



AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

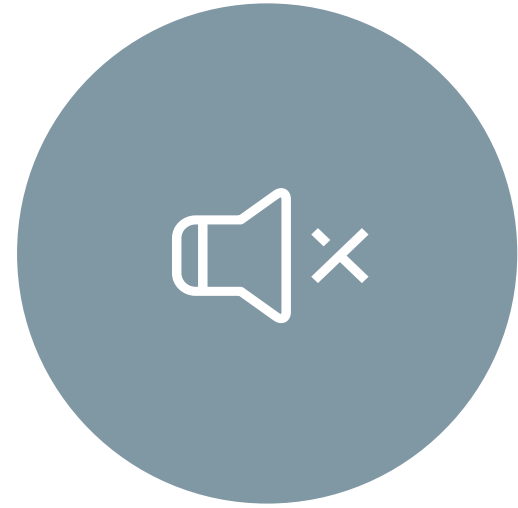
AIRA Members & Partners Quarterly Meeting

October 16, 2023

Welcome – Heather Roth, President



This meeting is being recorded
and will be posted in the
AIRA repository



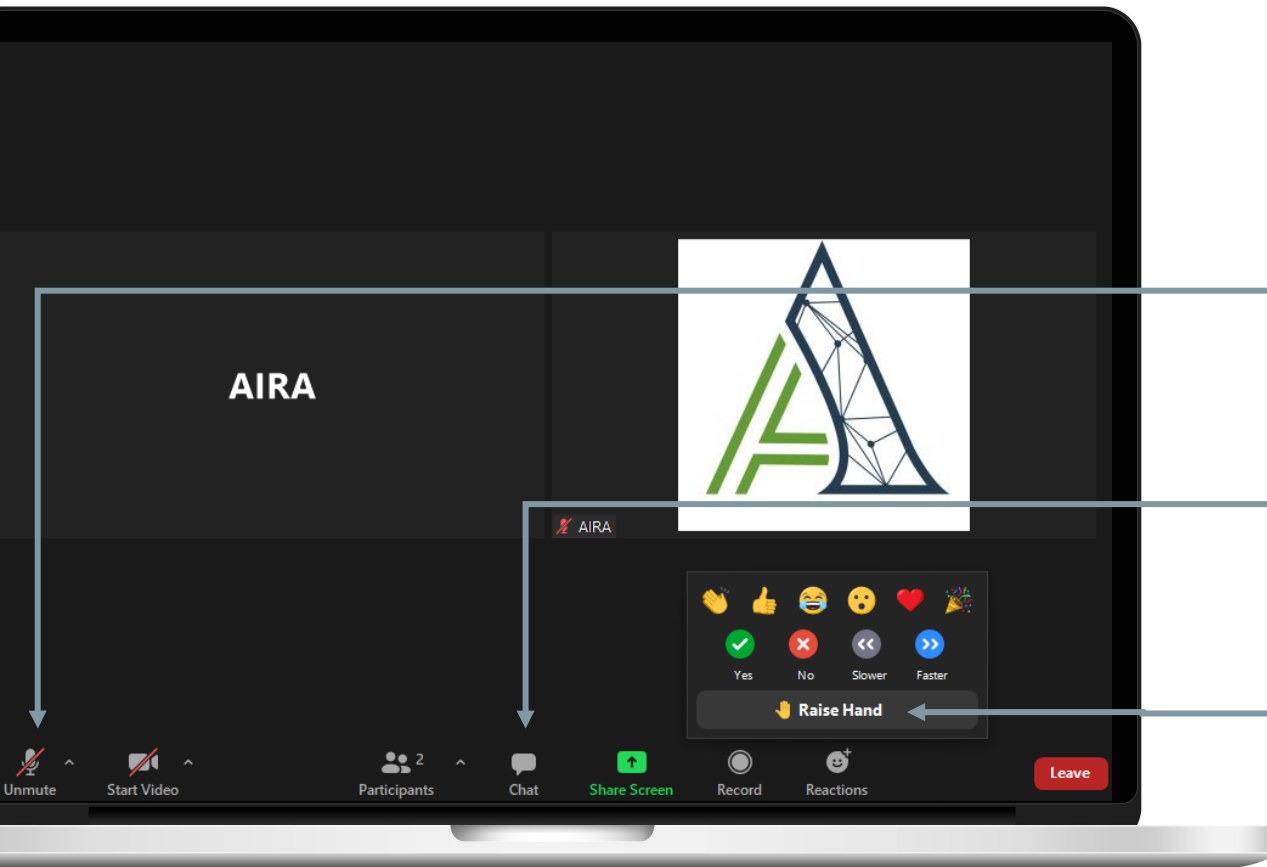
All phone lines
are muted



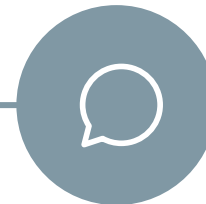
Welcome – Heather Roth, President

How do I ask a question?

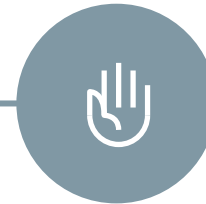
There will be time allotted for Q&A following each of the updates.



Select the unmute icon and ask your question verbally.



Select the chat icon and type your question into the chat box.

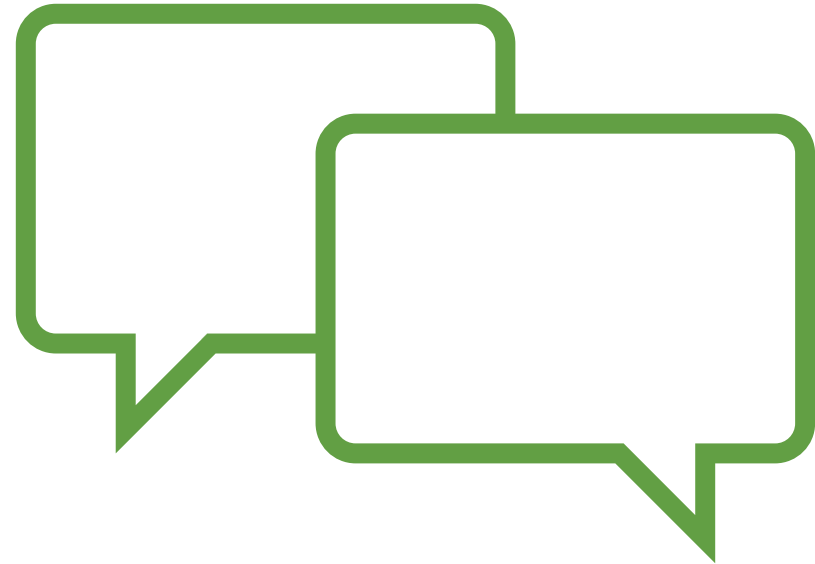


Select the reactions icon, select "Raise Hand," and you will be called on.



Technical Support

If you experience any technical issues during the meeting, please contact **Jo Turcotte** via direct message in the Chat.



American Immunization Registry Association (AIRA) Update

Maureen Neary



AIRA 2023-2024 Board

Officers/Executive Committee

Heather Roth - **President**

Melissa Mickle-Hope – **President
Elect**

Miriam Muscoplat – **Governance
Committee Chair**

David Crowell – **Secretary**

Steve Murchie – **Treasurer**

Directors

John Robison

Nancy Sharova

Marie Hartel

Jeff Chorath

David Mattiko

Mike Berry*



AIRA 2024

National MEETING

May 7-9 | Orlando, Florida

Save the Date

The AIRA 2024 National Meeting will be held in Orlando, Florida from **May 7-9**.

Submit an Abstract

Call for Abstracts will close on **December 3** at **11:59 p.m. ET**. Submit abstracts on the AIRA National Meeting website.

Register to Attend

Early bird registration closes on **March 31**. Visit the AIRA National Meeting website to register and book your hotel room at the discounted group rate.

www.AIRANationalMeeting.org

Corporate Partners 2023-2024

DIAMOND



PLATINUM



GOLD



SILVER



Discovery Sessions

Discovery Sessions

Average attendance: 110

Recently Covered Topics

- Data Quality
- PHII Resources
- Tour of AIRA Resources

Up Next

- **October:** IIP Collaborative
- **November:** IISAR



IIS Manager Meetings



- Space for IIS managers to connect with peers
- Bi-monthly virtual meetings
- Avg attendance: 39 IIS Managers

March 2023:

**Quarterly routine
& monthly flu data
submission**

May 2023:

**Long-term care
reporting to IIS**

July 2023:

**Reprioritizing
work plan
activities**

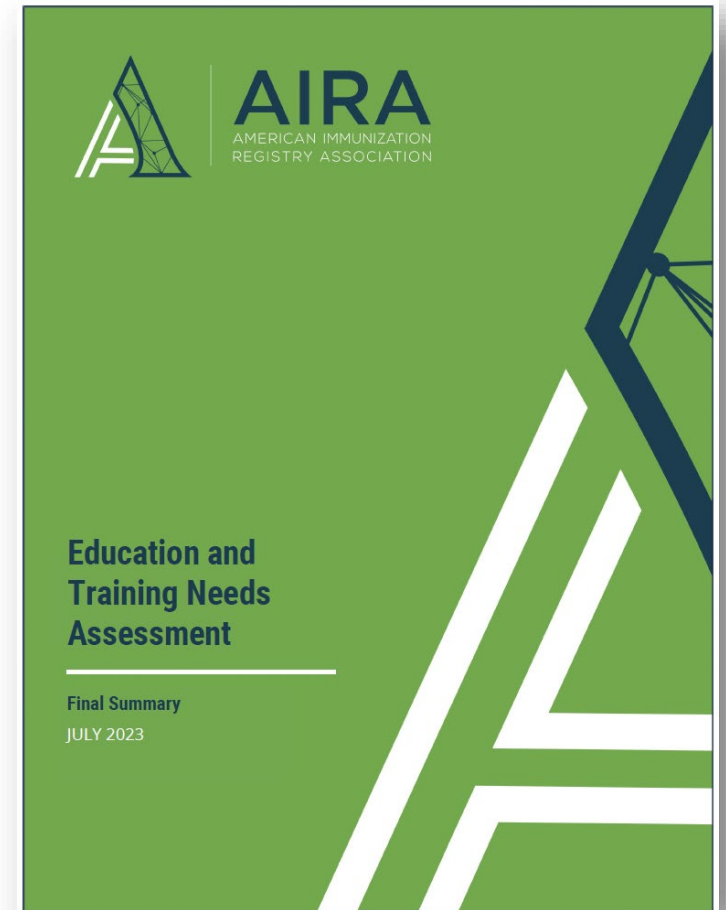
September 2023:

**Medicaid funding
to support IIS**



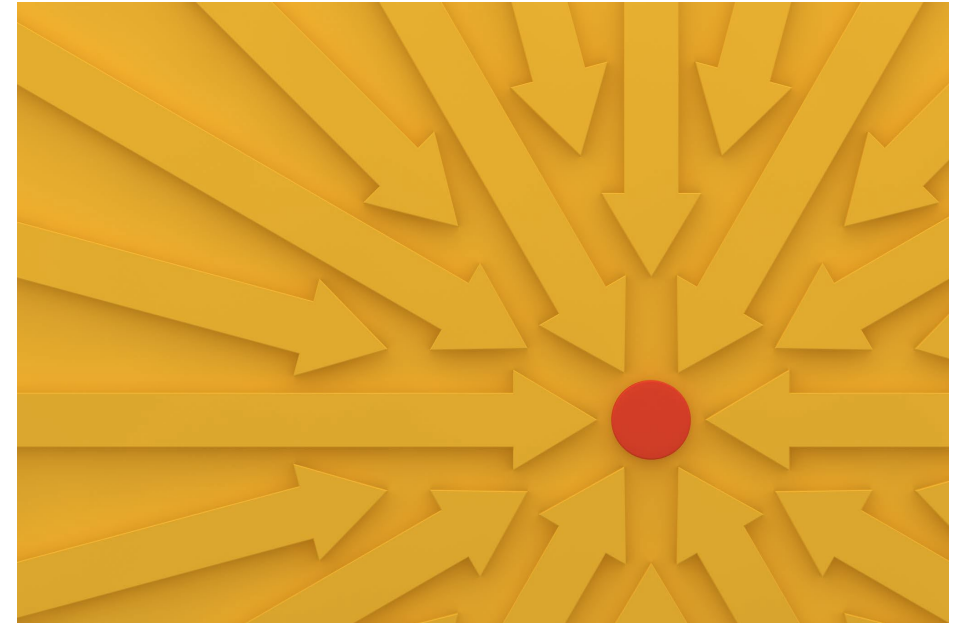
Work Force Needs Assessment

- Purpose: To identify the highest-priority education and training needs of IIS programs
- Key Findings: Training Needs
 - General IIS 101 training
 - Leadership and management skills
 - Communications training



High-Priority Training Topics

- Project and change management
- Interoperability
- Database management
- Data use
- Data quality
- Evolving technology and tools
- Data analysis and visualization

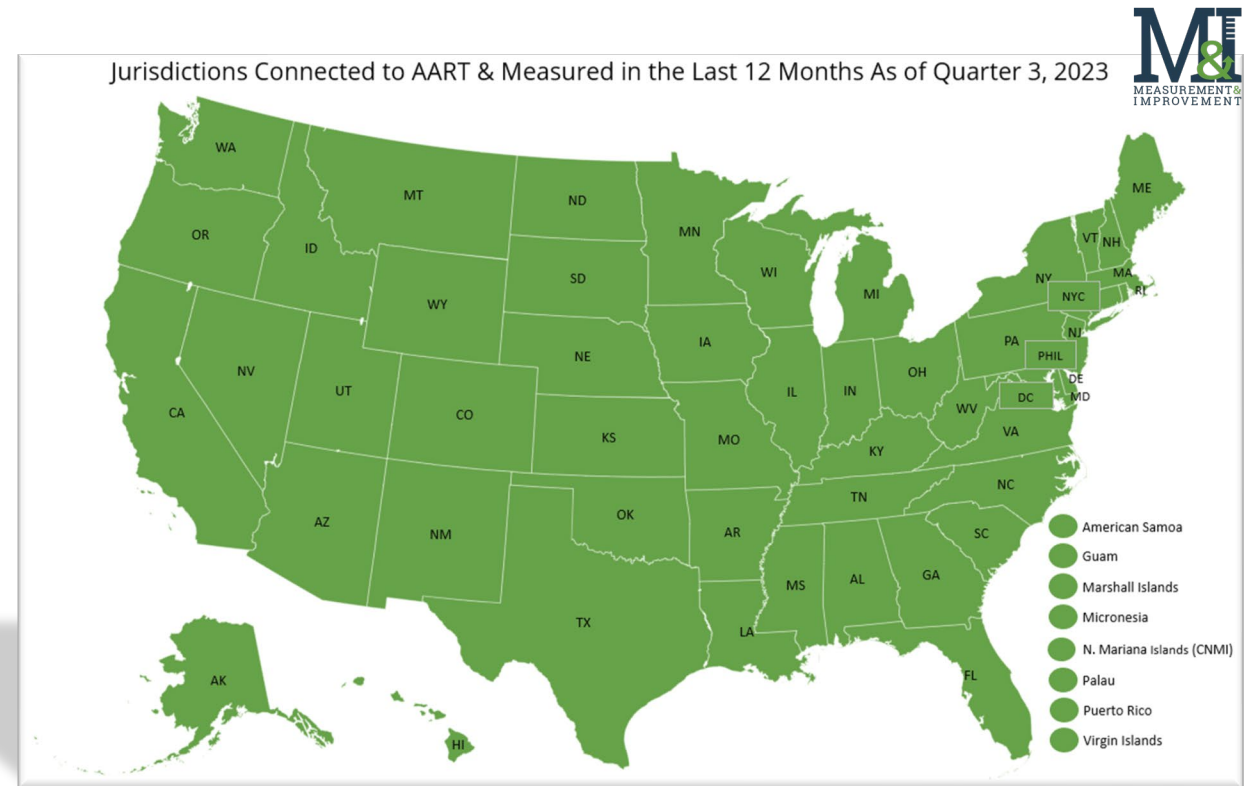


IIS Participation: Measurement & Improvement Initiative

For the first time since the launch of M&I in 2015, AIRA, MACAW, and CDC are excited to share **100% of IIS are measured in at least one content area!**

Individual IIS reports for Quarter 3 measurement have been released in **AART**. IIS Admin staff can access those at any time.

Nationwide summary Validation measurement reports will be available on AIRA's repository by the **end of October.**



M&I: Data at Rest (DAR)



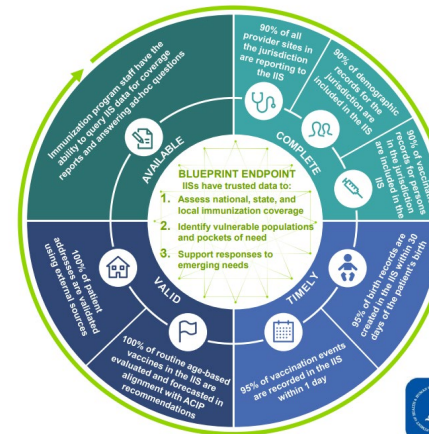
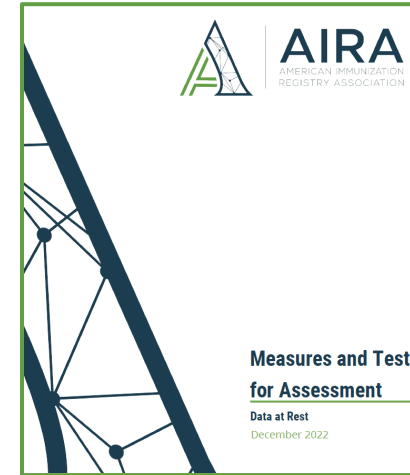
DAR measures the **Completeness**, **Timeliness**, and **Validity** of the data residing in an IIS database, regardless of how it arrived there.



Feb 2023: AIRA, MACAW, and CDC launched the initial measures and tests to assess IIS alignment with functional standards in the second stage of M&I, Assessment.



Testing and analysis based on IIS extract of de-identified active patients in IIS aged 0-2.



Why IIS participate in DAR Assessment



See how IIS data aligns with best practices and standards set forth in *IIS Data Quality Practices to Monitor and Evaluate Data at Rest*.



Have **access to a query tool** to discover more about IIS data.



Obtain an **IIS-Wide and Provider Breakdown report** of data quality.



Contribute to IPOM Chapter D activities to “analyze provider and IIS level patient demographic and vaccination data”.



IIS Participation: DAR Assessment



IIS are invited to submit their participation interest via AIRA's Technical Assistance form, located on the homepage:
<https://www.immregistries.org/ta-request-form>



Learn more about DAR Assessment and the M&I initiative:
<https://www.immregistries.org/assessment>

The screenshot shows the AIRA (American Immunization Registry Association) website. The header includes the AIRA logo and navigation links: Home, About AIRA, Workgroups, Ongoing Efforts, Events, Repository, and Members Only. A banner image with the text "Promoting and supporting the use of immunization information to ensure healthy communities" is displayed. Below the banner, there is a "Who are we?" section and a "Quick Links" sidebar. The sidebar contains links for "What's New", "National Meeting", "Tech Corner Blog", "TA Request Form", "My Profile", and "Repository". The "TA Request Form" link is highlighted with a yellow box. Below the sidebar, there is a "Request Technical Assistance" section. This section contains a form titled "AIRA Technical Assistance Requests" with a description of the service. The form includes a "Category of Request" dropdown menu with "Data at Rest (DAR)" selected, a "Title of Request" text box, and a section for selecting the step(s) of Data at Rest (DAR) participation requiring assistance. The steps listed are: Project Initiation, Data Extraction, Data Transformation, Data Loading, and Report Access/Implementation. A yellow arrow points from the "TA Request Form" link in the sidebar to the "Category of Request" dropdown menu.

AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

Member Login Search our site...

Home About AIRA Workgroups Ongoing Efforts Events Repository Members Only

Promoting and supporting the use of immunization information to ensure healthy communities

Who are we?
The American Immunization Registry Association (AIRA) exists to support and promote the use of immunization information to ensure healthy communities through the development and implementation of immunization information systems (IIS) as a crucial tool in preventing vaccine-preventable diseases. If you want to know more about us, visit the [About AIRA](#) page.

What can you do on the AIRA website?
• Check out useful resources like best practice guides, data quality guides, and coverage assessment guides in our [Resource Repository](#).

Quick Links

- What's New
- National Meeting
- Tech Corner Blog
- TA Request Form
- My Profile
- Repository

Request Technical Assistance

AIRA Technical Assistance Requests
AIRA offers technical assistance on a wide range of IIS topics, including new services specific to onboarding, in collaboration with Centers for Disease Control and Prevention (CDC) and other partners.

Category of Request *
Data at Rest (DAR) ▼

Title of Request *
250 character limit

With which step(s) of Data at Rest (DAR) participation do you require assistance?
Project Initiation – learning more about the project
Data Extraction – generating the data files from your database
Data Transformation – transforming the extracts into the aggregate detection file
Data Loading – uploading the aggregate detection file through AART
Report Access/Implementation – understanding the data quality reports
Ctrl+hold to select more than one option.



IIP Key Updates

New Resources!

- Support Pre-submission Data Validation
- Available in the AIRA Repository and at www.himss.org/iip

Immunization Integration Program (IIP) Data Entry Error Guide Template

About this template

This template is intended for use by immunization information system (IIS) short list of errors, and ways to avoid them, that may occur when organization's electronic health record/health information technology system(s) that interface with an IIS. In addition to a jurisdiction's IIS list is shared with provider organizations with, or working to achieve. This data entry error guide may describe HL7 v2 message content business rules, that are not captured well in a local implementation focused on message structure. For example, the date of January. However, if the patient's date of birth is January 1, 2023, and the December 1, 2022, this combination is not valid as a patient can be born. This could indicate an error when recording the patient's date of birth, or both.

Many of the issues listed in the template are found within [Data and Business Rules Spreadsheet](#) created by the American Immunization Association's (AIRA) Modeling of Immunization Registry Operations.

How to use this template

1. The error data generated in this template comes from a IIS' pre-production system. These test cases mimic errors when users enter data into a source system.
 - The following AART Test Groups were used to generate:
 - Bad Messages
 - Data Quality
 - Coded Values
2. Replace the yellow highlighted text with your jurisdiction's Remove the yellow highlight formatting.
3. Deduplicate any errors from the AIRA provided template example. AART uses two test cases to check and see if a there's no reason to repeat this information. For example, and DQMG0116 check for the same thing but are found in different sections.
4. Keep this document short, no more than five pages.
5. Tailor your IIS' report to display from most to least frequent.
6. Tailor your IIS' report to your implementation's requirements. For example, how does your system request sex, race, mapped or what characters may be included in a name?
7. Update Table 1 to reflect your IIS requirements.

IIP Collaborative – Top Five Strategies for Improving Immunization Data Quality at the Point of Care

THE CHALLENGE

Ideally, information about administered immunizations flows seamlessly to jurisdictional immunization information systems (IIS), but sometimes, data errors can cause information to be rejected. Validating immunization data for completeness and accuracy before submission to an IIS facilitates successful submission and reduces the amount of rejected data that must be investigated, fixed, and resubmitted. Here are five key strategies and related resources to support improving your immunization data quality and reducing rejections.

1

Understand your immunization acknowledgment messages.

Reviewing your error data can help identify common errors. Understanding common errors and workflows to prevent those errors.

- IIP Aggregate Immunization Acknowledgment Message Reports Guidance
- Do You Know Where Your ACK Messages Are? Assessing and Correcting Fatal Errors from Immunization Registry
- AIRA Discovery Session: Data Quality Improvement Success Story: Collaborating through

2

Start the conversation about IIS data requirements and business rules.

Ask your IIS if they have a list of potential errors and recommendations for reducing or preventing errors.

- Contact your jurisdiction's IIS.

3

Leverage your system's configurability.

Have discussions with your clinical case team, administrative staff, and vendor partner on how to configure your system.

- DQA Business Rules and Principles

4

Provide training resources to improve immunization data entry and validation.

Errors introduced when documenting patient and vaccine information can cause the immunization data to be rejected. This guide lists the key training resources that promote best practices for data validation in the IIS.

- Training Resources for Vaccine Data Entry Users

5

Incorporate vaccine 2D barcoding into immunization and inventory documentation processes.

Manual documentation of immunization data can introduce errors which result in immunization records being rejected by the IIS. 2D barcode adoption can improve your data quality, provide cost savings, and reduce rejections.

- CDC resources on vaccine 2D barcodes
- CDC Vaccine 2D Barcode Scanning Implementation Toolkit

Immunization Integration Program

Better health outcomes, reduced costs and higher clinician productivity

The Immunization Integration Program is advancing the inclusion of enhanced immunization capabilities in EHRs to improve the exchange of data between EHRs and immunization information systems.

Help improve immunization interoperability

Immunization Integration Program (IIP)

Training Resources for Vaccine Data Entry Users

This guide lists training resources that promote best practices for data validation in the EHR prior to submission to the IIS.

The resources shown below are divided into three categories of users:

- **Registration:** These resources are targeted to support users who enter patient demographic information upon registration.
- **Vaccine Administrators:** These resources are targeted to support users who enter information about the vaccine and the patient encounter.
- **Informatics/IT Team:** These resources are targeted to users who support the organization's EHR, workflows, and administration.

Please note that the following resources are offered as suggestions and may contain guidance that differs from your organization's policies and practices. The IIP is not responsible for maintaining the content contained within the resources. For more information about the IIP, please contact us at ip@himss.org.

Resources for Data Validation during Patient Registration

Resource, Hyperlink, Description	Source
ONC's Health IT Play Book: Registrar Play Book	ONC
What's the big deal about patient demographic data? https://www.healthit.gov/playbook/registrar/chapter-1/	
General Best Practices for Capturing Patient Demographic Data: https://www.healthit.gov/playbook/registrar/chapter-2/	
Best Practices for Data Capture by Data Attribute: https://www.healthit.gov/playbook/registrar/chapter-3/	
Three chapters in the Registrar Play Book contain best practices and strategies to capture patient demographic data. The resources include general do's and don'ts, scenario-based training videos, and strategies for building patient relationships.	

Resources for Data Validation During Vaccine Patient Encounter

Resource, Hyperlink, Description	Source
Document the Vaccinations https://www.cdc.gov/vaccines/hcp/admin/document-vaccines.html	CDC



IIP Key Updates



Upcoming Events:

- Hear how EHRs, clinic staff, and IIS implemented **IIP's pre-submission data validation strategies** and gain key insights from **Oracle Health** and **ShowMeVax**:
 - AIRA Discovery Session **October 23, 4:00 -5:00 pm ET** -
 - HIMSS webinar **November 1, 12:00 -1:00 pm ET**



AIRA Onboarding Shared Services

Available Now

IIS Orientation to
Provider Onboarding:
Resource Checklist

Review best practices in the IIS onboarding process (~1–3 hrs.)

Resource	Notes
Onboarding Consensus-Based Recommendations Guide Webinar Introduction to the Guide An AIRA guidance document that provides an overview of the IIS onboarding process, along with recommendations and implementation considerations for each step in the process.	
Data Validation Guide for the IIS Onboarding Process Guide Webinar Introduction to the Guide An AIRA guidance document that provides recommendations on key data-quality measures to assess during the onboarding process to ensure high-quality data interfaces between electronic health record systems and IIS.	

Coming Soon

- Onboarding Roles and Responsibilities (RASCI) Template
- Onboarding Standard Operating Procedure Template

Onboarding Step/Task	Responsible	Accountable	Support	Consulted	Informed
Step 1: Discovery and Planning: 1a. Readiness					
Outreach to organizations regarding data exchange	[Title or Name]	[Title or Name]	[Title or Name]	[Title or Name]	[Title or Name]
Monitor organizations' progress on readiness for onboarding					
Follow-up with organizations regarding their readiness activities					
Review and provide feedback on provider self-service testing (e.g., NIST validation report)					



New Project with CDC & HUD

Measuring vaccination coverage for people experiencing homelessness has been challenging

New project with CDC and HUD seek to

- Identify and describe technical standards for both IIS and (Homeless Management Information System (HMIS) systems
- Summarize lessons learned from previous efforts
- Document common challenges and potential solutions for privacy, collaboration, interoperability, and data quality

If you have worked with your HMIS, we want to hear from you!

Send email to info@immregistries.org or let us know in chat



Association of Immunization Managers (AIM) Update

Kristy Westfall



AIM Update

Kristy Westfall, Data Project
Manager



Association of
Immunization
Managers



2023 AIM Leadership in Action Conference

December 5-7, 2023 Houston TX

Hotel Information: Westin Galleria Houston. Attendees can book directly [here](#).

Registration – Coming in the next week on our website!

- Early Bird: \$700
- Regular: \$750
- On-Site: \$800

Agenda will include a federal leadership panel, leadership development trainings, AIM awards and more!

Keynote Speaker:
Dr. Peter Hotez, Baylor
College of Medicine



Please contact Kristy or Mackenzie if you have any questions:

kristyw@immunizationmanagers.org
Mmelton@immunizationmanagers.org



New AIM Resources

Tip Sheet: Increasing Equitable Access to Birth Dose Immunizations [HERE](#)

- Supports equitable implementation of nirsevimab and hepatitis B in birthing institutions

Observations from Listening Sessions on COVID Peds Vaccine Roll-Outs [HERE](#)

- Includes lessons learned from pediatric COVID-19 vaccine roll-outs

Updated Influenza Toolkit [HERE](#)

- Latest addition of “Communicating the Benefits of Influenza Vaccine” handout
- 2023 National Influenza Vaccination Week social media toolkit (December 6-12)

Tip Sheet: Partnering with Diaper Banks to Increase Vaccination Rates – from the Bottom Up [HERE](#)

- Provides answers to FAQs about immunization and diaper bank partnerships
- Spotlights two innovative programs/campaigns



Association of Immunization Managers

OBSERVATIONS FROM AIM MEMBERS AND PARTNERS



Increasing Equitable Access to Birth Dose Immunizations

According to the Centers for Disease Control and Prevention (CDC), only about 10% of the nation's birthing institutions are enrolled in the Vaccines for Children Program (VFC). Consequently, most immunization programs (IPs) and hospitals use other approaches to cover the cost of the relatively inexpensive hepatitis B vaccine (HBV) birth dose for VFC-eligible children. However, in August 2022, the Advisory Committee for Immunization Practices (ACIP) recommended one dose of a new monoclonal antibody (mAb) product, nirsevimab, for all infants younger than 8 months, born during – or entering – their first Respiratory Syncytial Virus (RSV) season. Nirsevimab should be administered to newborns within the first week of life, either prior to discharge from the hospital or through their medical home. Due to cost, it is highly unlikely nirsevimab can be made available to uninsured/uninsured newborns prior to hospital discharge without birthing institution participation in the VFC program. To identify barriers and successes to 1) enrolling birthing institutions in the VFC program and 2) implementing birth dose immunizations, AIM conducted **seminar discussions and key-informant interviews with IPs and partners**. AIM hopes findings from these conversations will help partners work together to increase equitable access to existing and future birth dose immunizations for all infants.

DEFINITIONS

BIRTHING INSTITUTIONS
Includes private or public hospitals with an obstetric unit, birthing centers, or standalone birthing hospitals.

VFC-ENROLLED BIRTHING INSTITUTIONS
If a birthing unit is not using VFC-funded vaccines, we do not consider them to be enrolled in the VFC program, regardless of the VFC status of their parent organization.

BIRTH DOSE IMMUNIZATIONS
Products administered at birth to prevent disease transmission, including the vaccine for hepatitis B and nirsevimab, the new monoclonal antibody to prevent Respiratory Syncytial Virus (RSV).

*10 Georgia Practices, Nirsevimab Implementation Collaborative, Advisory Committee on Immunization Practices Meeting, August 3, 2023.

KEY TAKEAWAYS

- ▶ Examining and addressing procedural hurdles or barriers to birthing institution participation in VFC may support their enrollment.
- ▶ Successful strategies from HBV birth dose implementation may support implementation of the new RSV mAb.
- ▶ Hospital associations are strong partners with the potential to support VFC implementation in member hospitals.
- ▶ Consistent messaging and support from all healthcare providers involved in the care of pregnant people and infants is essential for the successful implementation of birth dose immunizations. Provider membership associations can serve as strong partners in these efforts (e.g., ACOG, AAP, AAFP, NAPNAP, ANA, AWHONN, ACNM, NPWH).







Communicating the Benefits of Influenza Vaccination

Influenza (flu) severity varies from year to year, but flu season always brings serious consequences. While the 2020–2021 flu season was mild due to COVID-19 prevention measures, flu-related hospitalizations returned to pre-pandemic levels during the 2022–23 season. Although flu outbreaks are unpredictable, vaccination is the best protection for any influenza season.

Flu vaccination is the best way to prevent flu and its complications. Everyone age 6 months and older is recommended to get a yearly flu vaccine. This can markedly lower the risk of influenza-related illness, hospitalization, and death. Take advantage of every opportunity to make a strong recommendation for flu vaccine and other vaccines your patients may need, such as COVID-19, RSV, and pneumococcal vaccines. Flu vaccine may be given at the same time as other vaccines.

CDC estimates the annual impact of flu from 2010–2021¹ ranged from:

9–11 million flu illnesses	4–21 million flu medical visits	100,000–710,000 flu hospitalizations	5,000–52,000 flu deaths
			

¹Includes 2010–2011, 2011–2012, 2012–2013, 2013–2014, 2014–2015, 2015–2016, 2016–2017, 2017–2018, 2018–2019, 2019–2020, and 2020–2021. SOURCE: CDC Data on the Burden of the Burden of Influenza in the United States (2010–2021).

What are the Benefits of Flu Vaccination?!

Research shows flu vaccination:

- ✓ **Reduces Hospitalization and Death**
Pneumonia deaths from flu were cut in half for vaccinated children with underlying high-risk medical conditions and by two-thirds for healthy children, compared to those who were not vaccinated.
- ✓ **Influenza hospitalizations were cut in half for all adults** (including those 65+ years of age).
- ✓ **Influenza hospitalizations dropped dramatically** among people with chronic health conditions – by 75% for vaccinated people with diabetes and 52% for those with chronic lung disease.
- ✓ **Vaccinating long-term care facility (LTCF) staff** reduces hospitalizations and deaths in LTCF residents.
- ✓ **Reduces Severity of Illness in Hospitalized Individuals**
Among vaccinated adults hospitalized with flu, intensive care unit (ICU) admissions decreased by more than half (55%), and they spent fewer days in the ICU compared to unvaccinated hospitalized people.
- ✓ **Children's risk of admission to a pediatric intensive care unit (PICU) for flu-related illness was cut by almost 75%.**
- ✓ **Reduces Risks for Major Cardiovascular Events**
Risk of a major cardiac event (e.g., heart attack) among vaccinated adults with existing cardiovascular disease was reduced by more than one-third.
- ✓ **Protects Pregnant People and Their Babies**
For vaccinated pregnant people, flu-associated acute respiratory infections were cut in half, and flu-associated hospitalizations were reduced by 40%.
- ✓ **Influenza illnesses and influenza-related hospitalizations in infants under 6 months of age fell by half** when their mothers were vaccinated.

Vaccination rates* for flu remain well below optimal levels:

58% children 6 months–17 years
50% adults 18+ years
74% adults 65+ years
80% healthcare personnel
48% pregnant people

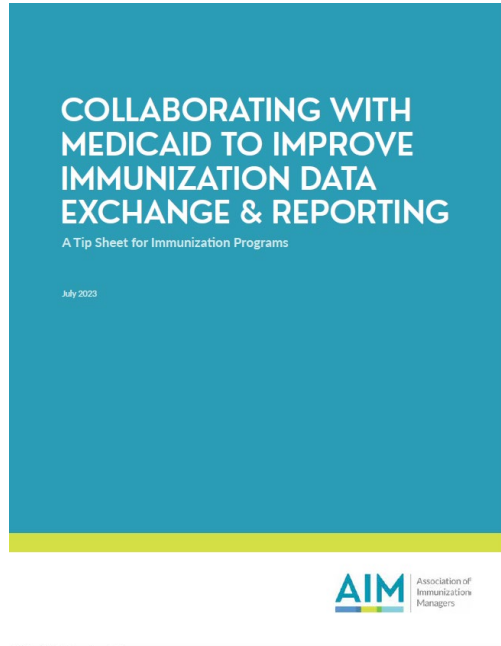
*Source: CDC, 2021–2022 season.

Tips for Discussing Flu Vaccination

- **Recommend flu and other needed vaccines at every clinical encounter.** “I strongly recommend you get your flu vaccine today. It can be given at the same time as other vaccines.”
- **Keep it simple:** “Flu vaccine helps reduce your risk of hospitalization and death.” “Flu complications can happen to anyone, but especially babies, children under 5, people with health issues, pregnant people, and older adults.”
- **Use a presumptive approach:** “Today we are giving you your annual flu vaccine.”
- **Communicate why we vaccinate:** “Vaccination prevents flu and its severe complications.” “Preventing the flu means preventing missed work/school, doctor appointments, and testing. When flu vaccines can't prevent COVID-19, it can help prevent flu and COVID-19 co-infections, which can cause more severe illnesses.”
- **Communicate the variability and unpredictability of flu:** “Flu seasons are unpredictable. The best way to prepare for any season is to get a flu vaccine.”
- **Acknowledge that flu vaccines are not always a perfect match with the circulating virus strains, but getting vaccinated is the best way to reduce flu and its complications.”**

FOOTNOTES
¹ CDC, What are the benefits of the vaccination? www.cdc.gov/flu/season/vaccine-effects.htm
* CDC, 2021–2022 season. www.cdc.gov/flu/season/vaccine-effects.htm
* CDC, 2021–2022 season. www.cdc.gov/flu/season/vaccine-effects.htm

New AIM Resources - continued



Medicaid and Immunization Programs Collaboration Toolkit

NEW! Collaborating with Medicaid to Improve Immunization Data Exchange & Reporting Tip Sheet

<https://www.immunizationmanagers.org/resources/medicaid-and-immunization-programs-collaboration-toolkit/>

COMING SOON!

Communicating the Value of Immunization Information Systems (IIS)

A Communications Toolkit for Program Managers

(with emphasis on Medicaid partnerships)



“REACHing for Vaccine Equity”

Podcast Episode 8

- This final episode, RAO Community Health shares how their team worked alongside their communities to improve vaccine confidence and lower barriers to healthcare access for communities in Charlotte.
- Listen [HERE](#)

Episode 8

Holistic Approaches to Improve Health Outcomes



Ashley Carmenia
Project Director
RAO Community Health/
Carmenia Consulting, LLC

Chinue Hinds-Hazelwood
Communications Manager
RAO Community Health





REACHing for Vaccine Equity
A limited series podcast
iREACH

Thank you!



immunizationmanagers.org



@AIMimmunization



Association of Immunization
Managers



Association of
Immunization
Managers



National Association of County and City Health Officials (NACCHO) Update

Matthew Bobo



Immunize.org Update

Laurel Wood





Immunize.org Update

AIRA Members & Partners Call

October 16, 2023

COVID-19 Checklist

Checklist of Current Versions of U.S. COVID-19 Vaccination Guidance and Clinic Support Tools

Information current **as of 8 a.m. ET on 06 October 2023**

This checklist, which is **updated at least monthly**, provides links to key COVID-19 vaccination resources and indicates when they were last updated (as of the date shown above).

- View this checklist online at www.immunize.org/catg.d/p3130.pdf to access the resources directly
- For additional COVID-19 vaccine information, go to www.immunize.org/covid-19

Primary CDC Guidance on Use of COVID-19 Vaccines		
Web page	Date last updated	
Use of COVID-19 Vaccines in the United States: Interim Clinical Considerations	15 Sept 2023	
COVID-19 ACIP Vaccine Recommendations	29 Sept 2023	

COVID-19 Immunization Schedule (print ready PDF document)		
Schedule	Date last updated	
Interim 2023–2024 COVID-19 Immunization Schedule for Persons 6 Months of Age and Older	22 Sept 2023	

Fact Sheets and Package Inserts						
FDA: FACT SHEETS (for Vaccines with Emergency Use Authorization [EUA]) and PACKAGE INSERTS (for Vaccines with full FDA licensure)						
Manufacturer	Age Indication	Presentation*	Identifying Colors		Fact Sheet (FS) or Pkg Insert (PI)	Date last updated
			Cap	Label		For Healthcare Providers
Pfizer-BioNTech	6 mos through 4 yrs	3-dose MDV	Yellow	Yellow	FS	11 Sept 2023
	5 yrs through 11 yrs	SDV	Blue	Blue		11 Sept 2023 translations*
	12+ yrs (Comirnaty)	SDV	Gray	Gray	PI	Sept 2023
		MFS	n/a	n/a		Sept 2023† (see last pages)
Moderna	6 mos through 11 yrs	SDV	Dark blue	Green	FS	11 Sept 2023
		SDV	Dark blue	Blue		11 Sept 2023 translations*
	12+ yrs (Spikevax)	MFS	n/a	n/a	PI	Sept 2023
						Sept 2023†
Novavax	12+ yrs	5-dose MDV	Blue	Blue	FS	03 Oct 2023
						03 Oct 2023 translations*

* Presentation: SDV = single-dose vial/ MDV = multiple-dose vial/ MFS = manufacturer-filled syringe

† Translations for Recipient & Caregiver Fact Sheets (select manufacturer and language): [Pfizer-BioNTech](#) / [Moderna](#) / [Novavax](#)

‡ A COVID-19 vaccine information statement (VIS) is not yet available for use with licensed Comirnaty and Spikevax vaccines. Per CDC's [Current VIS](#) page, providers may use the manufacturer's patient package insert, written FAQs, or any other document (including provider-produced information materials) to inform patients about the benefits and risks of that vaccine.

CDC COVID-19 Vaccine Clinic Support Tools (print ready PDF documents)		
CDC: PREVACCINATION CHECKLIST		
Checklist	English	Spanish
Prevaccination Checklist for COVID-19 Vaccines (for use by vaccine recipients)	13 Jan 2023	25 Jan 2023
Prevaccination Checklist for COVID-19 Vaccines (information for healthcare professionals)	23 Dec 2022	n/a

Immunize.org
FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p3130.pdf
Item #P3130 (10/6/2023)

www.immunize.org/catg.d/p3130.pdf

- Updated at least monthly
 - Most recent update: 10/6/2023
(will be updated immediately when Novavax materials are published)
 - Easy access to latest links:
 - Interim Clinical Considerations
 - Schedules
 - FDA Fact Sheets & Pkg Inserts
 - Prevaccination Checklists
 - Standing Orders
 - Vaccine “At-A-Glance” (includes S&H)
- and more*

Improving the Vaccination Experience



for adolescents and adults

Scan for PDF

Scan for PDF

ENR
Engineering News-Record

Addressing Vaccination Anxiety (for recipients/parents and caregivers)

for infants and toddlers

Addressing Vaccination Anxiety for Infants and Toddlers Strategies for Parents and Caregivers



Infants and toddlers are often distressed by injections, leading some parents to dread, delay, or avoid vaccinations, even when they understand why they are so important. You can do simple things to help your child have a better vaccination experience while you protect them from serious diseases.

Before the Visit

Pre-register for your visit, if possible, so your wait time is shorter.

Know what to expect. When setting up the visit, ask if vaccinations are expected. Do not reassure your child falsely. For example, don't promise your toddler "no shots today" if they may be needed.

Consider a numbing medicine that you can put on the skin. It may be a 5% lidocaine cream, spray, or patch. This can help with injection pain. To take effect, these medicines need to be put on the skin 30 to 60 minutes ahead of time. Many clinics do not have time to do this. Consider asking the clinic or a pharmacist how to do this before you arrive, using a numbing medicine you can get without a prescription.¹

During the Visit²

Ask questions about the vaccination process so your feel prepared.

Breastfeeding, taking sugar water, or sucking on a pacifier while being held helps infants with pain. Have the baby suckling before, during, and after vaccination. If not breastfeeding, you can use sugar water (1 teaspoon of white sugar dissolved with 2 teaspoons of water). Start giving sugar water 1 to 2 minutes before vaccination. Place a dropper into the side of the baby's mouth between the cheek and gums or dip the pacifier into the sugar water before giving it.

Hold your child. After undressing the baby's limb(s) where the vaccine(s) will be given, hold the child on your lap during vaccination, either facing away from you or toward you.

This should help the child stay still and feel secure but not be so tight that it increases distress. Rock the child after vaccination.²

Distraction helps most infants and toddlers. You can use a mobile device, toys, music, or bubbles.

Your words, tone, and attitude are important. If the adults act and speak calmly and confidently, the child will feel reassured.²

KEY IDEA: Let the person giving the vaccines know what helps your child feel calmer. They want to help!

Options for Making Shots Less Painful without Medicine

In addition to numbing medicines described in "Before the Visit", there are other ways to "distract" pain sensors in the skin so the child getting the vaccine won't notice it as much. Options include:

The person giving the vaccine may use a cold ("freezy") spray just before injection.

Before the injection, a **plastic device with several short, blunt contact points** can be placed on the skin around the injection site (one brand is ShotBlocker by Bionix, pictured right). This is non-prescription and inexpensive. You can clean and reuse it.



After the Visit

Experts do not recommend giving pain medicines (such as ibuprofen or acetaminophen) before vaccination because they might lower the body's response to vaccines. You may

use these medicines to help with pain or fever that develops after vaccination, if needed.⁴



FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p4272a.pdf

Item #P4272a (8/21/2023)



Scan for PDF

www.immunize.org/catg.d/p4272a.pdf

for children

Addressing Vaccination Anxiety for Children Strategies for Vaccine Recipients and Caregivers



Anxiety about injections is a common feeling for people of all ages, especially children. This may lead some children to dread or avoid vaccination, even when they understand why vaccines are important. You can help your child have a better vaccination visit while you protect them from serious diseases.

Before the Visit

Pre-register for your visit, if possible, so your wait time is shorter.

Know what to expect. When setting up the visit, ask if vaccinations are expected. Do not reassure your child falsely. For example, don't promise "only one shot today" in case you find out later that your child needs more.

Consider a numbing medicine that you can put on the skin. It may be a 5% lidocaine cream, spray, or patch. This can help with injection pain. To take effect, these medicines need to be put on the skin 30 to 60 minutes ahead of time. Many clinics do not have time to do this. Consider asking the clinic or a pharmacist how to do this before you arrive, using a numbing medicine you can get without a prescription.¹

During the Visit²

Ask questions about the vaccination process so you and your child feel prepared.

It's important that you or your child let the person giving the vaccines know if the child is anxious and what helps them feel better. For example, are they calmer sitting on parent's lap or alone?

Distraction helps: Most children prefer to be distracted during vaccination. Let them play with a mobile device or toy, sing, or blow bubbles. They might talk about something else, or look through a fun book.

Help the child relax. Guide the child to take some slow, deep breaths before, during, and after vaccination. **Your words, tone, and attitude are important.** The child getting the vaccine will be reassured if you are calm and positive. On the other hand, using fear-provoking words (like "shot" or "sting") or giving false reassurances ("I promise it won't hurt a bit") can increase distress and pain.²

KEY IDEA: Let the person giving the vaccines know if your child is anxious and what helps them feel calmer. They want to help!

Options for Making Shots Less Painful without Medicine

In addition to numbing medicines described above, there are other ways to "distract" the pain sensors in the skin so the child getting the vaccine won't notice it as much. Options include:

The person giving the vaccine may apply a cold ("freezy") spray just before injection.

A **vibrating case with optional ice pack** (such as Buzzy by Pain Care Labs) may be held against the shoulder or thigh, above the spot where the injection will be given.

Before the injection, a **plastic device with several short, blunt contact points** can be placed on the skin around the injection site (one brand is ShotBlocker by Bionix, pictured right). This is non-prescription and inexpensive. You can clean and reuse it.



After the Visit

Experts do not recommend pain medicines (such as ibuprofen or acetaminophen) before vaccination because they might lower the body's response to vaccines. You may

use these medicines to help with pain or fever that develops after vaccination, if needed.⁴



FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p4271a.pdf

Item #P4271a (8/21/2023)



Scan for PDF

www.immunize.org/catg.d/p4271a.pdf

for adolescents and adults

Addressing Vaccination Anxiety in Adolescents and Adults Strategies for Vaccine Recipients and Caregivers



Anxiety about injections is common for people of all ages, including adolescents and adults. Some feel so anxious that they dread, delay, or even avoid vaccination...even when they know vaccines are important. You can do simple things to make yourself (or the person you are with) feel better about the vaccination visit while being protected from serious diseases.

Before the Visit

Pre-register for your visit, if possible, so your wait time is shorter.

Know what to expect. When setting up the visit, ask if vaccinations are expected. If you are a caregiver of an anxious person, do not reassure them falsely. For example, don't promise "no shots today" in case their healthcare provider recommends that they need one or more vaccinations.

Consider a numbing medicine that you can put on the skin. It may be a 5% lidocaine cream, spray, or patch. This can help with injection pain. To take effect, these medicines need to be put on the skin 30 to 60 minutes ahead of time. Many clinics do not have time to do this before you arrive, using a numbing medicine you can get without a prescription.¹

During the Visit

Ask questions about the vaccination process so your feel prepared.

Tell the person vaccinating you what helps you feel better. Do you prefer sitting (most do) or lying down? Do you prefer to look away or to watch what is happening?

Relax. For example, taking a few slow deep breaths before, during, and after vaccination can be calming.

Distraction. Most people prefer to be distracted during vaccination. Consider using an app or game on your mobile device or simply talking about something else.

(For caregivers) Your words, tone, and attitude are important. The person getting the vaccine will be less anxious if you act calm, positive, and confident. On the other hand, using fear-provoking words (like "shot" or "sting") or giving false reassurances ("I promise it won't hurt a bit") may increase distress and pain.²

KEY IDEA: Let the person vaccinating you know if you are anxious and what helps you feel calmer. They want to help!

Options for Making Shots Less Painful without Medicine

In addition to numbing medicines described in "Before the Visit", there are other ways to distract pain sensors in the skin so the person getting the vaccine won't notice it as much. Options include:

Cooling the injection site. The person giving the vaccine may use a "freezing" spray just before injection.

A **vibrating case with optional ice pack** (such as Buzzy by Pain Care Labs) can be held against the shoulder or thigh above the injection site.

Before the injection, a **plastic device with several short, blunt contact points** can be placed on the skin around the injection site. One brand is ShotBlocker by Bionix (pictured right). This is non-prescription and inexpensive. It can be cleaned and reused.



After the Visit

Experts do not recommend pain medicines (such as ibuprofen or acetaminophen) before vaccination because they might lower the body's response to vaccines. You may use these medicines to help with pain or fever that develops after vaccination, if needed.



FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p4270a.pdf

Item #P4270a (8/18/2023)



Scan for PDF

www.immunize.org/catg.d/p4270a.pdf

Vaccination-Related Syncope (Fainting)

for healthcare professionals

Vaccination-Related Syncope: Information for Healthcare Personnel

What is Syncope?

Syncope (fainting) is a brief loss of consciousness caused by a sudden, temporary change in blood flow to the brain. A person who is about to faint (presyncope) may feel lightheaded, dizzy, weak, nauseated, sweaty or cold. They may feel tingling or have changes in vision.

Muscles may twitch during a syncopal episode, which may be mistaken for a seizure. However, recovery is rapid and spontaneous. Syncope-related falls can result in serious injury. Syncope is more common in people with high levels of needle fear.

Vaccination-Related Syncope

Syncopal reactions to vaccination are most likely to occur in adolescents or young adults but can occur at any age. This reaction is related to the act of injection, and is not an adverse reaction to a specific vaccine ingredient. It is not a contraindication or a precaution to the administration of any vaccine. Some people have a pattern of fainting related to injections.

Reduce the Risk of Vaccination-related Presyncope and Syncope¹

- **Ask about a history of dizziness or fainting** related to vaccination or other injections. If present, ask what they do to prevent fainting.
- **Help recipients feel less anxious.** Ask how they prefer to handle their anxiety and support their choices. Make suggestions, if needed; slow, deep breaths, or distractions (by a mobile device or conversation) may help. Keep wait times to a minimum. Keep needles out of view until necessary.
- **Offer techniques to reduce pain**, if feasible. Consider topical analgesia or other non-pharmacological techniques to minimize pain sensations.
- **Address hunger or thirst**, which may increase the likelihood of syncope.
- **Have the vaccine recipient sit or lie down** for vaccinations and stay in the clinic for 15 minutes after, as recommended by CDC for all vaccine recipients. This also allows staff to respond if the recipient develops an immediate allergic reaction to vaccination.
- **Watch your words!** Using fear-provoking words (e.g., "shot," "sting") or giving false reassurances ("this won't hurt a bit") can increase distress and pain, and may increase the risk of syncope.²
- **Consider using simple muscle tension exercises** to prevent vaccination-related syncope in patients likely to faint (age 7 years and older).³

Respond to Presyncope and Syncope

If a patient experiences presyncopal symptoms, act quickly to have them sit or lie down. If they lose consciousness, lay the patient down with legs elevated, if possible. Observe the patient's vital signs and clinical signs until symptoms resolve. If syncope happens outside the medical setting and the patient does not recover quickly, contact local emergency medical services.⁴

1. Visit Immunize.org's "Addressing Vaccination Anxiety" clinical resources at www.immunize.org/handouts

2. Improving the Vaccination Experience: What Health-Care Providers Can Say from AboutKiddHealth [Canada] at assets.aboutkiddhealth.ca/AKHAssets/CARD_HCP_WhatYouCanSay.pdf?hub=cardcommvac&card

3. Example of muscle tension exercise: Sit in a chair. For about 10 to 15 seconds, tense/squeeze the leg and stomach muscles, but not the arm where the needle will go. Release the tension for 20 to 30 seconds. Repeat the tense and release steps until the feeling of faintness passes. From Needle Related Fainting: Why Does It Happen? What to Do About It? from AboutKiddHealth [Canada] at assets.aboutkiddhealth.ca/AKHAssets/CARD_Muscle_Tension.PDF?hub=cardcommvac&card

4. Medical Management of Vaccine Reactions in Adults in a Community Setting from Immunize.org at www.immunize.org/catg.d/p3082.pdf and in Medical Management of Vaccine Reactions in Children and Teens in a Community Setting from Immunize.org at www.immunize.org/catg.d/p3082a.pdf



FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p4260.pdf

Item #P4260 (7/31/2023)



Scan for PDF

for recipients and caregivers

Fainting Related to Vaccination: What You Need to Know

What is Fainting?

Fainting (the medical term is "syncope") is when a person loses consciousness (passes out) briefly after a sudden, temporary, change in blood flow to the brain. A person who is about to faint may feel lightheaded, dizzy, weak, nauseated, sweaty or cold. They may feel flushed or have a change in vision.

When people faint, their muscles may twitch, and this may be mistaken for a seizure. However, they usually wake up quickly after fainting. The reason fainting is important is that people who faint may be injured if they fall. Fainting is more common in people who are very afraid of needles.

Fainting Related to Vaccination

Adolescents and young adults are most likely to faint after vaccination, but it can occur at any age. Fainting is a reaction to getting an injection. It is not caused by any specific vaccine ingredient and is not a reason to avoid any future vaccination. Some people have a pattern of fainting related to injections, especially if anxious.



You Can Reduce the Risk of Vaccination-Related Fainting

The basics:

- Before the visit, eat or drink if needed. If you are very hungry or thirsty you may be more likely to feel faint when vaccinated.
- Let the person giving the vaccination know if you have a history of dizziness or fainting related to vaccination or injections. Also, let them know what helps you.
- Sit or lie down for the vaccinations and stay for about 15 minutes after vaccination is complete.
- If you are the parent or companion of the vaccine recipient, be supportive. Avoid using scary words, but don't give false comfort either ("You won't feel a thing").¹

One or more of these options also may help:

- Distract yourself with a game or app on a mobile device.
- Take slow, deep breaths before, during, and after vaccination.
- Most people prefer to look away, but watch the vaccinator if that makes you calmer.
- Talk about something pleasant with the vaccinator or someone who is with you.
- Learn to use simple muscle tension exercises to prevent vaccination-related fainting.²
- For more ideas, visit Immunize.org's "Addressing Vaccination Anxiety" resources for recipients and caregivers at www.immunize.org/handouts.

What if You Feel Faint During the Vaccination?

If you start to feel faint, sit or lie down if you can. If you faint, the healthcare provider will support you. You should feel better in a few minutes.

1. Improving the Vaccination Experience: What Parents and Caregivers Can Say from AboutKiddHealth [Canada] at assets.aboutkiddhealth.ca/AKHAssets/CARD/Parents_WhatYouCanSay.pdf?hub=cardcommvac&card

2. Example of a muscle tension exercise: Sit in a chair. For about 10 to 15 seconds, tense/squeeze the leg and stomach muscles, but not the arm where the needle will go. Release the tension for 20 to 30 seconds. Repeat the tense and release steps until the feeling of faintness passes. From Needle Related Fainting: Why Does It Happen? What to Do About It? from AboutKiddHealth [Canada] at assets.aboutkiddhealth.ca/AKHAssets/CARD_Muscle_Tension.PDF?hub=cardcommvac&card



FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p4260a.pdf

Item #P4260a (7/31/2023)



Scan for PDF

Enhanced Screening Checklists

Front: for the recipient

Screening Checklist for Contraindications to Vaccines for Adults

YOUR NAME _____

DATE OF BIRTH _____ / _____ / _____

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means we need to ask you more questions. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any of the following: a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a parent, brother, or sister with an immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 6 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a seizure or a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past year, have you received immune (gamma) globulin, blood/blood products, or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


12. Have you ever felt dizzy or faint before, during, or after a shot?

13. Are you anxious about getting a shot today?


FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you? yes ☐ no ☐

It is important to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

 www.immunize.org

FOR PROFESSIONALS www.immunize.org/catg.d/p4065.pdf Item #P4065 (8/4/2023)



Back: for healthcare professionals

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines for Adults

Read the information below for help interpreting answers to the screening checklist. To learn even more, consult the references in Note below.

NOTE: For supporting documentation on the answers given below, see CDC's "Adult Immunization Schedule" (www.cdc.gov/vaccines/schedules/hcp/imz/adult.html) that shows intervals between doses and "General Best Practice Guidelines: Contraindications and Precautions" (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html). This checklist does not include COVID-19-specific vaccination screening questions. For this, see www.cdc.gov/vaccines/covid-19/downloads/jve-vaccination-screening-form.pdf.

1. Are you sick today? [all vaccines]
There is no evidence that acute illness reduces vaccine efficacy or safety. However, as a precaution, all vaccines should be delayed until moderate or severe acute illness has improved. Mild illness with or without fever (e.g., colds, "colds," diarrhea) and antibiotic use are not contraindications to routine vaccination.

2. Do you have allergies to medications, food, a vaccine ingredient, or latex? [all vaccines]
Gelatin: If a person has anaphylaxis after eating gelatin, do not give vaccines containing gelatin. **Eggs:** In June 2023, based upon a systematic review of current vaccine safety data, ACIP and CDC recommended that people with any type of egg allergy may receive any influenza vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status. **Latex:** An anaphylactic reaction to latex is a contraindication to vaccines with latex as part of the vaccine's packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). For details on latex in vaccine packaging, refer to the package insert (listed at www.hhs.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states). An injection-site reaction (e.g., soreness, redness, delayed type local reaction) to a prior dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component.

3. Have you ever had a seizure or a brain or other nervous system problem? [influenza, Td/Tdap]
Tdap: Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTPa/DTaP. An unstable progressive neurologic problem is a precaution to using Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. A history of Guillain-Barré syndrome (GBS): 1) Td/Tdap: GBS within 6 weeks of a tetanus toxoid-containing vaccine is a precaution. If the decision is made to vaccinate, give Tdap instead of Td; 2) all influenza vaccines: GBS within 6 weeks of an influenza vaccine is a precaution; influenza vaccination should generally be avoided unless the benefits outweigh the risks (e.g., for those at higher risk for influenza complications).

7. In the past 6 months, have you taken medicines that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments? [LAIV, MMR, VAR]
Live virus vaccines such as those listed above should be postponed until chemotherapy or long-term high-dose steroid therapy concludes. See Note. Some immune modulator and modulator drugs (especially the anti-tumor necrosis factor [TNF] agents adalimumab, infliximab, etanercept, golimumab, and certolizumab pegol) may be immunosuppressive. Avoid live virus vaccines in people taking immunosuppressive drugs. A list of such drugs appears in CDC's Yellow Book at www.cdc.gov/travel/yellowbook/2024/additional-considerations/immunosuppression. To find specific vaccination schedules for hematopoietic stem cell transplant patients, see "General Best Practice Guidelines: Altered Immunosuppression" at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html.

8. Have you had a seizure or a brain or other nervous system problem? [influenza, Td/Tdap]
Tdap: Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTPa/DTaP. An unstable progressive neurologic problem is a precaution to using Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. A history of Guillain-Barré syndrome (GBS): 1) Td/Tdap: GBS within 6 weeks of a tetanus toxoid-containing vaccine is a precaution. If the decision is made to vaccinate, give Tdap instead of Td; 2) all influenza vaccines: GBS within 6 weeks of an influenza vaccine is a precaution; influenza vaccination should generally be avoided unless the benefits outweigh the risks (e.g., for those at higher risk for influenza complications).

9. In the past year, have you received immune (gamma) globulin, blood/blood products or an antiviral drug? [MMR, VAR]

12. Have you ever felt dizzy or faint before, during, or after a shot?
Fainting (syncope) or dizziness (presyncope) is **not** a contraindication or precaution to vaccination. However, for some people these can be a response to vaccination anxiety. People in adolescent and young adult age groups are more likely to experience syncope. CDC recommends that vaccine providers consider observing all patients for 15 minutes after vaccination. This is especially important for people with a pattern of injection-related syncope. For more information about vaccination-related syncope, see www.immunize.org/catg.d/p4260.pdf.

13. Are you anxious about getting a shot today?
Anxiety can lead to vaccine hesitancy or avoidance. Simple steps can help a patient's anxiety about vaccination. Visit Immunize.org's "Addressing Vaccination Anxiety" clinical resources at www.immunize.org/handouts.

VACCINE ABBREVIATIONS

HPV = Human papillomavirus vaccine
IPV = Inactivated influenza vaccine
LAIV = Live attenuated influenza vaccine
MMR = Measles, mumps, and rubella vaccine
MMRV = Measles, mumps, rubella, and varicella vaccine
RV = Recombinant influenza vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine

 www.immunize.org/catg.d/p4065.pdf / Item #P4065 (8/4/2023)

Coming soon! Companion videos

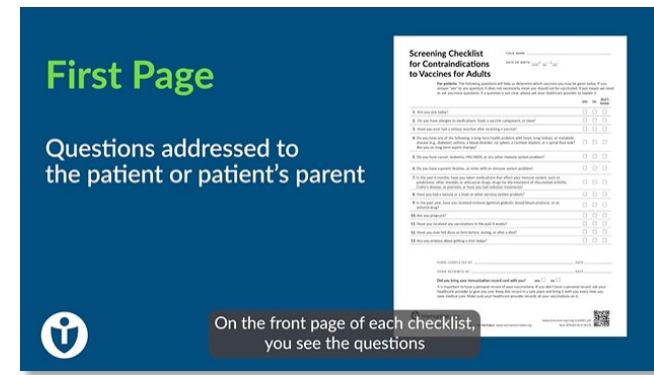
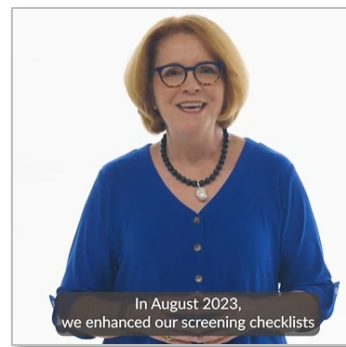
Improving the Vaccination Experience

Addressing Vaccination Anxiety in Children:
Strategies for Healthcare Professionals



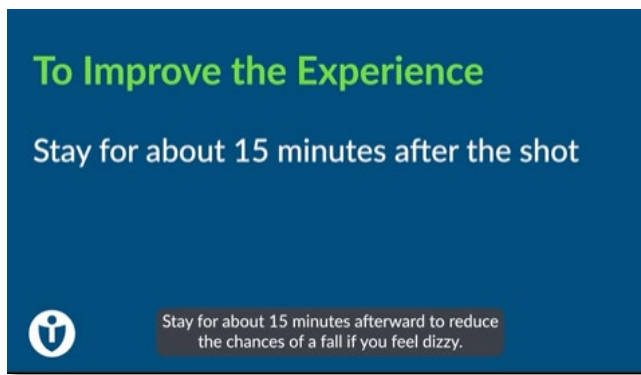
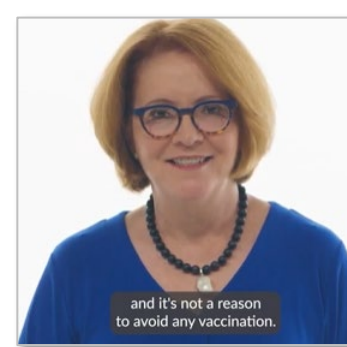
Improving the Vaccination Experience

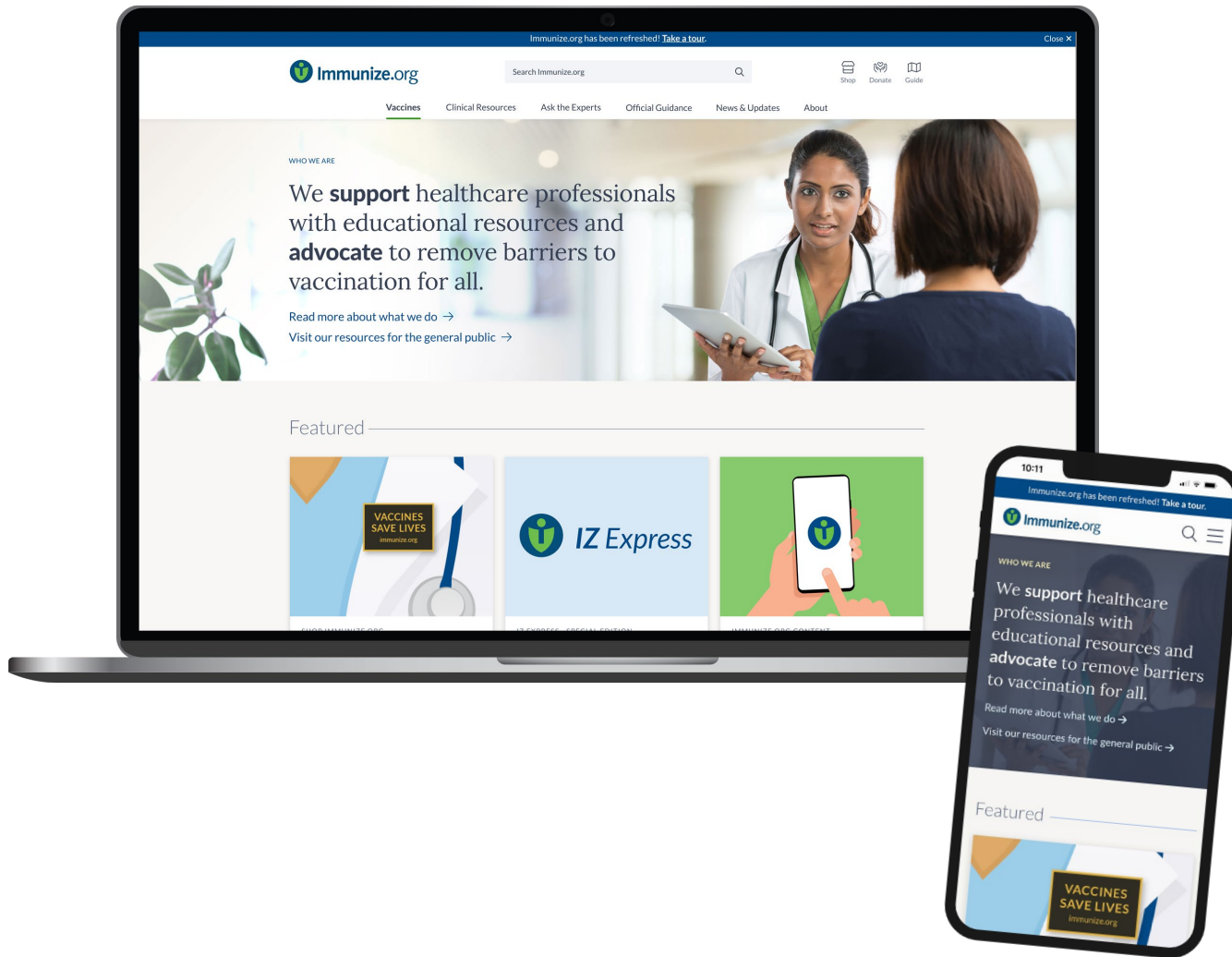
Enhanced Screening Checklists
for Contraindications to Vaccination



Improving the Vaccination Experience

Fainting Related to Vaccination:
What You Need to Know





- New mobile responsive design
 - Featured resources showcased at a glance
 - Enhanced search functionality
 - Filters and keyword searches within *Ask the Experts*
- ...and much more

Watch for announcements!

American Academy of Pediatrics (AAP) Update

Andrea van der Hoek



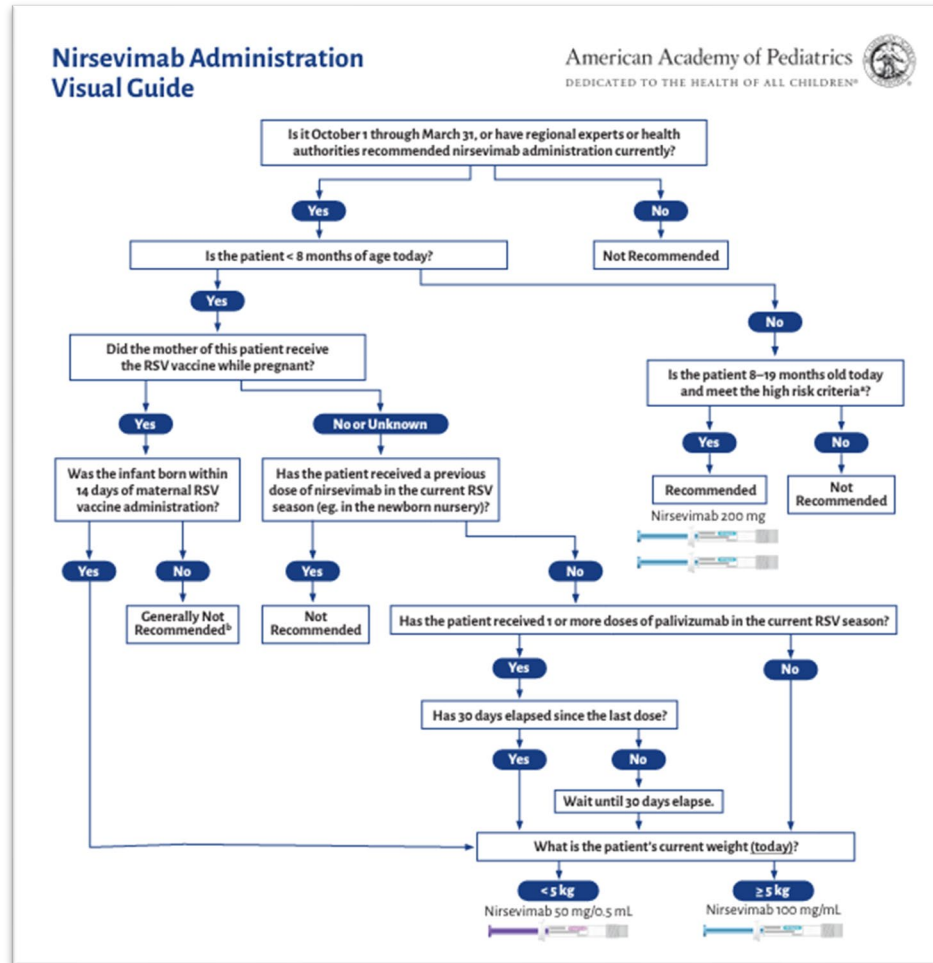
AIRA Members & Partners Meeting

October 2023

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



RSV PREVENTION

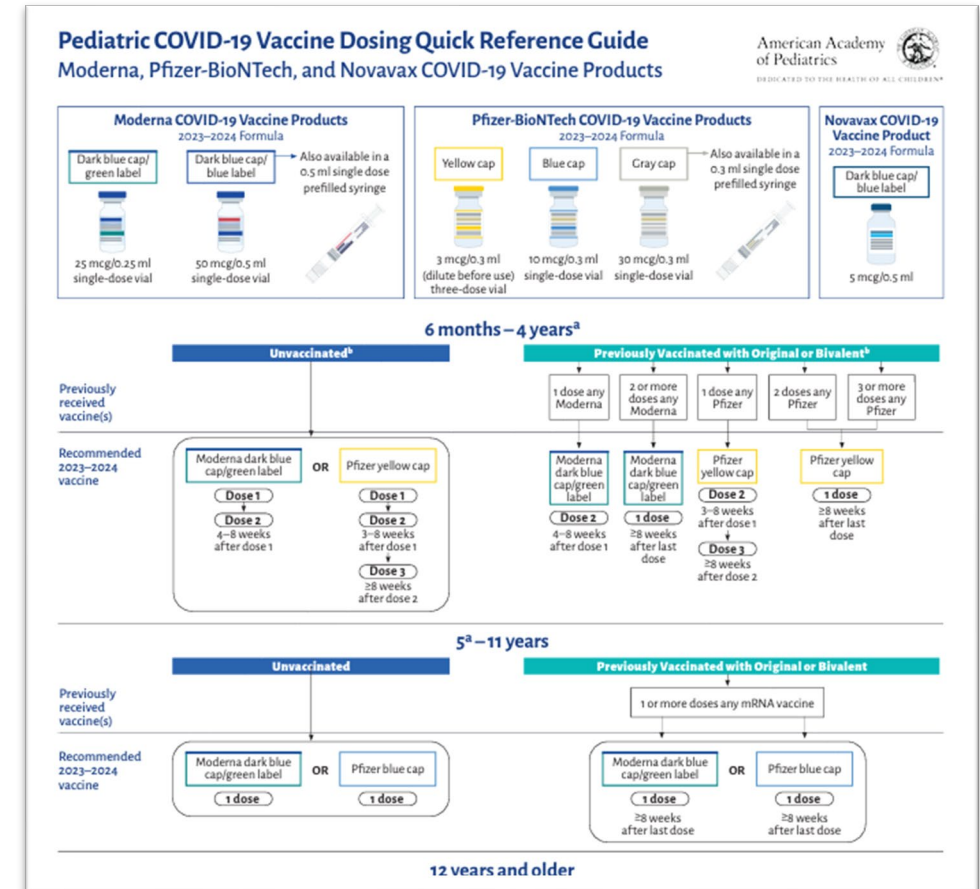


- [ACIP and AAP Recommendations for Nirsevimab](#)
- [New RSV Prevention Patient Care Page](#)
 - Nirsevimab-specific:
 - FAQs
 - Ordering and Product Information
 - Implementation Guidance
 - Payment and Coding
 - Administration Dosing and Schedule
 - [Visual Guide](#)



COVID-19 VACCINE

- [COVID-19 Patient Care Page](#)
 - Policy
 - Education
 - Implementation resources
 - [Updated Dosing Quick Reference Guide](#)



ADDITIONAL EDUCATION

- [October 4 Town Hall recording: COVID, RSV, and new CPT codes](#)
- Nirsevimab Implementation Strategies in Outpatient Pediatric Practices webinar
 - **Tuesday, October 17th**, from 7:00 – 8:00 PM CT
 - [Register here.](#)

**AAP Town Hall with CDC Director
Mandy K. Cohen, MD, MPH**

featuring



Mandy K. Cohen, MD, MPH
CDC Director



Sandy Chung, MD, FAAP
AAP President

Monday, October 4, 2023
12:00–1:00 pm CT

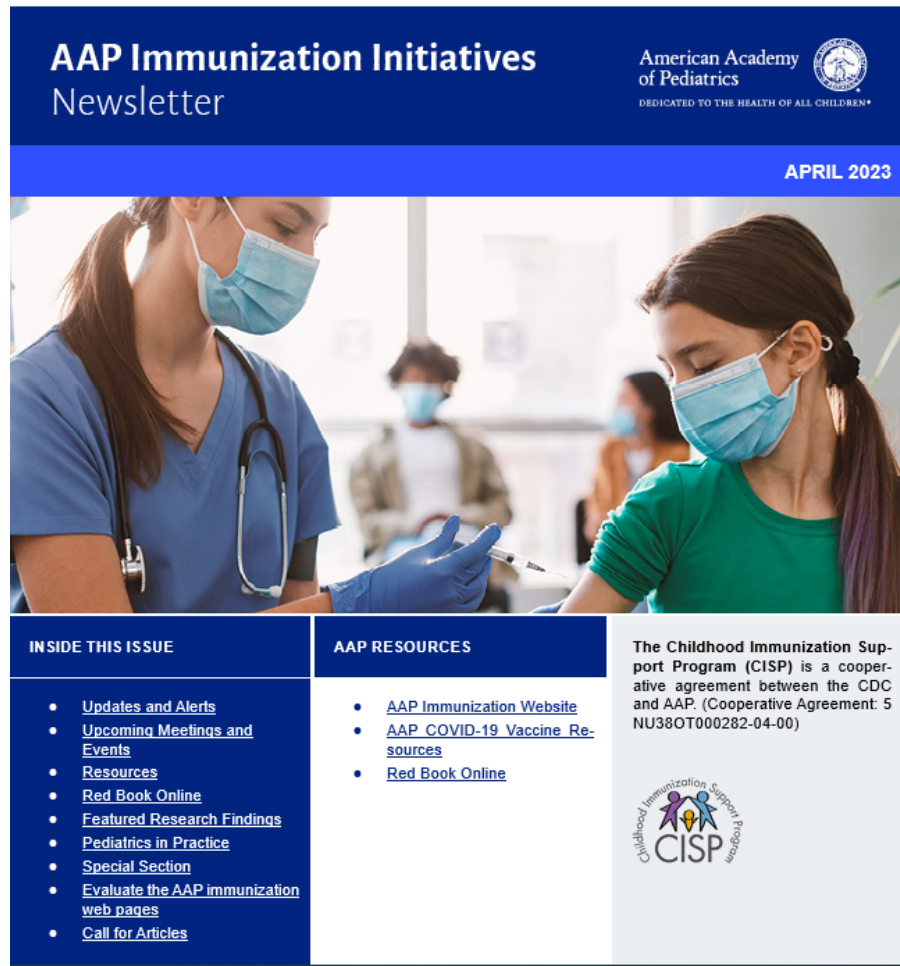
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

ENGAGING COMMUNITIES TO IMPROVE VACCINE ACCESS AND CONFIDENCE -CALL FOR GRANT APPLICATIONS

- Multiple grant opportunities for AAP Chapters and other health organizations
- COVID, HPV, influenza, RSV, and other routine childhood immunizations
- [Call for Proposals](#)
- Applications due by **November 3, 2023**
- **Questions? Contact AAP immunization staff at:**
immunize@aap.org



IMMUNIZATION INITIATIVES NEWSLETTER



- Quarterly newsletter with updates, alerts, and resources
- Subscribe by emailing immunize@aap.org with “IZNews” in the subject
 - Include your name, city, state and AAP ID (if you have one - an AAP ID is not required to subscribe)

For more from the AAP on childhood immunizations,
visit

<https://www.aap.org/en/patient-care/immunizations>



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



THANK YOU!

Andrea van der Hoek

Senior Manager, Immunization Initiatives

(630) 626-6708

avanderhoek@aap.org

Public Health Informatics Institute (PHII) Update

Hayleigh McCall David



AIRA Members and Partners Quarterly Update

Public Health Informatics Institute (PHII)

Hayleigh McCall McDavid, Project Manager

October 16, 2023



PUBLIC HEALTH
INFORMATICS
— INSTITUTE

THE TASK
FORCE
FOR
GLOBAL HEALTH

PHII Updates

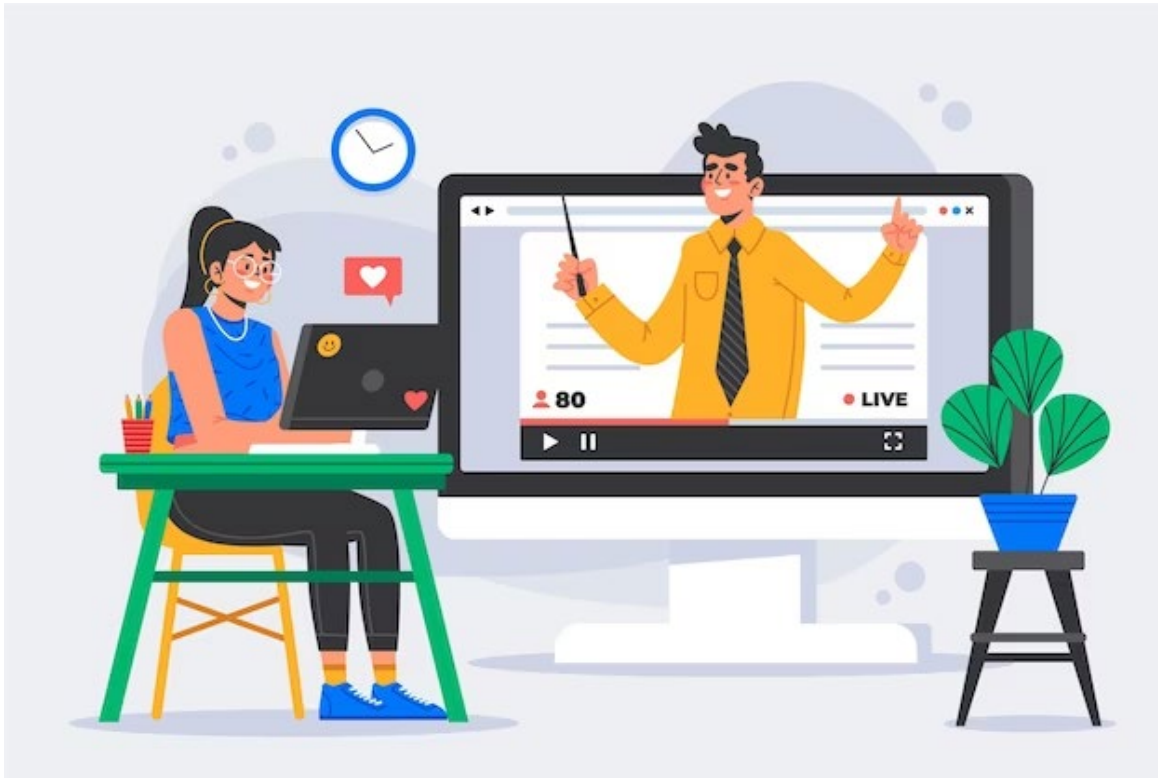
- Functional Standards Update Project
- IIS eLearning Modules
- PHII DMI Website

Functional Standards (FS) Update Project



- PHII has convened a workgroup of IIS community members to develop recommendations for updating the FS
 - Met in-person in August 2023 to kick-start discussions
 - Workgroup meets monthly online to continue these discussions
- Share final recommendations with CDC by April 2024.

IIS eLearning Course Update



- PHII has spent the last year reviewing, updating, and expanding its available IIS eLearning courses
- These courses are free and are open to anyone interested in learning more about IIS!

IIS eLearning Course Update

Coming in December 2023!

- Updated courses
 - Fundamentals of IIS: Interoperability
 - Fundamentals of IIS: Data Quality
 - Fundamentals of IIS: HL7 Basics
 - Advanced HL7 for IIS
 - Immunization Evaluation and Forecasting
- New courses
 - IIS Data Use and Evaluation
 - Managing Communications and Change Management



NEW-Fundamentals of
IIS: Interoperability



NEW-Fundamentals of
IIS Data Quality



NEW-Fundamentals of
IIS: HL7 Basics



NEW-Advanced HL7 for
IIS



NEW-Immunization
Evaluation and
Forecasting

IIS eLearning Course Update

Find these courses and more at informaticsacademy.org



—
A
PROGRAM
OF
—



PUBLIC HEALTH
INFORMATICS
— INSTITUTE

PHII Data Modernization Initiative Resources



Data Modernization Initiative Website

- Includes the Data Modernization Planning Toolkit, DMI Stories from the Field, and more!
- Find at phii.org/DMI

IIS Learning Hub

- IIS Guidance for DMI 1-pager
- Find at phii.com/iis-hub

Thank You!



informaticsacademy.org



phii.org/DMI



phii.org/iis-hub



iis@phii.org

Association of State and Territorial Health Officials (ASTHO) Update

Kim Martin





ASTHO Activities

AIRA Partners Update, Oct. 2023

NEW RESOURCES

ASTHO has new blogs:

- [Oyez! Oyez! Oyez! Public Health in the Courts year.](#)
- [Policymakers Boosting Public Health Readiness for Respiratory Illness Season](#)

New Newscasts:

- <https://newscast.astho.org/>

New Policy Statement (specific section on IIS):

- Improve IIS to help scaling and integrating several program strategies, including vaccine management, accountability, quality assurance and delivery, consumer information, surveillance, adverse events tracking, assessment, and reporting on adequate demographic variables, especially for marginalized populations.
- Enhance the IIS information exchange through bidirectional communication between authorized users in different states and localities, and between private providers and public health.

Home / Communications / Blog / **Oyez! Oyez! Oyez! Public Health in the Courts**

Oyez! Oyez! Oyez! Public Health in the Courts

SEPTEMBER 22, 2023 | CHRISTINA SEVERIN

Home / Communications / Blog / **Policymakers Boosting Public Health Readiness for Respiratory Illness Season**

Policymakers Boosting Public Health Readiness for Respiratory Illness Season

SEPTEMBER 15, 2023 | MAGGIE DAVIS

Each year as autumn approaches—and people begin to spend more time indoors—there is often an uptick of respiratory viruses. Last year, the United States experienced a “tripledeemic” with high circulation of three respiratory viruses—COVID-19, Influenza, and Respiratory Syncytial virus (RSV)—straining hospital capacity across the nation. As similar conditions this year could strain hospital capacity if all three diseases peak simultaneously or are circulating more widely than expected, healthcare systems are preparing for an influx of cases. Fortunately, public health leaders are positioned to prevent illness from all three viruses with approved vaccines and preventative antibody treatments.



FDA Approves First Products to Prevent RSV

VACCINE EQUITY

ASTHO, in partnership with the [National Community Action Partnership](#) (NCAP), worked with five community action agencies and a network of partners to use locally-tailored evidence-based strategies to increase vaccine acceptance and uptake.

By engaging trusted messengers, increasing access, and most importantly, linking vaccination opportunities to other resources to meet the wholistic needs of community members, our partners have been able to increase vaccination rates and acceptance of vaccines in their communities.

ASTHO is currently working to develop a Vaccine Equity toolkit for community leaders and providers which will be forthcoming later this year.

Partnering with Community Action Agencies Can Improve Trust in Vaccines

OCTOBER 06, 2022 | GEETIKA NADKARNI

Author

In the current climate surrounding vaccinations and other large-scale public health measures, it's more important than ever to engage communities. We do this through community action local entities that address poverty and reduce the populations through the Community public health's mission equity.

With support from and five CAAs in 1 acceptance and up

Public Health and Healthcare Partner to Promote Influenza Vaccination

DECEMBER 06, 2022 | SHALINI NAIR

During the COVID-19 pandemic, the United States has seen historically low influenza activity for the past two flu seasons. However, as the use of pandemic-related mitigation measures such as masking decrease, CDC data appear to suggest we may be in for an earlier—and possibly more tumultuous—flu season this year, further exacerbated by the surge in respiratory viruses observed nationwide.

One of the best ways to reduce the risk posed by seasonal flu viruses is to get vaccinated. Flu vaccination can not only help prevent illness, but also significantly reduce the risk of flu-associated hospitalization—particularly in people with certain chronic conditions. However, only about 50% of Americans received a flu vaccine during the 2021-2022 season.



Author



Shalini Nair,
MPH, CPH
ASTHO

Senior Analyst,
Infectious Disease

COMMUNICATION

- ASTHO, Harvard Opinion Research Program, NPHIC, and CDC are collaborating on a multi-year project to strengthen communication and messaging.
- The goal is to support public health agencies with actionable data that can be used to enhance COVID-19 communication efforts.
- Results from the surveys and findings have been published in multiple articles, including [Health Affairs](#), [Briefs](#), and a [Resource Hub](#).

Trust In US Federal, State, And Local Public Health Agencies During COVID-19: Responses And Policy Implications

[Gillian K. SteelFisher](#), [Mary G. Findling](#), [Hannah L. Caporello](#), [Keri M. Lubell](#), [Kathleen G. Vidoloff Melville](#), [Lindsay Lane](#), [Alyssa A. Boyea](#), [Thomas J. Schafer](#), and [Eran N. Ben-Porath](#)

BUILDING TRUST GOING FORWARD: BOOSTERS AND BEYOND

In partnership with ASTHO and NPHIC, the Harvard Opinion Research Program is conducting a series of surveys to understand public trust in public health and to provide robust evidence that can help build the foundation for overarching strategy and messaging across many activities in this year. This memo showcases select results utilizing data from the fourth nationally representative survey in this series, conducted October 17-November 1, 2022, among 1,460 U.S. adults. Key implications for state, territorial, and local health departments were developed from the results and can be used to shape communications and outreach.

Key Findings

Implications for Communications

- Public concern about and interest in COVID has dropped substantially, with few U.S. adults personally concerned or following COVID news closely.
- A quarter of adults still say COVID is the most urgent health problem in the U.S., but this is far fewer than in 2020 or 2021.
- Increasing numbers say obesity and mental health are urgent issues. The public also believes these should be priorities for state and local public health agencies (see Wave II).

- There is limited appetite for COVID messaging, which suggests:
 - Keep COVID messaging simple
 - Messages about risk should be targeted to those at higher risk for severe illness
 - Integrate COVID messaging into larger wellness messages for adults at lower risk
- Provide information about complementary health issues that your department is addressing; promote efforts that align with public priorities when possible.

- Most of those eligible for the updated coronavirus booster have gotten it or are likely to do so.
- A third are "very likely" but have not gotten it yet; they cite reasons for not getting it already as a lack of awareness (30%) and not having time to schedule (30%), reflecting a lack of urgency.

- Create targeted messaging alongside ensuring easy access to COVID & flu vaccines:
 - For "very likely", who cite lack of awareness & motivation: Provide simple messages that the vaccine is available; Emphasize that everyone who is vaccinated is eligible; Consider messaging with a deadline – e.g., Give

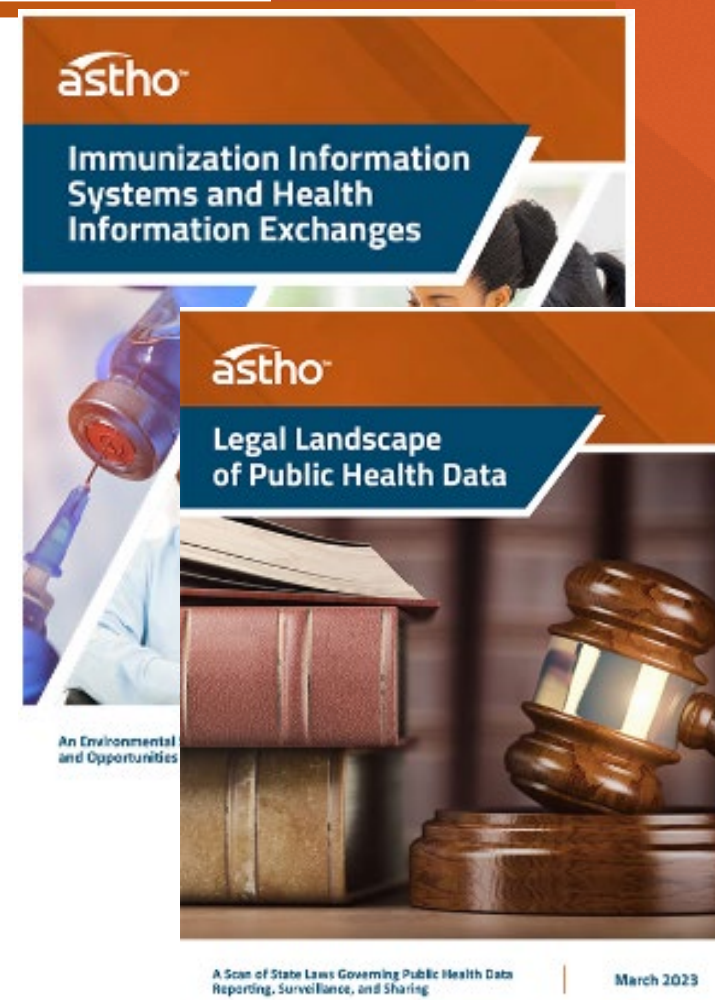
IDEAS PROGRAM

- ASTHO, with support from ONC, is hosting the COVID-19 Immunization Data Exchange, Advancement & Sharing Program (IDEAS) Learning Community.
- The learning community convenes state health agency leaders, their staff, and HIE partners from Alaska, Colorado, Ohio, Vermont, and West Virginia to advance and achieve sustainable change in immunization information system & HIE partnership and data sharing.
- State grantees receive financial awards and technical assistance to advance data sharing.



IDEAS PROGRAM RESOURCES

- ASTHO is working with the learning community participants to develop approaches for communicating the value of IIS-HIE partnerships and plan for sustainability.
- ASTHO released [two reports](#): (1) characterizing the dynamics influencing IIS-HIE partnership and data exchange, and (2) the legal landscape of public health data sharing, which includes information on immunization data sharing.





Thank you for joining us!

Next Meeting: January 29, 2024, 2 – 3 p.m. ET