Services Provided by RECs
(may vary among RECs)

• Readiness Assessments
• Practice and Workflow Redesign
• Assist with Vendor Selection of a Certified EHR Product & Group Purchasing
• Vendor Contracting
• Process for EHR Project Management during Implementation
• EHR Optimization & Achievement of Meaningful Use
• Technical Reporting (if needed)
• Privacy & Security Best Practices
• Functional Interoperability & Health Information Exchange (HIE) Assessment & Guidance

New York e-Collaborative (NYeC)
NYeC was founded by healthcare leaders across the state, with leadership and support from the New York State Department of Health (NYS-DOH). NYeC serves as a focal point for healthcare stakeholders to build consensus on state health IT policy priorities, and to collaborate on state and regional health IT implementation efforts. NYeC assists 57 counties in achieving Meaningful Use. Membership fees apply for participation in NYeC. You may visit www.nyehealth.org to learn more.

New York City Regional Electronic Adoption Center for Health (NYC REACH)
NYC REACH is collaboration between the NYC Health Department and the Fund for Public Health in New York. NYC REACH helps providers adopt and use Electronic Health Records and new models of patient-centered care to improve population health. NYC REACH walks providers through all steps of EHR adoption from the vendor selection to tracking improvements in health outcomes. NYC REACH assists in the five boroughs of New York City in achieving Meaningful Use. Membership fees also apply to participating in the NYC REACH program. You can learn more by visiting www.nycreach.org.