



NJ Vaccines for Children (VFC)

FEBRUARY 2016

KNOW YOUR “RIGHTS” OF VACCINE ADMINISTRATION

Proper vaccine administration is a critical component of a successful immunization program. Appropriate vaccine preparation, site and route selection, needle length, and injection techniques are essential to the correct administration of vaccines. Improperly administered injections may result in less than optimal protection. All personnel who will administer vaccines should receive comprehensive, competency-based training regarding vaccine administration policies and procedures before administering vaccines. Staff should receive ongoing education to maintain staff competency and additional education whenever vaccine administration recommendations are updated, or when new vaccines are added to the facility’s inventory.

The foundation of medication administration is application of the “Rights of Medication Administration.” These rights should be applied to each encounter when vaccines are administered. These rights include the following:

Right patient:

Providers should use every opportunity to assess a patient’s immunization status and administer the necessary age-appropriate vaccines. All patients should be screened for contraindications and precautions prior to administering any vaccine, even if the patient has previously received that vaccine. The patient’s status may change from one visit to the next or recommendations regarding contraindications and precautions may have changed. Screening for contraindications and precautions can prevent adverse events following vaccination.



Right vaccine and diluent (when applicable):

In order to avoid using the wrong vaccine, do not store vaccines with similar names or abbreviations, or overlapping component(s) (e.g., DTaP, DT, Tdap, Td) immediately next to each other. Check the vaccine label three times; when you remove the vaccine from storage, when you draw it up, and when you dispose of the syringe or place the vial back into storage.

Chris Christie, Governor
Kim Guadagno, Lt. Governor
Cathleen D. Bennett
Acting Commissioner

COMMUNICABLE DISEASE SERVICE

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Deputy Program Manager



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Vaccines should be reconstituted according to manufacturer guidelines using only the specific diluent supplied by the manufacturer for that vaccine. If the wrong diluent is used, the vaccine dose is not valid and will need to be repeated using the correct diluent.

Right time (including the correct age and interval, as well as before the product expiration time/date):

Providers should make sure all vaccines are administered at the appropriate age and dose-spacing intervals. If a dose was inadvertently given at too young an age or at less than the minimum interval, the dose may not be considered valid and may need to be repeated. The repeat dose should be spaced after the invalid dose by an interval at least equal to the recommended minimum interval. Adhering to minimum ages and intervals is vital to making certain your patients receive vaccines on a schedule that ensures vaccine effectiveness.

Each vaccine and diluent vial should be carefully inspected for damage or contamination prior to use. The expiration date printed on the vial or box should be checked. Regardless of expiration date, vaccine and diluent should only be used as long as they are normal in appearance and have been stored and handled properly. Expired vaccine or diluent should never be used.

Right dosage:

Vaccine dosages may vary depending on the age of the patient and the particular vaccine product. Be sure to verify the dosage is correct prior to giving the vaccine to your patient. The entire contents of single-dose vials should be drawn up and administered. Never administer the contents of a single-dose vial of vaccine to more than one patient. Never “pool” the contents of more than one vial for one vaccine dose.

Right route and Right site:

There are five routes (intramuscular, subcutaneous, intradermal, nasal, or oral) used to administer vaccines. The route, site, and needle size vary depending on the age and weight of the patient and type of vaccine. For specific information, please visit the [Immunization Action Coalition's Resource for Administering Vaccines](#) or refer to the vaccine package insert for the manufacturer's instructions.



Deviation from the recommended route may reduce vaccine efficacy or increase local adverse reactions. Vaccines administered by the wrong route or with the wrong size needle might need to be repeated.

Right documentation:

Accurate documentation can help prevent administration errors and curtail the number and costs of excess vaccine doses administered. All vaccines administered should be fully documented in the patient's permanent medical record.

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KNOW YOUR “RIGHTS” OF VACCINE ADMINISTRATION

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Healthcare providers who administer vaccines covered by the National Childhood Vaccine Injury Act are required to ensure that the permanent medical record of the recipient indicates:

- Date of administration
- Vaccine manufacturer
- Vaccine lot number
- Name and title of the person who administered the vaccine and the address of the facility where the permanent record will reside
- Vaccine information statement (VIS)
 - ◊ date printed on the VIS
 - ◊ date VIS given to patient or parent/guardian

For more information, visit the [Immunization Action Coalition Sample Vaccine Administration Record](#).

Many recordkeeping tasks, as well as patient reminder/ recall activities, can be greatly simplified by participation in the statewide registry, New Jersey Immunization Information System (NJIS). NJIS maintains immunization data on New Jersey residents, and consolidates immunization information reported from multiple providers into individual patient records to help ensure providers have accurate information for clinical decision support.

All health care practitioners who immunize children less than seven years of age are required to enroll as an authorized user of NJIS and report vaccinations to NJIS within 30 days of administration (N.J.A.C. 8:57-3.16). For more information about enrolling as a new site or user, visit [NJIS](#) and click “NJIS Training Opportunities” and contact the Maternal and Child Health Consortium Regional Trainer in your county.

In addition to the “Rights of Vaccine Administration,” healthcare providers should follow appropriate precautions to minimize the risks of spreading disease during the administration of vaccines.

Hand hygiene:

Hand hygiene is critical to prevent the spread of illness and disease. Hand hygiene should be performed before vaccine preparation, between patients, and any time hands become soiled, (e.g., diapering or cleansing excreta). Hands should be cleansed with a waterless alcohol-based hand rub or, when hands are visibly dirty or contaminated with blood or other body fluids, washed thoroughly with soap and water.

Gloves:

If the person administering the vaccine is likely to come into contact with potentially infectious body fluids or has open lesions on his/her hands, Occupational Safety and Health Administration (OSHA) regulations require gloves to be worn when administering vaccines. If gloves are worn, they must be changed and hand hygiene performed between patients.



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Equipment:

A separate needle and syringe must be used for each injection. Never administer medications from the same syringe to more than one patient, even if the needle is changed. Immediately after use, all used syringe/needle devices should be placed in biohazard containers that are closable, puncture-resistant, leak-proof on sides and bottom and labeled or color-coded. This practice helps prevent accidental needle sticks and reuse. Used needles should not be recapped, cut, or detached from the syringes before disposal. Empty or expired vaccine vials are considered medical waste and should be disposed of according to state regulations. More information can be found at [OSHA](#).

For further information about proper vaccine administration and safe injection practices, visit the following resources:

- Centers for Disease Control and Prevention (CDC)
[Epidemiology and Prevention of Vaccine-Preventable Diseases](#)
[One & Only Campaign: New Jersey](#)

2018 DATA LOGGER REQUIREMENT



As of January 1, 2018, the NJ VFC Program will require that all vaccines distributed to VFC/317 providers must be monitored using a continuous temperature monitoring and recording device (i.e. a data logger) as mandated by the Centers for Disease Control and Prevention (CDC). In September 2015, the NJ VFC program began distributing one dual-probe data logger to each provider at the conclusion of every successful compliance visit. The NJ VFC Program will continue to distribute a data logger during compliance visits until each active VFC/317 provider is issued one (resources permitting). If your office requires more than one data logger to monitor VFC vaccines, you will need to purchase additional devices. The NJ VFC Program hopes that this early announcement of the upcoming 2018 requirement will provide sufficient time to plan accordingly.

Change in Primary or Back-up Vaccine Coordinator?

Does your office have a newly appointed primary or back-up vaccine coordinator? If so, you must communicate this key staff change to the NJ VFC Program within 30 days. Your office may report this change using the [Request to Update Provider Information Form IMM-48](#). Before you submit the IMM-48 form, ensure that all newly appointed vaccine coordinators have completed the required trainings for the New Jersey Immunization Information System (NJiIS) and NJ Inventory Management, Order and Distribution System (NJ-IMODS).



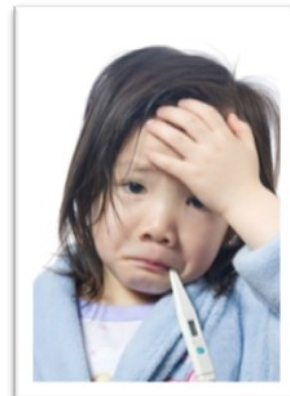
NJiIS and NJIMODS trainings are prerequisites to becoming a vaccine coordinator. In addition, vaccine coordinators must satisfy the annual education requirement prior to re-enrollment each year. For more information, visit the [NJ VFC website](#).

2015- 2016 FLU NEWS

The 2015-2016 flu season got off to a slow start due to the delayed delivery of flu vaccine. Sufficient flu vaccine is now available and physicians are urged to continue vaccinating. The NJ VFC Program has flu vaccine available for all children through 18 years of age. There is a limited amount of flu vaccine available for pre-approved 317 offices.

All persons aged 6 months and older should receive influenza vaccine annually. Children aged 6 months through 8 years require 2 doses of influenza vaccine (administered ≥ 4 weeks apart) during their first season of vaccination to optimize response.

As per N.J.A.C. 8:57-4.19, children six months through 59 months of age attending any licensed child care center or preschool facility, shall annually receive at least one dose of influenza vaccine by December 31 of each year. Influenza vaccination should not be delayed to procure a specific vaccine preparation if an alternative vaccine is readily available. For additional information about New Jersey's child care/preschool influenza requirement, please visit the [New Jersey Immunization Requirements FAQs](#).



2015-2016 INFLUENZA VACCINATION RECOMMENDATIONS TRAINING NOW AVAILABLE



Every year there is a new formulation of influenza (flu) vaccine and a variety of flu vaccine products available. The 2015-2016 Influenza Vaccination Recommendations training includes information every vaccine provider should know about flu, the various flu vaccines, Advisory Committee on Immunization Practices (ACIP) recommendations, storage and handling requirements, and administration considerations.

Health care providers should annually review their influenza vaccination practices. Influenza is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Flu can also result in serious outcomes such as hospitalization or death. Older adults, young children, and people with certain health conditions are at high risk for serious complications if they get sick with the flu. The best way to prevent the flu is by getting vaccinated each year. To access the training visit: [2015-2016 Influenza Vaccine Recommendations Training](#).

RETURN WASTED AND EXPIRED VACCINE TO MCKESSON

All expired or wasted VFC and 317-Funded Adult (317) Program vaccine must be returned to McKesson within 6 months of the waste or expiration date. McKesson credits the excise tax from each dose of vaccine back to the NJ VFC Program so more vaccine can be purchased. Complete the Vaccine Return Voucher (IMM-39) in the NJ Inventory Management, Order and Distribution System (NJ-IMODS) to receive a pre-paid shipping label emailed from McKesson. Please allow two weeks for receipt of the label. The return label will be sent to the email address displayed at the top of the IMM-39 form. The email will be sent from McKesson Specialty Care and the subject will be UPS Label Delivery. Print the return shipping label from the "Retrieve Your Shipment Label" link in the email and tape it to the box to be returned. Expired and wasted vaccine must then be removed from the NJ-IMODS Inventory.

RETURN WASTED AND EXPIRED VACCINE TO MCKESSON

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Vaccine should be packaged with enough insulation to ensure that vials do not break during shipping, and put a copy of the IMM-39 form in the box. Only vaccine received from the VFC or 317 Programs may be returned to McKesson. **Faxed IMM-39 forms are no longer accepted.**

Return Process:

1. Sign into NJ Inventory Management, Order and Distribution System (NJ-IMODS) or the New Jersey Immunization Information System (NJIS).
2. Select "Waste Return Label" on the left side of the screen.
3. Complete the Vaccine Return Voucher (IMM-39 form).
4. Check the UPS Return Label email address to ensure you have access to this email. Complete the "Request to Change Office Information" form if the email needs to be changed.
5. Go into "Inventory" and click on the vaccine that is being returned.
6. Click on "Transactions" and Add Transaction.
7. Enter the doses of Expired, Wasted, or Doses Given to Patients Not in NJIS.

Removing vaccine from inventory using transactions should only be done when a vaccine has actually been wasted, expired, or given to patients who decline to have their vaccinations entered into NJIS. **Removing vaccine from inventory to make refrigerator and online inventory match is fraudulent and will require restitution to the New Jersey VFC Program.**




PROTECT YOUR PASSWORD

Never share your NJIMODS or NJIS password with anyone. It is used to track who has access and makes changes to specific information. If you share your password, you will be responsible for any changes made in the system.

ARRANGE TO CHECK TEMPERATURES WHEN YOU'RE AWAY


Maintaining proper refrigerator and freezer temperature is key to keeping vaccines in optimal condition. Vaccines are vulnerable to temperature excursions due to circumstances such as power outages and storage unit breakdowns. Vaccines are also at risk from man-made incidents, such as a tripped electrical fuse or the storage unit door being left open. These temperature excursions can reduce potency, resulting in inadequate immune responses in patients and reduced protection against disease. Temperature excursions can also result in significant financial loss if the vaccine(s) cannot be used.

Routine vaccine storage and handling plans should include protocols for reviewing and recording storage unit temperature readings at the beginning and end of each workday. When the office is closed for an extended period of time, protocols and procedures need to be in place to monitor vaccine temperatures. A digital data logger that stores data and/or can be accessed remotely can provide information on storage temperatures while the office is closed and help assure that timely corrective action can be taken if temperatures go out of range. Providers should determine the best way to maintain proper cold chain in their office during and after business hours.



PROTECT ME

with **3+**
Your Health is Worth a Shot!



Attention Middle & High School Students

Do you like making videos and posters?
This contest is for you!

The 4th annual **Protect Me With 3+** poster and video contest challenges New Jersey youth in middle and high school to raise awareness about the importance of adolescent immunizations.

Pertussis (Tdap) • Human Papillomavirus (HPV)
Meningococcal Conjugate • Flu





Poster Contest :	Video Contest :												
<p>Who: Grades 5-8 Grades 9-12</p> <p>What: Create one 8.5x11 poster using facts about one vaccine.</p> <p>Where: www.protectmewith3.com</p> <p>When: Early Bird - Submit on or before January 4, 2016 Open Registration - Submit from January 5 - February 4, 2016</p> <p>Prizes:</p> <table style="width: 100%;"> <tr> <td>1st Place:</td> <td>\$100 Gift Card</td> </tr> <tr> <td>2nd Place:</td> <td>\$75 Gift Card</td> </tr> <tr> <td>3rd Place:</td> <td>\$50 Gift Card</td> </tr> </table>	1st Place:	\$100 Gift Card	2nd Place:	\$75 Gift Card	3rd Place:	\$50 Gift Card	<p>Who: Grades 9-12</p> <p>What: Create a 30-second video about why vaccinations are important to you.</p> <p>Where: www.protectmewith3.com</p> <p>When: Early Bird - Submit on or before January 4, 2016 Open Registration - Submit from January 5 - February 4, 2016</p> <p>Prizes:</p> <table style="width: 100%;"> <tr> <td>1st Place:</td> <td>\$350 Gift Card</td> </tr> <tr> <td>2nd Place:</td> <td>\$200 Gift Card</td> </tr> <tr> <td>3rd Place:</td> <td>\$100 Gift Card</td> </tr> </table>	1st Place:	\$350 Gift Card	2nd Place:	\$200 Gift Card	3rd Place:	\$100 Gift Card
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3rd Place:	\$100 Gift Card												

Classroom Prize: \$100 Gift Card for the classroom with the most eligible submissions in each category.

Protect Me With 3+ is a collaboration between The Partnership for Maternal and Child Health of Northern New Jersey and the New Jersey Department of Health. *We think your health is worth a shot!*

Award Ceremony March 2016

protectmewith3.com

HELP RAISE AWARENESS OF ADOLESCENT VACCINES

Protect Me With 3+ is an annual poster and video contest, and a collaboration between The Partnership for Maternal and Child Health of Northern New Jersey and the New Jersey Department of Health. Targeting youth in middle and high schools, the contest aims to raise awareness about the importance of adolescent immunizations among pre-teens, teenagers and parents, and increase vaccination rates for several important vaccines: Tetanus, Diphtheria, Pertussis (Tdap) Human Papillomavirus (HPV) Meningococcal Conjugate (MenACWY), and Influenza (Flu).

Please help us to spread the message about the importance of adolescent vaccination by promoting [Protect Me with 3+](http://protectmewith3.com) in your practice!