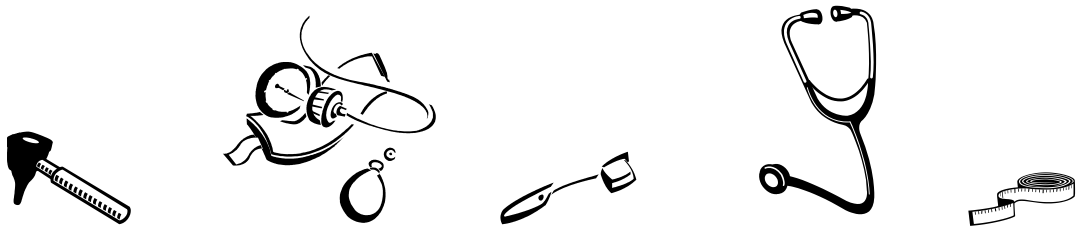
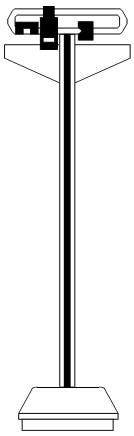
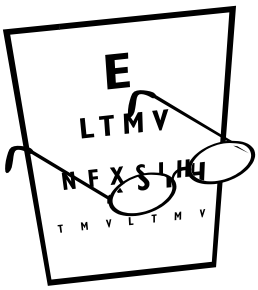
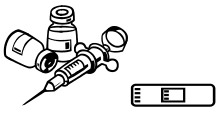
County of Riverside
Department of Public Health

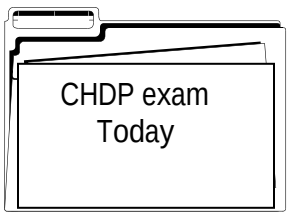


CHDP
Overview Workshop









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Resources & Links

Table of Contents

The following documents have been provided to you as a resource for your practice. Click the document to find the PDF resource or click the link available.

Video- Answering the Call: Join the Fight for Oral Health

WIC Guide for Therapeutic Formula

WIC Income Guidelines - **Link**

WIC Pediatric Referral Form

WIC Referral for Pregnant Women – **Link**

Riverside CHDP Program List

12/2021

Name	Contact	Fax/Email/Website
CHDP Program		rivcochdp.org
• State CHDP		dhcs.ca.gov/services/chdp
• CHDP Education Materials For Families		https://www.dhcs.ca.gov/services/chdp/Pages/FamilyTools.aspx
• Main Line	951.358.5481	951.358.6212
• Charge Nurse	951.358.5755	
• Provider Relations /Care Coordination Nurse	951.358.4204	
• Provider Relations /Care Coordination Nurse	951.358.7222	
• Provider Applications		CHDPRiverside@RUHealth.org
CHDP/Lead Health Education	951.358.5355	951.358-6212
• Order Form- Health Education Brochures	951.358.5481	951.358.5002
Maternal, Child, and Adolescent Health	951-794-4814	MCAHrivcoreferrals@ruhealth.org
Help Me Grow Inland Empire	888.464.4316	info@HelpMeGrowIE.org
RUHS Behavioral Health (Services)	951.358.6895	rcdmh.org
Childhood Lead Poisoning Prevention Program		rivcoclpp.org
• Public Health Nurse	951.358.5734	
• Public Health Nurse	951.358.7150	
RUHS Immunization Program	951.358.7125	rivcoimm.org
• Perinatal Hepatitis B Program	951.358.7125	
Immunization Resources		
• Obtain Vaccine Information Statement (VIS) Masters		immunize.org
• CAIR – California Immunization Registry	800.578.7889	
• CAIR Medical Exemption		cair.cdph.ca.gov/exemptions/home
• Vaccines for Children (VFC)		eziz.org
• Vaccine Adverse Event Reporting System		vaers.hhs.gov
Women, Infants & Children (WIC) & Breast-Feeding Helpline	800.455.4942	rivhero.com
RUHS Public Health Tuberculosis/Disease Control	951.358.5080	951.358.5102
California Children's Services (CCS)	951.358.5401	rivcoccs.org
Mental Health Resources		
• Mental Health Central Access (C.A.R.E.S Line)	951.358.7500	rcdmh.org
• It's Up to Us	800.499.3008	https://up2riverside.org/physicians/
RUHS Courtesy Van Transportation	800.794.3544	RUHS Courtesy Van
Medi-Cal Telephone Service Center & Learning Portal	800.541.5555	learn.medi-cal.ca.gov
Provider Application & Validation for Enrollment (PAVE)		pave.dhcs.ca.gov
Inland Regional Center (IRC) Early Start Intake	909.890.4763	inlandrc.org
Smile, California/Medi-Cal Dental	800.322.6384	smilecalifornia.org
SIDS Program – Deja Castro, PHN	951-210-1153	
RCCAT – Riverside County Child Assessment Team	951.486.4345	
Safe Clinic (ask to page SART nurse on-call)	951.486.4000	
Mandated Reporter	800.442.4918	
Oral Health Program	951.358.7171	RC-OHP@ruhealth.org

Riverside County FREE CHDP Health Education Order Form - Providers Only

Please PRINT CLEARLY	Requested By:	Date of Request:
CHDP Provider's Name:		Phone:
Mailing Address:		
		Email:

Nutrition	Quantity		
Limit 50	E	S	E/S
Baby Food For Me			
Be a Healthy Mom			
Bringing Home Baby (MAGAZINE)			
Fast and Healthy Breakfast Ideas			
Feed Me! Birth-6 Months			
Feed Me! 6-12 Months			
Finger Foods			
Formula vs. Breast Milk insert			
Fruits and Vegetables			
Getting to Know Your Baby (MAGAZINE)			
Give Your Baby a Healthy Start			
Healthy Choices For Kids			
Healthy Kids-Power Up with Fruits Veggies & PA			
Healthy Snacks For Healthy Kids			
I'm 1, Let's Have Fun!			
I'm 4, Let's Explore!			
Iron For Strong Blood			
Is Your Child Constipated?			
Let's Eat (MAGAZINE)			
Out and About (MAGAZINE)			
Time For a Cup			
Tips For Picky Eaters			
Tips for Happy Mealtimes			
Veggies Are Yummy			
When You Feed Me Formula			
WIC Referral Form- Pregnant Women			
WIC Pediatric Referral			

Physical Activity	Quantity		
Let's Get Moving			
Physical Activity			
Playing With Your Baby			
Playing With Your 3-5 Yrs			
Playing With Your Toddler			

Please Send To:

Email: CHDPRiverside@ruhealth.org

Fax: 951-358-5002

Mail: Riverside County CHDP Program
P.O. Box 7600
Riverside, CA 92513-7600

Please allow 2 weeks for items to be filled. Your office will need to pick orders up or we will make arrangements for delivery.

Child Safety - Safe Sleep	Quantity		
Limit 50	E	S	E/S
Safe Sleep For Your Grandbaby			
Safe Sleep (Doorknob Hangers)			
Safe Sleep For Your Baby			

General CHDP	Quantity		
Limit 50	E	S	E/S
CHDP Informing Brochure - Client			
Fluoride Varnish			

Lead Poisoning
Use Lead Poisoning Prevention Order Form

Dental - Order Directly
Oral Health Resource Center (OHRC):
www.mchoralhealth.org/materials/brochures-consumer.php
Medi-Cal Dental
www.SmileCalifornia.org
800-322-6384

Immunization: Order Directly
951-358-5107

Tobacco - Order Directly
800-NO-BUTTS

www.rivcochdp.org	CHDP County Website
www.rivcoclpp.org	LEAD County Website
www.dhcs.ca.gov/formsandpubs	State Publications

E = English S = Spanish
E/S = English & Spanish on the same form

pp 12/21

Riverside University HEALTH SYSTEM Public Health

TO: CHDP Providers

FROM: Riverside County CHDP

DATE: December 14, 2021

Program Chief II

EFFECTIVE: January 1, 2022

SUBJECT: **CHDP Program Lead Poisoning Prevention (CHDP-LPP) Activities**

Background

On September 25, 2020, California's Department of Health Care Services began providing funding for Child Health and Disability Prevention Lead Poisoning Prevention (CHDP-LPP) activities. CHDP-LPP activities fall under the Early and Periodic Lead Exposure Prevention (EPLEP) initiative, a collaboration between the California Department of Public Health (CDPH), Childhood Lead Poisoning Prevention (CLPP) program, the California Department of Healthcare Services (DHCS), and the Childhood Health and Disability Prevention (CHDP) program. The goal of this initiative is to verify that providers are following the established health care standards for blood testing of children for lead exposure.

Implementation

In our effort to improve lead screening in Riverside County, we are evaluating the lead testing success rate of CHDP Program participants.

This evaluation will consist of a review of 10 medical charts from patients, ages 12-72 months, covered by Medi-Cal (Fee-For-Service, IEHP, Molina), seen at your office for a physical exam.

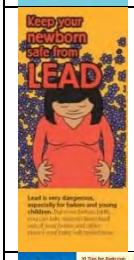
Components of the review:

1. Documentation indicating that anticipatory guidance and health education related to lead poisoning prevention and environmental lead sources was given.
2. Lead testing was done at 12 and 24 months or at any time up to age 72 months if not done at those specified ages.
3. Refugee children were offered blood lead testing within 30-90 days of arrival in the U.S. as well as within 3 – 6 months post resettlement.
4. Referrals and follow-up, as needed, were documented.

If you have any questions regarding the CHDP-LPP activities, feel free to contact the CHDP Provider Relations Nurses at (951) 358-5481.

Riverside County Child Health Programs
FREE Lead Poisoning Prevention Education Order Form

Please PRINT CLEARLY	**Date of Request:**	**Please Send To:**
CHDP Provider's Name:		**Email:** CHDPRiverside@ruhealth.org
Requested By:		**Fax:** 951-358-5002
Mailing Address:		Riverside County CHDP Program P.O. Box 7600 Riverside, CA 92513-7600
PHONE:	**FAX:**	**Please allow 2 weeks for items to be filled.**

Publication		**Quantity Limit 50**		
		English	Spanish	English/ Spanish
 Protect Your Child from Lead Brochure (Bilingual)	PDF Link	N/A	N/A	
 Keep Your Newborn Safe from Lead Brochure	English PDF Link Spanish PDF Link			N/A
 Making Your Home Lead-Safe for Your Child Brochure	English PDF Link Spanish PDF Link			N/A
 Is There LEAD in or around your home? Brochure	English PDF Link Spanish PDF Link			N/A
 Lead in Traditional Ceramic Dishware Brochure	English PDF Link Spanish PDF Link			N/A

Riverside County Child Health Programs
FREE Lead Poisoning Prevention Education Order Form

Publication			Quantity Limit 50		
			English	Spanish	English/ Spanish
	Lead in Folk Remedies Brochure	English PDF Link Spanish PDF Link			N/A
	Well Fed = Less Lead Brochure	English PDF Link Spanish PDF Link			N/A
	Repainting or Fixing Up Your Older Home Brochure	English PDF Link Spanish PDF Link			N/A
	Baby Food Safety Flyer	PDF Link	N/A	N/A	
	Check for Lead In and Around Your Home Checklist (Bilingual)	PDF Link	N/A	N/A	
	Do You Cook with Traditional Pottery Fact Sheet	English PDF Link Spanish PDF Link			N/A
	Lead in Tap Water Fact Sheet (Bilingual)	PDF Link	N/A	N/A	

Riverside County Child Health Programs
FREE Lead Poisoning Prevention Education Order Form

Publication			Quantity Limit 50		
			English	Spanish	English/ Spanish
	Protect Your Child from Lead in Paint Card	English PDF Link Spanish PDF Link			N/A
	Protect Your Child from Lead in Dirt Card	English PDF Link Spanish PDF Link			N/A
	Has Your Child Been Treated for Stomach Ache? Card	English PDF Link Spanish PDF Link			N/A
	Protect Your Child from Lead in Jewelry Card	English PDF Link Spanish PDF Link			N/A
	Getting Your Child Tested for Lead Card	English PDF Link Spanish PDF Link			N/A
	Protect Your Child from Lead on the Job Card	English PDF Link Spanish PDF Link			N/A
	Kids Learn Better Lead-Free Bookmark	English PDF Link Spanish PDF Link			N/A

ENGLISH

Child Health & Disability Prevention (CHDP) Program

MEDICAL & DENTAL HEALTH CHECK-UPS

FREE

For babies, children, and youth under age 19 who meet income requirements or under 21 with full scope Medi-Cal

No documentation required

Riverside University HEALTH SYSTEM Public Health

WHY CHECK-UPS ARE IMPORTANT

A complete health check-up may find medical, dental and/or behavioral health problems before you know they exist and before they become serious.

WHAT TO BRING TO THE **DOCTOR'S OFFICE**

- Medi-Cal Benefit Identification Card
- Ask about temporary Medi-Cal Card
- Vaccination (shot) Record

THE CHECK-UP

- Physical Exam
- Growth and Development Screening
- Behavioral Health Screening
- Dental, Vision, Hearing Screening
- Nutrition Screening
- Health Education
- Vaccines (Shots)
- Tests for Anemia, Blood Lead, TB and other testing as needed
- WIC Referral for Children up to Age 5
- Dental Fluoride Varnish, if indicated

FOLLOW-UP SERVICES

Our goal is to help you access no cost care for the diagnosis and treatment of any health problem that is found during the CHDP checkup. If further medical, dental, or behavioral health services are needed, CHDP will help you find them.

RUHS Behavioral Health Services can assist you with services for children and young adults who have severe emotional & behavioral problems. For more information call:

800-706-7500

PHYSICAL EXAM SCHEDULE

Free health check-ups are available once during each of the following age ranges:

- Newborn
- 3-5 days
- By one month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- From age 3-21 years, every year

**A health check-up will also be given, when required, for foster care, school entry, sports or camp.*

INFORMATION

Your local CHDP Program can help you find a CHDP doctor or a dentist near your home and assist you with scheduling your appointments. CHDP offers free physicals by using the Gateway process.

For more information, please contact:
Riverside County CHDP Program

www.rivcochdp.org

CALL: 800-346-6520

11/18 NM

ESPAÑOL

Programa de Salud y Prevención de Incapacidades en los niños (CHDP)

EXÁMENES DE SALUD

GRATIS

Para bebes, niños, y adolescentes hasta los 19 años de edad que cumplan con los requisitos de ingresos o menores de 21 años con Medi-cal completo.

No se requiere documentación

Riverside University HEALTH SYSTEM Public Health

PORQUE SON IMPORTANTES LOS EXAMENES DE SALUD

Un examen medico completo puede detectar problemas de salud médicos, mentales y dentales antes de que se de cuenta que existen, y que se conviertan en un serio problema

QUE DEBE TRAER A SU VISITA MEDICA

- Pregunte como obtener Medi-cal temporal
- Tarjeta de identificación de Medi-Cal
- Registro de vacunas

EXAMEN DE SALUD

- Examen físico
- Evaluación de crecimiento y desarrollo
- Salud mental
- Evaluación dental, oído, y visión
- Nutrición
- Educación de la salud
- Vacunas
- Pruebas de sangre para detectar anemia, plomo, tuberculosis y otras pruebas según sea necesario
- Referencias al programa WIC para niños hasta los 5 niños de edad

SEGUIMIENTO

Nuestro objetivo es ayudarlo a obtener atención medica gratuita para el diagnostico y tratamiento de cualquier problema de salud que se encuentre durante el chequeo de CHDP. Si fuesen necesarios mas servicios médicos, dentales o de salud mental adicionales, CHDP lo ayudara a encontrarlos.

RUHS Servicios de Salud Mental te puede asistir con servicios para niños y adolescentes con problemas emocionales y de comportamiento severos. Para mas información llamar:

800-706-7500

CALENDARIO DE CHEQUEOS

Los controles de salud gratuitos están disponibles una vez durante cada una de las siguientes edades:

- Recién nacidos
- Entre 3 a 5 días
- Al mes
- 2 meses
- 4 meses
- 6 meses
- 9 meses
- 12 meses
- 15 meses
- 18 meses
- 24 meses
- 30 meses

** También se realizara un chequeo de salud cuando sea requerido para el cuidado de crianza, entrada a la escuela, deportes o campamento.*

INFORMACION

Tu programa local de CHDP te puede ayudar a encontrar un doctor o dentista cerca de tu hogar y te ayudaran a programar tu cita .

Para mas información comunicarse con:
el programa CHDP del Condado de Riverside

www.rivcochdp.org

Llámenos: 800-346-6520

11/18 DC

Child Health & Disability Prevention
CHDP
Gateway To Health Coverage

Important Information for Parents: Gateway to Health Insurance Child Health and Disability Prevention (CHDP)

Welcome to the CHDP program. The information you give on this CHDP Pre-enrollment Application is confidential. If your child qualifies today, he or she will get a CHDP child wellness check-up.

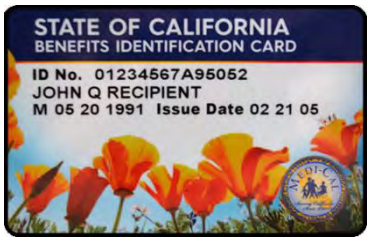
The information you give is to:

- Decide your child's eligibility for today's CHDP child wellness visit
- Decide your child's eligibility for temporary health care insurance through Medi-Cal
- Add your child to the California Department of Health Services confidential record system

Temporary Medi-Cal - no cost services to you!
If your child qualifies today for temporary Medi-Cal, he or she will get health care services paid for by Medi-Cal until the end of next month. If your child does not have a Benefits Identification Card, "BIC" or Medi-Cal card, you will get a card by mail.

Services under temporary Medi-Cal include:

- Doctor visits
- Dental
- Vision
- Prescriptions and more



How can my child keep these health services?
You need to apply for Medi-Cal or Covered California.

- You need to mark "yes" on the CHDP application to apply for continued services through Medi-Cal or Covered California.
- If you mark "yes," you will get an application by mail. To continue health insurance for your child you need to fill out and mail the application.

Important: Using CHDP or temporary Medi-Cal will not affect your immigration status.

What happens if my child is not eligible for these health services?
Your child may still qualify for CHDP child wellness check-ups and temporary Medi-Cal.

If your child is not eligible for a CHDP child wellness visit today, he or she may still qualify for other health programs. Contact the CHDP Program in your local health department for more information.

With health insurance, you can get the health care your child needs when sick and the care he or she needs to stay healthy.

Riverside University HEALTH SYSTEM
Public Health

Publication Pre Visit Flyer
English 05/2017.

Child Health and Disability Prevention (CHDP) Gateway Program: Temporary Health Services Coverage

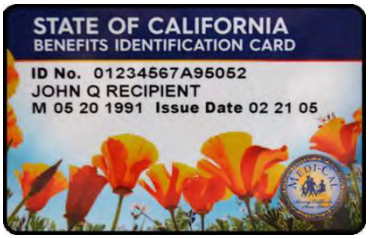
Your child now has temporary Medi-Cal insurance coverage.

Be sure you get a copy of the CHDP Gateway Pre-enrollment response. The CHDP Gateway Pre-enrollment response copy is your proof of temporary Medi-Cal.

What health services does my child get with temporary Medi-Cal?

- ☐ Doctor Visits
- ☐ Dental care: x-rays, cleanings and fillings
- ☐ Vision care: eye glasses
- ☐ Prescription medicines
- ☐ Specialty care
- ☐ X-rays and
- ☐ Lab tests
- ☐ Other services as needed

How can my child use these services after today?



Make an appointment by calling a Medi-Cal doctor or dentist. If you need help finding a doctor or dentist, call your local CHDP program to help you.

Take the following to any appointment:

- ☐ **CHDP Gateway Pre-enrollment response copy** – the temporary receipt you got today or
- ☐ Medi-Cal Benefits Identification Card you get in the mail.

How can my child keep these health services?

You need to apply for Medi-Cal or Covered California to keep this health insurance.

- ☐ Apply for Medi-Cal or Covered California health insurance online at CoveredCA.com, over the phone by calling 1-800-300-1506, in person at your local social services office or by mailing a completed and signed application.
- ☐ Be sure to apply for full-scope Medi-Cal before temporary Medi-Cal's end date on receipt.
- ☐ Your child will continue to receive temporary Medi-Cal until a decision is made about their application.

Medi-Cal or Covered California provides low cost or no cost health insurance.

Health insurance can help pay for the care your child needs to stay healthy. It can also pay when your child is sick.

For more information, call your local CHDP Program:

Riverside County CHDP

Phone: 951-358-5481 | Toll Free: 800-346-6520

TDD: 951-358-5124

California Department of Health Care Services:
http://www.dhcs.ca.gov/publication

Important Information For Parents of Infants Under One Year of Age!

If baby's mother was receiving Medi-Cal benefits at the time of baby's birth, the baby may be eligible for Medi-Cal Infant Enrollment NOW!

How can my baby get Medi-Cal?

1. Complete the CHDP Pre-enrollment Application
2. Mark "yes" to "I want to apply for continuing coverage through Medi-Cal or Healthy Families."
3. Complete the Pre-Enrollment Application section titled "For patients under one year of age."

Child Health & Disability Prevention
CHDP
Gateway To Health Coverage

Infant Enrollment	Temporary Medi-Cal
If baby is eligible and enrolled in Medi-Cal today, baby can receive health care services paid for by Medi-Cal until baby's first birthday: 1. You will get a receipt you can use for health care services until baby's Medi-Cal Benefits Identification card (BIC/Medi-Cal card) comes in the mail.  2. You will NOT need to complete a Medi-Cal/Healthy Families application. 3. The county welfare department will contact you.	If baby is enrolled in temporary Medi-Cal today, baby can get health care services paid for by Medi-Cal until the end of next month: 1. You will get a receipt you can use for health care services until baby's BIC/Medi-Cal card comes in the mail. 2. You may be able to continue baby's Medi-Cal coverage by completing a Medi-Cal/Healthy Families application. An application will be mailed to you. Fill out and mail the application right away. 3. The county welfare department will contact you. 4. For help or questions about the Medi-Cal/Healthy Families application, call 1-800-880-5305. It's FREE!
If your baby is not eligible for Infant Enrollment today, your baby may be eligible for temporary Medi-Cal at no cost to you.	If your baby is not eligible for Medi-Cal or Healthy Families, he/she may continue to get well-baby exams at no cost through the CHDP program.

How can my baby use health care services after today?

Make an appointment by calling a Medi-Cal doctor. If you need help finding a doctor, call your local CHDP program. Take to all appointments:

- The temporary receipt you get today, or
- The BIC/Medi-Cal card you get in the mail

The information you give on the CHDP Pre-Enrollment Application is confidential and will be used to:

- Determine your baby's eligibility for today's CHDP exam
- Determine your baby's eligibility for ongoing health care coverage through Medi-Cal
- Include your baby in the California Department of Health Services confidential record system.

Using CHDP or Medi-Cal cannot prevent you or your baby from getting a green card by making you a public charge and cannot prevent you from becoming a U.S. citizen.

03/26/04

¡Información importante para los padres de bebés menores de un año de edad!

Si la mamá del bebé estaba recibiendo beneficios de Medi-Cal cuando nació el bebé, es posible que el bebé sea elegible AHORA para inscribirse en Medi-Cal para bebés.

¿Cómo puede obtener Medi-Cal mi bebé?

1. Llene la solicitud de inscripción en CHDP.
2. Marque "Sí" donde dice "Deseo solicitar la continuación de cobertura por medio de Medi-Cal o Healthy Families".
3. Llene la sección titulada "Para pacientes menores de un año de edad" en la solicitud de inscripción.

Child Health & Disability Prevention
CHDP
Gateway To Health Coverage

Inscripción de bebés	Medi-Cal temporal
Si el bebé es elegible y se inscribe hoy mismo en Medi-Cal, puede recibir servicios médicos pagados por Medi-Cal hasta que cumpla un año de edad: 1. Le darán un recibo que podrá usar para obtener servicios médicos hasta que reciba la Tarjeta de identificación de beneficios Medi-Cal (BIC/Medi-Cal) de su bebé por correo.  2. NO necesita llenar una solicitud de Medi-Cal/Healthy Families. 3. El departamento de bienestar social del condado se pondrá en contacto con usted.	Si su bebé se inscribe hoy mismo en Medi-Cal temporal, su bebé puede obtener servicios médicos pagados por Medi-Cal hasta el final del próximo mes: 1. Usted recibirá un recibo que podrá usar para obtener servicios médicos hasta que reciba la Tarjeta de identificación de beneficios Medi-Cal (tarjeta BIC/Medi-Cal) de su bebé por correo. 2. Es posible que pueda continuar la cobertura Medi-Cal de su bebé, llenando una solicitud de Medi-Cal/Healthy Families. Se le enviará una solicitud por correo. Llene la solicitud y envíela por correo lo antes posible. 3. El departamento de bienestar social del condado se pondrá en contacto con usted. 4. Si necesita ayuda o tiene preguntas sobre la solicitud de Medi-Cal/Healthy Families, llame al 1-800-880-5305. ¡Es GRATIS!
Si su bebé no es elegible para la inscripción de bebés hoy, es posible que sea elegible para recibir Medi-Cal temporal sin costo para usted.	Si su bebé no es elegible para recibir Medi-Cal o Healthy Families, puede seguir obteniendo exámenes del bebé sano sin costo por medio del programa CHDP.

¿Cómo puede mi bebé recibir servicios médicos después de hoy?

Llame a un médico de Medi-Cal y haga una cita. Si necesita ayuda para encontrar a un médico, llame a su programa local de CHDP. Lleve a todas las citas:

- El recibo temporal que le dieron hoy, o
- La tarjeta BIC/Medi-Cal que recibirá por correo.

La información que usted pone en la Solicitud de inscripción en CHDP es confidencial y se usará para:

- Determinar si su bebé es elegible para el examen CHDP de hoy.
- Determinar si su bebé es elegible para obtener cobertura médica continua por medio de Medi-Cal.
- Incluir a su bebé en el sistema de datos confidenciales del Departamento de Servicios de Salud de California.

El uso de CHDP o de Medi-Cal no puede impedir que usted o su bebé obtenga una tarjeta de residencia permanente por ser una carga pública y no puede prevenir que usted se haga ciudadano de los Estados Unidos.

Publication Number 186

03/26/04 - Spanish

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
PRE-ENROLLMENT APPLICATION

Instructions to the Parent or Patient:

- In order to receive a health examination today at no charge, you must provide the information required on this form. The information you give is confidential. This is a voluntary program.

  Is the patient less than 19 years of age? ☐ Yes ☐ No

  How many people are in your family? _____

  How much money does your family make before taxes? $_____ (Monthly) Or $ _____ (Yearly)

- You or your child may be eligible for continued health care coverage through Medi-Cal or premium assistance programs under Covered California.

  I want to apply for continuing coverage through Medi-Cal or premium assistance programs under Covered California. ☐ Yes ☐ No

  If you answered *yes* to this question, an application will be mailed to you in a few days. Please return it promptly. If you answered *no* to this question (or if you answered *yes* but do not return the application), the patient's coverage for health, dental, and vision benefits will stop at the end of next month unless the county Department of Social Services notifies you otherwise.

Patient Information

Does the patient have a State of California Benefits Identification Card (BIC) or Medi-Cal card? ☐ Yes ☐ No

If yes, what is the identification number on the BIC card (if available)? _____

Patient's name—Last	First	Middle initial

Date of birth (month/day/year)	Gender ☐ Male ☐ Female	Patient's social security number (SSN) ***(optional)***

☐ If you are homeless, check here. Enter the general location in the "Home address" section and complete the "Mailing address" section.

Home address	Apartment number	City	State	ZIP code

County of residence

Mailing address (if different from home address)	Apartment number	City	State	ZIP code

Mother's name—Last	First	Middle initial

For patients under one year of age, please complete this section.

Mother's date of birth (month/day/year)	Mother's BIC or Medi-Cal card number or social security number

Parent/Legal Guardian Information

Name of parent/legal guardian or emancipated minor patient—Last	First	Middle initial

Home telephone number	Work telephone number	Message telephone number
( )	( )	( )

What language do you speak at home?	What language do you read best?

Certification

I am requesting a CHDP health examination today. I certify that I have read and understand this form. I declare that the information I have provided is true, correct, and complete.

Signature of parent/guardian or emancipated minor	Relationship to patient	Date

An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information is the Department of Health Care Services, MS 8100, P.O. Box 997413, Sacramento, CA 95899-7413. A copy of this information may be shared with the county Department of Social Services in the county in which you reside and will be kept with your child's medical record by your child's CHDP provider.

MNIHA: Medically Necessary Interperiodic Health Assessment

Pre-enrollment (Gateway) may occur earlier than the next regularly scheduled CHDP health assessment if there is a reason for Medically Necessary Interperiodic Health Assessment (MNIHA). MNIHAs are defined as follows:

- There is a need for a sports or camp physical examination
- The individual is in foster care or out-of-home placement
- There is a need for a school or preschool entrance examination
- There is a need for providing additional anticipatory guidance to the individual or the parent or legal guardian
- There is a history or perinatal problems
- There is evidence of significant developmental disability
- There is a need to complete health assessment requirements
    - The last MNIHA used when both the following occur:
        - There is a need for rechecking laboratory results performed during a previous complete CHDP health assessment or there is a need to bring a child up-to-date for immunizations
        - The pre-enrollment period has expired (for a child not eligible for full-scope, no Share of Cost Medi-Cal)

Reference: https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/epsdtchdpgate.pdf

Child Health & Disability Prevention

CHDP

Gateway To Health Coverage

2022 Gateway Income Eligibility Guidelines

Income Eligibility Guidelines
266 Percent of the 2022 Federal Poverty Guidelines
Effective January 1, 2022 through December 31, 2022
(For determinations of CHDP Gateway aid codes 8W and 8X only)

Number of Persons in the Household	Monthly Income	Annual Income
1	$2,856	$34,261
2	$3,862	$46,338
3	$4,868	$58,414
4	$5,875	$70,490
5	$6,881	$82,567
6	$7,887	$94,643
7	$8,894	$106,720
8	$9,900	$118,796
For households of more than 8 persons, for each additional person, add:	$1,007	$12,077

Note: Federal poverty guideline incomes are adjusted annually.

Fax: (951) 358-6212

Child Health and Disability Prevention Program

Care Coordination / Follow-up Form

Submit to the County CHDP Program within 5 business days of exam for children referred to a Dentist or other Medical Provider.

Do not complete this form if child is in foster care, managed care plan or private insurance. For children in foster care: Complete ***HCPCFC Medical (Specialty)/Dental Contact Form*** for all visits.

PATIENT INFORMATION:

Patient Name (Last) (First) (Initial)	Preferred Language	Date of Service (MM/DD/YY)

Birthdate (MM/DD/YY)	Age	Sex	Gender	County of Residence	Telephone # (Home or Cell) ( )	Alternate Phone # (Work or Other) ( )

Responsible Person (Name) (Street) (Apt/Space #) (City) (Zip)	Ethnic Code

1. White
2. Hispanic/Latino
3. Black/African American
4. American Indian/Alaska Native
5. Asian
6. Native Hawaiian/Other Pacific Islander
7. Other

Patient Eligibility	Aid Code	Identification Number (BIC)

A. Medical Assessment and Referral Section

☐ No Medical Problems Suspected

Significant Medical History or Special Conditions: ☐ No ☐ Yes, Specify: _____

CHDP ASSESSMENT Physical Exam Nutrition Developmental Vision Hearing	Problem Suspected	Referred To & Phone Number *Or* ☐ Return Visit Scheduled
	Problem Suspected	Referred To & Phone Number *Or* ☐ Return Visit Scheduled
	Problem Suspected	Referred To & Phone Number *Or* ☐ Return Visit Scheduled
	Problem Suspected	Referred To & Phone Number *Or* ☐ Return Visit Scheduled

B. Dental Assessment and Referral Section

☐ Class I: No Visible Problems	☐ Class II: Visible decay, small carious lesion or gingivitis	☐ Class III: Urgent – pain abscess, large carious lesions or extensive gingivitis	☐ Class IV: Emergent – acute injury, oral infection or other pain
Mandated annual routine dental referral (beginning no later than age 1 and recommended every 6 months)	*Needs non-urgent dental care*	*Immediate treatment for urgent dental condition which can progress rapidly*	*Needs immediate dental treatment within 24 hours*

Fluoride Varnish Applied: ☐ Yes, applied ☐ No, teeth have not erupted ☐ Ordered FV, date to be applied: _____
☐ No, other reason : _____

☐ Dental home referral Referred To & Phone Number: _____

C. Additional Comments

D. Referring Provider Information

Service Location: (Office Name, Address, Telephone Number)

Rendering Provider Name: (Print Name)

Rendering Provider Signature: Date:

County of Riverside
Department of Public Health
Child Health & Disability Prevention Program

Mailing Address:
P.O. Box 7600
Riverside, CA 92513-7600
Phone: 951-358-5481

Email: CHDPRiverside@ruhealth.org

Care Coordination/Follow-up Form: Completion Instructions

Submit a copy of the form, an EHR patient summary, or an equivalent via fax or mail to the Local CHDP program for a child with Fee-for-Service Medi-Cal or temporary Gateway Coverage if the child has been referred to another provider for the following:

- Medical diagnosis
- Medical treatment
- Dental home
- Dental treatment or
- Scheduled for a return visit

Give a copy of the form or a printout of your EHR patient summary or an equivalent to the responsible parent/guardian indicated on the form.

Explanation of Form Items:

Patient Name. Self-explanatory.

Preferred Language. Self-explanatory.

Date of Service. Enter the date the CHDP service was rendered.

Birthdate. Self-explanatory.

Age. Enter the patient's age with one of the following indicators: "y" for years, "m" for months, "w" for weeks, or "d" for days.

Sex. Enter "F" if the patient is female. Enter "M" if the patient is male.

Gender. Enter the gender the patient identifies with. If information is not available, leave blank.

Patient's County of Residence. Enter the name of the county where patient lives.

Telephone #. Enter home or cellular telephone number, with area code of the responsible person.

Alternate Phone #. Enter work or other telephone number, with area code of the responsible person.

Responsible Person. Enter name of responsible person if the patient is younger than 18 years of age and is not an emancipated minor. Enter the address of where the patient lives.

Patient Eligibility. Patient eligibility information on the form is completed as follows:

- AID CODE. Enter patient's two-digit aid code.
- IDENTIFICATION NUMBER. Enter patient's identification number from the Benefits Identification Card (BIC) or Gateway response.

Ethnic Code. Enter the appropriate ethnic code.

A. Medical Assessment and Referral Section:

No Medical Problems Suspected. Enter check mark (✓) if no problem found during CHDP assessment - <u>proceed to Dental Assessment section B</u>

Significant Medical History or Special Conditions. Enter significant medical history or medical conditions per history.

Problem Suspected. Enter the diagnosis/problem found during CHDP assessment.

Referred To & Phone Number. Enter name and telephone number of provider or agency patient was referred to.

Return Visit Scheduled. Enter check mark (✓) if a return visit to your office is scheduled related to the diagnosis/problem found.

B. Dental Assessment and Referral Section

Dental Classes. Enter a check mark (✓) for the dental class that pertains to the dental assessment findings.

Fluoride Varnish Applied:

Yes, applied. Enter a check mark (✓) if the patient had fluoride varnish applied during visit.
No, teeth have not erupted. Enter a check mark (✓) if fluoride varnish was not applied due to teeth have not erupted.
Ordered FV, date to be applied. Enter a check mark (✓) if fluoride varnish was ordered and patient is scheduled to return for fluoride varnish application.
No, other reason. Enter a check mark (✓) if appropriate and state reason for not applying fluoride varnish.

Dental Home Referral. Enter a check mark (✓) on the *Dental home referral* box when dental referral is made.

Referred To & Phone Number. Enter name and number of dental provider patient was referred to or the patient's regular dental provider.

*<u>*Note: A referral for a routine dental visit needs to be made if the patient has no dental problems (Class I) and is 1 year of age or older.</u>*

C. Additional Comments Section.

Comments. Enter remarks that clarify the results of the health assessment or <u>any communication</u> to aid in care coordination to the local CHDP program.

D. Referring Provider Information

Service Location. Self-explanatory. A provider stamp is acceptable.

Health Care Program for Children in Foster Care (HCPCFC)
Foster Care Medical (Specialty) Contact Form

Submit within 5 business days of the examination - Fax: (951) 358-5414 or mail to DPSS-Pubic Health Nurse 10281 Kidd St. 1st Floor Riverside CA 92503

Complete this form if child is in the foster care system. Health care providers are required to submit a HCPCFC Foster Care Medical (Specialty) Contact Form when providing care to children and youth in the foster care system.

Patient Name (Last) (First) (Initial) | **Language** | **Date of Service** Month Day Year

Birthdate Month Day Year | **Age(yr/m)** | **Sex** | **Gender** | **Patient's County of Residence** | **Telephone #** (Home or Cell) | **Alternate Phone #** (Work or Other)

Responsible Person (Name) (Street) (Apt/Space) (City) (Zip)

Ethnic Code ☐
1-White
2-Hispanic/Latino
3-Black/African American
4-American Indian/Alaska Native
5-Asian
6-Native Hawaiian/Other Pacific Islander
7-Other

Patient Eligibility: County Code | Aid Code | Identification Number | **Next CHDP Exam** Month Day Year

A. Medical Assessment and Referral Section

Type of Visit:

MEDICAL ☐Well Child Exam ☐Immunization Visit ☐Sick Visit/Urgent Care ☐Reproductive Health ☐Follow Up

SPECIALTY ☐Initial Consultation ☐Follow Up

Type (e.g. Optometry, Neurology, Cardiology, Audiology, Mental Health) _____

Height To nearest 0.1 cm	Height Percentile	Weight To nearest 0.1 kg	Weight Percentile	BMI	BMI Percentile	Head Circumference	Head Circ. Percentile

Blood Pressure	Hemoglobin	Hematocrit	Vision Results OD OS OU	Hearing Results R L

Labs Ordered ☐CBC ☐Lead ☐Other:_____ | **Date Labs Ordered** | **Lab Results**

Any known **allergies** to medication/food/environment? ☐Y ☐N Please list:_____

ASSESSMENT/DIAGNOSIS:

Depression Screening: ☐Y ☐N **Substance Abuse Screening:** ☐Y ☐N **Tool Used (if any)?** _____

MEDICATIONS/TREATMENTS: (DOSAGE/FREQUENCY)

If prescribed psychotropic medication was a
JV220 (A) completed? ☐Y ☐N
Was EKG completed? ☐Y ☐N
Were Labs completed? ☐Y ☐N

DEVELOPMENTAL SCREENING/ASSESSMENT: **Completed today?** ☐Y ☐N

Developmental tool used, if any: (Please attach a copy) ☐ASQ-3 ☐ASQ-SE ☐Other (Specify):_____

Age appropriate development? ☐Y ☐N **if NO, Indicate:** ☐Gross ☐Fine ☐Speech/Language ☐Social/Emotional ☐Cognitive

Physical Growth ☐WNL ☐Delayed

REFERRALS: (e.g. Mental Health, CCS, Speech and Hearing, IEP)

IMMUNIZATIONS
☐ **Copy of IZ Records Attached?**
Please check (☑) which immunizations have been given TODAY:

IPV	1☐	2☐	3☐	4☐	
DTaP	1☐	2☐	3☐	4☐	5☐
Td	☐				
Tdap/Booster	☐				
Hib	1☐	2☐	3☐	4☐	
MMR	1☐	2☐			
Hep B	1☐	2☐	3☐		
Hep A	1☐	2☐			
VZV	1☐	2☐			
PCV	1☐	2☐	3☐	4☐	5☐
PCV13	☐				
MenACWY	☐				
HPV	1☐	2☐	3☐		
Influenza	1☐	2☐			
Rotavirus	1☐	2☐	3☐		

Other:_____
☐Up to date ☐Not up to date

☐PPD ☐TB Risk Assessment
Date Given:_____
Date Read:_____
Results: ☐Negative ☐Positive
☐Return for PPD Read
☐Lab ordered for QFT/IGRA

B. Dental Assessment and Referral Section

☐ **Class I:** No Visible Problems
Mandated annual routine dental referral (beginning no later than age 1 and recommended every 6 months)

☐ **Class II:** Visible decay, small carious lesion or gingivitis
Needs non-urgent dental care

☐ **Class III: Urgent** – pain, abscess, large carious lesions or extensive gingivitis
Immediate treatment for urgent dental condition which can progress rapidly

☐ **Class IV: Emergent** – acute injury, oral infection or other pain
Needs immediate dental treatment within 24 hours

Fluoride Varnish Applied: ☐ Yes ☐ No, parent refused ☐ No, teeth have not erupted
☐ Other reason for not applying: _____

☐ **Dental home referral** **Referred To and Contact Number:** _____

C. Provider Information

Service Location: Office Name, Address, Telephone/Fax Number

NPI Number

Provider Name (Print Name)

Provider Signature | **Date**

Follow up appointments needed? ☐Y ☐N **Date/Time**_____

Revised 09/2017

Foster Care Medical (Specialty) Form: Completion Instructions

Health Care Providers:

- Submit a copy of the form, an EHR patient summary, or an equivalent via eFax to the Local HCPCFC Program when providing care to children and youth in the foster care system
- Give a copy of the form or a printout of your EHR patient summary or an equivalent to the responsible person indicated on the form.

Explanation of Form Items:

Patient Information (Demographics section)

Patient Name. Enter the patient's last name, first name and middle initial, exactly as it appears on the Benefits Identification Card (BIC), including blank spaces. If the patient's name differs in any way from the name on the BIC or is incorrect, enter the name that the patient is Also Known As (AKA).

Language. Enter the patient's primary language spoken at home. The language is critical to enable local CHDP program staff to assist families in removing barriers to diagnosis and/or treatment.

Date of Service. Enter the date the CHDP service was rendered. Use a leading zero (0) when entering dates with only one digit (for example, March 1, 2017 is entered as 03 01 17).

Birthdate. Enter the month, day and year of the patient's birth exactly as it appears on the Medi-Cal eligibility verification system. Use zeros (0) when entering dates of only one digit (for example, January 1, 2017 is entered as 01 01 17).

Age. Enter the patient's age with one of the following indicators: "yr" for years, "m" for months, "w" for weeks, or "d" for days (for example, 15yr represents 15 years of age).

Sex. Enter an "F" if the patient is female. Enter an "M" if the patient is male. This must be entered exactly as it appears on the Medi-Cal eligibility verification system.

Gender. Enter the gender the patient identifies with even if the gender is not female or male. If information is not available, leave blank.

Patient's County of Residence. Enter either the name of the county where patient lives (not county where assessment is performed) or the two-digit city code if the individual lives in Berkeley, Long Beach or Pasadena.

Telephone #. Enter residence or cellular telephone number, including area code where the responsible person can be reached during the day.

Alternate Phone #. Enter business or message telephone number, including area code where the responsible person can be reached during the day.

Responsible Person. When the patient is younger than 18 years of age and not an emancipated minor, enter the name, street address (including apartment or space number), city, and ZIP code of the legal guardian with whom the patient lives.

Patient Eligibility. Patient eligibility information on the form is completed as follows:

- COUNTY. Enter patient's two-digit county code (obtained when eligibility verification is performed).
- AID. Enter patient's two-digit aid code (obtained when eligibility verification is performed)
- IDENTIFICATION NUMBER. Enter patient's identification number from the plastic Benefits Identification Card (BIC) or
  - *Immediate Need Eligibility Document* – Gateway

Next CHDP Exam Date. Enter the month, day and year the next complete health assessment is due.

Ethnic Code. Enter the appropriate ethnic code (select one only). If the patient's ethnicity is not included in the code list, or if ethnicity is unknown, enter code 7 (Other).

B. Medical Assessment and Referral Section:

Type of Visit. Enter a check mark (✓) on the correct type of medical visit. For specialty exams, indicate type of specialty (i.e. Optometry, Neurology) and enter a check mark (✓) if specialty exam is an initial consultation or follow-up appointment.

Height. Enter patient height to the nearest 0.1cm and height percentile.

Weight. Enter patient weight to the nearest 0.1kg and weight percentile.

BMI. Enter patient BMI and BMI percentile.

Head Circumference. Enter patient head circumference and head circumference percentile.

Blood Pressure. Enter patient blood pressure.

Hemoglobin. Enter patient hemoglobin level.

Hematocrit. Enter patient hematocrit level.

Vision Results. Enter patient vision results for left, right and both eyes. If not completed, indicate reason (i.e. N/A, unable).

Hearing Results. Enter patient hearing results indicating passed, within normal limits (WNL) or failed. If not completed, indicate reason (i.e. N/A, unable).

Labs Ordered. Enter a check mark (✓) if CBC, Lead or other labs ordered. For other labs ordered, enter type of lab (i.e. TSH).

- *Date Labs Ordered.* Enter the date labs ordered.
- *Lab Results.* Enter lab results and attach a copy of results if available.

Allergies. Enter a check mark (✓) if patient has any known allergies to medication, food or environment. If yes, enter all allergies.

Assessment/Diagnosis. Enter assessment findings including any known or suspected diagnoses.

Depression Screening. Enter a check mark (✔) in the appropriate box indicating if a screen was completed or not. If so, indicate tool used, if any.

Substance Abuse Screening. Enter a check mark (✔) in the appropriate box indicating if a screen was completed or not. If so, indicate tool used, if any.

Medications/Treatments. If patient was prescribed any medication(s), enter the name, dosage and frequency of the medication(s). Enter any treatments rendered during the visit or future treatment(s) needed.

- *Psychotropic medication.* If patient is prescribed a psychotropic medication, enter a check mark (✔) indicating if the following were completed or not:
  - A JV220 (A)
  - An EKG
  - Labs

Developmental Screening/Assessment. Enter a check mark (✔) indicating if a developmental screen/assessment was completed at time of visit or not. If yes, indicate the type of tool used. If other than an Ages and Stages Questionnaire (ASQ), enter a check mark (✔) in *Other* and specify tool used. Attach any completed developmental screen/assessment.

- *Age Appropriate Development.* Enter a check mark (✔) in the appropriate box. If no, enter a check mark (✔) where development is not appropriate. Mark all that apply.
- *Physical Growth.* Enter a check mark (✔) in the appropriate box. If physical growth is not WNL, enter a check mark (▯) in *Delayed* and enter an explanation.

Referrals. Enter referrals made at time of visit or pending referrals to any provider or agency. Indicate the name(s) and telephone number(s) of the provider(s) the patient was referred to.

Immunizations. Enter a check mark (✔) if immunization records are attached.

- Enter a check mark (✔) for all immunizations given at time of visit.
- Enter a check mark (✔) indicating whether or not patient is up-to-date with immunizations.
- Enter a check mark (✔) if a TB risk assessment was completed.
- Enter a check mark (✔) if a PPD was given/read at time of visit.
  - If PPD given, enter date and a check mark (✔) on *Return for PPD Read.*
  - If PPD read, enter date and indicate result.
- Enter a check mark (✔) if QuantiFERON (QFT)/ Interferon-Gamma Release Assays (IGRA) labs ordered.

C. Dental Assessment and Referral Section

Class I. Enter a check mark (✔) on the *Class I: No Visible Problems* box if the patient has no visible problems and by checking this box you are indicating the patient is being referred for the *mandated annual routine dental referral.*

Class II. Enter a check mark (✔) on the *Class II: Visible decay box* if the patient has visible decay, small carious lesions or gingivitis and by checking this box you are indicating the patient is being referred for a *non-urgent dental care* referral.

Class III. Enter a check mark (✓) on the *Class III: Urgent* box if the patient has pain, abscess, large carious lesions or extensive gingivitis and by checking this box you are indicating the patient is being referred for *immediate treatment due to an urgent dental condition.*

Class IV. Enter a check mark (✓) on the *Class IV: Emergent acute injury* box if the patient has an acute injury, oral infection or other pain and by checking this box you are indicating the patient is being referred for *immediate dental treatment to be seen within 24 hours.*

Fluoride Varnish Applied. Enter a check mark (✓) on the *Yes* box if the patient had fluoride varnish applied during visit on date of service listed above.

- Enter a check mark (✓) on either of the No boxes if parent refused or teeth have not erupted if fluoride varnish was not applied.
- Enter a check mark (✓) on the Other reason box and state reason for not applying fluoride varnish in the space provided.

Dental home referral. Enter a check mark (✓) on the *Dental home referral* box if the patient has no dental home.

Note: A referral for a routine dental visit still needs to be made if the patient has no dental problems (Class I) and is 1 year of age or younger and has erupted teeth. Be sure to check (✓) Class I box.

Referred To and Contact Number. Enter the name and telephone number of the dental provider or agency you referred the patient or enter the patient's dental home provider information.

- If the patient does not have a dental home, be sure to enter a check mark (✓) on the *Dental home referral* box and enter the name and telephone number of the dental provider or agency you referred the patient.

D. Provider Information

Service Location. Enter the following information on the appropriate line:

- Line 1: Business Name
- Line 2: Street address
- Line 3: City, State and nine-digit ZIP code
- Line 4: Telephone number, including area code

A provider stamp is acceptable.

Follow up appointments. Enter a check mark (✓) if a follow up appointment is needed. If so, enter date/time of next appointment, if scheduled. If not scheduled, indicate when the patient should follow-up (i.e. 3 months).

NPI Number. Enter the provider National Provider Identifier (NPI) number in the appropriate line.
Provider Name. Print legibly or type the provider's name that rendered the services.

Provider Signature. Provider or a designated representative must sign.

Date. Enter the date of signature.

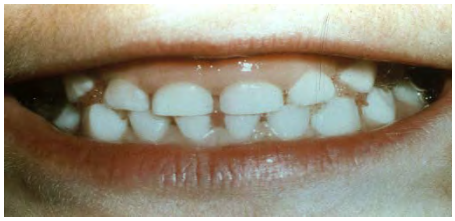
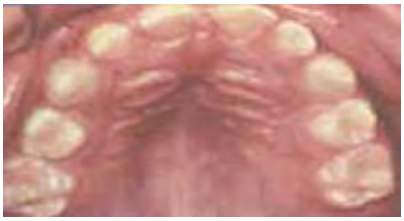
Child Health and Disability Prevention (CHDP) Program

Dental Referral Classification Guide

This guide is intended to be used by CHDP/EPSDT providers when referring children for dental services. Classifications are determined by the urgency of treatment needs.

Class I:
No Visible Dental Problems
(no decalcification, caries, or gingivitis)

Mandated annual routine dental referral (beginning no later than age 1 and recommended every 6 months)

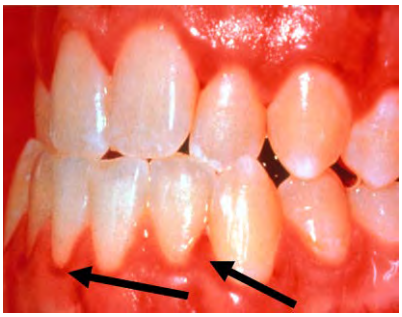


Appears Healthy but Needs Routine Referral

Class II:
Beginning Dental Problems
(white decalcification/initial decay, small carious lesions, or gingivitis)

The patient is asymptomatic. Condition is not urgent, yet requires a dental referral "before progression occurs."


White Decalcification/Initial Decay

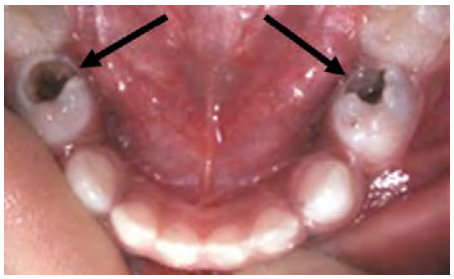

Small Carious Lesions

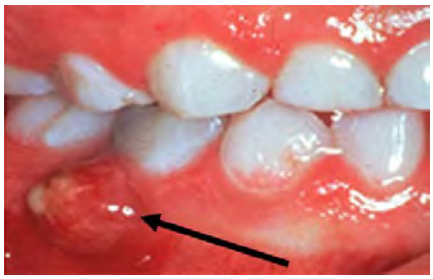

Mild Gingivitis

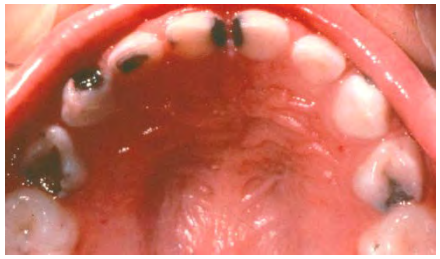
Class III:
Urgent Dental Problems
(large carious lesions, abscess, extensive gingivitis, or pain)

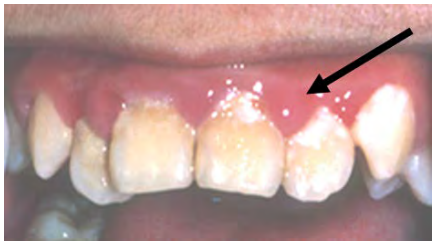
Urgent dental care is needed. If abscess is suspected ensure that child is seen within 24 hours. Condition can progress rapidly to an emergency.

Note: For severe medically handicapping malocclusion or craniofacial anomaly refer child to a dentist or California Children's Services (CCS).


Large Carious Lesions

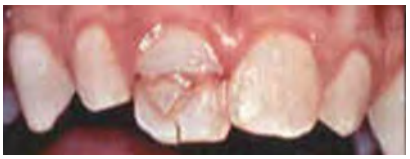

Abscess

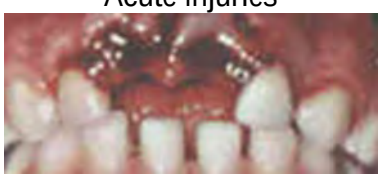

Early Childhood Caries (ECC)

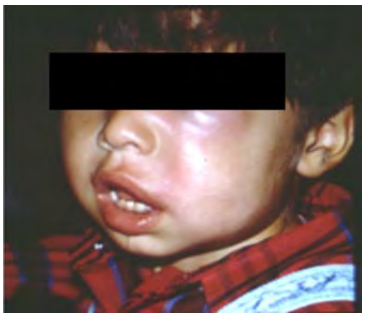

Extensive Gingivitis

Class IV:
Emergent Dental Problems
(acute injury, oral infection, or other painful condition)

Immediate dental referral.
Emergency dental treatment is required within 24 hours.


Acute Injuries




Oral infection/Cellulitis

Primary Care Physician Toolkit: Description of Resources

AAP: Children's Oral Health

The American Academy of Pediatrics (AAP) works to improve children's oral health through communication and collaboration between the medical and dental homes, providing education, training, and advocacy for pediatricians, dentists, other health professionals and families.

Oral Health Coding Fact Sheet for Primary Care Physicians

CPT and CDT codes are developed and maintained by the American Medical Association (AMA) and American Dental Association (ADA) and provide a way to accurately report procedures and treatments to insurance carriers for payment.

Child Health & Disability Prevention (CHDP) Dental Training: Fluoride Varnish

The CHDP/EPSDT Dental Training: Fluoride Varnish (FV) was developed to provide detailed information about the application and benefits of FV.

Smiles for Life: A National Oral Health Curriculum

Smiles for Life is the nation's most comprehensive and widely used oral health curriculum for primary care physicians. The Smiles for Life curriculum also offers continuing education credits.

Smile Care Plan

The Smile Care Plan is designed to connect Medi-Cal members with Medi-Cal dentists. Using the "Find A Dentist" feature on SmileCalifornia.org you can identify Medi-Cal Dental providers accepting new patients and share this information with your patients using the Smile Care Plan.

Bright Futures Guidelines

Bright Futures Guidelines provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits.

American Academy of Pediatrics: Recommendations for Preventive Pediatric Health Care

The Recommendations for Preventive Pediatric Health Care include preventive pediatric treatment recommendations by age. The recommendations represent a consensus by the AAP and Bright Futures.

National Maternal and Child Oral Health Resource Center, Nutrition and Oral Health: A Resource Guide

The Center for Oral Health Systems Integration and Improvement (COHSII) consortium promotes oral health knowledge and skills.

AAP Fluoridation Video

This educational video explains the oral health benefits of fluoridated water.

Medi-Cal Dental Education Flyer

Display this flyer and distribute copies to patients in your practice to make Medi-Cal members aware of their dental benefit.

Medical Dental Education Pad

Use this dental care reminder sheet to remind your patients to seek dental care based on the results of their dental needs assessment.

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

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	**Prenatal**[2]	**Newborn**[3]	**3-5 d**[4]	**By 1 mo**	**2 mo**	**4 mo**	**6 mo**	**9 mo**	**12 mo**	**15 mo**	**18 mo**	**24 mo**	**30 mo**	**3 y**	**4 y**	**5 y**	**6 y**	**7 y**	**8 y**	**9 y**	**10 y**	**11 y**	**12 y**	**13 y**	**14 y**	**15 y**	**16 y**	**17 y**	**18 y**	**19 y**	**20 y**	**21 y**
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																				
Weight for Length		●	●	●	●	●	●	●	●	●	●																					
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	★	●	★	★	★	★	★	★
Hearing		●[8]	●[9] →	→	→	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	←	←	●[10] →	→	←	←	● →	→	←	←	● →	→
DEVELOPMENTAL/BEHAVIORAL HEALTH																																
Developmental Screening[11]								●			●		●																				
Autism Spectrum Disorder Screening[12]											●	●																				
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment[13]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[14]																					★	★	★	★	★	★	★	★	★	★	★	★
Depression Screening[15]																						●	●	●	●	●	●	●	●	●	●	●
Maternal Depression Screening[16]				●	●	●	●																									
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																																
Newborn Blood		●[19]	●[20] →	→	→																											
Newborn Bilirubin[21]		●																														
Critical Congenital Heart Defect[22]		●																														
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★	★	★																
Tuberculosis[27]				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]												★			★		★		★	←	● →	→	★	★	★	★	★	←	←	←	● →	→
Sexually Transmitted Infections[29]																						★	★	★	★	★	★	★	★	★	★	★
HIV[30]																						★	★	★	★	←	● →	→	★	★	★	★
Hepatitis C Virus Infection[31]																												● →	→	→	→	→
Cervical Dysplasia[32]																																●
ORAL HEALTH[33]							●[34]	●[34]	★		★	★	★	★	★	★	★															
Fluoride Varnish[35]							←	→	←	→	●	→	→	→	→																		
Fluoride Supplementation[36]							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★					
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (https://pediatrics.aappublications.org/content/142/1/e20181218).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full)
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/898.full).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483).
11. Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (https://pediatrics.aappublications.org/content/145/1/e20193449).
12. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (https://pediatrics.aappublications.org/content/145/1/e20193447).
13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (http://pediatrics.aappublications.org/content/135/2/384) and "Poverty and Child Health in the United States" (http://pediatrics.aappublications.org/content/137/4/e20160339).
14. A recommended assessment tool is available at http://crafft.org.
15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf.
16. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://pediatrics.aappublications.org/content/143/1/e20183259).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/991.full).
18. These may be modified, depending on entry point into schedule and individual need.
19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (https://www.babysfirsttest.org/newborn-screening/states) establish the criteria for and coverage of newborn screening procedures and programs.

(continued)

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided

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(continued)

20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" (http://pediatrics.aappublications.org/content/124/4/1193).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (http://pediatrics.aappublications.org/content/129/1/190.full).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at https://redbook.solutions.aap.org/SS/immunization_Schedules.aspx. Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (http://pediatrics.aappublications.org/content/138/1/e20161493) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.
30. Adolescents should be screened for HIV according to the US Preventive Services Task Force (USPSTF) recommendations (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
31. All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening) and Centers for Disease Control and Prevention (CDC) recommendations (https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.
32. See USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (http://pediatrics.aappublications.org/content/126/3/583.full).
33. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).
34. Perform a risk assessment (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx). See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).
35. See USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening). Once teeth are present, fluoride varnish may be applied to all children every 3 to 6 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).
36. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in November 2020 and published in March 2021. For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

CHANGES MADE IN NOVEMBER 2020

DEVELOPMENTAL

- Footnote 11 has been updated to read as follows: "Screening should occur per 'Promoting Optimal Development: Identifying Infant and Young Children With Developmental Disorders Through Developmental Surveillance and Screening' (https://pediatrics.aappublications.org/content/145/1/e20193449)."

AUTISM SPECTRUM DISORDER

- Footnote 12 has been updated to read as follows: "Screening should occur per 'Identification, Evaluation, and Management of Children With Autism Spectrum Disorder' (https://pediatrics.aappublications.org/content/145/1/e20193447)."

HEPATITIS C VIRUS INFECTION

- Screening for hepatitis C virus infection has been added to occur at least once between the ages of 18 and 79 years (to be consistent with recommendations of the USPSTF and CDC).
- Footnote 31 has been added to read as follows: "All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening) and Centers for Disease Control and Prevention (CDC) recommendations (https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually."
- Footnotes 31 through 35 have been renumbered as footnotes 32 through 36.

CHANGES MADE IN OCTOBER 2019

MATERNAL DEPRESSION

- Footnote 16 has been updated to read as follows: "Screening should occur per 'Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice' (https://pediatrics.aappublications.org/content/143/1/e20183259)."

CHANGES MADE IN DECEMBER 2018

BLOOD PRESSURE

- Footnote 6 has been updated to read as follows: "Screening should occur per 'Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents' (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years."

ANEMIA

- Footnote 24 has been updated to read as follows: "Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter)."

LEAD

- Footnote 25 has been updated to read as follows: "For children at risk of lead exposure, see 'Prevention of Childhood Lead Toxicity' (http://pediatrics.aappublications.org/content /138/1/e20161493) and 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention' (https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)."

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California Management Guidelines on Childhood Lead Poisoning for Health Care Providers

No level of lead in the body is known to be safe. In 2012, the Centers for Disease Control and Prevention (CDC) established a new "reference value" of 5 micrograms per deciliter (mcg/dL) for blood lead levels (BLLs), thereby lowering the level at which evaluation and intervention are recommended.[1] Contact the California Department of Public Health, Childhood Lead Poisoning Prevention Branch (CLPPB), (510) 620-5600, www.cdph.ca.gov/programs/CLPPB, for additional information about childhood lead toxicity.

BLL[2]	EVALUATION AND TESTING	MANAGEMENT
< 5 mcg/dL Initial BLL and routine retest may be capillary (CBLL) or venous (VBLL) [3,4] Retest for identified risk must be venous[3]	General ▪ Perform routine history and assessment of physical and mental development. ▪ Assess nutrition and risk for iron deficiency. ▪ Consider lead exposure risks. Blood Lead Levels ▪ California regulations require testing at ages 1 and 2 years (up to 6 years if not tested at 2 years) if child is in a publicly funded program for low-income children, spends time at a pre-1978 place with deteriorated paint or recently renovated, or has other lead exposure risks.[5] ▪ If screened early (before 12 months), retest in 3-6 months as risk increases with increased mobility. ▪ Test anyone birth to 21 years when indicated by changed circumstances, identification of new risks, or at the request of a parent or guardian. ▪ Follow up with VBLL in 6-12 months if indicated. ▪ See federal guides for Head Start[6] or refugees.[7]	▪ Comply with California regulations mandating a standard of care under which the health care provider, at each periodic health care visit from age 6 months to 72 months must give oral or written anticipatory guidance to a parent or guardian, including at a minimum that children can be harmed by lead, are particularly at risk for lead poisoning from the time they crawl until 72 months old, and can be harmed by deteriorating or disturbed paint and lead-contaminated dust.[5] ▪ Discuss hand to mouth activity, hand washing, and sources of lead: e.g. lead-contaminated paint, dust, and soil (particularly near busy roads), plumbing, a household member's lead-related work, bullets, fishing sinkers; and also some: remedies, cosmetics, food, spices, tableware, cookware, batteries, jewelry, toys, and other consumer products. ▪ Discuss BLLs with family. Counsel on any risk factors identified. ▪ Encourage good nutrition, especially iron, vitamin C, and calcium. Consider referral to Supplemental Nutrition Program for Women, Infants, and Children (WIC). ▪ Encourage participation in early enrichment activities. ▪ Chelation is not recommended in this BLL range.
5-9 mcg/dL Initial BLL may be capillary or venous Every retest must be venous[3]	General – Evaluate as above AND ▪ Take an environmental history to identify potential sources of exposure and provide preliminary advice on reducing/eliminating them. ▪ Test for iron sufficiency (CBC, Ferritin, and CRP). ▪ Perform structured developmental screening evaluations at periodic health visits as lead effects may manifest over years. ▪ Evaluate risk to other children and pregnant and lactating women in the home. Blood Lead Levels ▪ Retest in 1-3 months to be sure BLL is not rising. ▪ Then retest in 3 months and thereafter based on VBLL trend. ▪ If retest is in another range, retest per that range.	Manage as above AND ▪ Counsel on nutrition, iron, vitamin C, and calcium. Encourage taking high-iron and high-vitamin C foods together. Refer to WIC. ▪ Treat iron insufficiency per AAP guidelines. Consider starting a multivitamin with iron. ▪ Add notation of elevated BLL to child's medical record for future neurodevelopmental monitoring. ▪ Refer to an early enrichment program, e.g. Early Start or Head Start. ▪ Consider medical referral and testing for other children and pregnant and lactating women in the home. ▪ Coordinate with local Childhood Lead Poisoning Prevention Program (CLPPP) or state CLPPB for outreach, education, and other services. See www.cdph.ca.gov/programs/CLPPB for state and local contact information. ▪ Chelation is not recommended in this BLL range.
10-14 mcg/dL Initial BLL may be capillary or venous Every retest must be venous[3]	General – Evaluate as above Blood Lead Levels ▪ Retest in 1-3 months to be sure BLL is not rising. ▪ To determine eligibility for full public health case management, retest after interval of 30 days (eligible if persistent in or above this range). ▪ If BLLs are stable or decreasing, monitor initially with VBLLs every 3 months and thereafter based on VBLL trend. If retest is in another range, retest per that range.	Manage as above AND ▪ If BLL is persistent in or above this range (30 days or more), contact the local CLPPP (or, if no local program, the state CLPPB) for full case management services, without charge or means test, for children aged birth to 21 years (nurse case management, environmental investigation, and recommendations for remediation of lead sources). ▪ The state CLPPB is available for further consultation: (510) 620-5600. See footnote for other lead-knowledgeable agencies.[8] ▪ Chelation is not recommended in this BLL range.

Reformatted summary table from: http://www.dhcs.ca.gov/services/chdp/Documents/HAG/Chapter6.pdf

[1] CDC, www.cdc.gov/nceh/lead/acclpp/blood_lead_levels.htm, accessed 09/2017. This reference level is to be periodically reevaluated.
[2] BLLs are rounded to the closest whole integer. (5 includes 4.5 mcg/dL, 10 includes 9.5 mcg/dL, 15 includes 14.5 mcg/dL, etc.)
[3] Capillary lead specimens are easily contaminated. They are acceptable for screening but all retests on BLLs ≥ 5 mcg/dL should be venous. Consider arterial or umbilical cord specimens as if venous. A heelstick may be used to obtain a capillary specimen in children under one year. LeadCare® analyzers should not be used for VBLLs, https://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm558733.htm.
[4] Analyzing laboratories must report results of all BLLs drawn in California to the state. California Health and Safety Code, section 124130.
[5] California Code of Regulations, Title 17, sections 37000-37100.
[6] Head Start, https://eclkc.ohs.acf.hhs.gov/physical-health/article/lead-poisoning-prevention, accessed 09/2017.
[7] CDC, http://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html, accessed 09/2017.
[8] Pediatric Environmental Health Specialty Unit Network, (888) 347-2632. CDC, www.cdc.gov/nceh/lead/default.htm. Poison Control Center, (800) 222-1222

For additional information about lead poisoning, contact: California Department of Public Health Childhood Lead Poisoning Prevention Branch
Tel. (510) 620-5600 www.cdph.ca.gov/programs/CLPPB

BLL	EVALUATION AND TESTING	MANAGEMENT
15–19 mcg/dL Initial BLL may be capillary or venous Every retest must be venous[3]	General – Evaluate as above AND ▪ Consider abdominal X-ray if possible ingestion of leaded materials or history of pica/excessive mouthing. Blood Lead Levels ▪ Retest in 1-4 weeks to be sure BLL is not rising. ▪ Then, if stable or decreasing, monitor initially with VBLLs every 1-3 months and thereafter based on VBLL trend. ▪ If retest is in another range, retest per that range.	Manage as above AND ▪ Consider gut decontamination if foreign bodies consistent with lead are visualized on X-ray. ▪ If a single VBLL in this range, contact the local CLPPP (or, if no local program, the state CLPPB) for full case management services for children aged birth to 21 years. ▪ Any treatment of BLLs in this range should be provided in consultation with the state CLPPB: (510) 620-5600. See footnote 8 for other lead-knowledgeable agencies. ▪ Chelation is not recommended in this BLL range.
20–44 mcg/dL Initial BLL may be capillary or venous Every retest must be venous[3]	General - Evaluate as above Blood Lead Levels ▪ Retest in 1-4 weeks to be sure BLL is not rising (the higher the BLL, the sooner the retest). ▪ Then, if stable or decreasing, monitor initially with VBLLs every 2-4 weeks and thereafter based on VBLL trend. ▪ If retest is in another range, retest per that range.	Manage as above AND ▪ Consider referral to California Children Services (CCS). Requires confirmed venous BLL equal to or greater than 20 mcg/dL.[9] ▪ Consider referral for medical nutrition therapy.[10] ▪ Chelation is not typically initiated in this BLL range.
45–69 mcg/dL Initial BLL may be capillary or venous Every retest must be venous[3]	URGENT General – Evaluate as above AND ▪ OBTAIN ABDOMINAL X-RAY. Blood Lead Levels ▪ Confirm initial BLL with repeat VENOUS BLL: - WITHIN 48 HOURS if BLL is 45-59 mcg/dL. - WITHIN 24 HOURS if BLL is 60-69 mcg/dL. ▪ Confirmatory venous BLL and other medically appropriate actions must occur BEFORE initiating chelation. ▪ Monitor response to chelation with VBLLs. ▪ Follow-up with VBLLs every 2-4 weeks (more frequently if status requires) until trend is downward or stable or as trend indicates. ▪ Consider modifying protocol if VBLLs are not decreasing as expected or remain chronically elevated, e.g. from a retained bullet. ▪ If retest is in another range, retest per that range.	URGENT Manage as above AND ▪ Consider chelation. ▪ Evaluate whether hospitalization is needed to reduce lead exposure and achieve compliance with treatment protocols. ▪ Immediately notify local CLPPP or state CLPPB. Chelation Therapy ▪ Consult with a physician experienced in managing chelation. ▪ Perform gut decontamination, if indicated, BEFORE chelation. ▪ Consider one of two chelating agents: ▪ Succimer per outpatient protocol; give on inpatient basis if compliance or exposure reduction cannot otherwise be assured, ▪ OR $CaNa^2EDTA$ per hospital protocol. * CAUTION: USE ONLY CALCIUM Na^2EDTA.[11] ▪ Very high BLLs have been associated with renal tubular dysfunction. If using potentially nephrotoxic chelating agents (e.g. $CaNa^2EDTA$), TEST RENAL FUNCTION BEFORE AND DURING TREATMENT.[12] ▪ Repeat treatment cycles may be needed due to blood lead rebound.
≥ 70 mcg/dL Initial BLL may be capillary or venous Every retest must be venous[3]	MEDICAL EMERGENCY General – Evaluate as 45-69 range. ▪ OBTAIN ABDOMINAL X-RAY. Blood Lead Levels ▪ IMMEDIATELY confirm initial BLL with repeat VENOUS BLL. ▪ Confirmatory venous BLL and other medically appropriate actions must occur BEFORE initiating chelation. ▪ Monitor response during chelation with VBLLs. ▪ Follow-up with VBLLs every 2-4 weeks (more frequently if status requires) until trend is downward or stable or as trend indicates. ▪ Consider modifying protocol if VBLLs are not decreasing as expected or remain chronically elevated, e.g. from a retained bullet. ▪ If retest is in another range, retest per that range.	MEDICAL EMERGENCY Manage as above AND ▪ If BLL is confirmed, hospitalize to stabilize, chelate, reduce lead exposure, and monitor progress. ▪ Immediately notify local CLPPP or state CLPPB. Chelation Therapy ▪ Consult with a physician experienced in managing chelation. ▪ Perform gut decontamination, if indicated, BEFORE chelation. ▪ CAUTION: If using $CaNa^2EDTA$ with dimercaprol (BAL) for chelation: ▪ Use only CALCIUM Na^2EDTA.[11] ▪ Assess for peanut allergy (BAL is suspended in peanut oil). ▪ Very high BLLs have been associated with renal tubular dysfunction. If using potentially nephrotoxic chelating agents (e.g. $CaNa^2EDTA$), TEST RENAL FUNCTION BEFORE AND DURING TREATMENT.[12] ▪ Repeat treatment cycles may be needed, due to blood lead rebound.

[9] California Code of Regulations, Title 22, section 41518.9.
[10] Academy of Nutrition and Dietetics, http://www.eatrightpro.org/resource/practice/getting-paid/who-pays-for-nutrition-services/mnt-vs-nutrition-education.
[11] CDC-MMWR, Deaths Associated with Hypocalcemia from Chelation Therapy—Texas, Pennsylvania, and Oregon, 2003-2005, March 3, 2006, 55(08):204-207. www.cdc.gov/mmwr/preview/mmwrhtml/mm5508a3.htm, accessed 09/2017.
[12] Preventing Lead Poisoning in Young Children: A Statement by the Centers for Disease Control, October 1991, US Department of Health and Human Services, Pharmacology of Chelating Agents, Chapter 7, pg 56, https://www.cdc.gov/nceh/lead/publications/books/plpyc/Chapter7.htm.

Download patient brochures and other childhood lead poisoning resources at: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx

Standard of Care Guidelines on Childhood Lead Poisoning for California Health Care Providers

No Level of Lead in the Body is Known to Be Safe

–Evidence continues to accrue that commonly encountered blood lead concentrations, even those less than 10 mcg/dL, may impair cognition, and there is no threshold yet identified for this effect. Most US children are at sufficient risk that they should have their blood lead concentration measured at least once."
Lead Exposure in Children: Prevention, Detection, and Management • American Academy of Pediatrics Policy Statement, Committee on Environmental Health • Pediatrics 2005; 116: 1036-1046

–Blood lead concentrations, even those below 10 mcg per deciliter, are inversely associated with children's IQ scores at three and five years of age, and associated declines in IQ are greater at these concentrations than at higher concentrations. These findings suggest that more U.S. children may be adversely affected by environmental lead than previously estimated."
Intellectual Impairment in Children with Blood Lead Concentrations below 10 mcg per Deciliter • Richard L. Canfield, Charles R. Henderson Jr., Deborah A. Cory-Slechta, Christopher Cox, Todd A. Jusko, and Bruce P. Lanphear • The New England Journal Of Medicine 2003; 348: 1517 – 1526

–Evidence from this cohort indicates that children's intellectual functioning at 6 years of age is impaired by blood lead concentrations well below 10 mcg/dL, the Centers for Disease Control and Prevention definition of an elevated blood lead level."
Blood Lead Concentrations < 10 mcg/dL and Child Intelligence at 6 Years of Age • Todd A. Jusko, Charles R. Henderson Jr., Bruce P. Lanphear, Deborah A. Cory-Slechta, Patrick J. Parsons, and Richard L. Canfield • Environmental Health Perspective 2008; 116: 243 - 248

Regulations for California Providers Caring for Children 6 Months to 6 Years of Age

California state regulations impose specific responsibilities on doctors, nurse practitioners and physician's assistants doing periodic health care assessments on children between the ages of 6 months and 6 years. This is a brief summary of health care provider's responsibilities. **These regulations apply to all physicians, nurse practitioners, and physician's assistants**, not just Medi-Cal or Child Health and Disability Prevention (CHDP) providers.

ANTICIPATORY GUIDANCE	At each periodic assessment from 6 months to 6 years
SCREEN (blood lead test)	• Children in publicly supported programs* at both 12 months and 24 months • Children age 24 months to 6 years in publicly supported programs* who were not tested appropriately * Examples of publicly supported programs include Medi-Cal, CHDP, Health Families, and WIC.
ASSESS	• If child is not in publicly supported program: – Ask: "Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently remodeled?" Blood lead test if the answer to the question is "yes" or "don't know." • Change in circumstances has put child at risk of lead exposure • *Other indications for a blood lead test:*[1] – *Parental request* – *Suspected lead exposure (see possible sources of lead exposure on other side)* – *History of living in or visiting country with high levels of environmental lead*

[1] Items in italics are not in regulations but also should be considered.

CDPH California Department of Public Health

Potential Sources of Lead: Educating Families to Prevent Childhood Lead Exposure

Potential Sources of Lead	Guidance for Families
Old paint inside or outside the home **Most lead paint is in homes built before 1978**	• Move cribs, high chairs, and playpens away from cracked or peeling paint. • Do not allow child to chew on windowsills or other painted surfaces. • Call local lead poisoning prevention program about testing paint for lead.
Dust on windowsills, floors, and toys	• Wet mop floors and wet wipe windowsills and other surfaces. • Wash toys often. • Wash children's hands before eating and sleeping.
Dirt outside the home	• Cover bare dirt with stones, grass, plants, or gravel. • Wipe shoes or take them off BEFORE going in the house.
Take home exposure from clothing/hair if family member works around lead	Shower and change clothes BEFORE coming home from work and BEFORE holding child.
Pottery and dishes made outside of the U.S., in places such as Mexico or China	Call local lead poisoning prevention program for more information about testing pottery and dishes for lead.
Traditional remedies • Azarcon — orange or yellow powder • Greta — orange or yellow powder • Paylooah — red powder • Some Ayurvedic remedies • Some Chinese patent medicines	• Do not let anyone give ~~-n~~atural" or traditional remedies to child. • Have family talk to you, the health care provider, about remedies.
Some cosmetics • Surma • Kohl • Khali • Sindoor	• Do not use these products on children. • Call local lead poisoning prevention program about testing cosmetics for lead.
Costume jewelry, amulets	Do not allow young children to play with or touch these items.
Some foods and spices • Some candies (especially imported) • Chapulines (grasshopper snacks) • Some imported turmeric and chili powder	Choose healthy snacks for child, such as fresh fruits, vegetables, lean meats, and dairy products.
Other items, such as: • Fishing sinkers • Bullets • Stained glass-making kits	• Keep these items away from child. • Wash hands well after touching these items.

Download patient brochures and other childhood lead poisoning resources at:
https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx
For additional information about lead poisoning contact:
California Department of Public Health Childhood Lead Poisoning Prevention Branch
Tel. (510) 620-5600

CDPH California Department of Public Health

Blood Lead Testing

Which sample type to use?

Blood lead tests fall into three main types:

Test type	Draw/Sample Type
Screening	**Capillary or Venous**
Confirmatory	**Venous**
Monitoring	**Venous**

Note: Do not use Point of Service devices for confirmatory testing or monitoring.

Avoiding lead contamination

To minimize false positive results:

- Be careful when selecting gloves and towels. Some **gloves and recycled paper towels** have been found to contain lead and pose a risk of contamination.
- Wash child's hands thoroughly and **allow to air dry**. Do not dry with paper towels.
- **Jewelry** (on the patient, the parent or the person performing the blood draw) has been found to contain lead and could contaminate the specimen. All jewelry (including watches) should be removed and hands washed, before putting on gloves and drawing a sample.

Other items can cause lead contamination:

- Dust from vents, open windows or doors
- Keys or key rings
- Cell phones, sunglasses
- Other items children play with or chew on

Specimen Labeling

Information to include on lab requisition:

- Patient Name
- Patient Address
- Patient Phone
- Patient Gender
- Patient Birth Date
- Patient's Employer Contact Info (if applicable)
- Provider Name
- Provider Address
- Provider Phone
- Date of Collection
- Draw/sample type (capillary, venous)
- **Lead Care II Users** - please assign individual accession numbers to each sample

Be sure that draw/sample type is included on the label (C for capillary, V for venous). ***Recommend:*** *Write "Use certified lead-free tube" (e.g., tan top or royal blue top) on lab requisition. Any other tube must have been confirmed lead-free.*

See video on collecting blood lead specimens on Centers for Disease Control and Prevention (CDC) web site: CDC Guidelines for Collecting and Handling Blood Lead Samples (2004) -- www.cdc.gov/nceh/lead/training/blood_lead_samples.htm

For more information, contact the Childhood Lead Poisoning Prevention Branch at (510) 620-5600 or visit our web site at www.cdph.ca.gov/programs/CLPPB

Use the Proper Collection Tube

Tube must be proven lead-free

Capillary Samples

Several manufacturer-certified tube types available

Capillary microcollection container
Top color: **Usually Lavender**
Use: **May use if certified by manufacturer for lead testing**
Anticoagulant: **EDTA**

Venous Samples

Top color: **Tan**
Use: **Lead analysis**
Anticoagulant: **EDTA or Heparin[1]**

Top color: **Royal Blue**
Use: **Trace metals analysis**
Anticoagulant: **EDTA or Heparin[1]**

Only use for lead analysis if tubes are pre-screened for lead by your lab.[2]

Top color: **Lavender**
Use: **Only use for lead analysis if tubes are pre-screened for lead by your lab.[2]**
Anticoagulant: **EDTA**

[1] *know in advance the acceptable anticoagulant for your analyzing lab*
[2] *per CLSI C40-A2 process, October 2013*

07/2016

Blood Lead Testing Guidance

- Testing of at-risk children is the best method of early detection of lead exposure
- Toddlers and children in publicly funded programs and those in older neighborhoods and housing are considered most at risk
- Exposure from all sources is cumulative
- Low levels of lead can cause developmental delay and organ damage
- You need to test and ensure appropriate follow-up after testing is done
- It is recommended that providers monitor and provide follow-up for children with levels at or above the current CDC reference value
  http://www.cdc.gov/nceh/lead/ACCLPP/CDC_Response_Lead_Exposure_Recs.pdf

Childhood Lead Poisoning Regulations for California Providers Caring for Children

These regulations apply to all physicians, nurse practitioners, and physician's assistants, not just providers in publicly funded programs.

ANTICIPATORY GUIDANCE	At each periodic assessment from 6 months to 6 years
SCREEN (blood lead test)	• Children in publicly supported programs for low income children at both 12 months and 24 months • Children age 24 months to 6 years in publicly supported programs who were not tested at 24 months or later
ASSESS	• If child is not in a publicly supported program: - Ask: "Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently remodeled?" Blood lead test if the answer to the question is "yes" or "don't know". • Change in circumstances has put child at risk of lead exposure • Other indications for a blood lead test (not regulations, but should be considered): - Parental request - Suspected lead exposure - History of living in or visiting a country with high levels of environmental lead

California state guidelines regarding management and follow-up can be found at:

http://www.cdph.ca.gov/programs/CLPPB/Documents/HAGS_201107.pdf

Federal Refugee Guidelines www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html

- Blood lead test all refugee children 6 months to 16 years old at entry to the U.S.
- Within 3 - 6 months post-resettlement, follow-up blood lead tests should be conducted on all refugee children aged 6 months to 6 years, regardless of initial screening blood lead level result
- Evaluate the child's iron status including a hemoglobin/hematocrit and red blood cell indices

OSP 16 140778

Medi-Cal Benefit Added: Nonmedical Transportation (NMT)

June 4, 2018

Pursuant to *Welfare and Institutions Code* (W&I Code) Section 14132 (ad) (1), effective for dates of service on or after July 1, 2018, non-medical transportation (NMT) is covered, subject to utilization controls and permissible time and distance standards, for all beneficiaries with full-scope Medi-Cal and to pregnant women, including to the end of the month in which the 60th day postpartum falls. W&I Code 14132 (ad)(2)(A)(i) defines NMT as including, at minimum, round trip transportation for a recipient to obtain covered Medi-Cal services by passenger car, taxicab, or any other form of public or private conveyance.

What types of services are covered for Medi-Cal transportation?

Transportation is only available to and from covered Medi-Cal services, which includes:

- Medical appointments, including family planning, mental health, and substance use disorder services.
- Dental appointments.
- Picking up prescriptions.
- Picking up medical supplies and equipment.

What qualifies as reasons for needing NMT?

Beneficiaries will need to attest to the provider verbally or in writing that they have an unmet transportation need and all other currently available resources have been reasonably exhausted.

Reasons for needing NMT can include any of the following:

- No valid driver's license.
- No working vehicle available in the household.
- Not being able to travel or wait for covered Medi-Cal services alone.
- Having a physical, cognitive, mental, or developmental limitation.
- No money for gas to get to appointment.

NMT does not include the transportation of sick, injured, invalid, convalescent, infirm or otherwise incapacitated recipients by ambulances, litter vans or wheelchair vans licensed, operated and equipped in accordance with state and local statutes, ordinances or regulations, as these would be covered as non-emergency medical transportation (NEMT) services.

Who can I contact if I have questions?

Providers may direct questions about billing to the Telephone Service Center at 1-800-541-5555. For Benefits-related questions, providers may direct inquiries to the DHCSNMT@dhcs.ca.gov mailbox.

List of Approved Nonmedical Transportation Providers

Riverside County

Automedic Transportation
Riverside, CA 92509
(951) 686-8866

B&B Medical Transport
Cathedral City, CA 92234
(760) 568-4240

Desert Communities Transportation Services LLC
Yucca Valley, CA 92234
(760) 228-2822

El Desert Ride
Cathedral City, CA 92234
(760) 835-4255

First American Non-Emergency Medical Transportation Services
Moreno, CA 92553
(951) 675-1884

Giselle Medical Transport
Cathedral City, CA 92234
(760) 333-4662

Guardian Medical Transportation LLC
Murrieta, CA92562
(415) 456-9062

M&J Medical Transportation LLC
Moreno Valley, CA 92553
(951) 653-7009

Neat Services
Cathedral City, CA 92234
(888) 303-6328

Palm Lily LLC
Riverside, CA 92504
(951) 588-6846

Senior Shuttle
Palm Desert, CA 92260
(760) 837-2012

Updated: 7/01/2021

RUHS Transportation Courtesy Van

- Provides transportation needs at no cost to indigent and disabled clientele to RUHS Medical Center
- 3 routes, 5 days a week (Monday through Friday)
- Services are available on a first come, first serve basis
- Passengers are returned to clinic sites only
- Children are not allowed to travel with their parents on the van, unless it is the child who has the appointment

To schedule transportation, please call at least 5 days in advance

800-794-3544

If you arrive at our facility in one of our vans, but will use another form of transportation going home, please contact our office at 951-486-4380

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INLAND REGIONAL CENTER

Inland Regional Center (IRC) is one of 21 Regional Centers in California and is mandated through the Lanterman Act to coordinate the services for individuals with developmental disabilities. This private, non-profit corporation contracts with the Department of Developmental Services to serve both San Bernardino and Riverside Counties.

Enhancing Lives of People with Intellectual and Developmental Disabilities Since 1971

P.O. Box 19037, San Bernardino, CA 92423-9037 | 1365 South Waterman Ave., San Bernardino, CA 92408 | 909.890.3000 | inlandrc.org

INLAND REGIONAL CENTER

Early start: 0-3 yrs
- Early Intervention & Prevention
- IFSP (Individual Service Plan)
- At Risk Services
- Family Resource Network

School age: 3-15 yrs
- Inclusion
- Family Supports
- Educational Advocacy

Transition: 16-22 yrs
- Relationships
- Preparation for Adulthood
- Career Information & Job Search
- Advanced Learning

Adult: 23-57 yrs
- Work
- Community Inclusion
- Intimacy & Relationships
- Different Living Options
- Health and Safety

Senior ages: 57+ yrs
- Retirement
- Senior Fun & Lifestyles
- Medical Care & Skilled Nursing
- Volunteer Work

Residential options
- Living with Your Family
- Supported & Independent Living
- Foster Family Agency
- Adult Family Care Agency
- Board and Care

Who Is Eligible for Regional Center Services?

A person is eligible if they have a substantial developmental disability that starts before the age of 18 and will probably continue indefinitely. This includes intellectual disability (ID), cerebral palsy, epilepsy, autism and disabling conditions similar to ID that require similar treatment. Disabling conditions that are exclusively physical, psychiatric or solely a learning disability are not eligible for services.

For those younger than 36 months, the developmental delay must be at least a 33% delay in one developmental area; or an established risk condition when an infant/toddler has a condition of known etiology which has a high probability of resulting in developmental delay; or a high risk condition for an infant/toddler that has a combination of two or more biomedical factors, i.e., prematurity, multiple congenital anomalies.

How Do I Apply For Services?

A parent, guardian, conservator, or a person over 18 with a developmental disability will contact an Intake Coordinator. After answering questions to establish possible eligibility, they will receive a packet of information with forms that must be completed and returned to IRC. For San Bernardino County call (909) 890-3148 and for Riverside County call (951) 826-2648.

To apply for Early Start services for San Bernardino County call (909) 890-3148 and for Riverside County (and Spanish speaking) call (951) 826-2648.

What Can I Expect Next?

You will meet with an Intake Coordinator, and other appointments such as medical and/or psychological evaluations may be scheduled. If you are eligible, a Consumer Services Coordinator (CSC) or Infant Service Coordinator (ISC) will be assigned based on your age and location. If you are not eligible, a referral may be made to an appropriate agency and/or a copy of the appeals procedure will be given to the family.

Who Will Help To Identify My Needs & Preferences?

After eligibility is determined, a CSC will contact you and assist with developing the Person Centered Individual Program Plan (IPP). This is a very important document so ask your CSC for detailed information on the IPP.

Most supports and services for the developmentally disabled are provided naturally by families, friends, and community members. Others are provided by agencies directed to serve the public and are called “generic services”. As a last resort, services are purchased as needed by IRC from a contracted provider.

For more information visit our website at www.inlandrc.org or call (909) 890-3000. Our main office is located at 1365 South Waterman Ave. San Bernardino, CA 92408.

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INLAND REGIONAL CENTER

Inland Regional Center (IRC) es uno de los 21 Centros Regionales en California y tiene el mandato a través de la Ley Lanterman para coordinar los servicios para individuos con discapacidades de desarrollo. Esta corporación privada sin fines de lucro, contrata con el Departamento de Servicios de Desarrollo tanto para el Condado de San Bernardino como el de Riverside.

Mejorar la vida de las personas con discapacidad intelectual y de desarrollo desde 1971

P.O. Box 19037, San Bernardino, CA 92423-9037 | 1365 South Waterman Ave., San Bernardino, CA 92408 | 909.890.3000 | inlandrc.org

INLAND REGIONAL CENTER

Inicio Temprano: 0-3 años
- Intervención y prevención temprana
- IFSP (Plan de Servicio Individual)
- Servicios en situación de riesgo
- Red de recursos familiares

Edad escolar: 3-15 años
- Inclusión
- Apoyos familiares
- Promoción educativa

Transición: 16-22 años
- Relaciones
- Preparación para la edad adulta
- Información de carreras y búsqueda de empleo
- Aprendizaje avanzado

Adultos: 23-57 años
- Trabajo
- Inclusión comunitaria
- Intimidad y relaciones
- Diferentes opciones de vida
- Salud y seguridad

Edades de personas mayores: 57 años y mayores
- Jubilación
- Diversión y estilo de vida de mayores
- Atención médica y enfermería especializada
- Trabajo voluntario

Opciones residenciales
- Vivir con su familia
- Vida independiente y de apoyo
- Agencia para familias de crianza
- Agencia de cuidado familiar para adultos
- Hospedaje y cuidados

¿Quién es Elegible para los Servicios del Centro Regional?

Una persona es elegible si tiene una discapacidad de desarrollo considerable que comienza antes de la edad de 18 años y es probable que continúe indefinidamente. Esto incluye la discapacidad intelectual (ID), parálisis cerebral, epilepsia, autismo y condiciones similares a ID que requieren un tratamiento similar. Condiciones discapacitantes que son exclusivamente físicas, psiquiátricas o únicamente un problema de aprendizaje no son elegibles para los servicios.

Para los menores de 36 meses, el retraso en el desarrollo debe ser de al menos un retraso del 33% en un área del desarrollo; o una condición de riesgo establecido cuando un bebé / niño tiene una condición de etiología conocida que tiene una alta probabilidad de resultar en retraso en el desarrollo; o una condición de alto riesgo para un bebè / niño que tiene una combinación de dos o más factores biomédicos, es decir, la prematuridad, múltiples anomalías congénitas.

¿Cómo Aplico Por Los Servicios?

Un padre, una madre, un guardián, conservador o una persona mayor de 18 años con una discapacidad de desarrollo entrará en contacto con un Coordinador de Admisión. Luego de contestar preguntas para establecer una posible elegibilidad, recibirá un paquete de información con formularios que deben ser completados y devueltos a IRC. Para el Condado de San Bernardino llame al (909) 890-3148 y para el Condado de Riverside llame al (951) 826-2648.

Para solicitar servicios de Inicio Temprano para el Condado de San Bernardino llame al (909) 890-3148 y para el Condado de Riverside (y personas de habla hispana) llame al (951) 826-2648.

¿Qué Puedo Esperar Después?

Usted se encontrará con un Coordinador de Admisiones y otras citas como evaluaciones médicas y/o psicológicas se podrán programar. Si es elegible, un Coordinador de Servicios al Consumidor (CSC) o Coordinador de Servicios Infantiles (ISC) será asignado basándose en su edad y su localidad. Si usted no es elegible, se podrá hacer una recomendación a la agencia apropiada y/o una copia del proceso de apelación será entregada a la familia.

¿Quién Ayudará a Identificar Mis Necesidades y Preferencias?

Luego de determinar la elegibilidad, un CSC entrará en contacto con usted y asistirá en el desarrollo del Plan de Programa Individual (IPP) centrado en la persona. Este es un documento muy importante así que pregunte a su CSC los detalles de la información en el IPP.

La mayoría de los servicios y apoyos para las personas con discapacidad de desarrollo se brindan de manera natural por familiares, amistades y miembros de la comunidad. Otros los brindan las agencias dirigidas a servir al público y se llaman “servicios genéricos”. Como último recurso, los servicios se compran, según sea necesario, por IRC de un proveedor contratado.

Para más información visite nuestra página web al www.inlandrc.org o llame al (909) 890-3000. Nuestra oficina principal se encuentra en 1365 South Waterman Ave. San Bernardino, CA 92408.

Riverside University HEALTH SYSTEM Behavioral Health

FIRST 5 RIVERSIDE
Riverside County Children & Families Commission

MHSA
Riverside County Mental Health Services Act

PRESCHOOL 0-5 PROGRAMS

Preschool 0-5 Programs provides services that support the healthy social and emotional growth of children 0 to 6 years old. We can help you find the answers you're seeking and equip you with the strategies you need to respond effectively to challenging childhood behaviors.

Services provided:

- **Parenting Classes**
- **Positive Parenting Tip Sheets**
- **Early Childhood Assessments**
- **Teacher Support and Training**
- **Parent Child Interaction Therapy (PCIT)**
- **Help for children and families who have experienced traumatic events**

For more information, call:

Preschool 0-5 Programs
(951) 358-6895
3075 Myers Street Riverside, CA 92503

RESOURCES IN YOUR AREA

PRESCHOOL 0-5 PROGRAMS SET-4-SCHOOL PROGRAM STAFF:

Jurupa Unified School District
Esther Arredondo

Lake Elsinore Unified School District
Isabel Santilli / Dustin Texeira

Nuview Union School District
Jaimee Rivera / Tanna Montecino

Perris Elementary School District
Lisa Gonzalez / Keisha Cass

Riverside Unified School District
Starr Downey / Diana Jordan-Lloyd

PRESCHOOL 0-5 PROGRAMS PREVENTION AND EARLY INTERVENTION MOBILE SERVICES:

Desert Unit
Elena Inzunza
Janet De La Cruz

Mid County Unit
Jennifer Dixon
Dinery Egan

Western Unit
Maria Alvarez

PROGRAM PARTNERS:

Riverside University Health System - Public Health
(951) 358–5481

Catholic Charities
(909) 763-4970 Ext. 455

Victor Community Support Services
(951) 674-9243

Revised 10.2018

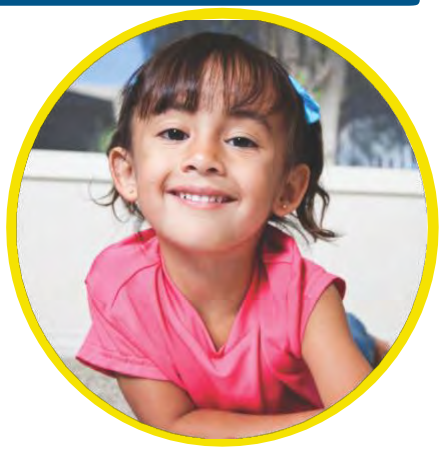
Riverside University HEALTH SYSTEM Behavioral Health

FIRST 5 RIVERSIDE
Riverside County Children & Families Commission

MHSA
Riverside County Mental Health Services Act

PRESCHOOL 0-5 PROGRAMS

El programa Preschool 0-5 provee servicios de apoyo para el sano desarrollo social y emocional de los niños de 0 a 6 años. Podemos ayudarle a encontrar las respuestas que usted esta buscando y darle las estrategias necesarias para responder eficazmente a los comportamientos desafiantes de la infancia.



Servicios que se proveen:

- **Clases de padres**
- **Materiales de consejos Positivos para padres**
- **Evaluaciones Temprana de la Infancia**
- **Apoyo y Entrenamiento Para Maestros**
- **Terapia Interactiva de Padres e Hijos (PCIT)**
- **Ayuda Para Niños y Familias Que Han Pasado Por Evento(s) Traumáticos**

Para más información, llame al:

Preschool 0-5 Programs
(951) 358-6895
3075 Myers Street Riverside, CA 92503

RECURSOS EN SU AREA

PRESCHOOL 0-5 PROGRAMS PERSONAL DEL PROGRAMA SET-4-SCHOOL:

Distrito Escolar Unificado de Jurupa
Esther Arredondo

Distrito Escolar Unificado de Lake Elsinore
Isabel Santilli / Dustin Texeira

Distrito Escolar Nuview Union
Jaimee Rivera / Tanna Montecino

Distrito Escolar de Primaria de Perris
Lisa Gonzalez / Keisha Cass

Distrito Escolar Unificado de Riverside
Starr Downey / Diana Jordan-Lloyd

CLINICIA MÓVIL DE TEMPRANA PREVENCIÓN INTEREVENCIÓN:

Unidad del Desierto
Elena Inzunza
Janet De La Cruz

Unidad Centro del Condado
Jennifer Dixon
Dinery Egan

Unidad del Oeste
Maria Alvarez

SOCIOS DEL PROGRAMA:

Departamento de Salud Pública
(951) 358–5481

Organización Caridades Católicas
(909) 763-4970 Ext. 455

Victor, Servicios de Apoyo a la Comunidad
(951) 674-9243

Help Me Grow
Inland Empire

Supporting Screening and Early Intervention

When developmental delays are identified and addressed early, it can have a life-changing impact for children and families—yet in California, **70% of children with delays are not identified or supported until kindergarten.**[1]

Help Me Grow Inland Empire offers physicians help navigating the early intervention process and finding local resources.

Help Me Grow supports two critical screenings to identify delays and risk factors for delays:

Ages and Stages Questionnaire-3 (ASQ-3)

Developmental screening that evaluates a child's learning, movement, communication, and socio-emotional skills.

Social Determinants of Health

Risk screening that assesses a family's housing, food, transportation, utility, and safety needs. Research shows that *poverty, abuse, neglect, and homelessness all contribute to children's early development and are risk factors for developmental delays.*

1. Helpmegrowca.org 2. Gettingdowntofacts.com 3. Kidsdata.org 4. Ibid
5. Ibid 6. Countyhealthrankings.org 7. Gettingdowntofacts.com

Fast Facts

28.1% of children under the age of 6 in California are at moderate or high risk for developmental, behavioral, or social delays.[2]

40% of parents with children age 5 and younger report having concerns about their child's physical, behavioral, or social development.[3]

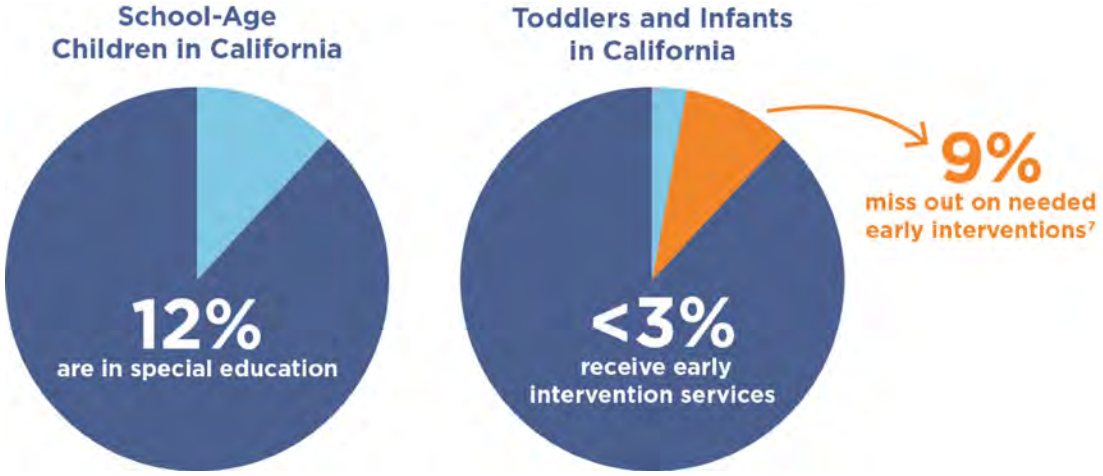
California **ranks 30th** in the country for its rate of developmental screenings for infants & toddlers. Only **28.5%** of the children in California receive timely developmental screenings.[4]

In Riverside and San Bernardino Counties, there are nearly **370,000** children ages 0-5. **16%** of children in Riverside County and **23%** of children in San Bernardino County live in poverty.[5]

Riverside **ranks 35th** and San Bernardino **ranks 47th** out of California's 58 counties for health factors such as physical environment, social and economic factors, health behaviors, and clinical care.[6]

Screening and Early Intervention Makes a Difference

In California, thousands of children are not receiving needed interventions during their critical first five years, despite the availability of developmental screening tools and early intervention services.



The American Academy of Pediatrics recommends that pediatricians conduct developmental screenings at 9 months, 18 months, and 24/30 months, or whenever there is a concern.

"Screening and making referrals to developmental services are critical in caring for the whole child. Help Me Grow provides the tools to support physicians throughout this process."

- Marti Baum, MD, Pediatrician &
Help Me Grow Physician Champion

A National Movement, A Local Effort

Help Me Grow is a national network of **29 state affiliates** across the country working to increase developmental screenings and connections to early intervention services. In California, 75% of counties operate local Help Me Grow systems.

Help Me Grow Inland Empire is the first regional Help Me Grow initiative in the state. Help Me Grow works across Riverside and San Bernardino Counties to connect health, behavioral health, early care and education, and community-based services.

Help Me Grow Inland Empire is made possible by a joint investment from First 5 San Bernardino and First 5 Riverside, in partnership with Loma Linda University Children's Health.

How Help Me Grow Inland Empire Can Support You

If developmental concerns are identified during a routine screening, or a family has expressed concerns about their child's development, Help Me Grow can help!

1. If any delays or risk factors for delays are noted, contact Help Me Grow Inland Empire.

1-888-HMGIE-16 (1-888-464-4316)
or info@HelpMeGrowIE.org

Our case managers will help ensure the family gets connected to needed resources and services.

2. If the screening results indicate a delay, also contact the Inland Regional Center.

Riverside County
Ages 0-3: (909) 890-4763
Ages 3-5: (951) 826-2648

San Bernardino County
Ages 0-3: (909) 890-4711
Ages 3-5: (909) 890-3148

CDPH

CALIFORNIA WIC
WOMEN, INFANTS & CHILDREN
Families grow healthy with WIC

WIC Referral Guide for *Health Care Providers*

Promoting Evidence-Based Practices with WIC

WIC helps your patients with:

- Information and support for having a healthy pregnancy
- Education and support for exclusive breastfeeding for the first year of life and beyond
- Personalized nutrition education services
- Improving access to healthier foods
- Preparing healthy meals and snacks for their children
- Referring to health care providers for high risk factors

Partner with WIC!

Who should I refer to WIC?

Families with low to moderate income (living at or below 185% of Federal Poverty Level) or who receive Medi-Cal, CalWORKs (cash aid) or CalFresh (SNAP) and who are:

- Pregnant women
- Breastfeeding women up to one year and non-breastfeeding women up to six months, after delivery (including recent pregnancy loss)
- Infants and children from birth up to five years
- Dads, grandparents, foster parents, or guardians who care for eligible children
- Working, military and migrant families (They may be eligible and not know it)

Get results with WIC:

- Increase key nutrients in your patient's diet
- Improve birth outcomes, with fewer preterm and low birth-weight babies
- Increase breastfeeding rates and successes
- Support healthy growth and development
- Reduce iron deficiency anemia
- Reduce childhood obesity rates

WIC improves breastfeeding rates. "Between 1998 and 2016, breastfeeding rates among WIC participants rose from 42% to 71%."‡

‡ WIC Participant and Program Characteristics 2016. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service. Available online at: www.fns.usda.gov/research-and-analysis

WIC Services

Breastfeeding Support

- Individual and peer group breastfeeding counseling
- Referrals to lactation specialists when needed
- Education for fathers and other family members
- Education and guidance for the delivery experience
- Breast pumps for qualifying mothers
- Regional Breastfeeding Liaisons (RBLs) who provide community capacity building for breastfeeding

Nutrition Services

- Nutrition assessment and education
- Personalized nutrition care plan with routine follow-ups
- Family centered meal planning
- *Baby Behavior* education (hunger, sleep and crying cues) to help reduce infant overfeeding and encourage exclusive breastfeeding

Healthy Food Choices

- **Monthly supplemental food benefits that include fruits and vegetables, whole grains, low-fat dairy, soy milk, tofu, formula and iron rich foods**
- **Shopping guidance**
- **Cooking demos and healthy recipes**

Resources and Referrals

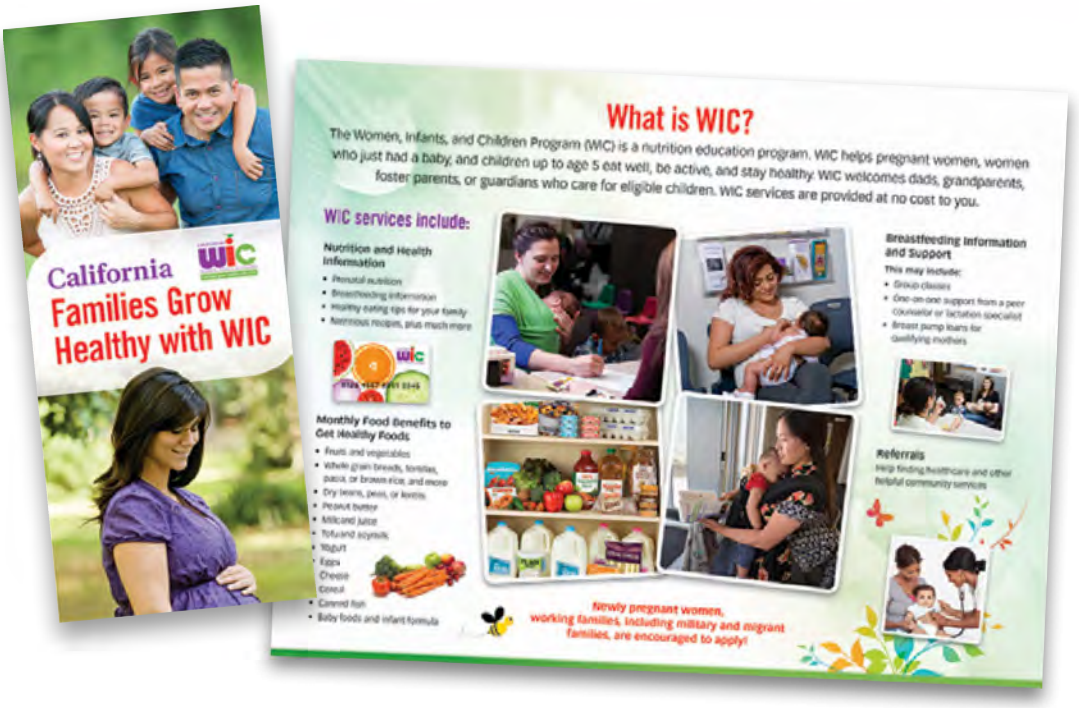
- Connecting families to health care, community services and resources
- Referrals might include prenatal care, food assistance, substance abuse treatment (including cannabis use), etc

Who Provides WIC Services?

- The **WIC team** includes Registered Dietitians (RDs), degreed nutritionists, health educators, International Board Certified Lactation Consultants (IBCLCs), Certified Lactation Educators, Certified WIC Nutrition Assistants, and breastfeeding peer counselors.
- The **California Department of Public Health administers the WIC program** throughout California in both county health departments and non-profit organizations.

California WIC enrolls 65% of all those eligible for the program. WIC serves 53% of all California resident live birth infants.

Help Connect Families with WIC



- **Order WIC brochures** to share with your patients.

  Available in English, Spanish, Vietnamese, Chinese, Russian, Korean, Hmong, Armenian, Arabic, Punjabi, and Farsi.

  Order these free materials at http://bit.ly/CDPHWIC.

- **Refer patients to WIC** by providing height, weight, recent hemoglobin (Hgb) or hematocrit (Hct) and estimated due date (EDD).

- **Share the WIC website (www.wicworks.ca.gov)** to find the latest income guidelines and other information. Also share our website for WIC families at **MyFamily.WIC.ca.gov.**

- **Ask patients to call WIC's automated, toll-free line at 1-888-WIC-WORKS (1-888-942-9675),** available in 5 languages.

- **Find and share your local WIC office information here.** Encourage patients to call ahead before going to their WIC office.

CDPH

CALIFORNIA WIC
WOMEN, INFANTS & CHILDREN
Families grow healthy with WIC

California Department of Public Health, California WIC Program

This institution is an equal opportunity provider.

1-888-WICWORKS | MyFamily.WIC.ca.gov

Rev 02/20

Pediatric Referral

WIC Agency:

WIC ID#:

SECTION I: ***Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula is prescribed, complete both Sections I and II.***

PATIENT NAME: (First) (Last)				DATE OF BIRTH:
CURRENT HEIGHT/LENGTH: (within 60 days) inches	CURRENT WEIGHT: (within 60 days) lbs oz	CURRENT BMI: (within 60 days) BMI percentile: %	MEASUREMENT DATE:	BIRTH WEIGHT / LENGTH: lbs oz inches

HEMOGLOBIN OR HEMATOCRIT TEST is required every 12 months when normal and every 6 months when abnormal.

Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date

LEAD TEST (recommended at 1–2 years of age): _____ mcg/dL

IMMUNIZATIONS are up-to-date:

☐ Yes ☐ No ☐ Not available

BREASTFEEDING ASSESSMENT (birth to 12 months):

☐ Fully breastfeeding ☐ Never breastfed ☐ Feeding breastmilk & formula ☐ Discontinued breastfeeding (Date: _____)

SECTION II: ***Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.***

DIAGNOSIS:

☐ Prematurity ☐ GERD or reflux ☐ Food allergy: _____
☐ Failure to thrive ☐ Dysphagia ☐ Other: _____

FORMULA / MEDICAL FOOD: _____

DURATION: _____ months **AMOUNT:** _____ oz / day

This prescription is: ☐ New ☐ Refill

NOTE: At 1 year of age, the patient will receive 13 quarts of cow's milk in addition to therapeutic formula unless *Do Not Give* is checked for cow's milk (see WIC Food Restrictions).

COMMENTS:

WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.

Category	WIC Foods	Do Not Give	Restriction / Comment
Infants (6–12 mo)	Baby cereal		
	Baby fruit / vegetable		
Children (1–5 yr)	Cow's milk		
	Cheese		
	Eggs		
	Peanut butter		
	Whole grains *		
	Cereal		
	Beans		
	Vegetables / fruits		
	Juice		
	Yogurt		

*** whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal**

HEALTH COVERAGE: ***Refer patient to their health plan or Medi-Cal for a medically necessary formula or medical food.***
WIC only provides these products when they are NOT a covered benefit by the patient's health plan or by Medi-Cal.

Provide patient's health insurance information:	**Check action taken:**
Private insurance: _____ Medi-Cal managed care: _____ Other: _____	☐ Submitted justification to health plan
Regular Medi-Cal (fee-for-service): ☐ Yes ☐ No	☐ Submitted justification to pharmacist

If the patient requires a therapeutic formula and does NOT have health insurance, check ALL boxes below that apply:

☐ Gave formula samples
☐ Referred to Medi-Cal
☐ Referred to WIC

QUESTIONS: Call 1-888-942-9675 or 1-800-852-5770.
Health Professionals: Go to www.wicworks.ca.gov; click Health Care Professionals; then click WIC contacts for MDs.

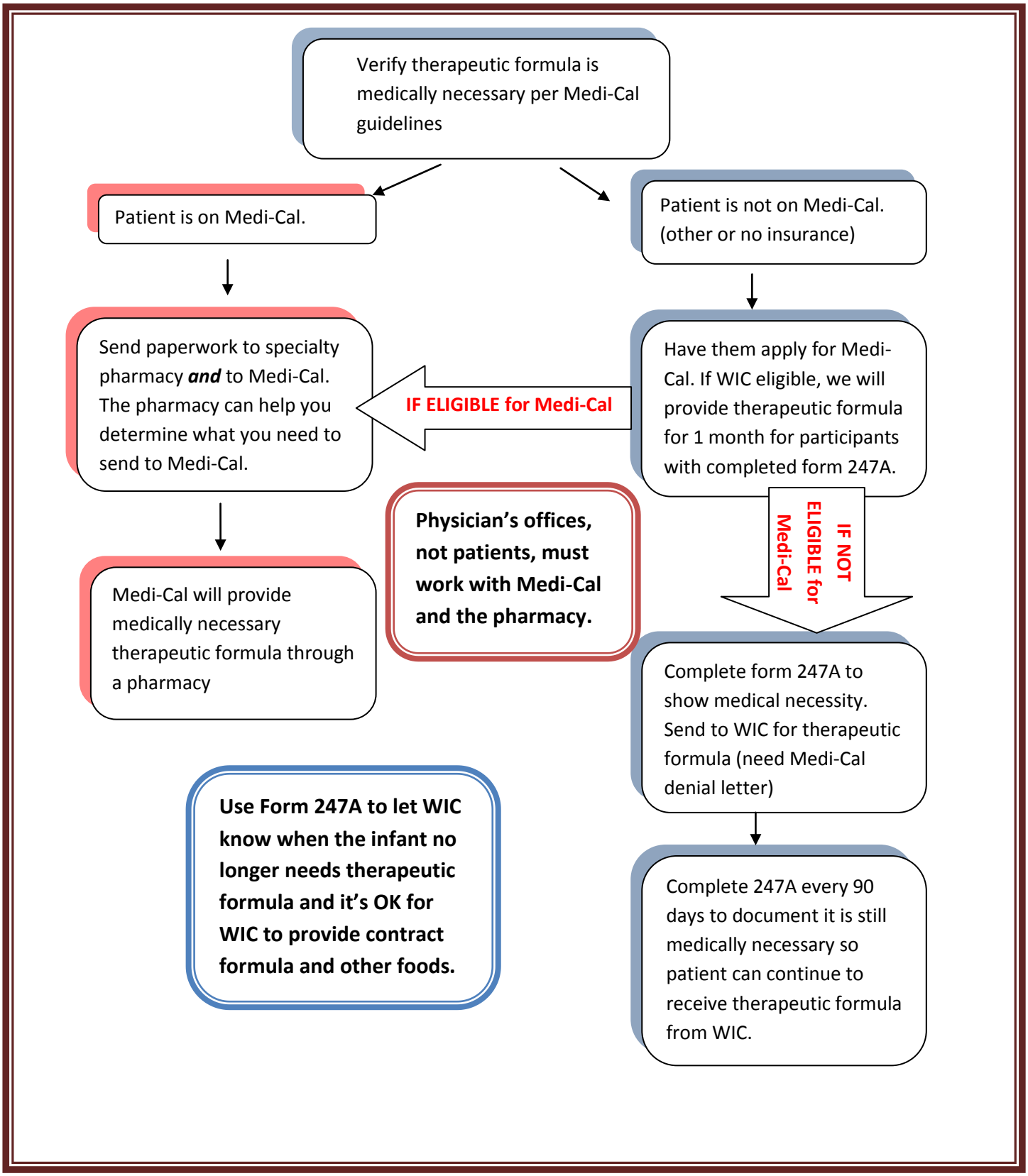
COMMENTS:

HEALTH PROFESSIONAL NAME	HEALTH PROFESSIONAL SIGNATURE	MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP
PHONE NUMBER	TODAY'S DATE	

PRINT FORM RESET FORM

Physician's Guide for Therapeutic formula

Medi-Cal Managed Care Plans provide medically necessary formula for infants and children. Use Form 247A (Pediatric Referral Form) to communicate with WIC to avoid issuance of contraindicated formula and foods and duplication of services.



Course fulfills the 95 hours of Lactation Specific Education and 5 hours of communication skills required to sit for the IBCLC exam.

Grow Our Own™

Lactation Consultant/IBCLC Prep Course

Grow Our Own is approved by the Lactation Education Accreditation and Approval Committee.

LEAARC

Virtual classes April - November 2021
Every other Wednesday
8:30 a.m. - 4:30 p.m. PST (1 hour lunch break)
Course fee: $1,650

Register at CA WIC Association:
Grow Our Own Lactation Consultant Prep Course (regfox.com)

Email RivGOO@RUHealth.org and visit www.rivhero.com/Breastfeeding for more details.

Provider approval by the California Board of Registered Nursing (pending), CEP 13623 for 90.0 contact hours.

California WIC Women, Infants & Children

Riverside University Health System Public Health

California WIC Association Working for Better Health

Loving Support makes breastfeeding work

This institution is an equal opportunity employer.

Positive Youth Development

Program Principles

- Strengths-based
- Youth Voice & Engagement
- Caring Case Manager/Youth Relationship
- Supportive Networks & Community Involvement
- Goal-oriented
- Empowerment & Opportunity
- Culturally Responsive & Inclusive
- Developmentally Appropriate
- Long-term & Sustainable

Statewide Contact Information:
California Department of Public Health
Maternal, Child and Adolescent Health Division
1615 Capitol Avenue, Building 173
Sacramento, CA 95814
916 650 0300
mchinet@cdph.ca.gov
www.cdph.ca.gov/programs/MCAH

Who to Contact in Your Area:

AFLP, County of Riverside
308 E. San Jacinto Ave
Perris, CA 92570
Phone: 951-210-1139
FAX: 951-210-1348

Riverside University HEALTH SYSTEM Public Health

CDPH California Department of PublicHealth

This publication was made possible by Grant Number SP1AH000013-01-00 from the Department of Health and Human Services (DHHS), Office of Adolescent Health(OAH). Contents are solely the responsibility of the authors and do not necessarily represent the official view of the DHHS or OAH.

You have dreams. We can help.

A free service for expectant and parenting young Californians

Adolescent Family Life Program
Positive Youth Development

Everyone has special gifts, values and dreams. Sometimes, it takes just one person who believes in you to help you reach those dreams.

Adolescent Family Life Program with **Positive Youth Development** gives you the opportunity to partner with a supportive and encouraging case manager who will help you explore your goals and make decisions that are meaningful to you. This program helps you find your strengths and interests so you can reach your goals.

Setting Goals. Reaching Dreams.

The Adolescent Family Life Program (AFLP) focuses on Positive Youth Development (PYD). The program helps you see what is positive in your life. Working with your case manager, you will focus on your strengths, explore your values and set goals for your life. The program offers challenging and interesting activities where you explore what is important to you. As you work through the program, you will increase your knowledge and abilities. And when you are done, you will have the skills to reach your goals.

Program Priorities

- ☑ Family planning
- ☑ Education & work
- ☑ Access to health care
- ☑ Healthy relationships

Living with Purpose.

Living with purpose means thinking about what you want to do in your life and how to do it. Life planning can help you develop and work towards YOUR goals and dreams. It can help you and your family live healthier, happier lives, too. It is YOUR life. Your case manager will support you in working on a plan for success. Of course, sometimes plans change. New plans can be made at any time.

AFLP/PYD program will help you:

- Think about your dreams
- Build on your personal strengths
- Manage difficult situations and overwhelming emotions
- Set goals to help you stay on track towards a healthy, successful future

We believe in you! Let's make a plan!

Let's Talk!

Topics that you will explore include:

- Your Goals
- Taking Care of You and Your Baby
- Family Planning and Safer Sex
- Healthy Relationships
- Education and Job/Career

A Team Approach

It's important to your success that you have a positive relationship with your case manager. Our goal is to offer support through acceptance, compassion and trust. You set your own personal goals and commit to working on your plan. We are there to help you achieve your goals. As you grow in the program, we will celebrate your success!

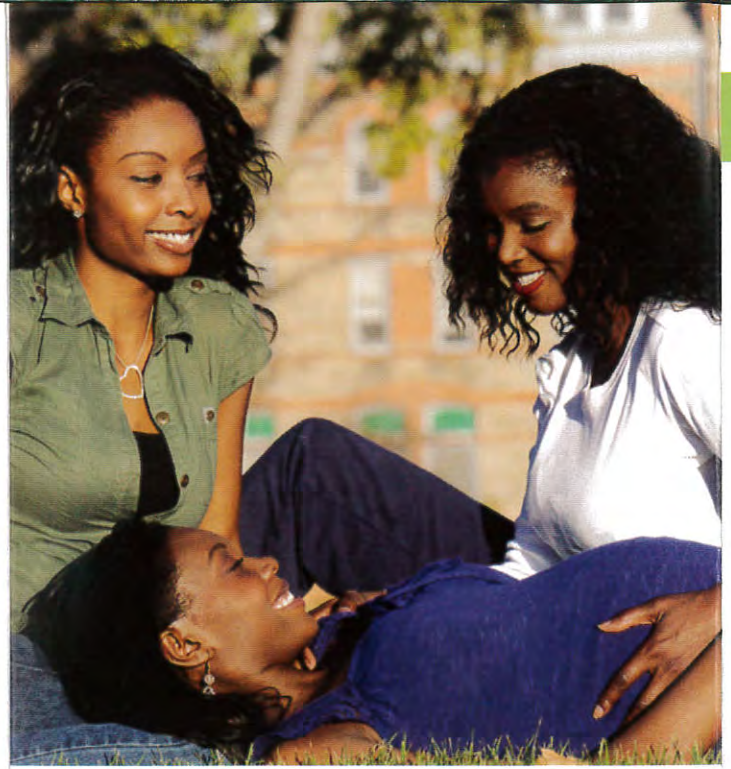
Our goal is to offer support through acceptance, compassion and trust

Let's Begin!

Meetings with your case manager are one hour, twice a month. The program is voluntary, but we hope you will work with us for at least 12 months. This will give you the time and attention you deserve in creating a plan for your life. We believe in you and know you are up to the challenge.

"Because of the Black Infant Health Program, I'm a better me, which makes me a better mother, daughter, and friend."

— KENTISHA —



We'd love to hear from you!

Black Infant Health Program, Riverside County
308 E. San Jacinto Avenue
Perris, CA 92570

(951) 210-1385 | www.rivcophn.org

Our Locations

Alameda County	Los Angeles County	San Diego County
Contra Costa County	City of Pasadena	San Francisco County
Fresno County	Riverside County	San Joaquin County
Kern County	Sacramento County	Santa Clara County
City of Long Beach	San Bernardino County	Solano County

CDPH

black infant health

Empowering Pregnant and Mothering African-American Women

Be Empowered.

Dream Big.

black infant health

Empowering Pregnant and Mothering African-American Women

You can make a difference!

Together, we can make a difference to help ensure that all babies are born healthy! African-American babies are more than twice as likely as White babies to die before their first birthdays. Our mission is to help more babies make it to their first birthday by ensuring their mothers have healthy pregnancies. Our program is designed to empower women to make healthy life choices for themselves and their families by building on their strengths. We honor the unique history and traditions of African-American people by presenting information in a culturally affirming manner. From the space the groups are held in to the topics we discuss, everything is centered around the African-American woman and her needs.

Program Goals

- Empower women, build resilience, and reduce stress
- Promote healthy behaviors to support health, wellness, and relationships
- Promote healthy relationships, and enhance bonding and parenting skills
- Connect women with medical, social, and mental health services
- Engage communities to raise awareness and support BIH efforts to improve outcomes for African-American women and their families

Our Services

All of the services we provide are free!
We offer individualized life planning that helps you to plan for your future. We also provide mother support groups during and after pregnancy. The groups offer fun and interesting activities that will help you:

- Gain support from other women
- Learn what to expect when pregnant
- Nurture and bond with your baby
- Get infant care and feeding tips
- Manage and reduce stress

A Place That Feels Like Home!

The BIH Program uses a group-based approach with individual case management within a culturally-centered setting that respects participants' beliefs and cultural values.

The Program works with participants to develop life skills, reduce stress, build social support, and improve overall health and wellness.

BIH provides education on the importance of early and continuous prenatal care, well-child check-ups, breastfeeding, and timely and complete immunizations to ensure babies are born healthy and grow into healthy children.

Eligibility

To join, you have to be:

- African-American woman (18 years or older)
- Currently less than 30 weeks pregnant

Maternal, Child and Adolescent Health Programs

Home Visitation Referral Form

Eligible Programs: AFLP, BIH, NFP

Phone (800)- 794-4814, Fax (951) 358-4762 or MCAHRivcoReferrals@ruhealth.org

Adolescent Family Life Program (AFLP)

The overall goal of the Adolescent Family Life Program (AFLP) is to address the health, social, educational and economic challenges of expecting and parenting male and female youth and their families. Through home visitation, AFLP, provides youth with the resources to achieve the goals of increasing access and use of needed services, increased social and emotional support, increasing educational attainment, and improving pregnancy planning and spacing.

Eligibility Requirements: Pregnant or parenting male and female adolescents, up to the age of 21.

Black Infant Health (BIH) Program

The Black Infant Health Program aims to decrease the high rates of infant and maternal mortality among African American mothers and babies using a group-based approach and client-centered case management. This powerful combination serves to help women enhance life skills, learn proven strategies to reduce stress, build social support, and empower them to make behavioral changes that lead to living a healthier life in order to improve birth outcomes.

Eligibility Requirements: African American identifying women, 16 years of age or older, and pregnant or parenting up to six months postpartum.

Nurse-Family Partnership (NFP) Program

The Nurse-Family Partnership (NFP) Program is an evidence-based, intensive home visitation program that targets first-time mothers and their family. Over a two and a half year period, we help the new mom become a better parent, make her home a safe place for her baby to live and play, and provides referrals for healthcare, childcare, job training, and other support services available in the client's community.

Eligibility Requirements: First time mothers, 28 weeks pregnant or less, and eligible for WIC at some point in her pregnancy.

Demographics:

Client Name: _____ DOB: _____ Ethnicity:_____

Address: _____

Phone: _____ Email: _____

Sex: ☐ Female ☐ Male Language(s): _____

Parent/Guardian: _____ DOB: _____

Alternate Contact Person: _____

Client Health Information:

Pregnant/EDC:_____ First Time Mom: ☐ Yes ☐ No Post-Partum: ☐ Yes ☐ No

Number of Children & Ages:_____

Services Needed:

_____

_____

_____

_____

_____

Referral Agency:

Agency Name:_____ Contact Person:_____

Phone:_____ Email:_____

Address:_____ City:_____ Zip:_____ Date:_____

Safe Sleep For Infants

- Riverside County SIDS Program
- Public Health Nurse works in conjunction with Coroner's office on SIDS cases
- Works with families who have lost their babies to SIDS
- Provides counseling resources for families

Public Health Nurse
951-210-1153

aces aware
SCREEN. TREAT. HEAL.

Medi-Cal Certification and Payment

This fact sheet explains how Medi-Cal providers can participate in the ACEs Aware initiative by getting trained, screening patients for Adverse Childhood Experiences (ACEs), assessing risk for toxic stress physiology, responding with evidence-based interventions, providing trauma-informed care, and receiving payment.

Steps for Providers

Providers should follow these steps to receive Medi-Cal payment from the Department of Health Care Services (DHCS) for ACE screenings:

Step 1	Step 2	Step 3	Step 4
Get **Trained**	**Screen** for ACEs, **Assess Risk** for Toxic Stress, **Respond** with Evidence-Based Interventions, & **Implement** Trauma-Informed Care	**Receive** Medi-Cal **Payment**	**Help Advance** the Health Care System

Step 1 Get Trained

Providers can take a free, two-hour ACEs Aware online training at **training.ACEsAware.org**. Providers will receive 2.0 Continuing Medical Education (CME) credits and 2.0 Maintenance of Certification (MOC) credits upon completion. Additional trainings will be certified in 2020. A list of certified trainings will be posted at **ACEsAware.org/training**.

Step 2 Screen for ACEs, Assess for Risk of Toxic Stress, Respond to Evidence-Based Interventions, and Implement Trauma-Informed Care

Providers screen patients using a qualified ACE screening tool depending upon the patient's age – find the ACE screening tools at **ACEsAware.org/screening-tools**.

Toxic stress risk assessment and management should be pursued according to the ACE Screening Workflows, Risk Assessment and Treatment Algorithms, and ACE-Associated Health Conditions. These clinical resources explain how to apply patient ACE scores and toxic stress risk assessment to target evidence-based interventions to buffer toxic stress, including making appropriate referrals to specialists and community resources. Find ACE Screening Workflows, Risk Assessment and Treatment Algorithms, ACE-Associated Health Conditions and other clinical resources at **ACEsAware.org/assessment-and-treatment**.

a. Screening Tools

An ACE screening evaluates children and adults for ACEs experienced by age 18. The following screening tools qualify providers to receive payment for screenings:

For Children and Adolescents (Ages 0–19)

The Pediatric ACEs and Related Life-Events Screener (PEARLS) was developed by the Bay Area Research Consortium on Toxic Stress and Health (BARC).

Providers receive Medi-Cal payment if the adolescent or their caregiver completes the tool. However, the best practice is for both the adolescent and the caregiver to each complete a tool. In circumstances when this gives rise to two answers, the higher score should be used for billing and treatment planning.

For Adults (Ages 18 and Older)

The **ACE Questionnaire for Adults** was adapted from the work of Kaiser Permanente and the Centers for Disease Control and Prevention (CDC). If an alternative version of the ACE Questionnaire for Adults is used, it must contain questions on the 10 original categories of ACEs to qualify for Medi-Cal payment. For the ACE Questionnaire for Adults recommended by the Office of the California Surgeon General and the Department of Health Care Services, visit **ACEsAware.org/screening-tools**.

For 18- and 19-year-olds, either the adolescent PEARLS or the ACE Questionnaire for Adults may be used. For patients 20 years and older, the adolescent self-report version of the PEARLS tool is also acceptable.

b. Screening Frequency

Medi-Cal payment is available for ACE screenings based on the following schedule:

Children and Adolescents: Under Age 21

Permitted for periodic ACE rescreening as determined appropriate and medically necessary, not more than once per year, per provider (per managed care plan).

Adults: Age 21 through 64

Permitted once per adult lifetime (through age 64), per provider (per managed care plan). Screenings completed while the person is under age 21 years do not count toward the one screening allowed in their adult lifetime.

For information on assessing for risk of toxic stress physiology and intervening appropriately, visit the "Clinical Response to Adverse Childhood Experiences and Toxic Stress" fact sheet at **ACEsAware.org/toolkit/clinical-response**.

Step 3 Receive Medi-Cal Payment

a. Attest to Completing Training

Beginning on July 1, 2020, Medi-Cal providers must self-attest to completing certified ACE training to continue receiving payment for screening. Providers can find and submit an ACE Training Attestation Form at **ACEsAware.org/certification-payment**.

b. Receive Medi-Cal Payment

Qualified Medi-Cal providers will receive a $29 payment for providing qualifying screenings to patients up to age 65 with full-scope Medi-Cal. Payment is not available for patients age 65 and older or for those who are dually eligible for Medi-Cal and Medicare Part B (regardless of enrollment in Medicare Part A or Part D).

Qualifying ACE screenings are eligible for payment in any clinical setting in which billing occurs through Medi-Cal fee-for-service or to a network provider of a Medi-Cal managed care plan.

Medi-Cal Managed Care

Network providers will receive payment from managed care plans in addition to whatever the provider is paid by the managed care plan for the accompanying office visit.

Fee-for-Service

Payments will follow the typical process and will be paid directly to the provider submitting the claim.

Federally qualified health centers (FQHCs), rural health clinics (RHCs), and Indian Health Service (IHS) are also eligible for the $29 payment.

Find information on the Medi-Cal provider types that are eligible to receive payment for conducting a qualifying ACE screen at **ACEsAware.org/FAQ**.

Medi-Cal Billing Codes

The following Healthcare Common Procedure Coding System (HCPCS) should be used to bill Medi-Cal based on ACE screening results.

HCPCS	Definition	Notes
G9919	Screening performed: Result indicates patient is at **high risk** for toxic stress; education and evidence-based interventions (as necessary) provided.*	Providers must bill this HCPCS when the patient's ACE score is **4 or greater (high risk)**.
G9920	Screening performed: Result indicates patient is at **lower risk** for toxic stress; education and evidence-based interventions (as necessary) provided.*	Providers must bill this HCPCS when the patient's ACE score is between **0-3 (lower risk)**.

** Billing and coding are based solely on the total ACE score. The ACE score refers to the total reported categories of exposure from among the 10 ACEs, indicated in the ACE Questionnaire for Adults or Part 1 of the pediatric PEARLS. ACE scores range from 0 to 10.*

Providers must document all of the following:

- The screening tool that was used;
- That the completed screen was reviewed;
- The results of the screen;
- The interpretation of results; and
- What was discussed with the patient and/or family.

This documentation must remain in the patient's medical record, and be available upon request.

Step 4 Help Advance the Health Care System

ACEs Aware is hosting a series of activities to promote shared learning and quality improvement among Medi-Cal providers in implementing ACE screenings and providing evidence-based care. For information about upcoming events, visit **ACEsAware.org/educational-events**.

ACE Aware is also providing grants to extend the reach and impact of the initiative. For information on grants, visit **ACEsAware.org/request-for-proposals**.

Additionally, the California ACEs Learning and Quality Improvement Collaborative (CALQIC) will run an 18-month statewide effort among at least 50 diverse pediatric and adult clinics across five regions. CALQIC will identify promising evidence-informed practices, tools, resources, and partnerships that will inform future phases of the ACEs Aware initiative.

Not a Medi-Cal provider? The $29 payment for ACE screenings is funded by Prop. 56 and is only available to Medi-Cal providers.

You can still get trained and use the ACE Screening Workflows, Risk Assessment and Treatment Algorithms, and ACE-Associated Health Conditions at **ACEsAware.org/assessment-and-treatment**.

If you are interested in becoming a Medi-Cal provider, visit the DHCS Provider Enrollment web page at **bit.ly/providerenrollment**.

Visit **ACEsAware.org** and join us as we launch a movement — led by the Office of the California Surgeon General and the California Department of Health Care Services — to ensure everyone is ACEs Aware.

5/5/20

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ACE Screening Clinical Workflows, ACEs and Toxic Stress Risk Assessment Algorithm, and ACE-Associated Health Conditions: For Pediatrics and Adults

April 2020

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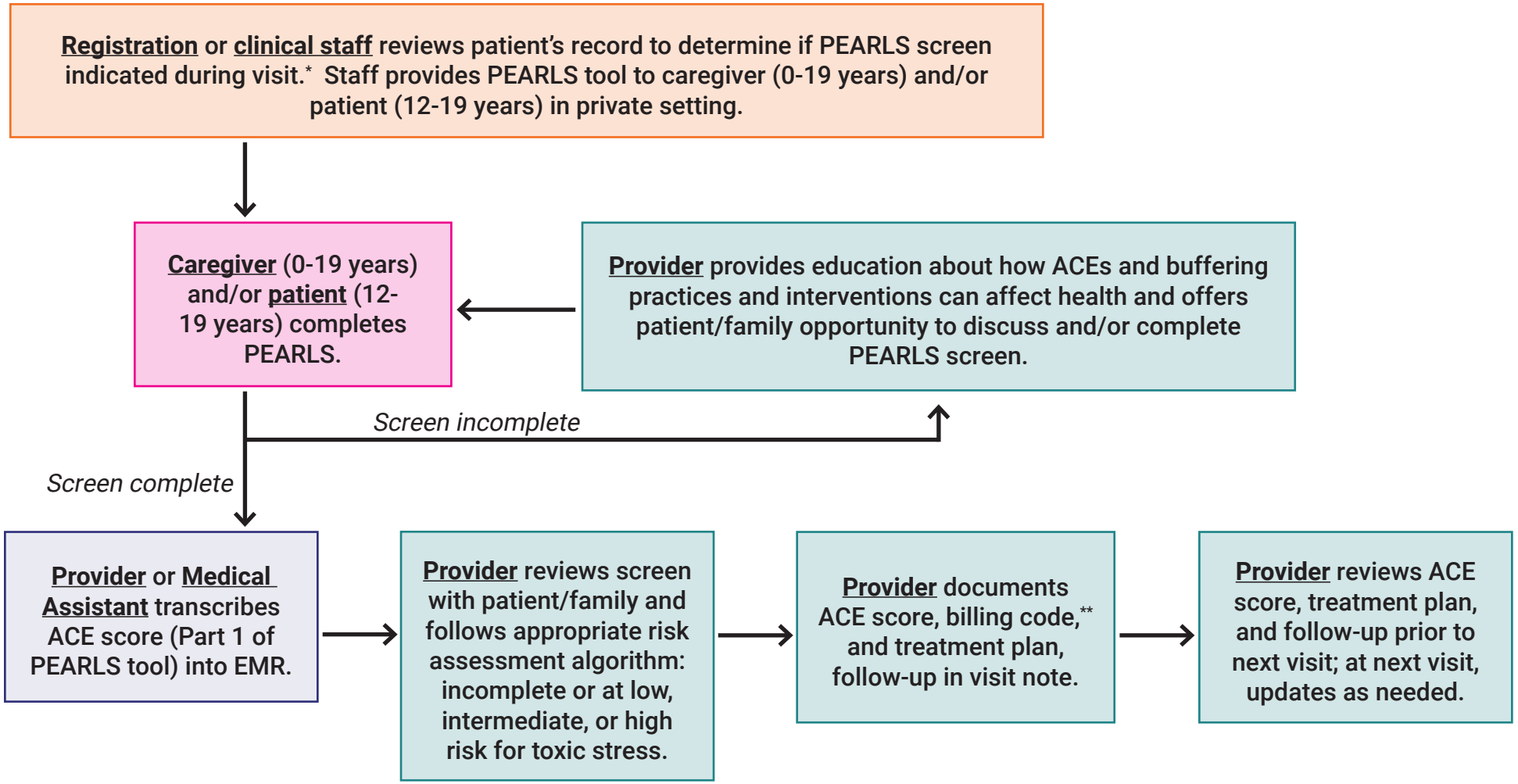
Pediatric ACE Screening Clinical Workflow



*PEARLS is recommended to be completed once per year.

**Healthcare Common Procedure Coding System (HCPCS) billing codes for ACE scores:

G9919: ACE score ≥ 4, high risk for toxic stress
G9920: ACE score of 0 – 3, lower risk for toxic stress. For purposes of coding, scores of 1-3 with ACE-Associated Health Conditions should be coded as G9920, even though patient falls into the high-risk category of the clinical algorithm.

***PEARLS to be completed once per year, and no less often than every 3 years

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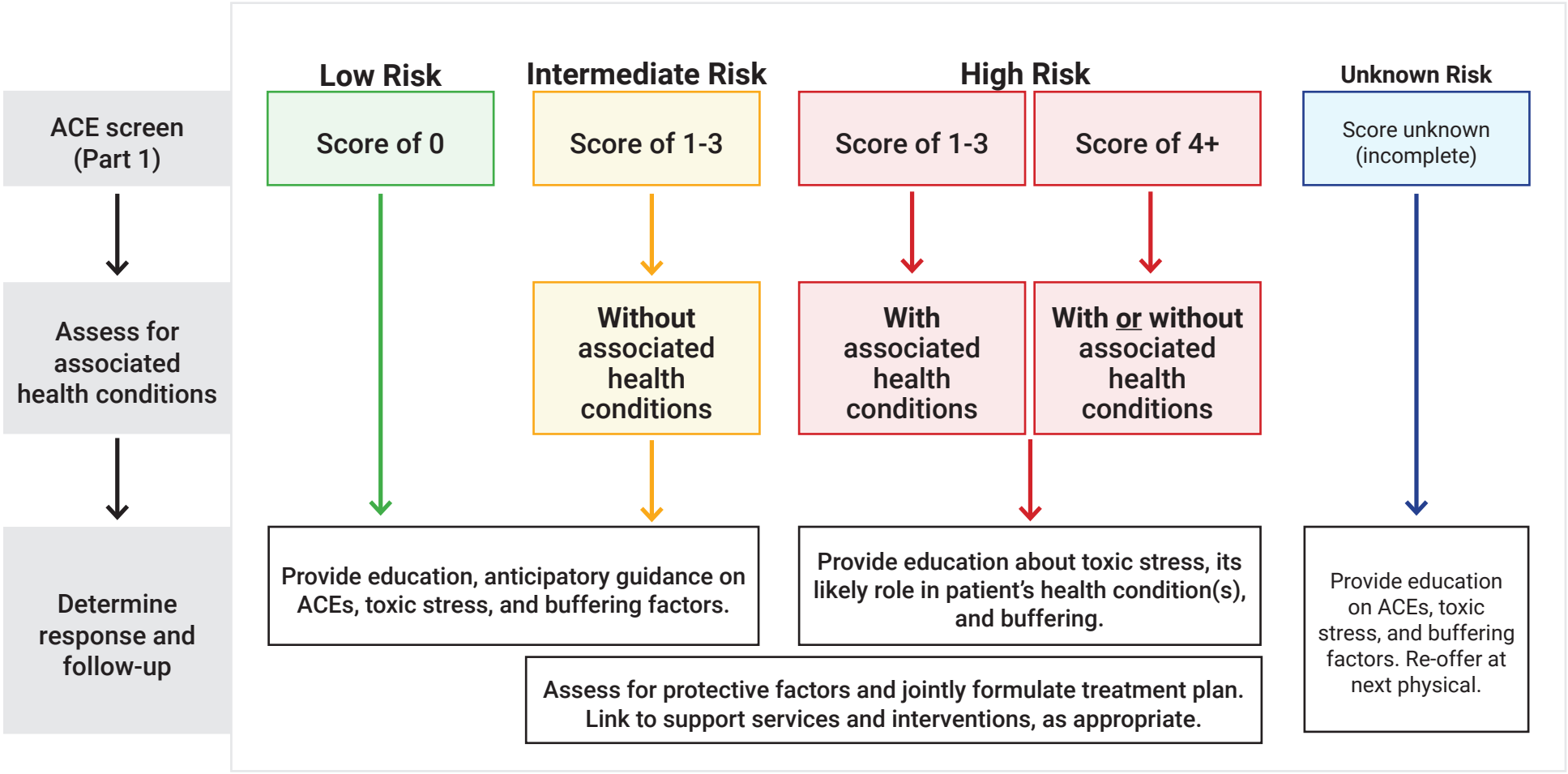
Adverse Childhood Experiences (ACEs) and Toxic Stress Risk Assessment Algorithm | Pediatrics



This algorithm pertains to the ACE score (Part 1 of PEARLS), whose associations with health conditions are most precisely known. Social determinants of health (Part 2 of PEARLS) may also increase risk for a toxic stress response and should be addressed with appropriate services, but should NOT be added to the ACE score for this algorithm. Partial completion may indicate discomfort or lack of understanding. If partial response indicates patient is at intermediate or high risk, follow the guidelines for that category.

If the ACE score is 0, the patient is at "low risk" for toxic stress. The provider should offer education on the impact of ACEs and other adversities on health and development as well as on buffering factors and interventions. If the ACE score is 1-3 without ACE-Associated Health Conditions, the patient is at "intermediate risk" for toxic stress. If the ACE score is 1-3 and the patient has at least one ACE-associated condition, or if the ACE score is 4 or higher, the patient is at "high risk" for toxic stress. In both cases, the provider should offer education on how ACEs may lead to toxic stress and associated health conditions, as well as practices and interventions demonstrated to buffer the toxic stress response, such as sleep, exercise, nutrition, mindfulness, mental health, and healthy relationships. The provider should also assess for protective factors, jointly formulate a treatment plan, and link to supportive services and interventions, as appropriate.

ACE-Associated Health Conditions: Pediatrics

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Symptom or Health Condition	For ≥ X ACEs (compared to 0)	Odds Ratio
Asthma[26, 33]	4	1.7 - 2.8
Allergies[33]	4	2.5
Dermatitis and eczema[39]	3*	2.0
Urticaria[39]	3*	2.2
Increased incidence of chronic disease, impaired management[25]	3	2.3
Any unexplained somatic symptoms[25] (eg, nausea/vomiting, dizziness, constipation, headaches)	3	9.3
Headaches[33]	4	3.0
Enuresis; encopresis[5]	--	--
Overweight and obesity[3]	4	2.0
Failure to thrive; poor growth; psychosocial dwarfism[5, 2, 41]	--	--
Poor dental health[16, 22]	4	2.8
Increased infections[39] (viral, URIs, LRTIs and pneumonia, AOM, UTIs, conjunctivitis, intestinal)	3*	1.4 - 2.4
Later menarche[40] (≥ 14 years)	2*	2.3
Sleep disturbances[5, 31]	5**	PR 3.1
Developmental delay[30]	3	1.9
Learning and/or behavior problems[3]	4	32.6
Repeating a grade[15]	4	2.8
Not completing homework[15]	4	4.0
High school absenteeism[33]	4	7.2
Graduating from high school[29]	4	0.4
Aggression; physical fighting[28]	For each additional ACE	1.9
Depression[29]	4	3.9
ADHD[42]	4	5.0
Any of: ADHD, depression, anxiety, conduct/behavior disorder[30]	3	4.5
Suicidal ideation[28]	For each additional ACE	1.9
Suicide attempts[28]		1.9 - 2.1
Self-harm[28]		1.8
First use of alcohol at < 14 years[7]	4	6.2
First use of illicit drugs at < 14 years[10]	5	9.1
Early sexual debut[21] (<15-17 y)	4	3.7
Teenage pregnancy[21]	4	4.2

*Odds ratio represents at least one ACE, but also includes other adversities

**Prevalence ratio represents at least one ACE, but also includes other adversities

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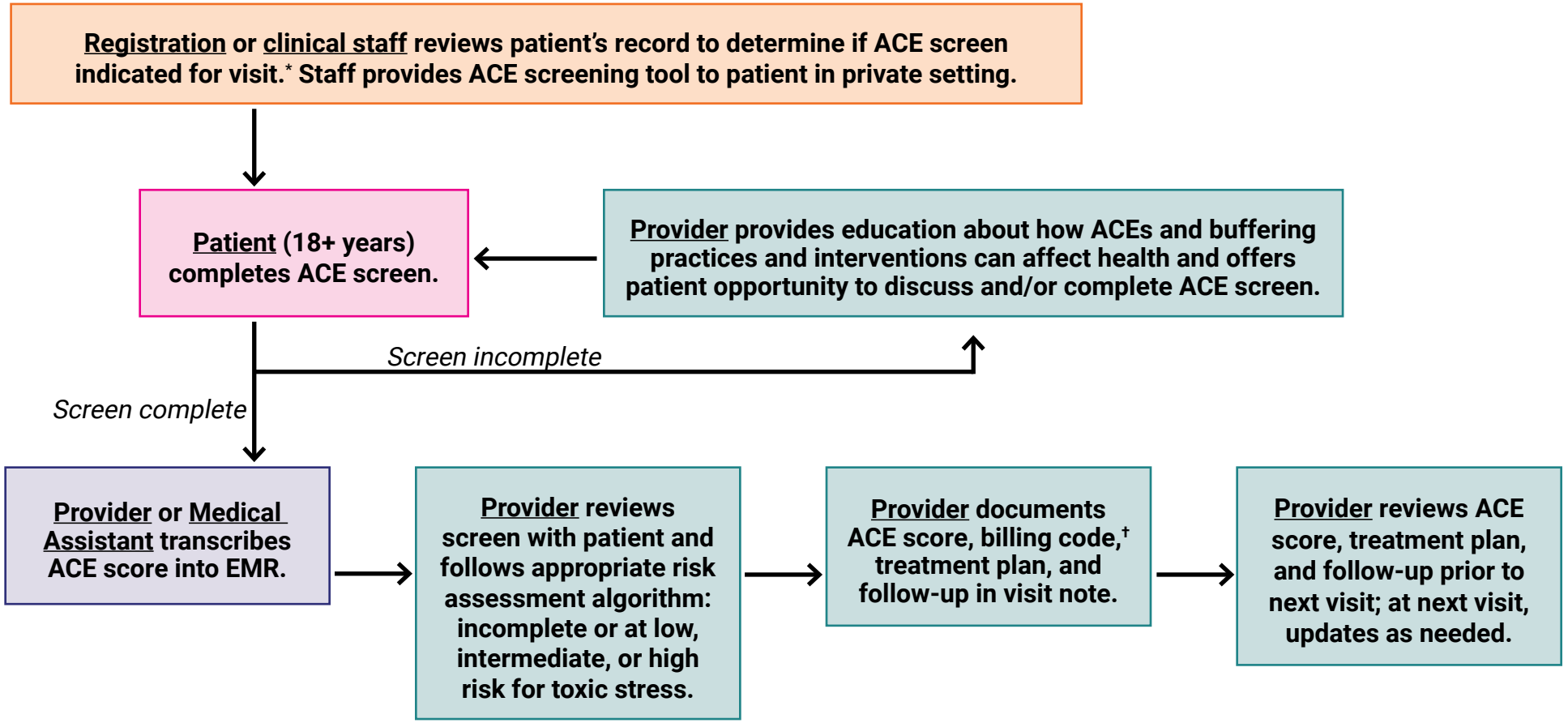
Adult ACE Screening Clinical Workflow



***ACE tool** is recommended to be completed once per adult, per lifetime.

†**Healthcare Common Procedure Coding System (HCPCS) billing codes for ACE scores:**

G9919: ACE score ≥ 4, at high risk for toxic stress.

G9920: ACE score of 0 – 3, at lower risk for toxic stress (on algorithm, at either low or intermediate risk).

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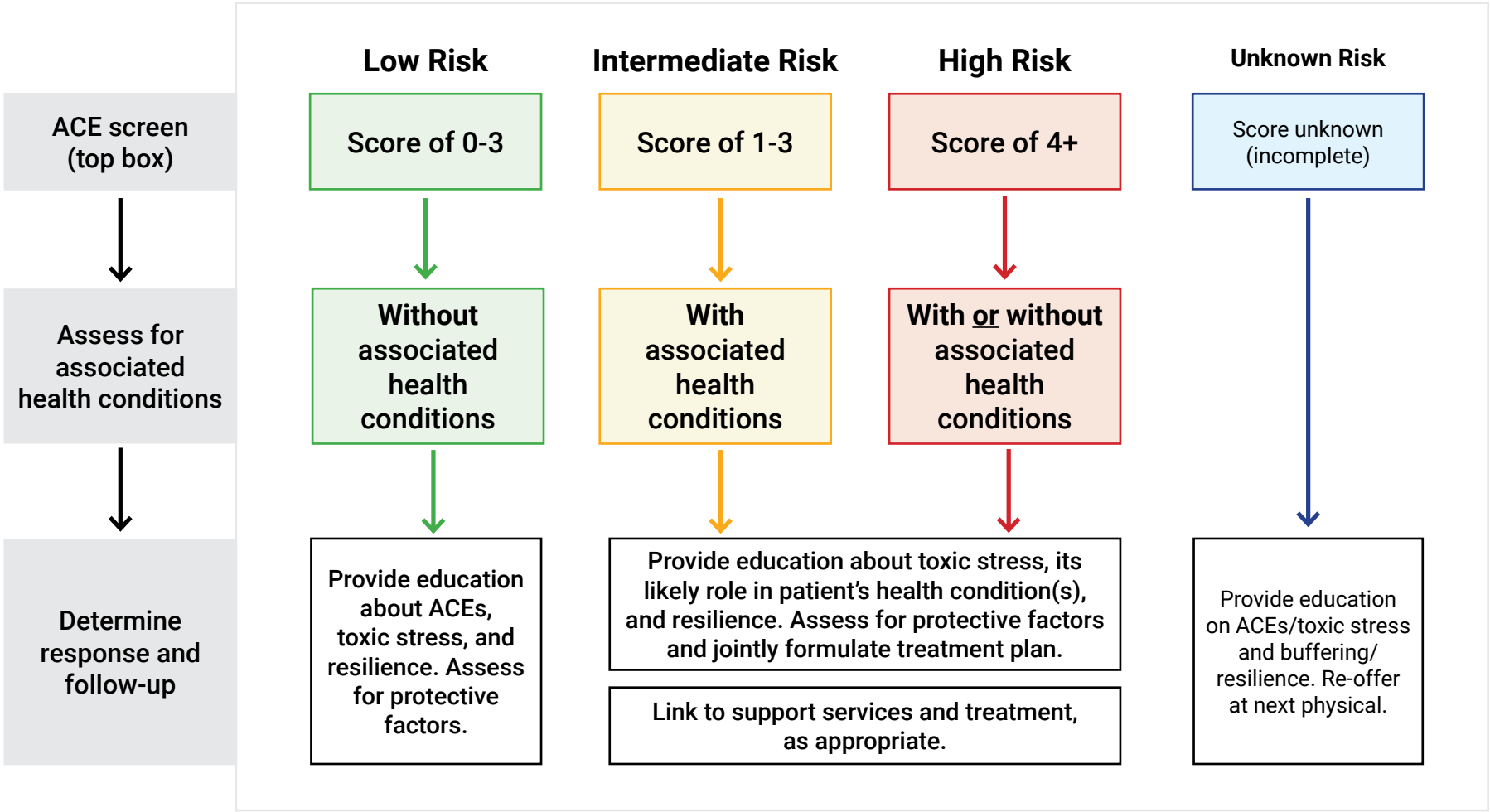
Adverse Childhood Experiences (ACEs) and Toxic Stress Risk Assessment Algorithm | Adults



Partial completion may indicate discomfort or lack of understanding. If partial response indicates patient is at intermediate or high risk, follow the guidelines for that category.

If the ACE score is 0-3 without ACE-Associated Health Conditions, the patient is at "low risk" for toxic stress physiology. The provider should offer education on the impact of ACEs and other adversities on health (including reviewing patient's self-assessment of ACEs' impact on health), buffering/protective factors, and interventions that can mitigate health risks. If the ACE score is 1-3 with ACE-Associated Health Conditions, the patient is at "intermediate risk." If the ACE score is 4 or higher, even without ACE-Associated Health Conditions, the patient is at "high risk" for toxic stress physiology. In both cases, the provider should offer education on how ACEs may lead to a toxic stress response and associated health conditions, as well as practices and interventions demonstrated to buffer the toxic stress response, such as sleep, exercise, nutrition, mindfulness, mental health, and healthy relationships. The provider should also assess for protective factors, jointly formulate a treatment plan and link to supportive services and interventions, as appropriate.

ACE-Associated Health Conditions: Adults

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Symptom or Health Condition	Odds Ratio (excluding outliers)
Cardiovascular disease[21] (CAD, MI, ischemic heart disease)	2.1
Tachycardia[37]	≥ 1 ACE: 1.4
Stroke[20]	2.0
Chronic obstructive pulmonary disease (emphysema, bronchitis)[21]	3.1
Asthma[43]	2.2
Diabetes[21]	1.4
Obesity[20]	2.1
Hepatitis or jaundice[1]	2.4
Cancer, any[21]	2.3
Arthritis[32, 7] (self-reported)	3 ACEs, HR: 1.5 ≥ 1 ACE: 1.3
Memory impairment[20] (all causes, including dementias)	4.9
Kidney disease[43]	1.7
Headaches[11]	≥ 5 ACEs: 2.1
Chronic pain, any[38] (using trauma z-score)	1.2
Chronic back pain[38] (using trauma z-score)	1.3
Fibromyalgia[37]	≥ 1 ACE: 1.8
Unexplained somatic symptoms, including somatic pain, headaches[20, 2]	2.0 - 2.7
Skeletal fracture[1]	1.6 - 2.6[20]
Physical disability requiring assistive equipment[23]	1.8
Depression[21]	4.7
Suicide attempts[21]	37.5
Suicidal ideation[20]	10.5
Sleep disturbance[20]	1.6
Anxiety[21]	3.7
Panic and anxiety[20]	
Post-traumatic stress disorder[37]	4.5
Illicit drug use[21] (any)	5.2
Injected drug, crack cocaine, or heroin use[21]	10.2
Alcohol use[21]	6.9
Cigarettes or e-cigarettes use[35]	6.1
Cannabis use[35]	11.0
Teen pregnancy[21]	4.2
Sexually transmitted infections, lifetime[21]	5.9
Violence victimization[21] (intimate partner violence, sexual assault)	7.5
Violence perpetration[21]	8.1

Odds ratios compare outcomes in individuals with > 4 ACEs to those with 0 ACEs, except where specified

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COVID-19 Vaccine

Quick Reference Guide for Healthcare Professionals

The table below provides basic information on the proper storage, preparation, and administration of the currently authorized COVID-19 vaccine products in the United States. For additional information and detailed clinical guidance go to the manufacturer's and CDC's webpages listed.

		Pfizer	Moderna	Janssen
GENERAL	**EUA**	www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine	www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine	www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine
	CDC Vaccine Information	www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html	www.cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html	www.cdc.gov/vaccines/covid-19/info-by-product/janssen/index.html
	Manufacturer Contact information	**Website:** www.cvdvaccine.com **Medical information:** 800-438-1985 **Customer service:** 800-879-3477	**Website:** www.modernatx.com **Medical Information:** 866-663-3762	**Website:** www.vaxcheck.jnj. **Medical information:** 1-800-565-4008
STORAGE & HANDLING	**How supplied**	**Multidose vial:** 6 doses	**Multidose vial:** Maximum of 15 doses	**Multidose vial:** 5 doses
	Diluent	0.9% sodium chloride (preservative-free, normal saline) provided in the ancillary kit. Do NOT use other diluent.	None	None
	Storage Temperatures: Before Puncture	**Between:** -80°C and -60°C (-112°F and -76°F) until the expiration date -25°C and -15°C (-13°F and 5°F) for up to 2 weeks 2°C and 8°C (36°F and 46°F) for up to 1 month (31 days).	**Between:** -50°C and -15°C (-58°F and 5°F) until the expiration date 2°C and 8°C (36°F and 46°F) for up to 30 days 8°C and 25°C (46° and 77°F) for a total of 24 hours	**Between:** 2°C and 8°C (36°F and 46°F) until the expiration date.
	Storage Temperatures: After puncture	**Between:** 2°C to 25°C (36°F to 77°F) for up to 6 hours. Discard any unused vaccine after 6 hours.	**Between:** 2°C and 25°C (36°F and 77°F) for up to 12 hours. Discard any unused vaccine after 12 hours.	**Between:** 2°C and 8°C (36°F and 46°F) for up to 6 hours. 9°C and 25°C (47°F and 77°F) for up to 2 hours. Discard any unused vaccine after these time frames.
	Transport Temperatures: Before Puncture	**Between:** -80°C and -60°C (-112°F and -76°F) -25°C and -15°C (-13°F and 5°F) 2°C and 8°C (36°F and 46°F)	**Between:** -50°C and -15°C (-58°F and 5°F) 2°C and 8°C (36°F and 46°F) for up to 12 cumulative hours.	**Between:** 2°C and 8°C (36°F and 46°F)
	Transport Temperatures*: After Puncture	**Between:** 2°C to 25°C (36°F to 77°F) for up to 6 hours.	**Between:** 2°C and 25°C (36°F and 77°F) for up to 12 hours.	**Between:** 2°C and 8°C (36°F and 46°F) for up to 6 hours
	Type of Vaccine	mRNA	mRNA	Viral vector
	Age Indications	12 years of age and older	18 years of age and older	18 years of age and older
	Schedule†	2-doses, separated by 21 days. Both doses must be Pfizer-BioNTech vaccine	2 doses, separated by 28 days. Both doses should be Moderna vaccine	1 dose only
	Dosage	0.3 mL	0.5 mL	0.5 mL
	Needle gauge/length	**12 through 18 years of age:** 22–25 gauge, 1" **19 years of age and older:** 22–25 gauge, 1 – 1½"	22–25 gauge, 1 – 1½"	22–25 gauge, 1 – 1½"

*CDC recommends transporting vaccine at refrigerated or frozen temperatures.

†COVID-19 vaccines and other vaccines may be administered on the same day, as well as within 14 days of each other. When deciding if to administer COVID-19 vaccines and other vaccines, providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable diseases (e.g., during an outbreak), and the reactogenicity profile of the vaccines.

COVID-19 Vaccine

Quick Reference Guide for Healthcare Professionals

VACCINE ADMINISTRATION		Pfizer	Moderna	Janssen
	Route	Intramuscular (IM) injection	Intramuscular (IM) injection	Intramuscular (IM) injection
	Site	Deltoid	Deltoid	Deltoid
	Thawing Frozen Vaccine	**Between:** 2°C and 8°C (36°F and 46°F) or Room temperature up to 25°C (77°F) **Do NOT** refreeze thawed vaccine.	**Between:** 2°C and 8°C (36°F and 46°F) or 8°C to 25°C (46°F to 77°F) **Do NOT** refreeze thawed vaccine.	N/A
	Mixing Vaccine	Mix vaccine with 1.8 mL of 0.9% sodium chloride (preservative-free, normal saline)	**Do NOT** mix with any diluent	**Do NOT** mix with any diluent
	Contraindications/ Precautions	**Contraindications** • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine • Immediate allergic reaction† of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine **Note:** Persons who have a contraindication to an mRNA COVID-19 vaccine (Moderna or Pfizer-BioNTech) may be able to receive the Janssen COVID-19 vaccine (see footnote).± Persons who have a contraindication to Janssen COVID-19 vaccine may be able to receive an mRNA COVID-19 vaccine (see footnote).± **Precautions** • Most people determined to have a precaution to a COVID-19 vaccine at their appointment can and should be administered vaccine. • History of an immediate allergic reaction† to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies) » This includes people with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is a vaccine component, but for whom it is unknown which component elicited the immediate allergic reaction. • People with a contraindication to mRNA COVID-19 vaccines have a precaution to Janssen COVID-19 Vaccine, and vice versa. (see footnote).± • Moderate to severe acute illness See Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html		
	Post-Vaccination Observation	**30 minutes:** People with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy, contraindication to a different type of COVID-19 vaccine, or history of anaphylaxis due to any cause. **15 minutes:** All other persons		
	Most common adverse events	**Injection site:** pain, swelling, redness **Systemic:** fatigue, headache, muscle pain, chills, fever, joint pain	**Injection site:** pain, swelling, redness **Systemic:** fatigue, headache, muscle pain, chills, fever, nausea, joint pain	**Injection site:** pain, redness, swelling **Systemic:** fatigue, headache, muscle pain, nausea, fever

†For the purpose of this guidance, an immediate allergic reaction is defined as any hypersensitivity-related signs or symptoms, such as urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within 4 hours following exposure to a vaccine or medication.

±Consider consultation with an allergist-immunologist to help determine if the patient can safely receive vaccination. Healthcare providers and health departments may also request a consultation from the Clinical Immunization Safety Assessment COVID vax Project https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/index.html. Vaccination of these individuals should only be done in an appropriate setting under the supervision of a healthcare provider experienced in the management of severe allergic reactions.

- People with a contraindication to mRNA COVID-19 vaccines (including due to a known PEG allergy) have a precaution to Janssen COVID-19 vaccination. People who have previously received an mRNA COVID-19 vaccine dose but have a contraindication to a second dose should wait at least 28 days to receive Janssen COVID-19 vaccine.
- People with a contraindication to Janssen COVID-19 vaccine (including due to a known polysorbate allergy) have a precaution to mRNA COVID-19 vaccination.

Receiving & Storing Pfizer/Comirnaty Vaccine Products

California COVID-19 Vaccination Program

Upon delivery, sites assume responsibility for storing vaccines in temperature-controlled environments. This job aid compiles guidance from CDC, Pfizer-BioNTech, and Controlant and is updated for California providers.

General Points

- Vaccines ship in ultra-cold thermal shipper with dry ice; ensure staff are trained on dry ice safety
- Vaccine products have a different formulation with different packaging, product configurations, dosages, National Drug Codes (NDC), and storage requirements
- See COVID-19 Vaccine Product Guide (details about vaccine, kits, dimensions, PPE & needles; to be updated for pediatric product) or CDC's product comparison guide
- Other clinical resources can be found on CDC's website
- Ancillary kit ships within 24-48 hours of vaccine and includes PPE

Pfizer/Comirnaty® (12+ Years, Gray Cap) Tris-Sucrose Formulation

- FDA-approved for ages 16+; authorized under EUA for ages 12 through 15
- Vial will not be labeled Comirnaty initially; may be labeled Pfizer Tris-Sucrose Formulation
- Vaccine ships in a smaller, lighter, single-use shipper; this video shows how to receive the shipper and return the data logger; do not return shipper
- Sites should ideally carry only one Pfizer 12-plus-years formulation at a time; use up Pfizer 1170 or 450 products before ordering gray cap
- Does not require diluent; to avoid dilution errors, CDC doesn't recommend administering purple and gray cap products in a single clinic at the same time
- May be stored at 2-8°C (36-46°F) for up to 10 weeks; **do not store in routine freezers**
- Single-use shipper may not be used for temporary storage; sites that previously used Pfizer thermal shipping containers for temporary storage must prepare for use of an ULT freezer or refrigerator
- Available in smaller 300-dose configurations (5 cartons)
- Continue to use storage and handling labels and BUD labels for Pfizer purple cap formulation for now

Pfizer Pediatric (5-11 Years, Orange Cap)

- **Do not store in routine freezers; do not use thermal shipper for on-site vaccine storage**
- Vaccine ships in a smaller, lighter, single-use shipper; this video shows how to receive shipper
- Storage and Handling Summary details receiving and storing the product
- Apply storage and handling labels to cartons to prevent administration and handling errors
- Apply beyond-use tracking labels to cartons when storing vaccine in the refrigerator

Original Pfizer 12+ Years (Purple Cap Retired 12/23/21)

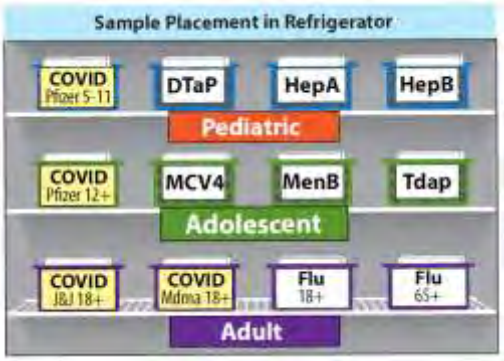
- **Available as myCAvax Small Orders through AmerisourceBergen until inventory is depleted.**
- Store in refrigerator, freezer, ULT freezer, and in thermal shippers; shelf life varies
- Initial dry ice recharge kit ships **for Pfizer 1170 only** and within 24 hours of vaccine (unless site has ULT freezer); source dry ice pellets if storing vaccine in thermal shippers for more than 5 days
- **Pfizer 1170:** (1) tray of 195 vials (1,170 doses); **Pfizer 450:** (3) cartons of 25 vials each (450 doses)
- See Storage and Handling Summary for receiving and storing the product and a delivery checklist
- Apply storage and handling labels to cartons to prevent administration and handling errors
- Apply beyond-use tracking labels to cartons when storing vaccine in the refrigerator or freezer
- Thermal Shipper Return Instructions (Pfizer 1170 & 450)
- Thermal Shipping Container Dry Ice Replenishment Instructions

Critical Notifications

Coordinators may receive emails regarding order confirmations, advance shipment notices of vaccine and ancillary kits, and temperature monitoring alerts. Add critical senders to your contact list, or work with your IT staff to have these addresses included in your organization's email whitelist, to ensure emails are not filtered to Spam or Junk folders.

Planning for Vaccine Shipments

Pfizer pediatric (ages 5-11) formulation has an orange cap and bordered label; original Pfizer 12-plus-years formulation has a purple cap (retired 12/23/21); the new Pfizer/Comirnaty formulation has a gray cap. Sites should ideally carry only one Pfizer 12-plus-years formulation at a time to avoid administration errors, or store purple and gray cap formulations on separate shelves.



Ensure vaccinators can easily locate correct product:

- Group vaccines by age (pediatric, adolescent, adult).
- Label cartons, baskets, or shelf space in large letters.
- Store vaccines and diluents together if storage requirements are the same. Never freeze diluent.
- Store other medicines and biologics on separate shelves.

Vaccine Expiration Dates

Check Pfizer EUA Fact Sheets or CDC's COVID-19 Vaccine Lot Number and Expiration Date Report for updated expiry dates.

Pfizer/Comirnaty (12+ years, gray cap) & Pfizer pediatric (5-11 years, orange cap): Expires in *9 months* (count month printed on vial as first month). For example, if the vial date is August 2021, the expiry date is May 31, 2022. (Expiry date is also printed on the shipper label.)

Pfizer 12+ years (purple cap): Expiration date is printed on the vial. (Retired 12/23/21)

Recommended Storage Conditions

See COVID-19 Vaccine Product Guide for easy-to-read chart.

	5-11 years old	12+ years old	
	Pfizer (Pediatric)	Pfizer	Pfizer (Comirnaty)
			Will replace purple cap product in Dec/Jan 
Storage Limits Before Puncture			
ULT (-90°C to -60°C)	Until expiration	Until expiration	Until expiration
Thermal Shipper	N/A	Up to 30 days	N/A
Freezer	**Do not freeze**	Up to 14 days (-25°C to -15°C)	**Do not freeze**
Refrigerator (2°C to 8°C)	Up to 10 weeks	Up to 31 days	Up to 10 weeks
Checking Expiration Dates[1]	9 months (count month printed on vial as first month)	Check EUA fact sheet for extended dates.	9 months (count month printed on vial as first month)

Controlant Monitor

Comirnaty and Pfizer products ship with Controlant data logger that monitors temperatures during shipment.

Start Shipment

- Do not press. Activated before shipment.

Stop Shipment

- Press Stop Shipment to accept delivery.
- LED indicator will change to a solid color; status report emailed to the order's Point of Contact
- Green: Unpack the vaccine.
- No color or red: Wait for the status report.

On-Site Temperature Monitoring (Pfizer Purple Cap, Retired 12/23/21)

For the original Pfizer 12-plus-years (purple cap) formulation, Controlant's on-site monitoring service will automatically begin after shipper has been delivered and data logger stopped. Controlant sends emails from delivery until thermal shippers are returned (or the site opts out of the service). If transferring vaccines to storage units, the order's Point of Contact must opt out to prevent false temperature excursions and unnecessary emails.

On-site temperature monitoring email	Initial email links to thermal shipper status webpage, On-Site Monitoring Quick Guide, and Controlant customer service
Daily temperature deviation emails	Alerts you if daily temperatures are in or out of recommended ranges; for temperature excursions, Controlant sends an email and/or text and call if no one responds
Final report email	Controlant will arrange with UPS or FedEx for thermal shipper to be collected; Controlant Monitor must be inside

- Controlant On-Site Temperature Monitoring Overview & Videos
- 24/7 support hot line: 1-855-442-6687 or 1-701-540-4039, or email support@controlant.com

Maximizing Shelf Life for Pfizer 12+ Purple Cap (Retired 12/23/21)

Pfizer recommends storing original purple cap vaccine in ULT freezers. Alternately, transfer trays to the coldest environment you can support then transfer progressively to the next temperature range as indicated below.

Carefully track cumulative time vials are stored under these alternate conditions. Note that thermal shippers require significant support, including well-trained staff, dry ice, and consistent protocols.

Original Thermal Shipper	Freezer	Refrigerator
Store between -90°C and -60°C (-130°F and -76°F) for **up to 30 days** (label with a Beyond Use Date of 30 days) then **transfer remaining doses to freezer or refrigerator** Open container no more than **2 times/day** for up to **3 mins/ opening** Only open to transfer doses you'll need for the day to freezer or refrigerator; plan accordingly Check daily emails for onsite monitoring to download temperature data Recharge dry ice **every 5 days**; reseal with packaging tape	Store between -25°C and -15°C (-13°F to 5°F) for **up to 2 weeks** (label with BUD of 14 days) then **transfer remaining doses to the refrigerator** Carefully adjust thermostat to this narrow range if storing with routine vaccines Vials may be returned one time to the recommended ultra-cold temperature and used by the expiration date Monitor temperatures twice daily and report temperature excursions	Store between 2°C to 8°C (35°F to 46°F) for up to **1 month** (label with BUD of 31 days max) **Combined freezer & refrigerator storage not to exceed 45 days** Place vaccine vials removed from frozen storage at the same time in a resealable plastic bag or similar container Monitor temperatures twice daily and report temperature excursions After 1 month, report remaining doses as waste and discard

If proper storage and handling protocols are followed, plan for the following vaccine shelf life.

Storage Units	Max Shelf Life
Thermal shipper to freezer to refrigerator	30 + 14 + 31 = **75 days**
Freezer to refrigerator	14 + 31 = **45 days**
Standalone freezer only	**14 days**
Standalone refrigerator only	**31 days**

For punctured vials: Store at 2°C to 25°C (35°F to 77°F) and use **within 6 hours** from time vaccine was mixed with diluent then discard.

Instructions

Follow these instructions to receive and store Pfizer COVID-19 vaccine products.

Step	Description
1.	Examine the shipping container for signs of physical damage.
2.	Open the thermal shipper on the floor in a well-ventilated room. a) Use caution when lifting; thermal shipper for Pfizer 12+ Years (purple cap) may weigh up to 80 lb.
3.	Press STOP button on Controlant Monitor for **5 seconds** to accept delivery. a) The order's Point of Contact will receive an email from the manufacturer on the temperature status of the container during transit. The LED indicator on the TMD will change from blinking to a solid light.
4.	Proceed based on the color of the LED indicator light. a) **Green:** Unpack the vaccine. b) **No color or red:** STOP: Wait for status report (emailed to Point of Contact for the order) to confirm vaccine viability; report shipment incident if a temperature excursion occurred.
5.	Unpack the shipping container following the included unpacking instructions. a) Review Dry Ice Safety Job Aid before handling dry ice components. b) Wear safety goggles (or glasses with side shields) and waterproof, insulated gloves.
6.	Inspect vaccine out carton for damage and confirm order quantities. a) Remove dry ice bag or pod. (**Pfizer 12+ Years:** Vial trays are visible without opening inner box.)

7.	Store vaccine under recommended storage conditions, vials upright and in original packaging.
	For Pfizer/Comirnaty (12+ Years, Gray Cap) Tris-Sucrose Formulation
	Label carton with expiry date printed on the shipper label before storing. (Vial date is the manufacture date.) Apply storage and handling labels to cartons to prevent administration and handling errors. **This product CANNOT be stored in a routine freezer.** **If transferring to ULT freezer:** Store between -90°C to -60°C (-130°F to -76°F) **within 5 minutes**; do not open tray(s) or touch vials. Store and use up to expiration. **If transferring to refrigerator:** Store between 2°C and 8°C (36°F and 46°F) for up to **10 weeks**; label with BUD of **10 weeks** max.
	For Pfizer 12+ Years (Purple Cap) – Retired 12/23/21
	If storing vaccine in storage units: a) Apply storage and handling labels to cartons to prevent administration and handling errors. b) Deactivate monitoring and opt out to prevent unnecessary emails and false temperature excursions. **If transferring ULT freezer:** Store between -90°C and -60°C (-130°F and -76°F) **within 5 minutes**; do not open tray(s) or touch vials. Store and use up to expiration. **If transferring to freezer:** Store between -25°C and -15°C (-13°F to 5°F) for up to **2 weeks**; label with Beyond Use Date (BUD) of 14 days. **If transferring to refrigerator:** Store between 2°C and 8°C (36°F and 46°F) for up to **31 days**; label with BUD of 31 days max.
	If storing vaccine temporarily in thermal shippers: a) Store between -90°C to -60°C (-130°F to -76°F) for **up to 30 days**; record a BUD of 30 days. b) Replenish the container with dry ice pellets within 24 hours of delivery and **every 5 days** following Pfizer's Dry Ice Replenishment Instructions**.** c) Transfer to freezer or refrigerator any doses needed for the day. **To use Controlant's service to monitor thermal shipper temperatures:** a) An additional e-mail will be sent. b) Add up to 4 contacts to receive e-mails and text alerts on the temperature status of the container from the Controlant/Pfizer on-site monitoring service; include after-hours phone numbers. c) If your contacts aren't receiving emails from Controlant/Pfizer, watch the troubleshooting video. 24/7 support hot line: 1-855-442-6687 or 1-701-540-4039, or support@controlant.com.

	For Pfizer Pediatric (5-11 Years, Orange Cap)
	Label carton with expiry date printed on the shipper label before storing. (Vial date is the manufacture date.) Apply storage and handling labels to cartons to prevent administration and handling errors. **This product CANNOT be stored in a routine freezer.** **If transferring to ULT freezer:** Store between -90°C to -60°C (-130°F to -76°F) **within 5 minutes**; do not open tray(s) or touch vials. Store and use up to expiration. **If transferring to refrigerator:** Store between 2°C and 8°C (36°F and 46°F) for up to **10 weeks**; label with BUD of **10 weeks** max.
8.	Report shipment incidents immediately for resolution.

Report Shipment Incidents

Report all shipment incidents in myCAvax for vaccine product or kits (including product viability, damage or packing slip discrepancies) the same day the shipment arrived. (See Reporting Shipment Incidents.)

Thermal Shipper Return Policy

Pfizer Pediatric (5-11 Years, Orange Cap) and Pfizer/Comirnaty (12+ Years, Gray Cap) Formulations:

Return data logger to Pfizer and dispose of shipper locally. Single-use shippers will include a Logger Return Kit embedded in the lid of the shipper. Remove logger from the shipper and return the logger to Pfizer.

Original Pfizer 12+ Years (Purple Cap) Formulation (1170- and 450-dose shippers, Retiring 12/23/21):

Return shipper, data logger, and other components to Pfizer. Do not return vaccine in shippers!
Pfizer 1170: Return within 30 days; *Pfizer 450:* Return within 4 days (shippers are available in limited supply).

Use these return instructions. Controlant will arrange with carrier for collection. (If provider opts out of Controlant service, schedule pickup for shipper and device immediately.) It is particularly important that you:

- Cover the existing shipping label with the pre-printed return label.
- Cover the UN1845 Dry Ice indicator with the large blank label provided.

Re-icing Thermal Shipper (Pfizer 12+ Years, Retiring 12/23/21)

Replenish the container with dry ice pellets (sized 10 mm to 16 mm) within 24 hours of delivery and **every 5 days** following Pfizer's Dry Ice Replenishment Instructions**.** Controlant will send emails and/or texts when it's time to re-ice. If thermal shipper is opened no more than **2 times a day** for more than **3 minutes at a time**, shipper should then be **recharged every 5 days.**

2022 Program Participation Requirements at a Glance

Requirement	Summary	Resources/Job Aids
Vaccine Management Plan	Maintain a current and completed vaccine management plan (VMP) for routine and emergency situations that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and completion dates of required EZIZ lessons for key practice staff. Review and update the VMP at least annually, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change. Designate a staff member responsible for updating the practice's VMP. Staff with assigned vaccine-management responsibilities must review, sign, and date the VMP annually and each time it is updated. Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies. Store the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units. **For practices using mobile units to administer VFC-supplied vaccines:** Mobile-only clinics or clinics with mobile units must maintain a current and complete Mobile Unit Vaccine Management Plan and keep it in the mobile unit.	Vaccine Management Plan (IMM-1122) Provider Operations Manual (IMM-1248) Chapter 3 Mobile Unit Vaccine Management Plan (IMM-1276)
Key Practice Staff	Designate and maintain key practice staff in the practice's profile. Immediately report to the VFC Program changes to key practice staff. A change in the Provider of Record or Designee requires a signed Key Practice Staff Change Request Form. There are four required VFC roles: **Provider of Record (POR)**: The on-site physician-in-chief, medical director, or equivalent, who signs the VFC "Provider Agreement" and the California VFC Program "Provider Agreement Addendum" and is ultimately accountable for the practice's compliance. Must be a licensed MD, DO, NP, PA, pharmacist, or a Certified Nurse Midwife with prescription-writing privileges in California. **Provider of Record Designee:** The on-site person who is authorized to sign VFC Program documents and assumes responsibility for VFC-related matters in the absence of the Provider of Record. **Vaccine Coordinator:** An on-site employee who is fully trained and responsible for implementing and overseeing the practices vaccine management plan. **Backup Vaccine Coordinator:** An on-site employee fully trained in the practice's vaccine management activities and fulfills the responsibilities of the Vaccine Coordinator in his/her absence. **Immunization Champion (optional):** A staff member who goes above and beyond their normal duties to promote immunizations to patients and in the community.	Vaccine Coordinator Roles & Responsibilities (IMM-968) VFC Key Practice Staff Change Request Form (IMM-1166)

<table>
<tr><th>Requirement</th><th>Summary</th><th>Resources/Job Aids</th></tr>
<tr>
<td>Staff Training Requirements</td>
<td>
Anyone acting in VFC roles (Provider of Record and Designee; Vaccine Coordinator and Backup) must complete the required EZIZ lessons when hired and annually thereafter; staff must demonstrate competency in their assigned VFC roles.
Any clinician who administers VFC-supplied vaccines must be knowledgeable of and familiar with all ACIP-recommended immunizations, including schedules, indications, dosages, and new products.
All staff who conduct VFC Program eligibility screening, documentation, and billing (e.g., front- or back-office staff) must be knowledgeable of all VFC eligibility categories, documentation, and billing requirements.
All staff and supervisors who monitor storage unit temperatures or sign off on VFC temperature logs must complete the related EZIZ lesson when hired and annually thereafter; they must be fully trained on use of the practice's data loggers.
Train staff who are authorized to accept packages to immediately notify the Vaccine Coordinator when VFC-supplied vaccines are delivered.
Conduct regular vaccine transport drills to maintain competency and readiness for emergencies.
Required training by role (*Test-out option available):
<table>
<tr><th colspan="2">✓ = Required Lesson</th><th>When to Start Lesson</th><th>Key Practice Staff</th><th></th><th></th><th></th></tr>
<tr><th colspan="2"></th><th></th><th>Vaccine Coordinator</th><th>Backup Vaccine Coordinator</th><th>Provider of Record</th><th>Provider of Record Designee</th></tr>
<tr><td rowspan="4">Lessons</td><td>VFC Program Requirements*</td><td>Recertification Launch</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Storing Vaccines*</td><td>Recertification Launch</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Monitoring Storage Unit Temperatures*</td><td>Recertification Launch</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Conducting a Vaccine Inventory*</td><td>Recertification Launch</td><td>✓</td><td>✓</td><td>Encouraged</td><td>Encouraged</td></tr>
<tr><td rowspan="2">Review & Acknowledge</td><td>Provider Operations Manual</td><td>Recertification Launch</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Vaccine Management Plan</td><td>Recertification Launch</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
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</td>
<td>EZIZ Training Lessons

Provider Operations Manual (IMM-1248) Chapter One</td>
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Requirement	Summary	Resources/Job Aids
Vaccine Storage Units	Participating providers agree to store all VFC-supplied vaccines in vaccine refrigerators and freezers that meet California VFC Program requirements. Adherence to storage and handing requirements is certified as part of annual provider recertification and during both routine and unannounced site visits conducted by VFC Field Representatives. • Use only refrigerators and freezers that comply with VFC vaccine storage unit requirements: Very high-volume providers must use purpose-built (pharmacy-, biologic-, or laboratory-grade) refrigerators. Other providers may use refrigerators and freezers that are purpose-built (preferred) or commercial-grade (acceptable). Household-grade, stand-alone refrigerators are discouraged. Purpose-built combination units, including auto-dispensing units without doors, are allowed. • Manual-defrost freezers are allowed for use if the practice has access to an alternate storage unit when defrosting the freezer (Note: Defrost manual-defrost freezers only when frost exceeds 1cm or the manufacturer's suggested limit). The alternate storage unit must have appropriate freezer temperatures and be monitored using a VFC-compliant digital data logger. Never store VFC-supplied vaccines in a cooler. • Never use any of the following for routine vaccine storage: household-grade combination refrigerator-freezers, compact household-grade stand-alone refrigerators (with capacity 11 cubic feet or less), dormitory-style or bar-style combined refrigerator/freezers, manual defrost refrigerators, convertible units, or cryogenic (ultra-low) freezers, or any vaccine transport unit (including coolers and battery-operated units). • Purchase new refrigerators (purpose-built) or freezers (any grade) if existing storage units malfunction frequently or experience frequent temperature excursions. **For providers designated solely as mass vaccinators**: Only use purpose-built vaccine transport units for transport and on-site storage.	EZIZ Vaccine Storage requirements Provider Operations Manual (IMM-1248) Chapter 3
Vaccine Storage Unit Configuration	Prepare vaccine refrigerators and vaccine freezers following VFC Program requirements. • Place water bottles (in refrigerators) and ice packs (in freezers only) to stabilize temperatures. (Exception for purpose-built, auto-dispensing units without doors.) • Place data logger buffered probes in the center of refrigerators and freezers near vaccines. (Exception for purpose-built, auto-dispensing units without doors.) • Place data logger digital displays outside of the storage units to allow temperature monitoring without opening the vaccine storage unit door. (Exception for purpose-built, auto-dispensing units without doors.) • Plug the refrigerator and freezer directly into nearby, dedicated wall outlets that do not have built-in GFI circuit switches and are not controlled by light switches; never plug storage units into extension cords, power strips, or surge protectors with an on/off switch. • Post "Do Not Unplug" signs on electrical outlets and circuit breakers to prevent interruption of power. Set up vaccine refrigerators and vaccine freezers following VFC Program requirements. • Clearly identify unit space or containers that will store VFC-supplied and privately purchased vaccines. • Group vaccines by pediatric, adolescent, and adult types. • Allocate enough space to position vaccines or baskets 2-3 inches away from walls, floor, and other baskets to allow space for air circulation. (Exception for purpose-built, auto-dispensing units without doors.) Post VFC temperature logs on vaccine storage unit doors or in an easily accessible location.	Preparing Vaccine Storage Units (IMM-962) Setting Up Vaccine Storage Units (IMM-963) Do Not Unplug Sign (IMM-744) Provider Operations Manual (IMM-1248) Chapter 3

Requirement	Summary	Resources/Job Aids
Digital Data Loggers (DDLs)	All staff, including supervisors and new employees, must be properly trained on temperature monitoring including proper use of the practice's digital data loggers and the required corrective action for out-of-range temperatures. • Equip all refrigerators and freezers (primary, backup, overflow, or any other temporary unit) storing VFC-supplied vaccines with VFC-compliant digital data loggers. (For purpose-built, auto-dispensing units with doors: built-in, internal data loggers must meet VFC Program requirements except for buffered probes, which are NOT required.) • Only use data loggers that include the following minimum features: a digital display of current, minimum, and maximum temperatures; minimum accuracy of ±1.0°F (0.5°C); a buffered temperature probe (only use the probe that comes with the device) immersed in a vial filled with up to 60mL liquid (e.g., glycol, ethanol, glycerin), loose media (e.g., sand, glass beads), or a solid block of material (e.g., Teflon®, aluminum); an audible or visual out-of-range temperature alarm; logging interval of 30 minutes; a low-battery indicator; and memory storage of 4,000 readings or more. A battery source is required for backup devices used during vaccine transport. • Keep on hand at least one back (battery operated) DDL for emergency vaccine transport. Depending on the size of the practice, additional devices might be needed **When purchasing new data loggers**: New devices must be able to generate a summary report of recorded temperature data since the device was last reset; summary reports must include minimum and maximum temperatures, total time out of range (if any), and alarm settings. Devices that only generate CSV data files or Excel spreadsheets are not acceptable.	EZIZ Data Logger Requirements Digital Data Logger Pre-Purchase Worksheet (IMM-1236) Data Logger Setup & Use (IMM-1206) Certificate of Calibration Quick Guide (IMM-1119) Provider Operations Manual (IMM-1248) Chapter 3
Digital Data Logger Configuration & Maintenance ***UPDATED!***	Digital data loggers must be configured to meet VFC Program requirements. • Configure key settings for primary and backup digital data loggers, including device name, low and high temperature alarm limits, immediate notification of out-of-range temperatures, and a maximum logging interval of 30-minutes. • Store the backup digital data logger's buffered probe in the vaccine refrigerator and its digital display in a cabinet; document the device's location on the practice's vaccine management plan. (Exception for purpose-built, auto-dispensing units without door: store the entire device in a cabinet.) • Calibrate primary and backup devices every two years (both device and probe together), or every three years when manufacturers recommend a period longer than two years — ideally by a laboratory with accreditation from an ILAC MRA signatory body. **NOTES**: o If the manufacturer supplies a pre-calibrated replacement probe upon device calibration expiration, the device and probe do not need to be calibrated together. o If your current device only generates CSV data files or Excel spreadsheets, purchase a data logger instead of getting the device recalibrated. New devices that only generate CSV data files or Excel spreadsheets are not acceptable. • Certificates issued by non-accredited laboratories must meet all VFC Program requirements for certificates of calibration. • Calibrate primary and backup devices on different schedules to ensure all refrigerators and freezers storing VFC-supplied vaccines are always equipped with data loggers. • Keep certificates of calibration on file and make them available to the VFC Program upon request.	EZIZ Data Logger Requirements Provider Operations Manual (IMM-1248) Chapter 3 https://eziz.org/assets/docs/IMM-1119.pdf?_sm_au_=iVV2f0RM7STDRVQj

Requirement	Summary	Resources/Job Aids
	• Purchase a new data logger if existing device or probe malfunctions, is damaged, or if device provides repeated, inaccurate temperature readings. (Exception for replacement probes recommended and replaced by the device manufacturer)	
Vaccine Orders & Accountability	Trained and authorized clinic staff must submit vaccine orders through the practice's account on MyVFCvaccines.org following VFC Program requirements. • Order all ACIP-recommended vaccines (including flu and special-order vaccines) to meet the needs of the total VFC-eligible patient population reported for the VFC PIN. • Order only one brand and formulation for each vaccine to avoid administration errors. • Order all vaccine doses in sufficient quantities to last until the next order period; order quantities must factor in VFC vaccine doses administered (since the previous order) and the VFC doses on hand (at the time of the order). • Order vaccines according to the provider's assigned order frequency; providers who have not ordered and administered vaccines in the past 12 months will be terminated from the VFC Program. Vaccines ordered solely to prevent account termination and which are loss due to expiry will be considered a negligent loss. • Order vaccines using the approved practice address for the VFC PIN. • Account for every dose of VFC-supplied vaccine ordered and received by the provider's practice. • Report all VFC vaccine doses administered (since the previous order) and doses on hand (at the time of the order) on each vaccine order. Vaccine doses administered must be based on actual vaccine administration logs or registry/EMR administration summary reports. • Maintain accurate and separate stock records (e.g., purchase invoices, receiving packing slips) for privately purchased vaccines and make them available to the VFC Program upon request.	Vaccine Ordering Worksheet (IMM-1246) Vaccine Physical Inventory form (IMM-1052) **Usage Logs:** VFC Daily Usage Log (IMM-1053) Private Daily Usage Log (IMM-1053P) Flu Daily Usage Log (IMM-1053F) Provider Operations Manual (IMM-1248) Chapter 4
Receiving & Inspecting Vaccine Deliveries	Follow VFC Program requirements: • Never reject vaccine shipments. • Receive, inspect, and store vaccines and diluents within manufacturer-recommended ranges immediately upon delivery. • Immediately report all shipment issues using the VFC Vaccine Receiving Log and Checklist. • Keep packing slips for all vaccine shipments received, including publicly funded and private vaccine shipments. • The practice must be open with staff available to receive vaccines at least one day a week (other than Monday) and for at least four consecutive hours.	Vaccine Receiving Log and Checklist (IMM-1112) Provider Operations Manual (IMM-1248) Chapter 3
Vaccine Storage ***UPDATED!***	Dedicate vaccine refrigerators and freezers to the storage of vaccines only; if storage of medications or biologics is necessary, store below vaccines on a different shelf. • Store frozen vaccines (MMR, MMRV, and Varicella) between -58.0°F and 5.0°F (-50.0°C and -15.0°C) according to manufacturer recommendations. • Store refrigerated vaccines between 36.0°F and 46.0°F (2.0°C and 8.0°C) according to manufacturer recommendations. • Store vaccines in original packaging and allow space for air circulation. • Store VFC-supplied and privately purchased vaccines separately and grouped by vaccine type. • Do not store vaccines in storage unit doors, drawers, or bins.	EZIZ Storing Vaccines lesson Provider Operations Manual (IMM-1248) Chapter 3

Requirement	Summary	Resources/Job Aids
	• Place vaccines with the earliest expiration dates toward the front of the storage unit and use first. • Always store VFC-supplied vaccines at the approved location for the VFC PIN. (**For practices conducting outreach clinics**: Obtain VFC approval at least 4 weeks prior to the scheduled outreach clinics.)	
Monitoring Storage Unit Temperatures	Monitoring storage unit temperatures consistently and accurately plays an important role in protecting the vaccines that protect your patients. • Record vaccine storage unit temperatures on VFC temperature logs. • Monitor and record current, minimum and maximum temperatures twice each day: at the beginning and end of each business day on VFC temperature logs. (**For VFC-approved outreach clinics:** Special event clinics, health fairs, special school clinics, and mass vaccination clinics must monitor and record current, minimum, and maximum temperatures on the VFC Hourly Vaccine Temperature log for Outreach Clinics every hour. Attach the data logger download, or summary report, if available, to the VFC Refrigerated Vaccine Transport log.) • VFC temperature logs must be legible and completed accurately in ink. • Neatly cross out, correct, initial, and date any inadvertent documentation error immediately. • Download temperature data files and review for any unreported out-of-range temperatures at the end of every two-week reporting period. • The supervisor must review and sign the temperature logs at the end of every two-week reporting period, acknowledging that the log is complete, temperatures were recorded twice daily, staff initialed each entry, and necessary corrective actions were taken. • Replace doses (on a dose-for-dose basis) as instructed by the VFC Program if storage unit temperatures are not monitored and documented, if temperature logs or temperature data files are falsified, or if temperature logs or temperature data files are missing during a site visit. • Retain VFC temperature logs and temperature data files for three years.	EZIZ Monitoring Storage Unit Temperatures lesson **Refrigerators:** Recording Refrigerator & Freezer Temperatures (IMM-1029) Refrigerator Temp Log Fahrenheit (IMM-1125) Refrigerator Temp Log Celsius (IMM-1127) Hourly Vaccine Temperature Log for Outreach Clinics (IMM-1255) Refrigerated Vaccine Transport Log (IMM-1132) **Freezers:** Freezer Temp Log Fahrenheit (IMM-1126) Freezer Temp Log Celsius (IMM-1128) Provider Operations Manual (IMM-1248) Chapter 3
Taking Action for Temperature Excursions	Vaccines stored out of range might be deemed non-viable and considered a negligent vaccine loss. A temperature excursion does not automatically mean that exposed vaccines are non-viable or unusable. Follow VFC Program requirements: • Take immediate action to prevent vaccine spoilage and to correct any improper storage condition for all out-of-range storage unit temperatures. • Staff must respond to all data logger alarms. • Quarantine and do not administer any vaccines exposed to out-of-range temperatures until their viability has been determined by vaccine manufacturers. • Identify and report every temperature excursion to Storage and Handling Online Triage System (SHOTS) at MyVFCvaccines.org and comply with any instructions provided. • Communicate every temperature excursion to vaccine manufacturers if instructed by SHOTS.	MyVFCvaccines - SHOTS SHOTS Guide (IMM-1224) Transporting Refrigerated Vaccines: Guidelines for Emergency Vaccine Transport and Short-Term Storage (IMM-983) Transporting Frozen Vaccines: Guideline for

Requirement	Summary	Resources/Job Aids
	• Transport vaccines in the event of extended power outages or unit malfunctions following the guidelines for proper refrigerated vaccine transport and frozen vaccine transport.	Emergency Vaccine Transport and Short-Term Storage (IMM-1130) Provider Operations Manual (IMM-1248) Chapter 3
Vaccine Inventory Management **(Spoiled, Expired, & Wasted Doses)**	Vaccine inventory management is an essential practice that can prevent inadvertent vaccine loss. • Conduct a physical vaccine inventory at least monthly and before ordering vaccines. Use the VFC Vaccine Physical Inventory Form or equivalent electronic or paper form. • Never borrow VFC-supplied vaccines to supplement private stock, or vice versa. • **For vaccines that will expire within 6 months and cannot be used**: Notify the VFC Call Center prior to transferring to another VFC provider to prevent negligent provider loss. • Remove spoiled, expired, and wasted vaccines from storage units after identification to prevent inadvertent use. • Report all spoiled, expired, or wasted vaccines doses of VFC-supplied vaccines prior to submitting a new vaccine order. • Do not report any VFC-supplied vaccines as spoiled without guidance from vaccine manufacturers and/or the VFC Program. • Monitor vaccine storage units regularly and purchase additional storage units if capacity cannot accommodate the inventory in a manner consistent with VFC Program requirements.	EZIZ Conducting a Vaccine Inventory lesson Provider Operations Manual (IMM-1248) Chapter 3 **Inventory:** How to Do a Physical Inventory (IMM-1090) Vaccine Inventory Form (IMM-1052) Prevent Vaccine Loss flyer (IMM-1113)
Vaccine Transfers & Transports ***UPDATED!***	Vaccine transfers can be minimized by consistent inventory management, but providers might need to transfer vaccines to other VFC providers if vaccines are likely to expire before administration or in the event of an emergency. If vaccines need to be transferred, follow VFC Program Requirements: • Contact the VFC Call Center prior to transferring VFC-supplied vaccines. • If transfers are approved, only transfer VFC-supplied vaccines to other VFC Providers. • Never routinely transfer VFC-supplied vaccines to/from other VFC providers. • Transport vaccines only when necessary and follow the guidelines for proper refrigerated vaccine transport and frozen vaccine transport. • Complete the VFC Refrigerated Vaccine Transport Log or Frozen Vaccine Transport Log each time vaccines are transported. • **In case of emergency**: Only transport VFC-supplied vaccines alternate storage locations equipped with vaccine storage units and temperature monitoring devices that meet VFC Program requirements. • Never transport VFC-supplied vaccines to personal residences. • Use backup, battery-operated, digital data loggers to monitor temperatures during vaccine transport and at VFC-approved off-site clinics—ideally using a portable vaccine refrigerator (if a portable vaccine refrigerator is not available, use qualified containers and pack-outs) for off-site clinics. • Replace any vaccines that were transported without proper documentation of temperature monitoring on a dose-for-dose basis as instructed by the VFC Program.	**Refrigerated vaccines:** Transporting Refrigerated Vaccine job aid (IMM-983) Refrigerated Vaccine Transport Log (IMM-1132) **Frozen vaccines:** Transporting Frozen Vaccines job aid (IMM-1130) Frozen Vaccine Transport Log (IMM-1116) Vaccine Management Plan (IMM-1122) Provider Operations Manual (IMM-1248) Chapter 3

Requirement	Summary	Resources/Job Aids
VFC Eligibility Screening & Documentation	In order for children to receive vaccines through the VFC Program, providers must screen for and document VFC Program eligibility in the child's permanent medical record — at each immunization visit. Follow VFC Program requirements for patient eligibility screening and documentation: • Screen all children from birth through 18 years of age for VFC eligibility (Medi-Cal eligible, uninsured, American Indian/Alaska Native, and underinsured children seen at a FQHC or RHC) prior to vaccine administration—at every immunization visit. • Document all elements of VFC's "Patient Eligibility Screening Record" form, including the screening date, VFC eligibility (Y/N), and any eligibility criterion (or criteria) if met. • Keep all VFC eligibility records on file for three years.	VFC Patient Eligibility Screening Record form (IMM-1111) VFC's Who's Eligible flier (IMM-1088) VFC Eligibility & Documentation Requirements (IMM-1161) Provider Operations Manual (IMM-1248) Chapter 2
ACIP Recommendations & Standards	The VFC Program entitles eligible children to all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). As a VFC Program participant, your practice is also required to ensure that VFC-eligible children have access to ACIP-recommended vaccines not routinely administered, such as Meningococcal Group B (MenB) and Pneumococcal polysaccharide (PPSV23) vaccines and make them available when indicated or requested. Follow VFC Program requirements: • Comply with recommendations about immunization schedules, dosages, and contraindications as established by the ACIP and included in the VFC Program. Offer all age-appropriate vaccines according to patient populations served. • Administer VFC-supplied vaccines only to children who meet VFC eligibility criteria. • Distribute the current Vaccine Information Statements (VIS) before vaccine administration. • Maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS). • Acknowledge that revaccination is recommended if non-viable vaccines have been administered to patients. Record information about each immunization given, including: • the name of the vaccine • the date it was given • the route and administration site • the lot number and manufacturer • the name and title of the person who administered it • the practice's name and address • the VIS publication date and date VIS was provided	CDC Recommended Immunization Schedules Non-Routine Vaccine Availability Plan (IMM-1263) Instructions for using VIS Current Vaccine Information Statements VAERS and VERP flyer (IMM-1153) Provider Operations Manual (IMM-1248) Chapter 1

Requirement	Summary	Resources/Job Aids
Vaccine Administration ***UPDATED!***	Administer all VFC-supplied vaccines at the approved practice address for the VFC PIN; do not refer patients to other facilities where they might be charged for vaccine administration. (**For VFC-approved outreach clinics:** Special event clinics, health fairs, special school clinics, and mass vaccination clinics require prior approval from the VFC Program at least 4 weeks before the scheduled event; frozen vaccines may not be administered off-site; the practice must submit a summary report that includes doses administered within 15 days after the end of the clinic.) Recommend non-routine, ACIP-recommended vaccines when indicated or when requested. Acknowledge and follow VFC Program and manufacturer guidance, including revaccination, if non-viable vaccines have been administered to patients. Document all VFC vaccine doses administered using an immunization registry, the VFC Daily Usage Log, Flu Usage Log, or equivalent electronic or paper form.	Daily Usage Log (IMM-1053) Flu Usage Log (IMM-1053F) Provider Operations Manual (IMM-1248) Chapter 2
Billing for Vaccine Administration	Immunize all VFC-eligible children with VFC-supplied vaccines at no charge to the patient for vaccines. Do not deny vaccine administration because the parent/guardian is unable to pay the administration fee. Providers may charge VFC-eligible children not covered by Medi-Cal (i.e. uninsured, American Indian/Alaska Natives, and underinsured children seen at a FQHC or RHC) up to the current federal maximum regional administration charge of $26.03 per dose (not antigen) of vaccine. **For non Medi-Cal, VFC-eligible children:** Waive the administration fee if the parent/guardian is unable to pay. Never bill parents who are unable to pay the waived administration fees. **For Medi-Cal children**: Bill Medi-Cal for vaccine administration fees and accept reimbursement rates set by Medi-Cal or the contracted Medi-Cal health plans. Never bill the difference between Medi-Cal's administration fee and the administration fee cap to the parent/guardian. Note: Pharmacies, urgent care and other specialty VFC providers agree to vaccinate all "walk-in" VFC-eligible children and not refuse to vaccinate these children based on a parent's inability to pay the administration fee.	Provider Operations Manual (IMM-1248) Chapter 2
Program Enrollment, Recertification, Withdrawal, & Termination	Prospective providers must specify key practice staff; complete necessary training requirements; download and review job aids; comply with storage unit requirements; and complete and submit the online Provider Enrollment Form. Each year the Provider of Record must recertify their participation in the VFC Program by updating their information, completing required EZIZ training, and signing new requirement agreements. Failure to recertify will lead to termination. A waiting period to request re-enrollment will apply. Providers may voluntarily withdraw from the VFC Program. The VFC Program also may terminate a VFC "Provider Agreement" and remove the provider from the VFC Program for failure to comply with program requirements. In both cases, the Provider of Record must return spoiled/expired viable vaccine or transfer all unused VFC-supplied vaccines. Enrolled providers are responsible for all VFC-supplied vaccines in their practice until their Provider Agreement has been officially terminated.	http://eziz.org/vfc/enrollment/ http://eziz.org/vfc/provider-requirements/recertification/ Participation Withdrawal Request Form Provider Operations Manual (IMM-1248) Chapter 1

Fraud & Abuse	Providers agree to participate in a manner intended to avoid fraud and abuse. Fraud and/or abuse of VFC-supplied vaccines will require restitution and may lead to termination from the VFC Program. • Fraud is an intentional deception or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to himself or other person. Fraud results in a financial gain for the provider but with an inadvertent cost to the VFC Program. • Abuse is a provider practice inconsistent with sound fiscal, business, or medical practice which results in unnecessary costs to the Medicaid program. Abuse results in inadvertent costs to the VFC Program and consists of any actions that lead to negligent loss. Providers agree to replace all vaccines deemed non-viable due to provider negligence.	Provider Operations Manual (IMM-1248) Chapter 5
Documentation & Record Retention Requirements	Maintain all paper-based and electronic records related to the VFC Program for a minimum of three (3) years. Make records available to public health officials, including local health jurisdictions, CA Dept. of Public Health, and Department of Health and Human Services, upon request. Records includes patient screening/eligibility verification, temperature logs, vaccine ordering records, medical records which verify vaccine administration, vaccine purchase and accountability records, VFC training records, vaccine management plan, recertification forms, etc.	Provider Operations Manual (IMM-1248) Chapter 5
Site Visits ***UPDATED!***	Enrolled providers agree to site visits from VFC Program staff, including scheduled compliance visits, unannounced storage and handling visits, and visits for educational and programmatic support. Providers must immediately report changes in their practice address or account ownership, which may require additional follow-up. Unannounced storage and handling visits serve as spot checks to ensure VFC-supplied vaccines are administered to VFC-eligible children and are managed and stored according to VFC Program requirements. Provider of Record or the Designee must sign and acknowledge receipt of site visit findings and agree to complete required follow up within specified periods.	Provider Operations Manual (IMM-1248) Chapter 5
Program Integrity	Clinic staff must conduct themselves in an ethical, professional, and respectful manner in all interactions with VFC Program staff. Never destroy, alter, or falsify immunization or VFC Program-related records. Make all vaccine administration records (privately and publicly funded) available to representatives from the California Department of Public Health Immunization Branch and the VFC Program. Comply with all mandatory corrective actions and the timeline provided by the VFC Program. Unresolved mandatory corrective actions may result in prevention of completion of recertification process and/or placement on a conditional enrollment. Failure to complete required recertification may lead to program termination. Acknowledge that failure to meet conditional enrollment conditions may lead to permanent termination from the VFC Program.	

Recommended Child and Adolescent Immunization Schedule
for ages 18 years or younger

UNITED STATES
2022

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
Dengue vaccine	**DEN4CYD**	Dengvaxia®
Diphtheria, tetanus, and acellular pertussis vaccine	**DTaP**	Daptacel® Infanrix®
Diphtheria, tetanus vaccine	**DT**	No trade name
Haemophilus influenzae type b vaccine	**Hib (PRP-T)** **Hib (PRP-OMP)**	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	**HepA**	Havrix® Vaqta®
Hepatitis B vaccine	**HepB**	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	**HPV**	Gardasil 9®
Influenza vaccine (inactivated)	**IIV4**	Multiple
Influenza vaccine (live, attenuated)	**LAIV4**	FluMist® Quadrivalent
Measles, mumps, and rubella vaccine	**MMR**	M-M-R II®
Meningococcal serogroups A, C, W, Y vaccine	**MenACWY-D**	Menactra®
	MenACWY-CRM	Menveo®
	MenACWY-TT	MenQuadfi®
Meningococcal serogroup B vaccine	**MenB-4C**	Bexsero®
	MenB-FHbp	Trumenba®
Pneumococcal 13-valent conjugate vaccine	**PCV13**	Prevnar 13®
Pneumococcal 23-valent polysaccharide vaccine	**PPSV23**	Pneumovax 23®
Poliovirus vaccine (inactivated)	**IPV**	IPOL®
Rotavirus vaccine	**RV1** **RV5**	Rotarix® RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	**Tdap**	Adacel® Boostrix®
Tetanus and diphtheria vaccine	**Td**	Tenivac® Tdvax™
Varicella vaccine	**VAR**	Varivax®
Combination vaccines *(use combination vaccines instead of separate injections when appropriate)*		
DTaP, hepatitis B, and inactivated poliovirus vaccine	**DTaP-HepB-IPV**	Pediarix®
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	**DTaP-IPV/Hib**	Pentacel®
DTaP and inactivated poliovirus vaccine	**DTaP-IPV**	Kinrix® Quadracel®
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine	**DTaP-IPV-Hib-HepB**	Vaxelis®
Measles, mumps, rubella, and varicella vaccine	**MMRV**	ProQuad®

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

How to use the child and adolescent immunization schedule

1 Determine recommended vaccine by age **(Table 1)**

2 Determine recommended interval for catch-up vaccination **(Table 2)**

3 Assess need for additional recommended vaccines by medical condition or other indication **(Table 3)**

4 Review vaccine types, frequencies, intervals, and considerations for special situations **(Notes)**

5 Review contraindications and precautions for vaccine types **(Appendix)**

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), American Academy of Physician Associates (www.aapa.org), and National Association of Pediatric Nurse Practitioners (www.napnap.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays

Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html

Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- *General Best Practice Guidelines for Immunization* (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual
- ACIP Shared Clinical Decision-Making Recommendations www.cdc.gov/vaccines/acip/acip-scdm-faqs.html

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

Scan QR code for access to online schedule

CS310020-A

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1st dose	◄---- 2nd dose ----►			◄---------- 3rd dose ----------►												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose			◄---- 4th dose ----►				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes		◄-- 3rd or 4th dose, See Notes --►										
Pneumococcal conjugate (PCV13)			1st dose	2nd dose	3rd dose		◄---- 4th dose ----►										
Inactivated poliovirus (IPV <18 yrs)			1st dose	2nd dose	◄---------- 3rd dose ----------►							4th dose					
Influenza (IIV4)					Annual vaccination 1 or 2 doses								or	Annual vaccination 1 dose only			
or																	
Influenza (LAIV4)											Annual vaccination 1 or 2 doses			Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes		◄---- 1st dose ----►					2nd dose					
Varicella (VAR)							◄---- 1st dose ----►					2nd dose					
Hepatitis A (HepA)					See Notes		2-dose series, See Notes										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)														See Notes			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes											1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes			
Pneumococcal polysaccharide (PPSV23)											See Notes						
Dengue (DEN4CYD; 9-16 yrs)														Seropositive in endemic areas only (See Notes)			

Range of recommended ages for all children

Range of recommended ages for catch-up vaccination

Range of recommended ages for certain high-risk groups

Recommended vaccination can begin in this age group

Recommended vaccination based on shared clinical decision-making

No recommendation/ not applicable

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2022

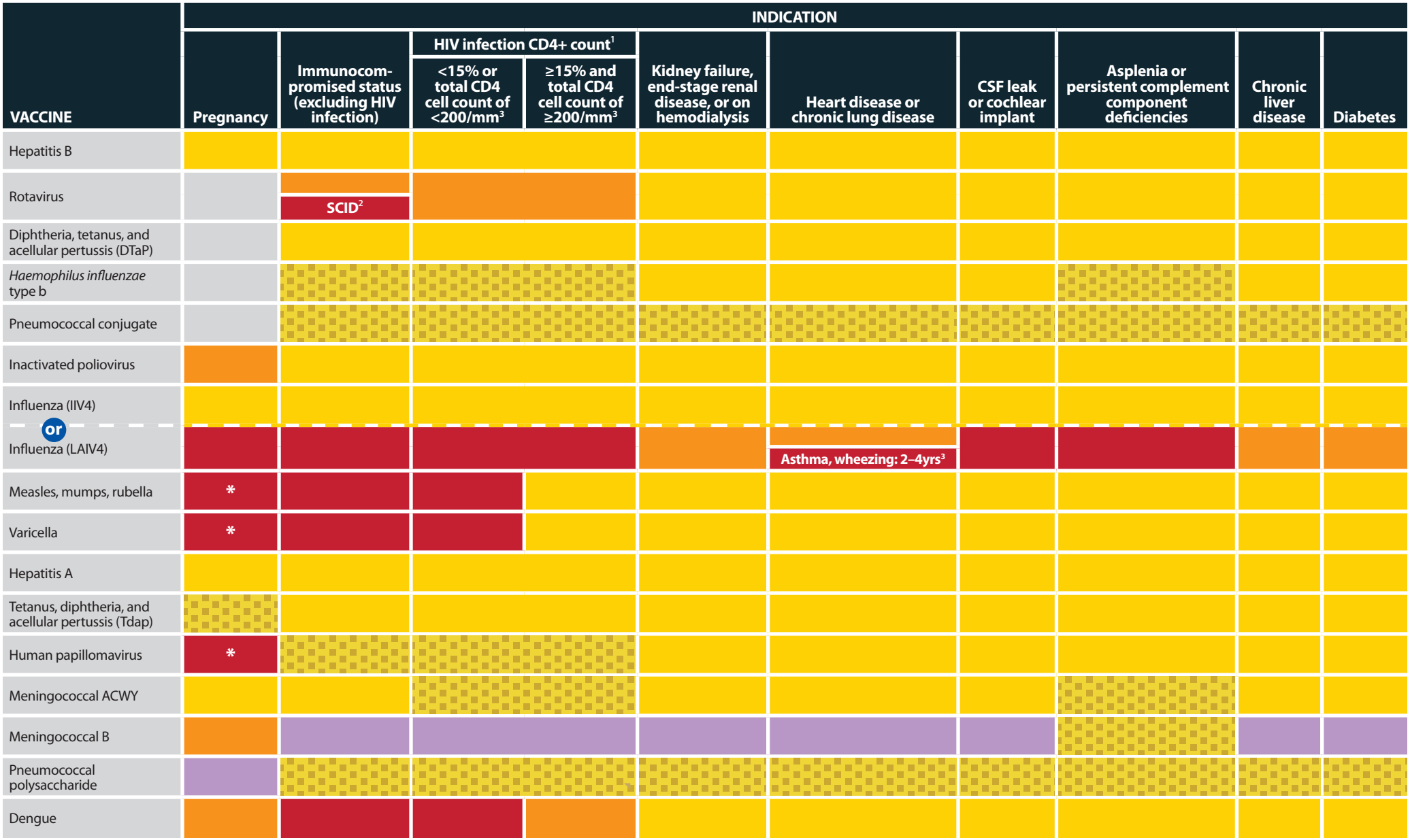
The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Children age 4 months through 6 years					
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose** minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks** maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months**
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months.	**No further doses needed** if previous dose was administered at age 15 months or older **4 weeks** if current age is younger than 12 months ***and*** first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib®, Pentacel®, Hiberix®), Vaxelis® or unknown **8 weeks *and* age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; OR if both doses were PedvaxHIB® and were administered before the 1st birthday	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older **4 weeks** if current age is younger than 12 months and previous dose was administered at <7 months old **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years **6 months (as final dose)** if current age is 4 years or older	**6 months (minimum age 4 years for final dose)**	
Measles, mumps, rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks** if first dose of DTaP/DT was administered before the 1st birthday **6 months (as final dose)** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	**6 months** if first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	**Routine dosing intervals are recommended.**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older			
Dengue	9 years	**6 months**	6 months		

Table 3

Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2022

Always use this table in conjunction with Table 1 and the Notes that follow.



1 For additional information regarding HIV laboratory parameters and use of live vaccines, see the *General Best Practice Guidelines for Immunization*, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
2 Severe Combined Immunodeficiency
3 LAIV4 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

Notes

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

For vaccination recommendations for persons ages 19 years or older, see the Recommended Adult Immunization Schedule, 2022.

Additional information

COVID-19 Vaccination

COVID-19 vaccines are recommended for use within the scope of the Emergency Use Authorization or Biologics License Application for the particular vaccine. ACIP recommendations for the use of COVID-19 vaccines can be found at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html**.**

CDC's interim clinical considerations for use of COVID-19 vaccines can be found at www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html**.**

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as "through."
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age appropriate. **The repeat dose should be spaced after the invalid dose by the recommended minimum interval.** For further details, see Table 3-1, Recommended and minimum ages and intervals between vaccine doses, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccination requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31st ed. Itasca, IL: American Academy of Pediatrics; 2018:67–111).
- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see www.hrsa.gov/vaccinecompensation/index.html.

Dengue vaccination (minimum age: 9 years)

Routine vaccination

- Age 9–16 years living in dengue endemic areas **AND** have laboratory confirmation of previous dengue infection
  - 3-dose series administered at 0, 6, and 12 months
- Endemic areas include Puerto Rico, American Samoa, US Virgin Islands, Federated States of Micronesia, Republic of Marshall Islands, and the Republic of Palau. For updated guidance on dengue endemic areas and pre-vaccination laboratory testing see www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.htm?s_cid=rr7006a1_w and www.cdc.gov/dengue/vaccine/hcp/index.html

Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix® or Quadracel®])

Routine vaccination

- 5-dose series at age 2, 4, 6, 15–18 months, 4–6 years
  - **Prospectively:** Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
  - **Retrospectively:** A 4th dose that was inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

Special situations

- Wound management in children less than age 7 years with history of 3 or more doses of tetanus-toxoid-containing vaccine: For all wounds except clean and minor wounds, administer DTaP if more than 5 years since last dose of tetanus-toxoid-containing vaccine. For detailed information, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm.

Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

Routine vaccination

- **ActHIB®, Hiberix®, Pentacel®, or Vaxelis®:** 4-dose series (3 dose primary series at age 2, 4, and 6 months, followed by a booster dose* at age 12–15 months)
  - *Vaxelis® is not recommended for use as a booster dose. A different Hib-containing vaccine should be used for the booster dose.
- **PedvaxHIB®:** 3-dose series (2-dose primary series at age 2 and 4 months, followed by a booster dose at age 12–15 months)

Catch-up vaccination

- **Dose 1 at age 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at age 12–15 months or 8 weeks after dose 2 (whichever is later).
- **Dose 1 at age 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
- **Dose 1 before age 12 months and dose 2 before age 15 months:** Administer dose 3 (final dose) at least 8 weeks after dose 2.
- **2 doses of PedvaxHIB® before age 12 months:** Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- **1 dose administered at age 15 months or older:** No further doses needed
- **Unvaccinated at age 15–59 months:** Administer 1 dose.
- **Previously unvaccinated children age 60 months or older who are not considered high risk:** Do not require catch-up vaccination

For other catch-up guidance, see Table 2. Vaxelis® can be used for catch-up vaccination in children less than age 5 years. Follow the catch-up schedule even if Vaxelis® is used for one or more doses. For detailed information on use of Vaxelis® see www.cdc.gov/mmwr/volumes/69/wr/mm6905a5.htm.

Special situations

- **Chemotherapy or radiation treatment:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.
- **Hematopoietic stem cell transplant (HSCT):**
  - 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of Hib vaccination history
- **Anatomic or functional asplenia (including sickle cell disease):**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Unvaccinated persons age 5 years or older*
  - 1 dose
- **Elective splenectomy:**
  Unvaccinated persons age 15 months or older*
  - 1 dose (preferably at least 14 days before procedure)
- **HIV infection:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Unvaccinated persons age 5–18 years*
  - 1 dose
- **Immunoglobulin deficiency, early component complement deficiency:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

**Unvaccinated* = Less than routine series (through age 14 months) OR no doses (age 15 months or older)*

Notes

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

Hepatitis A vaccination
(minimum age: 12 months for routine vaccination)

Routine vaccination
- 2-dose series (minimum interval: 6 months) at age 12–23 months

Catch-up vaccination
- Unvaccinated persons through age 18 years should complete a 2-dose series (minimum interval: 6 months).
- Persons who previously received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1.
- Adolescents age 18 years or older may receive the combined HepA and HepB vaccine, **Twinrix®**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months).

International travel
- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (www.cdc.gov/travel/):
  - **Infants age 6–11 months**: 1 dose before departure; revaccinate with 2 doses, separated by at least 6 months, between age 12–23 months.
  - **Unvaccinated age 12 months or older**: Administer dose 1 as soon as travel is considered.

Hepatitis B vaccination
(minimum age: birth)

Birth dose (monovalent HepB vaccine only)
- **Mother is HBsAg-negative:**
  - **All** medically stable infants ≥2,000 grams: 1 dose within 24 hours of birth
  - Infants <2,000 grams: Administer 1 dose at chronological age 1 month or hospital discharge (whichever is earlier and even if weight is still <2,000 grams).
- **Mother is HBsAg-positive:**
  - Administer **HepB vaccine** and **hepatitis B immune globulin (HBIG)** (in separate limbs) within 12 hours of birth, regardless of birth weight. For infants <2,000 grams, administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
  - Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose.
- **Mother's HBsAg status is unknown:**
  - Administer **HepB vaccine** within 12 hours of birth, regardless of birth weight.
  - For infants <2,000 grams, administer **HBIG** in addition to HepB vaccine (in separate limbs) within 12 hours of birth. Administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
  - Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, administer **HBIG** to infants ≥2,000 grams as soon as possible, but no later than 7 days of age.

Routine series
- 3-dose series at age 0, 1–2, 6–18 months (use monovalent HepB vaccine for doses administered before age 6 weeks)
- Infants who did not receive a birth dose should begin the series as soon as feasible (see Table 2).
- Administration of **4 doses** is permitted when a combination vaccine containing HepB is used after the birth dose.
- **Minimum age** for the final (3rd or 4th) dose: 24 weeks
- **Minimum intervals:** dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks (when 4 doses are administered, substitute "dose 4" for "dose 3" in these calculations)

Catch-up vaccination
- Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months.
- Adolescents age 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation **Recombivax HB®** only).
- Adolescents age 18 years or older may receive a 2-dose series of HepB **(Heplisav-B®)** at least 4 weeks apart.
- Adolescents age 18 years or older may receive the combined HepA and HepB vaccine, **Twinrix®**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months).
- For other catch-up guidance, see Table 2.

Special situations
- Revaccination is not generally recommended for persons with a normal immune status who were vaccinated as infants, children, adolescents, or adults.
- **Post-vaccination serology testing and revaccination** (if anti-HBs < 10mIU/mL) is recommended for certain populations, including:
  - **Infants born to HBsAg-positive mothers**
  - **Hemodialysis patients**
  - **Other immunocompromised persons**

For detailed revaccination recommendations, see www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html.

Human papillomavirus vaccination
(minimum age: 9 years)

Routine and catch-up vaccination
- HPV vaccination routinely recommended at **age 11–12 years (can start at age 9 years)** and catch-up HPV vaccination recommended for all persons through age 18 years if not adequately vaccinated
- 2- or 3-dose series depending on age at initial vaccination:
  - **Age 9–14 years at initial vaccination**: 2-dose series at 0, 6–12 months (minimum interval: 5 months; repeat dose if administered too soon)
  - **Age 15 years or older at initial vaccination**: 3-dose series at 0, 1–2 months, 6 months (minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 5 months; repeat dose if administered too soon)
- **Interrupted schedules:** If vaccination schedule is interrupted, the series does not need to be restarted.
- No additional dose recommended when any HPV vaccine series has been completed using the recommended dosing intervals.

Special situations
- **Immunocompromising conditions, including HIV infection:** 3-dose series, even for those who initiate vaccination at age 9 through 14 years.
- **History of sexual abuse or assault:** Start at age 9 years.
- **Pregnancy:** Pregnancy testing not needed before vaccination; HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant

Influenza vaccination
(minimum age: 6 months [IIV], 2 years [LAIV4], 18 years [recombinant influenza vaccine, RIV4])

Routine vaccination
- Use any influenza vaccine appropriate for age and health status annually:
  - 2 doses, separated by at least 4 weeks, for **children age 6 months–8 years** who have received fewer than 2 influenza vaccine doses before July 1, 2021, or whose influenza vaccination history is unknown (administer dose 2 even if the child turns 9 between receipt of dose 1 and dose 2)
  - 1 dose for **children age 6 months–8 years** who have received at least 2 influenza vaccine doses before July 1, 2021
  - 1 dose for **all persons age 9 years or older**
- For the 2021-2022 season, see www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm.
- For the 2022–23 season, see the 2022–23 ACIP influenza vaccine recommendations.

Special situations
- **Egg allergy, hives only**: Any influenza vaccine appropriate for age and health status annually
- **Egg allergy with symptoms other than hives** (e.g., angioedema, respiratory distress) or required epinephrine or another emergency medical intervention: see Appendix listing contraindications and precautions
- **Severe allergic reaction (e.g., anaphylaxis) to a vaccine component or a previous dose of any influenza vaccine:** see Appendix listing contraindications and precautions

Measles, mumps, and rubella vaccination
(minimum age: 12 months for routine vaccination)

Routine vaccination
- 2-dose series at age 12–15 months, age 4–6 years
- MMR or MMRV may be administered

Note: For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV may be used if parents or caregivers express a preference.

Catch-up vaccination
- Unvaccinated children and adolescents: 2-dose series at least 4 weeks apart
- The maximum age for use of MMRV is 12 years.
- Minimum interval between MMRV doses: 3 months

Special situations
International travel
- **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2-dose series at age 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.
- **Unvaccinated children age 12 months or older:** 2-dose series at least 4 weeks apart before departure

Notes

Meningococcal serogroup A,C,W,Y vaccination (minimum age: 2 months [MenACWY-CRM, Menveo], 9 months [MenACWY-D, Menactra], 2 years [MenACWY-TT, MenQuadfi])

Routine vaccination

- 2-dose series at age 11–12 years; 16 years

Catch-up vaccination

- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years: 1 dose

Special situations

Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:

- **Menveo**
  - Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6 and 12 months)
  - Dose 1 at age 3–6 months: 3- or 4- dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)
  - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
  - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart
- **Menactra**
  - **Persistent complement component deficiency or complement inhibitor use:**
    - Age 9–23 months: 2-dose series at least 12 weeks apart
    - Age 24 months or older: 2-dose series at least 8 weeks apart
  - **Anatomic or functional asplenia, sickle cell disease, or HIV infection:**
    - Age 9–23 months: Not recommended
    - Age 24 months or older: 2-dose series at least 8 weeks apart
    - **Menactra®** must be administered at least 4 weeks after completion of PCV13 series.
- **MenQuadfi®**
  - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart

Travel in countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (www.cdc.gov/travel/)**:**

- Children less than age 24 months:
  - **Menveo® (age 2–23 months)**
    - Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6 and 12 months)
    - Dose 1 at age 3–6 months: 3- or 4- dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)
    - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
  - **Menactra® (age 9–23 months)**
    - 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)
- Children age 2 years or older: 1 dose Menveo®, Menactra®, or MenQuadfi®

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:

- 1 dose **Menveo®, Menactra®,** or **MenQuadfi®**

Adolescent vaccination of children who received MenACWY prior to age 10 years:

- **Children for whom boosters are recommended** because of an ongoing increased risk of meningococcal disease (e.g., those with complement deficiency, HIV, or asplenia): Follow the booster schedule for persons at increased risk.
- **Children for whom boosters are not recommended** (e.g., a healthy child who received a single dose for travel to a country where meningococcal disease is endemic): Administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.

Note: Menactra® should be administered either before or at the same time as DTaP. MenACWY vaccines may be administered simultaneously with MenB vaccines if indicated, but at a different anatomic site, if feasible.

For MenACWY **booster dose recommendations** for groups listed under "Special situations" and in an outbreak setting and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

Meningococcal serogroup B vaccination (minimum age: 10 years [MenB-4C, Bexsero®; MenB-FHbp, Trumenba®])

Shared clinical decision-making

- **Adolescents not at increased risk** age 16–23 years (preferred age 16–18 years) based on shared clinical decision-making:
  - **Bexsero®:** 2-dose series at least 1 month apart
  - **Trumenba®:** 2-dose series at least 6 months apart; if dose 2 is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2.

Special situations

Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:

- **Bexsero®:** 2-dose series at least 1 month apart
- **Trumenba®:** 3-dose series at 0, 1–2, 6 months

Note: Bexsero® and **Trumenba®** are not interchangeable; the same product should be used for all doses in a series.

For MenB **booster dose recommendations** for groups listed under "Special situations" and in an outbreak setting and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

Pneumococcal vaccination (minimum age: 6 weeks [PCV13], 2 years [PPSV23])

Routine vaccination with PCV13

- 4-dose series at age 2, 4, 6, 12–15 months

Catch-up vaccination with PCV13

- 1 dose for healthy children age 24–59 months with any incomplete* PCV13 series
- For other catch-up guidance, see Table 2.

Special situations

Underlying conditions below: When both PCV13 and PPSV23 are indicated, administer PCV13 first. PCV13 and PPSV23 should not be administered during same visit.

Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma treated with high-dose, oral corticosteroids); diabetes mellitus:

Age 2–5 years

- Any incomplete* series with:
  - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
  - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after completing all recommended PCV13 doses)

Age 6–18 years

- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after completing all recommended PCV13 doses)

Cerebrospinal fluid leak, cochlear implant:

Age 2–5 years

- Any incomplete* series with:
  - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
  - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

Age 6–18 years

- No history of either PCV13 or PPSV23: 1 dose PCV13, 1 dose PPSV23 at least 8 weeks later
- Any PCV13 but no PPSV23: 1 dose PPSV23 at least 8 weeks after the most recent dose of PCV13
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent dose of PPSV23

Sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation; multiple myeloma:

Age 2–5 years

- Any incomplete* series with:
  - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
  - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose) and a dose 2 of PPSV23 5 years later

Age 6–18 years

- No history of either PCV13 or PPSV23: 1 dose PCV13, 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- Any PCV13 but no PPSV23: 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after the most recent dose of PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent PPSV23 dose and a dose 2 of PPSV23 administered 5 years after dose 1 of PPSV23 and at least 8 weeks after a dose of PCV13

Notes

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Chronic liver disease, alcoholism:
Age 6–18 years
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

**Incomplete series* = Not having received all doses in either the recommended series or an age-appropriate catch-up series See Tables 8, 9, and 11 in the ACIP pneumococcal vaccine recommendations (www.cdc.gov/mmwr/pdf/rr/rr5911.pdf) for complete schedule details.

Poliovirus vaccination (minimum age: 6 weeks)

Routine vaccination
- 4-dose series at ages 2, 4, 6–18 months, 4–6 years; administer the final dose on or after age 4 years and at least 6 months after the previous dose.
- 4 or more doses of IPV can be administered before age 4 years when a combination vaccine containing IPV is used. However, a dose is still recommended on or after age 4 years and at least 6 months after the previous dose.

Catch-up vaccination
- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- IPV is not routinely recommended for U.S. residents age 18 years or older.

Series containing oral polio vaccine (OPV), either mixed OPV-IPV or OPV-only series:
- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_%20cid=mm6601a6_w.
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements.
  - Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign).
  - Doses of OPV administered on or after April 1, 2016, should not be counted.
  - For guidance to assess doses documented as "OPV," see www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w.
- For other catch-up guidance, see Table 2.

Rotavirus vaccination (minimum age: 6 weeks)

Routine vaccination
- **Rotarix®:** 2-dose series at age 2 and 4 months
- **RotaTeq®:** 3-dose series at age 2, 4, and 6 months
- If any dose in the series is either **RotaTeq®** or unknown, default to 3-dose series.

Catch-up vaccination
- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 0 days.
- For other catch-up guidance, see Table 2.

Tetanus, diphtheria, and pertussis (Tdap) vaccination (minimum age: 11 years for routine vaccination, 7 years for catch-up vaccination)

Routine vaccination
- **Adolescents age 11–12 years:** 1 dose Tdap
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36.
- Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination
- **Adolescents age 13–18 years who have not received Tdap:** 1 dose Tdap, then Td or Tdap booster every 10 years
- **Persons age 7–18 years not fully vaccinated* with DTaP:** 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.
- **Tdap administered at age 7–10 years:**
  - **Children age 7–9 years** who receive Tdap should receive the routine Tdap dose at age 11–12 years.
  - **Children age 10 years** who receive Tdap do not need the routine Tdap dose at age 11–12 years.
- **DTaP inadvertently administered on or after age 7 years**:
  - **Children age 7–9 years**: DTaP may count as part of catch-up series. Administer routine Tdap dose at age 11–12 years.
  - **Children age 10–18 years**: Count dose of DTaP as the adolescent Tdap booster.
- For other catch-up guidance, see Table 2.

Special situations
- **Wound management** in persons age 7 years or older with history of 3 or more doses of tetanus-toxoid-containing vaccine: For clean and minor wounds, administer Tdap or Td if more than 10 years since last dose of tetanus-toxoid-containing vaccine; for all other wounds, administer Tdap or Td if more than 5 years since last dose of tetanus-toxoid-containing vaccine. Tdap is preferred for persons age 11 years or older who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid-containing vaccine is indicated for a pregnant adolescent, use Tdap.
- For detailed information, see www.cdc.gov/mmwr/volumes/69/wr/mm6903a5.htm.

**Fully vaccinated* = 5 valid doses of DTaP OR 4 valid doses of DTaP if dose 4 was administered at age 4 years or older

Varicella vaccination (minimum age: 12 months)

Routine vaccination
- 2-dose series at age 12–15 months, 4–6 years
- VAR or MMRV may be administered*
- Dose 2 may be administered as early as 3 months after dose 1 (a dose inadvertently administered after at least 4weeks may be counted as valid)

*****Note****: For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV may be used if parents or caregivers express a preference.

Catch-up vaccination
- Ensure persons age 7–18 years without evidence of immunity (see *MMWR* at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have a 2-dose series:
  - **Age 7–12 years**: routine interval: 3 months (a dose inadvertently administered after at least 4 weeks may be counted as valid)
  - **Age 13 years and older**: routine interval: 4–8 weeks (minimum interval: 4 weeks)
  - The maximum age for use of MMRV is 12 years.

Appendix Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

Guide to Contraindications and Precautions to Commonly Used Vaccines

Adapted from Table 4-1 in Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines for Immunization: Contraindication and Precautions available at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html *and ACIP's Recommendations for the Prevention and Control of 2021-22 seasonal influenza with Vaccines available at* www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm.

Interim clinical considerations for use of COVID-19 vaccines including contraindications and precautions can be found at
www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

Vaccine	Contraindications[1]	Precautions[2]
Influenza, egg-based, inactivated injectable (IIV4)	• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (e.g., anaphylaxis) to any vaccine component[3] (excluding egg)	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with egg allergy with symptoms other than hives (e.g., angioedema, respiratory distress) or required epinephrine or another emergency medical intervention: Any influenza vaccine appropriate for age and health status may be administered. If using egg-based IIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever
Influenza, cell culture-based inactivated injectable [(ccIIV4), Flucelvax® Quadrivalent]	• Severe allergic reaction (e.g., anaphylaxis) to any ccIIV of any valency, or to any component[3] of ccIIV4	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, RIV, or LAIV of any valency. If using ccIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever
Influenza, recombinant injectable [(RIV4), Flublok® Quadrivalent]	• Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component[3] of RIV4	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg- based IIV, ccIIV, or LAIV of any valency. If using RIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Moderate or severe acute illness with or without fever
Influenza, live attenuated [LAIV4, Flumist® Quadrivalent]	• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV of any valency) • Severe allergic reaction (e.g., anaphylaxis) to any vaccine component[3] (excluding egg) • Children age 2 – 4 years with a history of asthma or wheezing • Anatomic or functional asplenia • Immunocompromised due to any cause including, but not limited to, medications and HIV infection • Close contacts or caregivers of severely immunosuppressed persons who require a protected environment • Pregnancy • Cochlear implant • Active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, ear or any other cranial CSF leak • Children and adolescents receiving aspirin or salicylate-containing medications • Received influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine • Asthma in persons aged 5 years old or older • Persons with egg allergy with symptoms other than hives (e.g., angioedema, respiratory distress) or required epinephrine or another emergency medical intervention: Any influenza vaccine appropriate for age and health status may be administered. If using LAIV4 (which is egg based), administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist. • Persons with underlying medical conditions (other than those listed under contraindications) that might predispose to complications after wild-type influenza virus infection [e.g., chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)] • Moderate or severe acute illness with or without fever

1. When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html
3. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states

Appendix

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

Vaccine	Contraindications[1]	Precautions[2]
Dengue (DEN4CYD)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long- term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised)	• Pregnancy • HIV infection without evidence of severe immunosuppression • Moderate or severe acute illness with or without fever
Diphtheria, tetanus, pertussis (DTaP) Tetanus, diphtheria (DT)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • For DTaP only: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP or DTaP	• Guillain-Barré syndrome (GBS) within 6 weeks after previous dose of tetanus-toxoid–containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid— containing or tetanus-toxoid– containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid- containing vaccine • For DTaP only: Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP until neurologic status clarified and stabilized • Moderate or severe acute illness with or without fever
Haemophilus influenzae type b (Hib)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • For Hiberix, ActHib, and PedvaxHIB only: History of severe allergic reaction to dry natural latex • Less than age 6 weeks	• Moderate or severe acute illness with or without fever
Hepatitis A (HepA)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] including neomycin	• Moderate or severe acute illness with or without fever
Hepatitis B (HepB)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] including yeast • For Heplisav-B only: Pregnancy	• Moderate or severe acute illness with or without fever
Hepatitis A- Hepatitis B vaccine [HepA-HepB, (Twinrix®)]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] including neomycin and yeast	• Moderate or severe acute illness with or without fever
Human papillomavirus (HPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Pregnancy • Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent	• Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing • Moderate or severe acute illness with or without fever
Meningococcal ACWY (MenACWY) [MenACWY-CRM (Menveo®); MenACWY-D (Menactra®); MenACWY-TT (MenQuadfi®)]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • For MenACWY-D and Men ACWY-CRM only: severe allergic reaction to any diphtheria toxoid– or CRM197–containing vaccine • For MenACWY-TT only: severe allergic reaction to a tetanus toxoid-containing vaccine	• For MenACWY-CRM only: Preterm birth if less than age 9 months • Moderate or severe acute illness with or without fever
Meningococcal B (MenB) [MenB-4C (Bexsero®); MenB-FHbp (Trumenba®)]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Pregnancy • For MenB-4C only: Latex sensitivity • Moderate or severe acute illness with or without fever
Pneumococcal conjugate (PCV13)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe allergic reaction (e.g., anaphylaxis) to any diphtheria-toxoid– containing vaccine or its component[3]	• Moderate or severe acute illness with or without fever
Pneumococcal polysaccharide (PPSV23)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Moderate or severe acute illness with or without fever
Poliovirus vaccine, inactivated (IPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3]	• Pregnancy • Moderate or severe acute illness with or without fever
Rotavirus (RV) [RV1 (Rotarix®), RV5 (RotaTeq®)]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe combined immunodeficiency (SCID) • History of intussusception	• Altered immunocompetence other than SCID • Chronic gastrointestinal disease • RV1 only: Spina bifida or bladder exstrophy • Moderate or severe acute illness with or without fever
Tetanus, diphtheria, and acellular pertussis (Tdap) Tetanus, diphtheria (Td)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • For Tdap only: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of previous dose of DTP, DTaP, or Tdap	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus-toxoid–containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid— containing or tetanus-toxoid– containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid– containing vaccine • For Tdap only: Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized • Moderate or severe acute illness with or without fever
Varicella (VAR)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component[3] • Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long- term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Pregnancy • Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent	• Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) • Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination) • Use of aspirin or aspirin-containing products • Moderate or severe acute illness with or without fever

1. When a contraindication is present, a vaccine should NOT be administered. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html
2. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Kroger A, Bahta L, Hunter P. ACIP General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html
3. Vaccination providers should check FDA-approved prescribing information for the most complete and updated information, including contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states.

Cuestionario de contraindicaciones para vacunación de niños y adolescentes

NOMBRE DEL PACIENTE _____

FECHA DE NACIMIENTO ____/____/____
mes día año

A los padres/tutores: Las siguientes preguntas nos ayudarán a determinar cuáles vacunas le podremos administrar a su hijo hoy. Si responde "sí" a alguna pregunta, no necesariamente significa que no se debe vacunar a su hijo. Simplemente quiere decir que hay que hacerle más preguntas. Si alguna pregunta no está clara, solicítele a su proveedor de atención médica que se la explique.

	sí	no	no sé
1. ¿El niño está enfermo hoy?	☐	☐	☐
2. ¿El niño es alérgico a algún medicamento, alimento, componente de vacunas o al látex?	☐	☐	☐
3. ¿El niño ha tenido alguna reacción seria a una vacuna en el pasado?	☐	☐	☐
4. ¿El niño tiene algún problema de salud crónico en los pulmones, el corazón o los riñones, o sufre de enfermedad metabólica (p. ej., diabetes), asma, un trastorno de la sangre, no tiene bazo, tiene deficiencia de componentes del complemento, un implante coclear o derrame de líquido cefalorraquídeo? ¿Está en terapia de aspirina a largo plazo?	☐	☐	☐
5. Si el niño que va a ser vacunado tiene entre 2 y 4 años, ¿le ha dicho algún proveedor de atención médica que el niño tuvo sibilancia o asma en los últimos 12 meses?	☐	☐	☐
6. Si el niño es un bebé, ¿le han dicho alguna vez que tuvo intususcepción?	☐	☐	☐
7. ¿El niño, uno de sus hermanos o uno de sus padres ha tenido convulsiones; o el niño ha tenido problemas cerebrales o algún otro problema del sistema nervioso?	☐	☐	☐
8. ¿El niño o un miembro de su familia tiene cáncer, leucemia, VIH/SIDA o cualquier otro problema del sistema inmunitario?	☐	☐	☐
9. ¿Uno de los padres, hermanos o hermanas del niño tiene algún problema en su sistema inmunitario?	☐	☐	☐
10. ¿En los últimos 3 meses, el niño ha tomado medicamentos que afectan el sistema inmunitario, tales como prednisona, otros esteroides o medicamentos contra el cáncer, o medicamentos para el tratamiento de la artritis reumatoide, la enfermedad de Crohn o la psoriasis, o tuvo tratamientos de radiación?	☐	☐	☐
11. Durante el año pasado, ¿el niño recibió una transfusión de sangre o de productos sanguíneos, o se le administró inmunoglobulina, gammaglobulina o algún medicamento antiviral?	☐	☐	☐
12. ¿La niña/adolescente está embarazada o hay alguna posibilidad de que quede embarazada durante el próximo mes?	☐	☐	☐
13. ¿Se le aplicó alguna vacuna al niño en las últimas 4 semanas?	☐	☐	☐

FORMA LLENADA POR _____ FECHA _____

FORMA REVISADA POR _____ FECHA _____

¿Trajo su cartilla de vacunación consigo? **sí** ☐ **no** ☐

Es importante que tenga un registro personal de las vacunas de su hijo. Si no lo tiene, pídale al proveedor de atención médica de su hijo que le dé uno con todas las vacunas de su hijo. Guárdelo en un lugar seguro y llévelo con usted todas las veces que busque atención médica para su hijo. Su hijo necesitará este documento para ingresar a la guardería o a la escuela, para obtener empleo o para viajar al extranjero.

immunization action coalition
IAC
immunize.org

"Screening Checklist for Contraindications to Vaccines for Children and Teens"

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4060-01.pdf • Item #P4060-01 Spanish (10/20)

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and Teens)

*Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references in **Notes** below.*

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html

1. Is the child sick today? *[all vaccines]*

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Does the child have allergies to medications, food, a vaccine component, or latex? *[all vaccines]*

An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf; for an extensive list of vaccine components, see www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. People with egg allergy of any severity can receive any recommended influenza vaccine (i.e., any IIV, RIV, or LAIV) that is otherwise appropriate for the patient's age and health status. With the exception of ccIIV and RIV (which do not contain egg antigen), people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office; vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

3. Has the child had a serious reaction to a vaccine in the past? *[all vaccines]*

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses. History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

4. Does the child have a long-term health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? *[MMR, MMRV, LAIV, VAR]*

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. The safety of LAIV in children and teens with lung, heart, kidney, or metabolic disease (e.g., diabetes), or a blood disorder has not been established. These conditions, including asthma in children ages 5 years and older, should be considered precautions for the use of LAIV. Children with functional or anatomic asplenia, complement deficiency, cochlear implant, or CSF leak should not receive LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Children with CSF leak, anatomic or functional asplenia, or cochlear implant, or on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Aspirin use is a precaution to VAR.

5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? *[LAIV]*

Children ages 2 through 4 years who have had a wheezing episode within the past 12 months should not be given LAIV. Instead, these children should be given IIV.

6. If your child is a baby, have you ever been told that he or she has had intussusception? *[Rotavirus]*

Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should not be given rotavirus vaccine.

7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem? *[DTaP, Td, Tdap, IIV, LAIV, MMRV]*

DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (exception: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap;

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

2) Influenza vaccine (IIV, LAIV, or RIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IIV if at high risk for severe influenza complications.

8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? *[LAIV, MMR, MMRV, RV, VAR]*

Live virus vaccines (e.g., MMR, MMRV, VAR, RV, LAIV) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, VAR should be considered for HIV-infected children age 12 months through 8 years with age-specific CD4+ T-lymphocyte percentage at 15% or greater, or for children age 9 years or older with CD4+ T-lymphocyte counts of greater than or equal to 200 cell/μL. VAR should be administered (if indicated) to persons with isolated humoral immunodeficiency. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including RV. Other forms of immunosuppression are a precaution, not a contraindication, to RV. For details, consult ACIP recommendations (see references in **Notes** above).

9. Does the child have a parent, brother, or sister with an immune system problem? *[MMR, MMRV, VAR]*

MMR, VAR, and MMRV vaccines should not be given to a child or teen with a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory.

10. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? *[LAIV, MMR, MMRV, VAR]*

Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement. Some immune mediator and immune modulator drugs (especially the antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers. The use of live vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see General Best Practice Guidelines for Immunization (referenced in **Notes** above). LAIV, when recommended, can be given only to healthy nonpregnant people ages 2 through 49 years.

11. In the past year, has the child received a transfusion of blood/blood products, or been given immune (gamma) globulin or an antiviral drug? *[MMR, MMRV, LAIV, VAR]*

Certain live virus vaccines (e.g., MMR, MMRV, LAIV, VAR) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations (referenced in **Notes** above) for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? *[HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]*

Live virus vaccines (e.g., MMR, MMRV, VAR, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IIV and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

13. Has the child received vaccinations in the past 4 weeks? *[LAIV, MMR, MMRV, VAR, yellow fever]*

Children who were given either LAIV or an injectable live virus vaccine (e.g., MMR, MMRV, VAR, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

VACCINE ABBREVIATIONS

LAIV = Live attenuated influenza vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
ccIIV - cell culture inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
MMR = Measles, mumps, and rubella vaccine
MMRV = MMR+VAR vaccine
RIV = Recombinant influenza vaccine
RV = Rotavirus vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine

Screening Checklist for Contraindications to Vaccines for Children and Teens

PATIENT NAME _____

DATE OF BIRTH ____ / ____ / ____
month day year

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

	yes	no	don't know
1. Is the child sick today?	☐	☐	☐
2. Does the child have allergies to medications, food, a vaccine component, or latex?	☐	☐	☐
3. Has the child had a serious reaction to a vaccine in the past?	☐	☐	☐
4. Does the child have a long-term health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy?	☐	☐	☐
5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	☐	☐	☐
6. If your child is a baby, have you ever been told he or she has had intussusception?	☐	☐	☐
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	☐	☐	☐
8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☐	☐
9. Does the child have a parent, brother, or sister with an immune system problem?	☐	☐	☐
10. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?	☐	☐	☐
11. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☐	☐
12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	☐	☐	☐
13. Has the child received vaccinations in the past 4 weeks?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

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 child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.

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www.immunize.org/catg.d/p4060.pdf • Item #P4060 (10/20)

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and Teens)

*Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references in **Notes** below.*

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html

1. Is the child sick today? *[all vaccines]*

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Does the child have allergies to medications, food, a vaccine component, or latex? *[all vaccines]*

An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf; for an extensive list of vaccine components, see www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. People with egg allergy of any severity can receive any recommended influenza vaccine (i.e., any IIV, RIV, or LAIV) that is otherwise appropriate for the patient's age and health status. With the exception of ccIIV and RIV (which do not contain egg antigen), people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office; vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

3. Has the child had a serious reaction to a vaccine in the past? *[all vaccines]*

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses. History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

4. Does the child have a long-term health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? *[MMR, MMRV, LAIV, VAR]*

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. The safety of LAIV in children and teens with lung, heart, kidney, or metabolic disease (e.g., diabetes), or a blood disorder has not been established. These conditions, including asthma in children ages 5 years and older, should be considered precautions for the use of LAIV. Children with functional or anatomic asplenia, complement deficiency, cochlear implant, or CSF leak should not receive LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Children with CSF leak, anatomic or functional asplenia, or cochlear implant, or on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Aspirin use is a precaution to VAR.

5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? *[LAIV]*

Children ages 2 through 4 years who have had a wheezing episode within the past 12 months should not be given LAIV. Instead, these children should be given IIV.

6. If your child is a baby, have you ever been told that he or she has had intussusception? *[Rotavirus]*

Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should not be given rotavirus vaccine.

7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem? *[DTaP, Td, Tdap, IIV, LAIV, MMRV]*

DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (exception: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap;

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

2) Influenza vaccine (IIV, LAIV, or RIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IIV if at high risk for severe influenza complications.

8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? *[LAIV, MMR, MMRV, RV, VAR]*

Live virus vaccines (e.g., MMR, MMRV, VAR, RV, LAIV) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, VAR should be considered for HIV-infected children age 12 months through 8 years with age-specific CD4+ T-lymphocyte percentage at 15% or greater, or for children age 9 years or older with CD4+ T-lymphocyte counts of greater than or equal to 200 cell/µL. VAR should be administered (if indicated) to persons with isolated humoral immunodeficiency. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including RV. Other forms of immunosuppression are a precaution, not a contraindication, to RV. For details, consult ACIP recommendations (see references in **Notes** above).

9. Does the child have a parent, brother, or sister with an immune system problem? *[MMR, MMRV, VAR]*

MMR, VAR, and MMRV vaccines should not be given to a child or teen with a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory.

10. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? *[LAIV, MMR, MMRV, VAR]*

Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement. Some immune mediator and immune modulator drugs (especially the antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers. The use of live vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see General Best Practice Guidelines for Immunization (referenced in **Notes** above). LAIV, when recommended, can be given only to healthy nonpregnant people ages 2 through 49 years.

11. In the past year, has the child received a transfusion of blood/blood products, or been given immune (gamma) globulin or an antiviral drug? *[MMR, MMRV, LAIV, VAR]*

Certain live virus vaccines (e.g., MMR, MMRV, LAIV, VAR) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations (referenced in **Notes** above) for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? *[HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]*

Live virus vaccines (e.g., MMR, MMRV, VAR, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IIV and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

13. Has the child received vaccinations in the past 4 weeks? *[LAIV, MMR, MMRV, VAR, yellow fever]*

Children who were given either LAIV or an injectable live virus vaccine (e.g., MMR, MMRV, VAR, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

VACCINE ABBREVIATIONS

LAIV = Live attenuated influenza vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
ccIIV - cell culture inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
MMR = Measles, mumps, and rubella vaccine
MMRV = MMR+VAR vaccine
RIV = Recombinant influenza vaccine
RV = Rotavirus vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine

Screening Checklist for Contraindications to HPV, MenACWY, MenB, and Tdap Vaccines for Teens

YOUR NAME _____

DATE OF BIRTH ____ / ____ / ____
month day year

For parents/guardians: The following questions will help us determine if human papillomavirus (HPV), meningococcal conjugate (MenACWY), meningococcal serogroup B (MenB), and tetanus, diphtheria, and acellular pertussis (Tdap) vaccines may be given to your teen today. If you answer "yes" to any question, it does not necessarily mean your teen should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is your teen sick today?	☐	☐	☐
2. Does your teen have allergies to a vaccine component or to latex?	☐	☐	☐
3. Has your teen had a serious reaction to a vaccine in the past?	☐	☐	☐
4. Has your teen had brain or other nervous system problems?	☐	☐	☐
5. For females: Is your teen pregnant?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Did you bring your teen's immunization record card with you? **yes** ☐ **no** ☐

It is important to have a personal record of your teen's vaccinations. If you don't have one, ask your healthcare provider to give you one with all of your teen's vaccinations on it. Keep it in a safe place and be sure your teen carries it every time he/she seeks medical care. Your teen will likely need this document to enter school or college, for employment, or for international travel.

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www.immunize.org/catg.d/p4062.pdf ▪ Item #P4062 (6/20)

Information for Healthcare Professionals about the Screening Checklist for Contraindications to HPV, MenACWY, MenB, and Tdap Vaccines for Teens

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references listed in ***Notes*** *below.*

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html

1. Is your teen sick today?
(This question applies to HPV, MenACWY, MenB, Tdap.)

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, all vaccines should be delayed until a moderate or severe acute illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications or precautions to vaccination. Do not withhold vaccination if a teen is taking antibiotics unless he/she is moderately or severely ill.

2. Does your teen have allergies to a vaccine component or to latex?
(This question applies to HPV, MenACWY, MenB, Tdap.)

A delayed-type local reaction following a prior vaccine dose is not a contraindication to a subsequent dose. History of severe allergy to a vaccine component occurs in minutes to hours, requires medical attention, and is a contraindication. For a table of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. For a table of vaccines supplied in vials or syringes that contain latex, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf.

3. Has your teen had a serious reaction to a vaccine in the past?
(This question applies to HPV, MenACWY, MenB, Tdap.)

A local reaction following a prior vaccine dose is not a contraindication to a subsequent dose. However, history of an anaphylactic reaction (hives, swelling of the lips or tongue, acute respiratory distress, or collapse) following a previous dose of vaccine or vaccine component is a contraindication for subsequent doses.

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

4. Has the teen had brain or other nervous system problems?
(This question applies to Tdap.)

Tdap is contraindicated in teens who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of Tdap. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit of vaccinating outweighs the risk (e.g., during a community pertussis outbreak). For teens with stable neurologic disorders (including seizures) unrelated to vaccination, or for those with a family history of seizures, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with Td or Tdap: if GBS occurred within 6 weeks of receipt of a tetanus-containing vaccine and a decision is made to continue vaccination, give age-appropriate Tdap instead of Td if there is no history of a prior Tdap dose, to improve pertussis protection.

5. For females; Is your teen pregnant?
(This question applies to HPV and MenB.)

Teens who are pregnant should not be given HPV vaccine. On theoretical grounds, MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. Pregnancy is not a contraindication or precaution for administering Tdap or MenACWY vaccine.

VACCINE ABBREVIATIONS

DTP= Diphtheria, tetanus, pertussis vaccine
DTaP= Diphtheria, tetanus, (acellular) pertussis vaccine
HPV = Human papillomavirus vaccine
MenB = Meningococcal serogroup B vaccine
MenACWY = Meningococcal serogroups A, C, W, Y
Td/Tdap = Tetanus, diphtheria, (acellular) pertussis vaccine

Cuestionario de contraindicaciones para las vacunas HPV, MenACWY, MenB y Tdap para adolescentes

SU NOMBRE _____

FECHA DE NACIMIENTO ____ (mes) / ____ (día) / ____ (año)

Para los padres/tutores: Las siguientes preguntas nos ayudarán a determinar si las vacunas contra el virus del papiloma humano (VPH), meningocócica conjugada (MenACWY), meningocócica serogrupo B (MenB) y tétanos, difteria y pertusis acelular (Tdap) se pueden dar a su adolescente hoy. Si contesta que "sí" a alguna de las preguntas, no necesariamente significa que su adolescente no debería vacunarse. Simplemente quiere decir que hay que hacerle más preguntas. Si alguna pregunta no está clara, pida a su profesional de la salud que se la explique.

	sí	no	no sabe
1. ¿Su adolescente está enfermo hoy?	☐	☐	☐
2. ¿Su adolescente es alérgico a un componente de la vacuna o al látex?	☐	☐	☐
3. ¿Su adolescente ha tenido una reacción grave a una vacuna en el pasado?	☐	☐	☐
4. ¿Su adolescente ha tenido problemas del cerebro u otros problemas del sistema nervioso?	☐	☐	☐
5. Para mujeres: ¿Su adolescente está embarazada?	☐	☐	☐

FORMULARIO LLENADO POR _____ FECHA _____

FORMULARIO REVISADO POR _____ FECHA _____

¿Trajo el comprobante de vacunación de su adolescente hoy? **sí** ☐ **no** ☐

Es importante tener un comprobante personal de las vacunas de su adolescente. Si no tiene uno, pídale al profesional de la salud de su adolescente que le dé uno con todas las vacunas que recibió. Guárdelo en un lugar seguro y no se olvide de llevarlo cada vez que su adolecente obtenga atención médica. Su adolescente probablemente necesite este documento para entrar a la escuela o universidad, para obtener empleo o para viajar al extranjero.

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Screening Checklist for Contraindications to HPV, MenACWY, MenB, and Tdap Vaccines for Teens

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www.immunize.org/catg.d/p4062-01.pdf ▪ Item #P4062-01 Spanish (6/20)

Information for Healthcare Professionals about the Screening Checklist for Contraindications to HPV, MenACWY, MenB, and Tdap Vaccines for Teens

*Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references listed in **Notes** below.*

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html

1. Is your teen sick today?
(This question applies to HPV, MenACWY, MenB, Tdap.)

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, all vaccines should be delayed until a moderate or severe acute illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications or precautions to vaccination. Do not withhold vaccination if a teen is taking antibiotics unless he/she is moderately or severely ill.

2. Does your teen have allergies to a vaccine component or to latex?
(This question applies to HPV, MenACWY, MenB, Tdap.)

A delayed-type local reaction following a prior vaccine dose is not a contraindication to a subsequent dose. History of severe allergy to a vaccine component occurs in minutes to hours, requires medical attention, and is a contraindication. For a table of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. For a table of vaccines supplied in vials or syringes that contain latex, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf.

3. Has your teen had a serious reaction to a vaccine in the past?
(This question applies to HPV, MenACWY, MenB, Tdap.)

A local reaction following a prior vaccine dose is not a contraindication to a subsequent dose. However, history of an anaphylactic reaction (hives, swelling of the lips or tongue, acute respiratory distress, or collapse) following a previous dose of vaccine or vaccine component is a contraindication for subsequent doses.

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

4. Has the teen had brain or other nervous system problems?
(This question applies to Tdap.)

Tdap is contraindicated in teens who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of Tdap. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit of vaccinating outweighs the risk (e.g., during a community pertussis outbreak). For teens with stable neurologic disorders (including seizures) unrelated to vaccination, or for those with a family history of seizures, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with Td or Tdap: if GBS occurred within 6 weeks of receipt of a tetanus-containing vaccine and a decision is made to continue vaccination, give age-appropriate Tdap instead of Td if there is no history of a prior Tdap dose, to improve pertussis protection.

5. For females; Is your teen pregnant?
(This question applies to HPV and MenB.)

Teens who are pregnant should not be given HPV vaccine. On theoretical grounds, MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. Pregnancy is not a contraindication or precaution for administering Tdap or MenACWY vaccine.

VACCINE ABBREVIATIONS

DTP= Diphtheria, tetanus, pertussis vaccine
DTaP= Diphtheria, tetanus, (acellular) pertussis vaccine
HPV = Human papillomavirus vaccine
MenB = Meningococcal serogroup B vaccine
MenACWY = Meningococcal serogroups A, C, W, Y
Td/Tdap = Tetanus, diphtheria, (acellular) pertussis vaccine

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

PATIENT NAME _____

DATE OF BIRTH ____ /____ /____
month day year

For patients (both children and adults) to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to a component of the vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	☐	☐	☐
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

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www.immunize.org/catg.d/p4066.pdf ▪ Item #P4066 (9/20)

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination (IIV or RIV)

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the "Note" below.

NOTE: For supporting documentation on the answers given below, go to the ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html

1. Is the person to be vaccinated sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with a moderate or severe illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

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2. Does the person to be vaccinated have an allergy to a component of the vaccine?

All vaccines, including influenza vaccines, contain various components that might cause allergic reactions, including anaphylaxis. Not all such reactions are related to residual egg protein; however, the possibility of a reaction to influenza vaccines in egg-allergic people might be of concern to both these people and vaccine providers.

An egg-free recombinant influenza vaccine (RIV4, Flublok; Sanofi Pasteur) is available for people age 18 years and older and an egg-free cell culture-based IIV (ccIIV4, Flucelvax; Seqirus) is approved for people age 4 years and older. ACIP does not state a preference for the use of RIV4 or ccIIV4 for people with egg allergy although some providers may choose to administer RIV4 or ccIIV4 to their patients with a history of severe egg allergy.

Reviews of studies of egg-culture based IIV and LAIV indicate that severe allergic reactions to egg-based influenza vaccines in people with egg allergy are unlikely. ACIP recommends that people with a history of egg allergy who have experienced only hives after exposure to egg may receive any recommended influenza vaccine (IIV, RIV4, LAIV4) appropriate for their age and health status.

In people with a history of severe egg allergy who report symptoms other than hives (e.g. angioedema, respiratory distress, recurrent vomiting) or who required emergent medical intervention (e.g., epinephrine) may also receive any recommended influenza vaccine appropriate for their age and health status. If a vaccine other than ccIIV4 (Flucelvax) or RIV4 (Flublok) is used, it should be administered in a medical setting (e.g., a health department or physician office) and supervised by a healthcare provider who is able to recognize and manage severe allergic conditions. Providers should consider observing all patients for 15 minutes after vaccination to decrease the risk for injury should they experience syncope.

Inactivated influenza vaccines provided in multidose vials contain thimerosal as a preservative. Most people who had sensitivity to thimerosal when it was used in contact lens solution do not have reactions to thimerosal when it is used in vaccines. Check the package insert at www.immunize.org/fda for a list of the vaccine components (i.e., excipients and culture media) used in the production of the vaccine, or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states.

For the 2020–2021 influenza season, no vaccine or packaging contains latex.

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3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?

Patients reporting a serious reaction to a previous dose of inactivated influenza vaccine should be asked to describe their symptoms. Immediate – presumably allergic – reactions are usually a contraindication to further vaccination against influenza.

Fever, malaise, myalgia, and other systemic symptoms most often affect people who are first-time vaccinees. These mild-to-moderate local reactions are not a contraindication to future vaccination. These people can receive injectable vaccine without further evaluation.

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4. Has the person to be vaccinated ever had Guillain-Barré syndrome?

People who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination should not be vaccinated. As an alternative, clinicians might consider using influenza antiviral chemoprophylaxis for these people. Although data are limited, the established benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

You Must Provide Patients with Vaccine Information Statements (VISs) – It's Federal Law!

What are Vaccine Information Statements (VISs)?

Vaccine Information Statements (VISs) are documents produced by the Centers for Disease Control and Prevention (CDC), in consultation with panels of experts and parents, to properly inform vaccinees (or their parents/legal representatives) about the risks and benefits of each vaccine. VISs are not meant to replace interactions with healthcare providers, who should address any questions or concerns that the vaccinee (or parent/legal representative) may have.

Using VISs is legally required!

Federal law (under the National Childhood Vaccine Injury Act) requires a healthcare professional to provide a copy of the current VIS to an adult patient or to a child's parent/legal representative before vaccinating an adult or child with a dose of the following vaccines: diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or varicella (chickenpox).

Where to get VISs

All available VISs can be downloaded from the websites of Immunize.org at www.immunize.org/vis or CDC at www.cdc.gov/vaccines/hcp/vis/index.html. Ready-to-copy versions may also be available from your state or local health department.

Translations: You can find VISs in more than 40 languages on the Immunize.org website at www.immunize.org/vis.

To obtain translations of VIS in languages other than English, go to www.immunize.org/vis.

According to CDC, the appropriate VIS must be given:

- Prior to the vaccination (and prior to each dose of a multi-dose series);
- Regardless of the age of the vaccinee;
- Regardless of whether the vaccine is given in a public or private healthcare setting.

Top 10 Facts About VISs

FACT 1 — It's federal law! You must provide current* VISs to all your patients before vaccinating them.

Federal law requires that VISs must be used for patients of **ALL ages** when administering these vaccines:

- DTaP (includes DT)
- Td and Tdap
- hepatitis A
- hepatitis B
- Hib
- HPV
- influenza (inactivated and live, intranasal)
- MMR and MMRV
- meningococcal (MenACWY, MenB)
- pneumococcal conjugate
- polio
- rotavirus
- varicella (chickenpox)

For the vaccines not covered under the National Childhood Vaccine Injury Act (i.e., adenovirus, anthrax, dengue, Japanese encephalitis, pneumococcal polysaccharide, rabies, typhoid, yellow fever, and zoster), providers are not required by federal law to use VISs unless they have been purchased under CDC contract. However, CDC recommends that VISs be used whenever these vaccines are given.

*Federal law allows up to 6 months for a new VIS to be used.

FACT 2 — VISs can be given to patients in a variety of ways.

In most medical settings, VISs are provided to patients (or their parents/legal representatives) in paper form. However, VISs also may be provided using electronic media. Regardless of the format used, the goal is to provide a current VIS just prior to vaccination.

CONTINUED ON NEXT PAGE ▶

Most current versions of VISs (table)

As of February 4, 2022, the most recent versions of the VISs are as follows:

Adenovirus	1/8/20
Anthrax	1/8/20
Cholera	10/30/19
Dengue	12/17/21
DTaP	8/6/21
Hepatitis A	10/15/21
Hepatitis B	10/15/21
Hib	8/6/21
HPV	8/6/21
Influenza	8/6/21
Japanese enceph	8/15/19
MenACWY	8/6/21
MenB	8/6/21
MMR	8/6/21
MMRV	8/6/21
Multi-vaccine	10/15/21
PCV	2/4/22
PPSV23	10/30/19
Polio	8/6/21
Rabies	1/8/20
Rotavirus	10/15/21
Td	8/6/21
Tdap	8/6/21
Typhoid	10/30/19
Varicella	8/6/21
Yellow fever	4/1/20
Zoster	2/4/22

A handy list of current VIS dates is also available at www.immunize.org/catg.d/p2029.pdf.

(For information on special circumstances involving vaccination of a child when a parent/legal representative is not available at the time of vaccination, see CDC's *VIS Frequently Asked Questions* at www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html.)

Prior to vaccination, VIS may be:

- Provided as a paper copy
- Offered on a permanent, laminated office copy
- Downloaded by the vaccinee (parent/legal representative) to a smartphone or other electronic device (VISs have been specially formatted for this purpose)
- Made available to be read before the office visit, e.g., by giving the patient or parent a copy to take home during a prior visit, or telling them how to download or view a copy from the Internet. These patients must still be offered a copy in one of the formats described previously to read during the immunization visit, as a reminder.

Regardless of the way the patient is given the VIS to read, providers must still offer a copy (which can be an electronic copy) of each appropriate VIS to take home following the vaccination. However, the vaccinee may decline.

FACT 3 VISs are required in both public and private sector healthcare settings.

Federal law requires the use of VISs in both public and private sector settings, regardless of the source of payment for the vaccine.

FACT 4 You must provide a current VIS *before* a vaccine is administered to the patient.

A VIS provides information about the disease and the vaccine and must be given to the patient **before** a vaccine is administered. It is also acceptable to hand out the VIS well before administering vaccines (e.g., at a prenatal visit or at birth for vaccines an infant will receive during infancy), as long as you still provide a current VIS right before administering vaccines.

FACT 5 You must provide a current VIS for *each* dose of vaccine you administer.

The most current VIS must be provided before **each dose** of vaccine is given, including vaccines given as a series of doses. For example, if 5 doses of a single vaccine are required (e.g., DTaP), the patient (parent/legal representative) must have the opportunity to read the information on the VIS before each dose is given.

FACT 6 You must provide VISs whenever you administer combination vaccines.

If you administer a combination vaccine that does not have a stand-alone VIS (e.g., Kinrix, Quadracel, Pediarix, Pentacel, Twinrix) you should provide the patient with individual VISs for the component vaccines, or use the Multi-Vaccine VIS (see below).

The Multi-Vaccine VIS may be used in place of the individual VISs for DTaP, Hib, hepatitis B, polio, and pneumococcal when two or more of these vaccines are administered during the same visit. It may be used for infants as well as children through 6 years of age. The Multi-Vaccine VIS should not be used for adolescents or adults.

FACT 7 VISs should be given in a language/format that the recipient can understand, whenever possible.

For patients who don't read or speak English, the law requires that providers ensure all patients (parent/legal representatives) receive a VIS, regardless of their ability to read English. To obtain VISs in more than 40 languages, visit the Immunize.org website at www.immunize.org/vis. Providers can supplement VISs with visual presentations or oral explanations as needed.

FACT 8 Federal law does not require signed consent in order for a person to be vaccinated.

Signed consent is not required by federal law for vaccination (although some states may require it).

FACT 9 To verify that a VIS was given, providers must record in the patient's medical record (or permanent office log or file) the following information:

- The edition date of the VIS (found on the back at the right bottom corner)
- The date the VIS is provided (i.e., the date of the visit when the vaccine is administered)

In addition, providers must record:

- The office address and name and title of the person who administers the vaccine
- The date the vaccine is administered
- The vaccine manufacturer and lot number

FACT 10 VISs should not be altered before giving them to patients, but you can add some information.

Providers should not change a VIS or write their own VISs. However, it is permissible to add a practice's name, address, and contact information to an existing VIS.

Additional resources on VISs and their use are available from the following organizations:

Immunization Action Coalition

- *VIS general information and translations in more than 40 languages:* www.immunize.org/vis
- *Current Dates of Vaccine Information Statements:* www.immunize.org/catg.d/p2029.pdf

Centers for Disease Control and Prevention

- *VIS website:* www.cdc.gov/vaccines/hcp/vis
- *VIS Facts:* www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html
- *VIS FAQs:* www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html

Guide to Contraindications and Precautions to Commonly Used Vaccines[1,*]

Vaccine	Contraindications[1]	Precautions[1]
Hepatitis B (HepB)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Hypersensitivity to yeast	• Moderate or severe acute illness with or without fever • Infant weighing less than 2000 grams (4 lbs, 6.4 oz)[2]
Rotavirus (RV5 [RotaTeq], RV1 [Rotarix])	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Severe combined immunodeficiency (SCID) • History of intussusception	• Moderate or severe acute illness with or without fever • Altered immunocompetence other than SCID • Chronic gastrointestinal disease[3] • Spina bifida or bladder exstrophy[3]
Diphtheria, tetanus, pertussis (DTaP) **Tetanus, diphtheria, pertussis (Tdap)** **Tetanus, diphtheria (DT, Td)**	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • For pertussis-containing vaccines: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of DTP or DTaP (for DTaP); or of previous dose of DTP, DTaP, or Tdap (for Tdap)	• Moderate or severe acute illness with or without fever • Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria- or tetanus toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine • For DTaP and Tdap only: Progressive or unstable neurologic disorder (including infantile spasms for DTaP), uncontrolled seizures, or progressive encephalopathy; defer until a treatment regimen has been established and the condition has stabilized
***Haemophilus influenzae* type b (Hib)**	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Age younger than 6 weeks	• Moderate or severe acute illness with or without fever
Inactivated poliovirus vaccine (IPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • Pregnancy
Hepatitis A (HepA)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR)[4]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy[5]), or persons with human immunodeficiency virus [HIV] infection who are severely immunocompromised[6] • Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test • Pregnancy	• Moderate or severe acute illness with or without fever • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[7] • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing[8] or interferon gamma release assay (IGRA) testing • For MMRV only: Family or personal history of seizures
Varicella (Var)[4]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy[5]), or persons with HIV infection who are severely immunocompromised[6] • Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test • Pregnancy	• Moderate or severe acute illness with or without fever • Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)[7] • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination. • Use of aspirin or aspirin-containing products • For MMRV only: Family or personal history of seizures
Pneumococcal (PPSV23 or PCV13)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component (including, for PCV13, to any vaccine containing diphtheria toxoid) • For PCV13 only: Hypersensitivity to yeast	• Moderate or severe acute illness with or without fever
Human papillomavirus (HPV)[9]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Hypersensitivity to yeast	• Moderate or severe acute illness with or without fever

CONTINUED ON THE NEXT PAGE ▶

immunization action coalition
IAC
immunize.org

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p3072a.pdf • Item #P3072a (9/20)

Vaccine	Contraindications[1]	Precautions[1]
Influenza, inactivated injectable (IIV)[10] **Influenza, recombinant (RIV)[10]**	• For IIV: Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine (except egg) or to a previous dose of influenza vaccine[10] • For RIV: Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine or to a previous dose of influenza vaccine[10]	• Moderate or severe acute illness with or without fever • History of GBS within 6 weeks of previous influenza vaccination With the exception of RIV or cell-culture IIV, people with egg allergy other than hives (e.g., angioedema, respiratory distress, lightheadedness, or recurrent emesis) or who required epinephrine or another emergency medical intervention: IIV or LAIV should be administered in a medical setting, under the supervision of a healthcare provider who is able to recognize and manage severe allergic conditions.[10]
Influenza, live attenuated (LAIV)[4,5,10]	• Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine (except egg) or to a previous dose of influenza vaccine[10] • Children age 2 through 4 years who have a diagnosis of asthma or history of wheezing within the past 12 months, per healthcare provider statement • Concomitant use of aspirin or salicylate-containing therapy in children or adolescents • Children and adults who are immunocompromised due to any cause (including immunosuppression caused by medications or by HIV), or who have functional or anatomic asplenia, CSF leak, or a cochlear implant • Close contacts and caregivers of severely immunosuppressed persons who require a protected environment • Receipt of zanamivir or oseltamavir within the previous 48 hours, peramivir within 5 days, or baloxavir within 17 days • Pregnancy	• Moderate or severe acute illness with or without fever • GBS within 6 weeks of previous influenza vaccination • Asthma in persons age 5 years and older • Other chronic medical conditions (e.g., other chronic lung diseases, chronic cardiovascular disease [excluding isolated hypertension], diabetes, chronic renal or hepatic disease, hematologic disease, neurologic disease, and metabolic disorders)
Meningococcal (MenACWY; MenB)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	• Moderate or severe acute illness with or without fever • For MenB only: Pregnancy
Recombinant zoster vaccine (RZV) **Zoster vaccine live (ZVL)[4]**	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • For ZVL only: Severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppression therapy[7]), or persons with HIV infection who are severely immunocompromised • For ZVL only: Pregnancy	• Moderate or severe acute illness with or without fever • For ZVL only: Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination • For RZV only: Pregnancy and lactation

FOOTNOTES

1. The Advisory Committee on Immunization Practices (ACIP) recommendations and package inserts for vaccines provide information on contraindications and precautions related to vaccines. Contraindications are conditions that increase chances of a serious adverse reaction in vaccine recipients and the vaccine should not be administered when a contraindication is present. Precautions should be reviewed for potential risks and benefits for vaccine recipient. For a person with a severe allergy to latex (e.g., anaphylaxis), vaccines supplied in vials or syringes that contain natural rubber latex should not be administered unless the benefit of vaccination clearly outweighs the risk for a potential allergic reaction. For latex allergies other than anaphylaxis, vaccines supplied in vials or syringes that contain dry, natural rubber or natural rubber latex may be administered. Whether and when to administer DTaP to children with proven or suspected underlying neurologic disorders should be decided on a case-by-case basis.
2. Hepatitis B vaccination should be deferred for preterm infants and infants weighing less than 2000 g if the mother is documented to be hepatitis B surface antigen (HBsAg)-negative at the time of the infant's birth. Vaccination can commence at chronological age 1 month or at hospital discharge. For infants born to women who are HBsAg-positive, hepatitis B immunoglobulin and hepatitis B vaccine should be administered within 12 hours of birth, regardless of weight.
3. For details, see CDC. "Prevention of Rotavirus Gastroenteritis among Infants and Children: Recommendations of the Advisory Committee on Immunization Practices. (ACIP)" *MMWR* 2009; 58(No. RR–2), available at www.cdc.gov/mmwr/pdf/rr/rr5802.pdf.
4. Age-appropriate parenteral vaccines (LAIV, MMR, Var, or ZVL) can be administered on the same day. If not administered on the same day, these live vaccines should be separated by at least 28 days.
5. Immunosuppressive steroid dose is considered to be 2 or more weeks of daily receipt of 20 mg prednisone or equivalent. Vaccination should be deferred for at least 1 month after discontinuation of such therapy. Providers should consult ACIP recommendations for complete information on the use of specific live vaccines among persons on immune-suppressing medications or with immune suppression because of other reasons.
6. HIV-infected children 5 years of age or younger should receive measles vaccine if CDT+ T-lymphocyte percentages are greater than or equal to 15% for greater than or equal to 6 months. HIV-infected children older than 5 years must have CD4+ percentages greater than or equal to 15 and CD4+ T-lymphocyte counts greater than or equal to 200 lymphocytes/cubic mm for 6 months or longer. In cases where only counts or only percentages are available for children older than 5 years, use the data that are available. In cases where percentages are not available for children 5 years of younger, use counts based on the age-specific counts at the time the counts were measured (see www.cdc.gov/mmwr/pdf/rr/rr6204.pdf, page 23, for details). HIV-infected children younger than 8 years may receive varicella vaccine if CD4+ T-lymphocyte percentages are 15% or greater. HIV-infected children 8 years or older may receive varicella vaccine if CD4+ T-lymphocyte count is greater than 200 cells/cubic mm.
7. Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered (see "Table 3-5. Recommended Intervals Between Administration of Antibody-Containing Products and Measles- or Varicella-Containing Vaccine, by Product and Indication for Vaccination" found in "General Best Practice Guidelines for Immunization: Timing and Spacing of Immunobiologics," available at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.)
8. Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine may be administered on the same day as tuberculin skin testing or interferon gamma release assay (IGRA), or should be postponed for at least 4 weeks after the vaccination.
9. HPV vaccine is not recommended for use in pregnant women. If a woman is found to be pregnant after initiating the vaccination series, the remainder of the series should be delayed until completion of pregnancy. Pregnancy testing is not needed before vaccination.
10. For additional information on use of influenza vaccines among persons with egg allergy, see CDC. "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) – United States, . . ." Access links to influenza vaccine recommendations at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html.

* Adapted from "Table 4-1. Contraindications and Precautions to Commonly Used Vaccines" found in: CDC. "General Best Practice Guidelines for Immunization: Contraindications and Precautions" available at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

EZIZ Update

Immunization Branch

The California Department of Public Health has launched the California Immunization Registry – Medical Exemption (CAIR-ME, https://cair.cdph.ca.gov/exemptions) website to request, issue, manage, and track medical exemptions from required immunizations for children attending school or child care facilities. CAIR-ME was created in response to laws passed in 2019 (Senate Bills 276 and 714).

Starting January 1, 2021, new medical exemptions for children can only be issued using the CAIR-ME website. MDs and DOs licensed in California can register to use CAIR-ME at any time in order to issue a medical exemption. Current users of CAIR2 will still need to register to use CAIR-ME. Instructions are available on CAIR-ME along with on-screen prompts to guide you through registration and the submission of a medical exemption.

Per state law, medical exemptions should meet applicable Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP), and American Academy of Pediatrics (AAP) criteria for appropriate medical exemptions or be consistent with the relevant standard of care.

CDPH will host a provider webinar Tuesday, January 26th, 2021 from 12pm-1pm to review the new requirements and process for submitting exemptions in CAIR-ME. Look for an email invitation in the next week. The webinar will be recorded and available for on-demand viewing on the CAIR-ME website.

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State of California—Health and Human Services Agency
Department of Public Health

MARK B HORTON, MD, MSPH
Director

ARNOLD SCHWARZENEGGER
Governor

National Vaccine Advisory Committee's Standards for Child and Adolescent Immunization Practices

Availability of Vaccines

- Vaccination services are readily available.
- Vaccinations are coordinated with other healthcare services and provided in a medical home when possible.
- Barriers to vaccination are identified and minimized.
- Patient costs are minimized.

Assessment of Vaccination Status

- Healthcare professionals review the vaccination and health status of patients at every encounter to determine which vaccines are indicated.
- Healthcare professionals assess for and follow only medically indicated contraindications.

Effective Communication about Vaccine Benefits and Risks

- Parents/guardians and patients are educated about the benefits and risks of vaccination in a culturally appropriate manner and in easy-to-understand language.

Proper Storage and Administration of Vaccines and Documentation of Vaccinations

- Healthcare professionals follow appropriate procedures for vaccine storage and handling.
- Up-to-date, written vaccination protocols are accessible at all locations where vaccines are administered.
- Persons who administer vaccines and staff who manage or support vaccine administration are knowledgeable and receive ongoing education.
- Healthcare professionals simultaneously administer as many indicated vaccine doses as possible.
- Vaccination records for patients are accurate, complete, and easily accessible.
- Healthcare professionals report adverse events following vaccination promptly and accurately to the Vaccine Adverse Events Reporting System (VAERS) and are aware of a separate program, the National Vaccine Injury Compensation Program (NVICP).
- All personnel who have contact with patients are appropriately vaccinated.

Implementation of Strategies to Improve Vaccination Coverage

- Systems are used to remind parents/guardians, patients, and healthcare professionals when vaccinations are due and to recall those who are overdue.
- Office- or clinic-based patient record reviews and vaccination coverage assessments are performed annually.
- Healthcare professionals practice community-based approaches.

California Department of Public Health – March 2018

Preventing Perinatal Hepatitis B

Guidelines for Prenatal Care Providers

Timely postexposure prophylaxis (PEP) of the infants of hepatitis B-infected women is very effective in preventing perinatal hepatitis B virus (HBV) transmission. When a mother is infected with hepatitis B, her infant must be given hepatitis B immunoglobulin **(**HBIG) and hepatitis B vaccine within 12 hours of birth per the recommendations of the Advisory Committee on Immunization Practices (ACIP)[1].

However, even infants who have received appropriate PEP can become infected, typically when the mother has a high HBV viral load during pregnancy. To ensure that HBV-infected pregnant women with high viral loads are identified, ACIP and the American Congress of Obstetricians and Gynecologists (ACOG) recommend HBV DNA screening of all HBV-infected pregnant women and referral of women with HBV DNA >20,000 IU/mL to a specialist during pregnancy for further evaluation. The American Association for the Study of Liver Disease (AASLD) now recommends antiviral therapy for pregnant women with HBV DNA levels >200,000 IU/mL.[1]

For more information, see Figure on page 2, the latest ACIP Recommendations[1], or the ACOG website:
http://www.acog.org/About-ACOG/ACOG-Departments/ACOG-Rounds/September-2015/HBsAg

TEST PREGNANT WOMEN

- **Providers are mandated to test pregnant women for hepatitis B surface antigen (HBsAg)** (California Health and Safety Code, Section 125085). The HBsAg test should be ordered at an early prenatal visit with every pregnancy. The recommended prenatal panel and standalone HBV test codes appear in the Table on page 3.
- **Re-test an HBsAg-negative woman before delivery** if she has clinical hepatitis or if she was at risk for hepatitis B exposure during pregnancy. Risk factors include recent intravenous drug use, an HBsAg-positive sex partner, more than one sex partner in the past 6 months, or recent treatment for an STD.
- **Test all HBsAg-positive pregnant women for HBV DNA** (viral load). HBV DNA ≥20,000 IU/mL is associated with an increased risk of perinatal transmission of hepatitis B virus.
- **Refer all HBsAg-positive pregnant women with high viral loads (>20,000 IU/ml)** to a specialist for evaluation and possible antiviral treatment.

DISCREPANT HBsAg LABORATORY TESTING RESULTS

- Occasionally, prenatal care providers receive unexpected HBsAg-positive test results for pregnant women who do not have known risk factors for hepatitis B infection or may have two sets of results with discrepant HBsAg findings. In these cases, CDPH recommends total anti-HBc, IgM anti-HBc and HBV DNA testing in addition to a repeat HBsAg test. If the mother's status remains unclear at the time of the birth, the healthcare provider should consider providing PEP to the infant. Please feel free to contact the CDPH Immunization Branch at 510-620-3737 with any questions about hepatitis B testing.

REPORT HEPATITIS B CASES

- **Laboratories and medical providers are mandated to report positive HBsAg results** to the local health department of the patient (California Code of Regulations, Section 125085, and Title 17, Section 2500 [b]).
- **Submit a copy of the laboratory report** documenting the woman's HBsAg status to the birth hospital. Notation of the woman's HBsAg status on the prenatal record is not sufficient because laboratory test results can be misinterpreted and because transcription errors can occur.

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[1] Schillie S, Vellozzi C, Reingold A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. MMWR Recomm Rep 2018;67(No. RR-1):1–31. DOI: http://dx.doi.org/10.15585/mmwr.rr6701a1

California Department of Public Health – March 2018

Preventing Perinatal Hepatitis B

Guidelines for Prenatal Care Providers

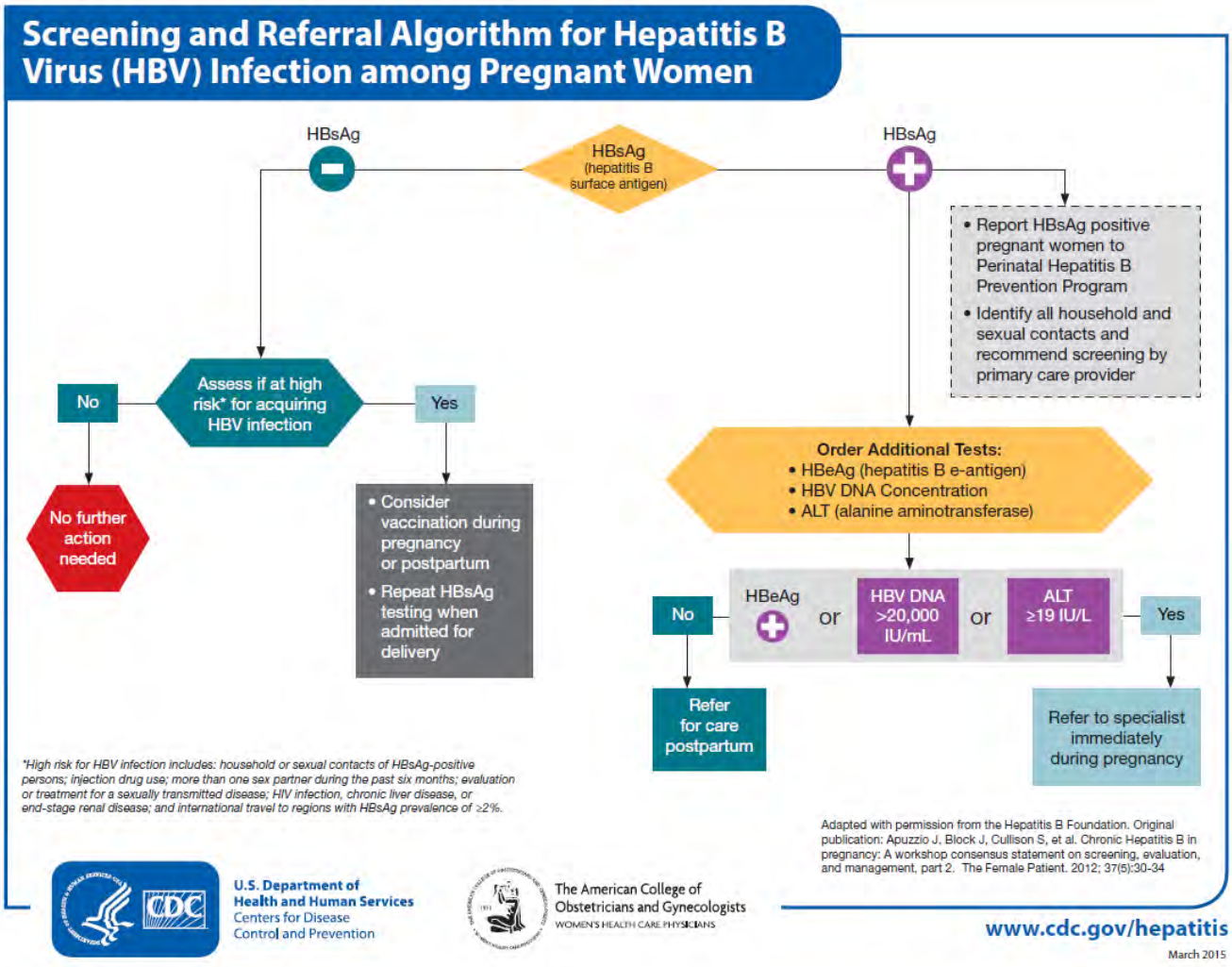
VACCINATE

- **Vaccinate** pregnant women who are at risk for hepatitis B infection if they are HBsAg-negative and are not immune (anti-HBs negative).

INFORM AND REFER

- **Inform** HBsAg-positive women of the importance of **postexposure prophylaxis** and **postvaccination serologic testing** for their infants, and that **breastfeeding** is safe if their infant receives HBIG and hepatitis B vaccine at birth.
- **Refer** HBsAg-positive pregnant women to a specialist for **medical management and counseling** even if her HBV DNA ≤20,000 IU/mL if she is not already receiving such care.

Figure.



Preventing Perinatal Hepatitis B

Guidelines for Prenatal Care Providers

Table.

Screening Pregnant Women for Hepatitis B Virus (HBV) Infection:

Ordering Prenatal Hepatitis B Surface Antigen (HBsAg) Tests from Major Commercial Laboratories

Laboratory	Test Option	Test Name	Reflex to Confirmation Test*	Test Code/ID	CPT Code	Web Link
ARUP Laboratories	Panel	Prenatal Reflexive Panel	✓	0095044	87340**	http://ltd.aruplab.com/Tests/Pub/0095044
	Standalone	Hepatitis B Virus Surface Antigen with Reflex to Confirmation, Prenatal	✓	2007573	87340	http://ltd.aruplab.com/Tests/Pub/2007573
LabCorp	Panel	Prenatal Profile I with Hepatitis B Surface Antigen	✓	202945	80055	https://www.labcorp.com/wps/portal/provider/testmenu/ *(Enter test code or CPT code to search for test)*
	Panel	Hepatitis Profile XIII (HBV Prenatal Profile)	✓	265397	87340**	https://www.labcorp.com/wps/portal/provider/testmenu/ *(Enter test code or CPT code to search for test)*
	Standalone	N/A	N/A	N/A	N/A	
Mayo Medical Laboratories	Panel	Prenatal Hepatitis Evaluation	✓	PHSP	87340**	http://www.mayomedicallaboratories.com/test-catalog/Overview/5566
	Standalone	Hepatitis B Surface Antigen Prenatal, Serum	✓	HBAGP	87340	http://www.mayomedicallaboratories.com/test-catalog/Overview/86185
Quest Diagnostics	Panel	Obstetric Panel	✓	20210	80055	http://www.questdiagnostics.com/testcenter/BUOrderInfo.action?tc=20210&labCode=MIA
	Standalone	N/A	N/A	N/A	N/A	

**When an HBsAg test result is reactive, laboratories may automatically perform a confirmatory test without additional provider order.*

***This CPT code corresponds only to the HBsAg screening component of this laboratory panel; additional CPT codes might be associated with other component tests in this laboratory panel.*

Notes: CDC recommends healthcare providers use prenatal HBsAg tests (vs. non-specific tests) for pregnant women, which allows for reporting of positive results along with pregnancy status to public health jurisdictions. Refer all HBsAg positive pregnant women to Perinatal Hepatitis B Prevention Program coordinators for case management of mother and infant: http://www.cdc.gov/vaccines/vpd-vac/hepb/perinatal-contacts.htm.

Laboratories reserve the right to add, modify, or stop performing tests at any time – providers should review any test notifications from laboratories for changes.

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

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

www.cdc.gov/hepatitis

March 2015

For additional information, go to the CDC Perinatal Hepatitis B Prevention Program website at https://www.cdc.gov/vaccines/programs/perinatal-hepb/index.html or the CDPH Perinatal Hepatitis B Prevention Program website at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Perinatal.aspx

HOW TO RECORD TEMPERATURES (F°)

FOR REFRIGERATORS AND FREEZERS

CHECK TEMPERATURES TWICE A DAY.

1 **Fill out header.**

2 **Record the time and your initials next to the day of the month:**

a.m. temperatures **before** opening the refrigerator or freezer.

p.m. temperatures about an hour before the office closes to allow time for corrective actions.

3 **Record a check mark if you see or hear an alarm.**

If the alarm did not go off, leave blank.

4 **Record CURRENT, MIN, and MAX temperatures neatly, accurately, and in the correct columns.**

Do not record LO/HI alarm settings.

F° Refrigerator Temperature Log

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
January 2018	Injection Room Unit #2	012345

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
16	8:00 a.m.	CS	✓	37.4	33.0	39.2	
	p.m.						
17	a.m.						
	p.m.						

Remember to write in pen.

IF NO ALARM:

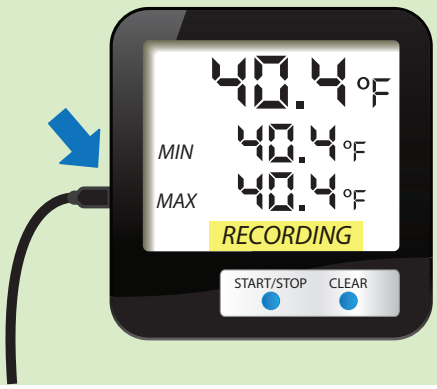
1 **Clear MIN and MAX.**
(Skip this step if your data logger resets automatically.)

Confirm MIN and MAX now match the CURRENT temperature.

2 **Ensure data logger is in place and recording.**

(Some devices need to be reconnected and restarted.)

Refer to the device's product guide. Additional instructions at EZIZ.org/assets/docs/IMM-1206.pdf.

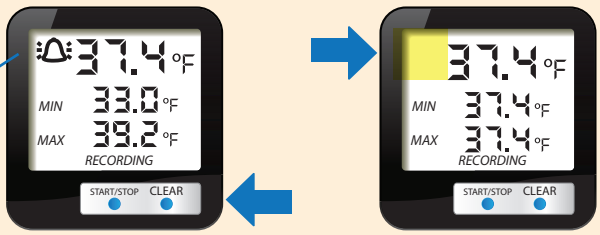


Temperatures should be within range:

Refrigerator	Freezer
46.0°	5.0°
45°	4°
44°	3°
43°	2°
42°	1°
41°	0°
40°	-1°
39°	-2°
38°	-3°
37°	-4°
36.0°	-5°
	-6°
	-7°
	-8°
	-9°
	-10 to -58°

CONTINUED ON PAGE 2.

IF ALARM WENT OFF:



1. **Clear MIN, MAX and alarm symbol.** (Skip this step if your data logger resets automatically.)

2. **Post sign on refrigerator or freezer.** Do not use vaccines unless advised by manufacturers or SHOTS at MyVFCvaccines.org.

3. **Alert your supervisor.**

4. **Report ALL excursions to SHOTS.**
   - Download and save temperature data file to the folder for your device. (Use file name: PIN-Unit ID-Date-Time.)
   - Review file to find the excursion.
   - Report the details of the excursion to SHOTS at MyVFCvaccines.org.

Sample Data File

	Limit	First Event	Events	Time	Pass/Fail
High	46.1°F	None	0		PASS
Low	35.9°F	1/16/2018 2:34 PM	5	25 Mins	FAIL

5. **Record assigned SHOTS ID on the temperature log.**

6. **Ensure data logger is in place and recording.** (Some devices need to be reconnected and restarted.)

F° Refrigerator Temperature Log

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
January 2018	Injection Room Unit #2	012345

DAY OF MONTH	TIME	INITIALS	ALAPM	CURRENT	MIN	MAX	SHOTS ID
16	8:00 a.m.	CS	✓	37.4	33.0	39.2	67891
	p.m.						

If the alarm goes off before the end of the day, follow the same instructions on the log immediately.

SUPERVISOR'S REVIEW

When the two-week log is complete:

- Review log to make sure all information was properly recorded.
- Download, save, and review temperature data files for the two-week period. Record date on the log.
- Report any missed excursions to SHOTS. Follow instructions above.
- Certify the log by checking off actions taken and filling out names and signatures.
- Keep temperature logs for 3 years.

Review must be done for days 1-15 and again for days 16-31.

When log is complete, check all that apply:

- [x] Month/year/fridge ID/PIN are recorded.
- [x] Temperatures were recorded twice daily.
- [x] I reviewed data files for all the days on this log to find any missed excursions.
  Date downloaded: 1 / 31 / 2018
- [x] Any excursions were reported to SHOTS at MyVFCvaccines.org.
- [x] We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: Edward Morales, M.D.

Signature: E. Morales

Date: 1 / 31 / 2018

Staff Names and Initials: Cecilia Sanchez (CS)

Preparing Vaccine Storage Units

Prepare vaccine refrigerators and freezers to maintain stable temperatures. Stabilize temperatures before storing vaccines. The concepts are identical for both refrigerators and freezers.

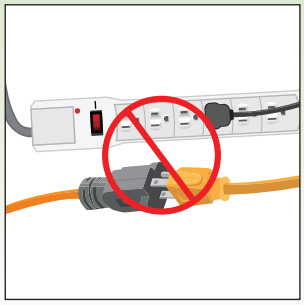
1. Protect the power supply.

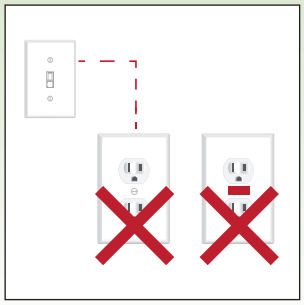
DO

- Plug each storage unit into its dedicated wall outlet.
- Secure the plug with a guard or cover and post "Do Not Unplug" signs.
- Label fuses and circuit breakers so the Vaccine Coordinator is alerted if power goes off.

DO NOT USE

- Multi-outlet power strips or extension cords
- Outlets with GFI circuit switches (they have red reset buttons)
- Outlets that are controlled by wall switches





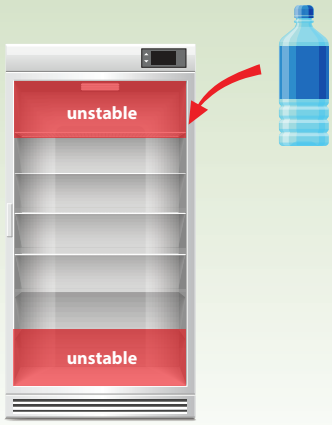
2. Add plenty of water bottles (refrigerators) or cold packs (freezers only) in unstable areas:

- On the top shelf (don't block air vents)
- On the unit's floor (for household stand-alone units, remove drawers and bins)
- In any door shelves

Tip: Add them along the back wall to prevent vaccines from touching the wall.

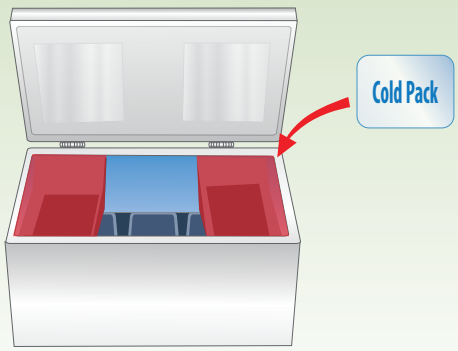
Refrigerators

Household-grade



Pharmaceutical-grade

Chest freezer



Preparing Vaccine Storage Units

3. Set up a data logger for each storage unit.

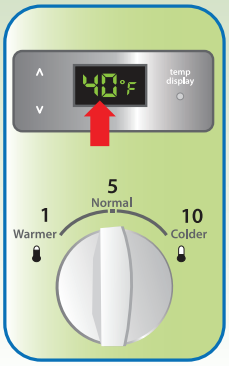
- Place the buffered probe in the center of the storage unit next to vaccines.
- Place or mount the digital display so temperatures can be read without opening the storage unit door.
- Thread the probe's cable through the side of the door and attach it to the digital display.
- Store your backup device's buffered probe in the vaccine refrigerator.

4. Ensure the data logger is recording.

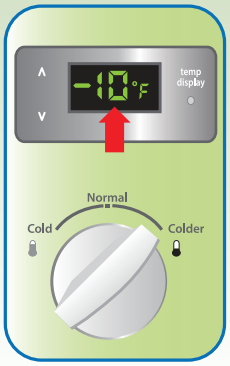
Tip: Some devices might display "REC" or "RECORDING."

5. Set storage unit temperatures.

For refrigerators.
Set thermostat to 40°F (4°C). If it has a dial, adjust the temperature dial as needed.

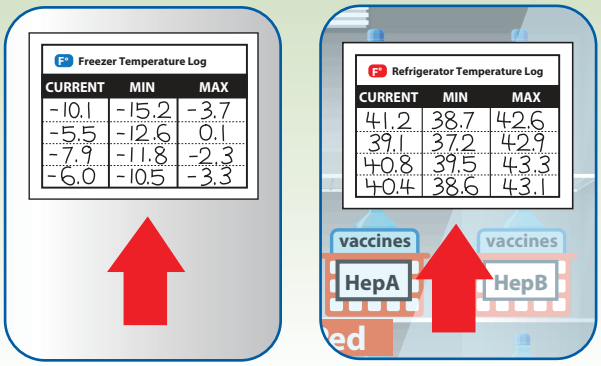


For freezers.
Set thermostat to below 0°F (18°C). If it has a dial, set it to the coldest.



6. Post VFC temperatures logs.

Post VFC temperature logs on the refrigerator and freezer doors.
Once temperatures have stabilized, record CURRENT, MIN, and MAX temperatures on the logs twice daily.



While Waiting for Temperatures to Stabilize

7. Configure data logger settings using VFC's "Data Logger Setup & Use" job aid.

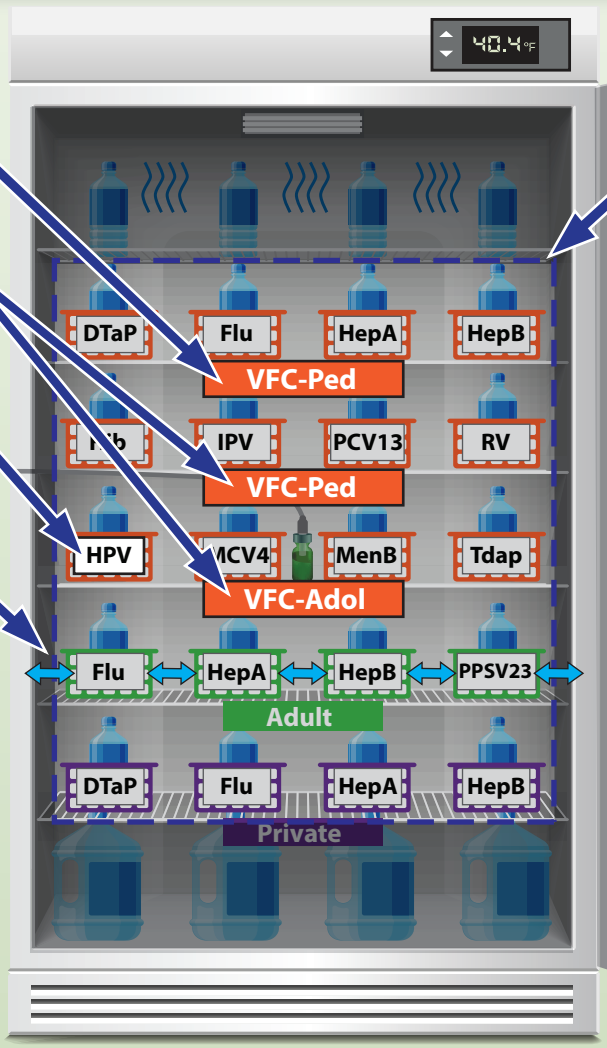
8. Set up storage units using VFC's "Setting Up Vaccine Storage Units" job aid.

Setting Up Vaccine Storage Units

Organize refrigerators and freezers to facilitate vaccine management and reduce administration errors. Do not store vaccines until storage units have stabilized within their OK ranges for 3-5 days. MMR, MMRV, and Varicella must be stored in the freezer. Plan to store all other VFC vaccines in the refrigerator.

Sample Refrigerator

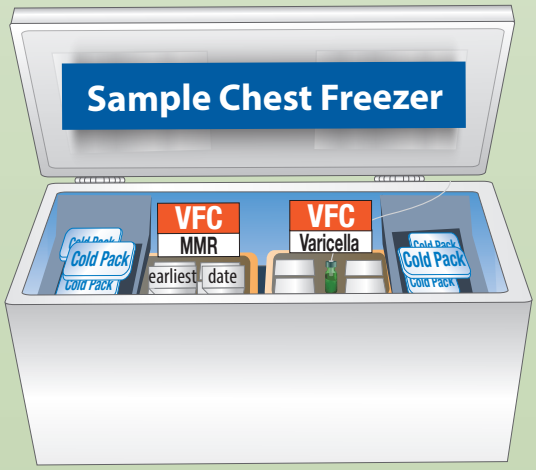
- ✓ Clearly label VFC and private vaccines.
- ✓ Group vaccines (pediatric, adolescent, adult).
- ✓ Label shelf space or baskets to make vaccines easy to find.
- ✓ Position vaccines or baskets 2-3 inches away from walls, floor, and other baskets.
- ✓ Store vaccines in original packaging with earliest expiration date in front.
- ✓ Diluents may be stored next to refrigerated vaccines unless manufacturer states otherwise. Never store diluents in the freezer.
- ✓ If necessary, medications or biologics may be stored below vaccines and on a different shelf.



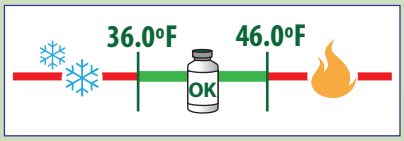
Usable space for vaccine is inside dashed lines.

- ✗ Do not block air vents.
- ✗ Do not stack baskets on top of each other.
- ✗ No vaccines in doors.
- ✗ No food or beverages.

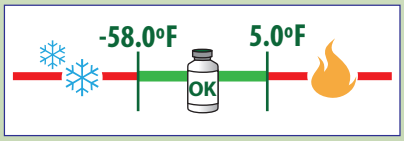
Sample Chest Freezer



Refrigerator temperatures



Freezer temperatures



VFC Field Rep:

www.eziz.org

Vaccine Management Plan

KEEP YOUR MANAGEMENT PLAN NEAR THE VACCINE STORAGE UNITS

Practices must maintain a vaccine management plan for routine and emergency situations to protect vaccines and minimize loss due to negligence. The Vaccine Coordinator and Backup are responsible for implementing the plan.

Instructions: Complete this form and make sure key practice staff sign and acknowledge the signature log whenever your plan is revised. Ensure that all content (including emergency contact information and alternate vaccine storage location) is up to date. Keep the plan in a location easily accessible to staff and available for review by VFC Field Representatives during site visits. (**For practices using mobile units to administer VFC vaccines:** Complete the VFC "Mobile Unit Vaccine Management Plan" to itemize equipment and record practice protocols specific to mobile units.)

Section 1: Important Contacts

KEY PRACTICE STAFF & ROLES

Office/Practice Name	VFC PIN Number
Address	

Role	Name	Title	Phone #	Alt Phone #	E-mail
Provider of Record					
Provider of Record Designee					
Vaccine Coordinator					
Backup Vaccine Coordinator					
Immunization Champion (optional)					
Receives vaccines					
Stores vaccines					
Handles shipping issues					
Monitors storage unit temperatures					

USEFUL EMERGENCY NUMBERS

Service	Name	Phone #	Alt Phone #	E-mail
VFC Field Representative				
VFC Call Center		**1-877-243-8832**		
Utility Company				
Building Maintenance				
Building Alarm Company				
Refrigerator/Freezer Alarm Company				
Refrigerator/Freezer Repair				
Point of Contact for Vaccine Transport				

Vaccine Management Plan

Section 2: Equipment Documentation

VACCINE STORAGE UNITS/LOCATIONS AND MAINTENANCE

Maintenance/Repair Company: **Phone:**

Unit Type	Unit/Location ID	Brand	Model	Dates / Types of Service
Refrigerator				
Refrigerator				
Refrigerator				
Refrigerator				
Freezer				
Freezer				
Freezer				
Freezer				

For Manual-Defrost Freezers: Outline the practice's protocol for defrosting these freezers—if different from the instructions provided under "Routine Maintenance" in the Provider Operations Manual (POM) topic "Configuring Vaccine Storage Units."

Location of Completed Temperature Logs:

Section 2: Equipment Documentation (Continued)

DIGITAL DATA LOGGERS

Location of Temperature Data Files			
IT/Support Provided by		Phone	
Auto-Alert Notifications Sent to Staff Contact		Text/ E-mail	
Auto-Alert Notifications Sent to Staff Contact		Text/ E-mail	
Auto-Alert Notifications Sent to Staff Contact		Text/ E-mail	

For Devices with Auto-Alerts: Outline or attach the practice's protocol for responding to temperature excursions after the practice is closed. Consider implementing a phone tree. Ensure staff safety is addressed (e.g., for alerts after dark).

Section 2: Equipment Documentation (Continued)

DIGITAL DATA LOGGERS/MAINTENANCE

Calibration Company/Laboratory		Contact		Phone	
Calibration Company/Laboratory		Contact		Phone	
Location of Certificates of Calibration					
Location of Backup Digital Data Logger					

Temperature Monitoring Device Model/Serial Number	Primary?	Backup?	Calibration Expiration Date	Alarm Setting Low	Alarm Setting High

Section 3: Summary of Key Practice Staff Roles and Responsibilities

This document highlights key duties of designated vaccine management staff. However, all personnel working with vaccines should be familiar with VFC Program requirements.

PROVIDER OF RECORD

- ☐ Oversees key practice staff to ensure VFC Program requirements are met.
- ☐ Completes required EZIZ training lessons.
- ☐ Designates one provider as the Provider of Record Designee responsible for ensuring all VFC Program requirements are met when the Provider of Record is not available.
- ☐ Complies with all federal vaccine management requirements, including key areas outlined in this plan.
- ☐ Designates one staff as the Backup Vaccine Coordinator responsible for vaccine management when the primary Vaccine Coordinator is not available.
- ☐ Authorizes and reports staffing changes regarding the Vaccine Coordinator, Backup Vaccine Coordinator, Provider of Record, and Provider of Record Designee to the VFC Call Center.
- ☐ Meets and documents required annual training for the practice's vaccine management staff.
- ☐ Ensures that vaccine management staff are knowledgeable of VFC Program requirements for temperature monitoring and vaccine storage.
- ☐ Ensures that the practice's vaccine inventory management is consistent with VFC Program requirements.
- ☐ Ensures that the practice's vaccine storage units and temperature monitoring devices meet VFC Program requirements.
- ☐ Updates and revises vaccine management plan at least annually and when necessary.
- ☐ Reviews VFC Program requirements and management plan with staff at least annually and when necessary.
- ☐ Participates in VFC Program compliance site visits.

PROVIDER OF RECORD DESIGNEE

- ☐ Completes required EZIZ training lessons.
- ☐ Meets responsibilities listed above for the Provider of Record in his/her absence.

VACCINE COORDINATOR

- ☐ Completes required EZIZ training lessons.
- ☐ Meets responsibilities described in the Vaccine Coordinator job aid.
- ☐ Oversees the practice's vaccine management plan for routine and emergency situations.
- ☐ Monitors vaccine storage units.
- ☐ Maintains VFC-related documentation in an accessible location.
- ☐ Participates in VFC Program compliance site visits.

BACKUP VACCINE COORDINATOR

- ☐ Completes required EZIZ training lessons.
- ☐ Meets responsibilities described in the Vaccine Coordinator job aid when the primary Vaccine Coordinator is not available.

IMMUNIZATION CHAMPION

Consider assigning the role of Immunization Champion to focus on ensuring providers and staff are knowledgeable about IZ schedules, vaccine products and dosages, and on improving coverage levels. This is not an official role, but practices and clinics that assign an Immunization Champion often have better compliance rates.

The Immunization Champion

- ☐ ensures staff know how to and are completing VFC eligibility screening and documentation consistently;
- ☐ ensures vaccinators are consistently pulling from private or VFC stock as instructed in written orders;
- ☐ ensures vaccinators are urging parent/guardian to schedule follow-up doses before leaving;
- ☐ ensures vaccinators are educating patients and their parent/guardian about immunizations; and
- ☐ researches and collaborates with provider to implement essential immunization strategies practice-wide.

Section 4: Management Plan for Routine Situations

Refer to the Provider Operations Manual (POM) for instructions on completing each task.

INITIAL EQUIPMENT SETUP

- Use vaccine storage units and digital data loggers that meet VFC Program requirements. (Refer to "Vaccine Storage Unit Specifications" and "Data Logger Specifications.")
- Configure all storage units and digital data loggers to meet VFC Program requirements. (Refer to "Configuring Vaccine Storage Units" and "Configuring Data Loggers.")
- Post VFC-supplied temperature logs on vaccine storage unit doors, or nearby in an accessible location.
- Do not store vaccines in storage units until temperatures are stable (refrigerators at around 40.0°F and freezers below 0.0°F) for 3–5 days.
- **For providers designated solely as mass vaccinators:** Only use purpose-built, vaccine transport units for transport and on-site storage.

DAILY TASKS

Temperature Monitoring

- Read CURRENT, MIN, and MAX refrigerator & freezer temperatures twice a day, when the clinic opens and before it closes—even though using digital data loggers. (Refer to "Monitoring Storage Unit Temperatures.")
- Document temperatures on VFC refrigerator (Fahrenheit | Celsius) and freezer (Fahrenheit | Celsius) temperature logs.
- Take action for temperature excursions, if any, and take immediate action to protect vaccines. (Refer to "Taking Action for Temperature Excursions.")

BI-WEEKLY TASKS

Review and Certify Temperature Data

- Supervisor: Certify and sign that temperatures were recorded twice daily, staff printed names and initials, and corrective actions were taken—for each two-week reporting period. (Refer to "Monitoring Storage Unit Temperatures.")
- Download and review data files at the end of every two-week reporting period to look for missed excursions or temperature trends that might indicate performance issues with vaccine storage units. (Refer to "Monitoring Storage Unit Temperatures.")

MONTHLY TASKS

Physical Vaccine Inventory

- Conduct a careful and accurate physical vaccine inventory and complete the VFC "Vaccine Physical Inventory Form" or electronic equivalent. (Refer to "Conducting a Physical Vaccine Inventory.")
- Check vaccine expiration dates and rotate stock to place vaccines that will expire soonest in front of those with later expiration dates.
- Transfer vaccines that will expire within six months to other VFC providers. (Refer to "Transferring Vaccines between Providers.")

ANNUAL TASKS

- Allocate time for and complete VFC recertification.
- Review and update the practice's vaccine management plan. (Refer to "Vaccine Management Plan.")
- Review with key practice staff the vaccine management plan's section on preparing for and responding to vaccine-related emergencies and conduct regular vaccine transport drills to maintain competency.
- Calibrate primary and backup temperature monitoring devices annually (or every other year if the manufacturer's recommendation is for a longer period) following VFC Program requirements. Calibrate primary and backup devices on different schedules to ensure all refrigerators and freezers storing VFC-supplied vaccines are equipped with data loggers at all times. File certificates of calibration in a readily accessible area, keep them for three years. (Refer to "Configuring Data Loggers" for routine maintenance.)

Section 4: Management Plan for Routine Situations (Continued)

PER PROVIDER SCHEDULE

Routine Vaccine Orders

- Return all spoiled and expired vaccines. (Refer to “Reporting Spoiled, Expired, or Wasted Vaccines.”)
- Complete transfers between providers. (Refer to Transferring Vaccines between Providers.”)
- Determine total doses administered since previous order using VFC daily usage logs (or electronic equivalent). (Refer to “Administering Vaccines.”)
- Conduct a careful and accurate physical vaccine inventory to determine total doses on hand by vaccine. (Refer to “Conducting a Physical Vaccine Inventory.”)
- Submit vaccine orders according to provider category and order frequency. (Refer to “Submitting Routine Vaccine Orders.”)

Vaccine Deliveries

- Inspect packages carefully and complete the VFC “Vaccine Receiving Log and Checklist” to report damage or discrepancies immediately. (Refer to "Receiving Vaccine Deliveries.")
- Store vaccines and diluents immediately and rotate stock. (Refer to "Storing Vaccines.")

Routine Maintenance

- Establish a regular routine for cleaning vaccine storage units and defrosting manual-defrost freezers. (Refer to “Configuring Vaccine Storage Units” for routine maintenance.)
- Replace batteries in temperature monitoring devices every six months. (Refer to “Configuring Data Loggers” for routine maintenance.)

TO MINIMIZE LOSS

- Transfer to other VFC providers vaccines that will expire within six months. (Refer to "Transferring Vaccines between Providers.")
- Respond to planned or sudden vaccine-related emergencies following the practice‘s vaccine management plan. (Refer to "Responding to Vaccine-Related Emergencies.")
- Confirm clinic delivery hours when submitting routine vaccine orders to ensure staff are available to receive vaccines.

AT EACH IMMUNIZATION VISIT

- Conduct eligibility screening for all children through 18 years of age to ensure vaccines are pulled from the correct inventory. (Refer to "Conducting Eligibility Screening.")
- Administer all age-appropriate, ACIP-recommended vaccines and update VFC daily usage logs with doses used. (Refer to "Administering Vaccines.")
- Recommend non-routine, ACIP-recommended vaccines when indicated or when requested.

Section 4: Management Plan for Routine Situations (Continued)

AS NEEDED

Spoiled, Expired, and Wasted Vaccines

- Return spoiled and expired vaccines to McKesson within six months of expiration or spoilage for excise tax credit. (See "Reporting Spoiled, Expired, or Wasted Vaccines.")
- Properly dispose of wasted vaccines. (See "Reporting Spoiled, Expired, or Wasted Vaccines.")

Changes in Staff and Training

- Anyone acting in VFC roles (Provider of Record and Designee, Vaccine Coordinator and Backup) must complete the required EZIZ lessons when hired and annually thereafter; staff must demonstrate competency in their assigned VFC roles.
- Any clinician who administers VFC-supplied vaccines must be knowledgeable of and familiar with all ACIP-recommended immunizations, including schedules, indications, dosages, and new products.
- All staff who conduct VFC Program eligibility screening, documentation, and billing (e.g., front- or back-office staff) must be knowledgeable of VFC eligibility, documentation, and billing requirements.
- All staff and supervisors who monitor storage unit temperatures or sign off on VFC temperature logs must complete the related EZIZ lesson when hired and annually thereafter; they must be fully trained on use of the practice's data loggers.
- Train staff who are authorized to accept packages to immediately notify the Vaccine Coordinator when VFC-supplied vaccines are delivered.
- Update the practice's vaccine management plan to reflect any changes in key practice staff.

Device Replacement

- Purchase a new data logger if existing device or probe malfunctions, is damaged, or if device provides repeated, inaccurate temperature readings. (Exception for replacement probes recommended and replaced by the device manufacturer or calibration company.)
- When purchasing new data loggers: New devices must be able to generate a summary report of recorded temperature data since the device was last reset; summary reports must include minimum and maximum temperatures, total time out of range (if any), and alarm settings. Devices that only generate CSV data files or Excel spreadsheets are not acceptable.

Section 5: Worksheet for Emergency Vaccine Management

The following sections include space for information and necessary actions to take in the event of an emergency, such as unit malfunction, mechanical failure, power outage, natural disaster, or human error.

In an emergency, contact the following people in the order listed:

Role/Responsibility	First & Last Name	Phone #	Alt Phone #	E-mail Address
1.				
2.				
3.				
4.				

Does the clinic have a generator? If so, where is it?

If your clinic does not have a generator, and/or your vaccine storage unit fails, it might be necessary to transport vaccines to an alternate storage location (e.g., a local hospital or another VFC provider). Identify an alternate location(s) that has vaccine storage units and temperature monitoring devices that meet VFC Program requirements.

Alternate Vaccine Storage	Address & City	Phone #	Alt Phone #	E-mail Address

Location of Emergency Packing Supplies:

OTHER USEFUL INFORMATION

Facility Floor Plan: Attach a simple floor diagram identifying the location of key items needed during an emergency: circuit breakers, flashlights, spare batteries, keys to secured cabinets, backup digital data logger, vaccine storage units, coolers, etc.

Section 6: Management Plan for Emergencies

Do not risk staff safety during emergencies. Use common sense when attempting to protect vaccines. Use the following guidance for safeguarding vaccines in the event of planned or unplanned power interruptions (e.g., power outages, weather-related circumstances, fires, building maintenance/repairs, etc.).

CHECKLIST: BEFORE AN EMERGENCY

Proper preparation for emergencies is essential for protecting the viability of vaccines. Use the following checklist to help ensure practices are ready for planned or unexpected situations that might affect vaccine viability.

Step	Description
1.	Maintain current emergency contact information for key practice staff in the vaccine management plan.
2.	Maintain current contact information for alternate vaccine storage location(s), including the facility name, address, and telephone number in the vaccine management plan.
3.	Be familiar with backup power sources for commercial- and pharmacy-grade units.
4.	Know the location of the backup data logger used for vaccine transport.
5.	Stock vaccine packing and transport supplies, including a hard-sided cooler, frozen gel packs, and bubble wrap.
6.	Keep copies of the VFC "Refrigerated Vaccine Transport Log" and "Frozen Vaccine Transport Log" and floor plans (when available) for easy access during a vaccine-related emergency.
7.	Review annually the steps key practice staff must take to protect vaccines during short- or long-term outages.
8.	**Vaccine Transport Drill:** Practice packing the transport cooler using packing supplies and materials that simulate vaccine boxes. Do NOT practice with actual vaccines.

Section 6: Management Plan for Emergencies (Continued)

DURING AN EMERGENCY

Due to the risk to vaccines of improper packing and transporting, follow these step-by-step instructions during an emergency to determine whether vaccines should be transported or sheltered in place.

Step	Description
1.	Do not open the unit.
2.	Place a "DO NOT OPEN" sign on vaccine storage unit(s) and leave door(s) shut to conserve cold air mass.
3.	Notify the emergency contacts identified on the vaccine management plan's "Worksheet for Emergency Vaccine Management."
4.	Note the time the outage started and storage unit temperatures (CURRENT, MIN and MAX).
5.	Assess to determine the cause of the power failure and estimate the time it will take to restore power.
6.	Take appropriate action. **In the event of appliance failure:** Place vaccines in any VFC-approved backup storage unit with a VFC-compliant data logger, or transport vaccines to the designated alternate storage facility. (Refer to "Transporting Vaccines" for instructions.) **For power outages after hours:** Report any excursion to SHOTS the next morning and take appropriate action. (Refer to "Taking action for Temperature Excursions.") **For planned outages expected to be short-term (approximately fewer than 4 hours)*:** Monitor storage unit temperature and report any excursions once power has been restored. (Refer to "Taking action for Temperature Excursions.") **For planned/unplanned outages expected to be longer than approximately 4 hours,* or for any outage that extends beyond the current business day:** Transport vaccines to the designated alternate storage facility. (Refer to "Transporting Vaccines" for instructions.) If transport or relocation is not feasible (e.g., alternate location is not available or travel conditions are unsafe), keep vaccine storage units closed and notify the VFC Call Center as soon as possible.
7.	Once power has been restored, follow the steps listed in "After an Emergency."

* ***Note:*** Practices using purpose-built (pharmacy-, biologic-, and laboratory-grade) and commercial-grade storage units may need to transport vaccines to an alternate location sooner than **2 hours** as temperatures in these units tend to increase faster during power failures.

Section 6: Management Plan for Emergencies (Continued)

AFTER AN EMERGENCY

Follow these step-by-step instructions after vaccine-related emergencies in compliance with VFC Program requirements and best practices.

Step	Description
1.	Verify storage units are functioning properly.
2.	If vaccine storage units are outside the required temperatures ranges, record the time that power was restored and storage unit temperatures (CURRENT, MIN and MAX) on the temperature log.
3.	Once vaccine storage unit temperatures have stabilized, notify the emergency contacts identified on the vaccine management plan's "Worksheet for Emergency Vaccine Management."
4.	If vaccines were transported due to an emergency situation: A. Follow the same transportation procedures and transfer vaccine back to its original storage unit. (Refer to the "Transporting Vaccines" for instructions.) B. If vaccines were kept at the proper temperature during the power outage, notify supervisor that the vaccines may be used.
5.	If vaccines were maintained at required temperatures: A. Remove the "DO NOT OPEN" sign from storage unit(s). B. Notify supervisor that vaccines may be used.
6.	If vaccines were exposed to out-of-range temperatures: A. Label affected vaccines "Do Not Use." B. Document and report the excursion to SHOTS at MyVFCVaccines.org to receive further guidance. (Refer to the "Reporting Temperature Excursions" for instructions.)

Section 7: Training Log for Required VFC EZIZ Lessons

List all staff with vaccine-related responsibilities to acknowledge that they have completed the required EZIZ lessons.

Staff Name	Role	EZIZ Lesson Completion Dates			
		VFC Program Requirements	Storing Vaccines	Monitoring Storage Unit Temperatures	Conducting a Vaccine Inventory (Vaccine Coordinator & Backup)

Section 8: Annual Signature Log

Print name, sign, and date one signature block each year and when you up update practice-specific information. By signing, staff acknowledge they have reviewed and are familiar with all the information in the document.

Updates & Comments					
Provider of Record		Signature		Date	
Vaccine Coordinator		Signature		Date	
Backup Vaccine Coordinator		Signature		Date	
Provider of Record Designee		Signature		Date	
Staff Who Updates VMP		Signature		Date	
Additional Staff		Signature		Date	

Updates & Comments					
Provider of Record		Signature		Date	
Vaccine Coordinator		Signature		Date	
Backup Vaccine Coordinator		Signature		Date	
Provider of Record Designee		Signature		Date	
Staff Who Updates VMP		Signature		Date	
Additional Staff		Signature		Date	

Updates & Comments					
Provider of Record		Signature		Date	
Vaccine Coordinator		Signature		Date	
Backup Vaccine Coordinator		Signature		Date	
Provider of Record Designee		Signature		Date	
Staff Who Updates VMP		Signature		Date	
Additional Staff		Signature		Date	

Updates & Comments					
Provider of Record		Signature		Date	
Vaccine Coordinator		Signature		Date	
Backup Vaccine Coordinator		Signature		Date	
Provider of Record Designee		Signature		Date	
Staff Who Updates VMP		Signature		Date	
Additional Staff		Signature		Date	

VAERS and VERP:
Report Vaccine Adverse Events & Administration Errors

Reporting information to these two national surveillance systems helps ensure patient safety.

Vaccine Adverse Event Reporting System (VAERS)

VAERS collects information about reactions and possible side effects that occur after vaccine is administered. Reactions may happen immediately, hours, days, or weeks after vaccination. Report a reaction even if you are not sure that it was caused by a vaccine.

Examples:

- Fever, local reactions, or other illnesses
- Rare serious reactions, hospitalization, disability, or death

Your report can help identify and assess:

- Risk factors for particular types of adverse events
- Vaccine lots with increased numbers of reported adverse events
- Safety of new vaccines

Report adverse events to vaers.hhs.gov

Vaccine Error Reporting Program (VERP)

VERP collects information about preventable vaccine administration errors. These types of errors may make vaccines ineffective, leaving patients unprotected. Report any errors even if the vaccine was not given to a patient.

Examples:

- Incorrect dose
- Wrong or expired product
- Wrong administration site

Your report can help advocate for changes in:

- Vaccine names
- Packaging and labeling
- Other modifications that could reduce the likelihood of vaccine errors

Report vaccine administration errors to verp.ismp.org

VACCINES for CHILDREN CALIFORNIA VFC

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VFC Eligibility Screening & Documentation Requirements

1. Screen for VFC Eligibility

You are required to screen ALL children (birth through 18 years) in your practice at every immunization encounter prior to administering VFC vaccines.

2. Document the Patient's Eligibility

There are three important elements to include when you document a patient's eligibility:

1. Date of screening;
2. Whether the patient is VFC eligible or not; and
3. If the patient is VFC eligible, document which of the following criterion is met:
    - **Medicaid** (Medi-Cal/CHDP) eligible
    - **Uninsured:** A child who has no health insurance coverage
    - **American Indian or Alaska Native**
      A patient who self-identifies as uninsured or American Indian/Alaska Native requires no additional proof, and providers are not required to verify the patient's eligibility declaration.
    - **Underinsured:** A child who has private health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC).

No other factor can be considered when screening for eligibility.

3. Use a VFC-Compliant Record Keeping System

Providers must document the results of the screening elements for every patient. Use any of these VFC-compliant record keeping systems:

- **CAIR**, the California Automated Immunization Registry, or a similar immunization information system
- **Electronic Medical Record (EMR)/Electronic Health Record (EHR)**
  Note: *if your practice's EMR/EHR does not capture all the necessary screening elements, they may be documented in the system's notes section or by using the other options offered here.*
- **VFC Program Patient Eligibility Screening Record form** (IMM-1111)

Maintain patient eligibility screening records for a minimum of 3 years.

4. Communicate the Patient's Eligibility

The person who screens patients for VFC eligibility is not necessarily the person who administers the immunizations. Your office needs a system so the vaccinator knows when to use VFC-supplied vaccine and when to use private vaccine.

California Department of Public Health, Immunization Branch

www.eziz.org

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IMM-1161 (6/15)

Preparing Liquid Vaccines

Before You Start

- Wash your hands.
- Gather alcohol pads, appropriate needle, and, as needed, syringe.
- Get the vial or syringe of vaccine.
- Check vaccine against physician's written order.
- Check that today's date is sooner than vaccine's expiration date.

Drawing Up Liquid Vaccine

Single-dose vials

- Remove plastic cap.
- Shake vial.
- Cleanse stopper with alcohol pad and **let it dry**.
- Assemble needle and syringe.
- Uncap needle.
- Hold vial steady on counter.
- Insert needle straight into center of vial stopper.
- Invert vial and pull needle back so the tip is in the liquid.
- Pull back on plunger and draw up entire contents of vial.
- Withdraw needle.
- Tap syringe and push out air.
- Recap the clean needle.

Multi-dose vials

- Remove plastic cap.
- Shake vial.
- Cleanse stopper with alcohol pad and **let it dry**.
- Assemble needle and syringe.
- Uncap needle.
- Pull back syringe plunger equal to one dose of vaccine, usually 0.5 cc.
- Hold vial steady on counter.
- Insert needle straight into center of stopper and inject air into vial.
- Invert vial so needle tip is in liquid.
- Withdraw one dose.
- Return needle and vial to counter top.
- Withdraw needle.
- Tap syringe and push out air.
- Recap the clean needle.

Pre-filled syringes

- Shake syringe thoroughly.
- Remove syringe tip cover.
- Attach needle to syringe.