



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**



Strategic National Stockpile: Point of Dispensing Training

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Unit 1: Strategic National Stockpile (SNS) Dispensing

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Introductions

- ▶ Sebastian Gely
 - ▶ Strategic National Stockpile Program Manager
 - ▶ State Emergency Management Agency

- ▶ Emily Carpenter
 - ▶ Medical Countermeasures/SNS Program Planner
 - ▶ State Emergency Management Agency

- ▶ Your Turn!
 - ▶ Name
 - ▶ Health Department Affiliation
 - ▶ Experience working with dispensing medications or administering vaccinations?

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Course Goal

Provide an orientation to the specific terms and procedures to follow in accordance with Federal and State guidance when dispensing medications during a governor-declared state of emergency in Missouri

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Course Objectives

- ▶ Summarize the Strategic National Stockpile (SNS) Program
- ▶ List applicable state and federal laws/regulations
- ▶ Discuss techniques for safely administering medications

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POD Training Video Part 1



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POD Training Video Part 2



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What is a
POD?



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What is a POD?

- ▶ Not to be confused with Points of Distribution, **Points of Dispensing (PODs)** are sites used to dispense life-saving medications in an emergency
 - ▶ For distribution of medication, not treatment
 - ▶ Can be used for large scale incidents such as natural disasters, terrorist attacks, or other public health emergencies

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Types of PODS

- ▶ Open (Public) PODs: Dispensing sites operated by Public Health Agencies which serve the general public
- ▶ Closed (Private) PODs: Dispensing sites operated by businesses/organizations in partnership with Public Health Agencies, which serve designated populations and relieve overcrowding at public PODs

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Why Use PODs?

- ▶ Increase the speed at which medication reaches the community
- ▶ Decrease the number of individuals who may become ill
- ▶ Provide timely information



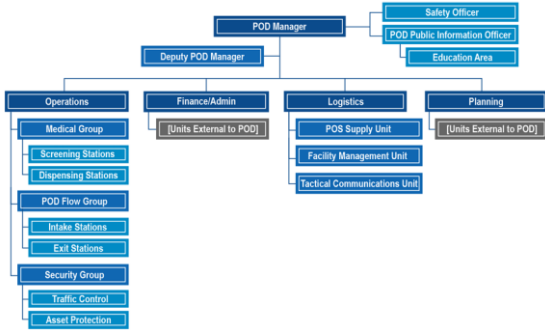
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POD Operations

- ▶ All PODS require the same basic operations, but how they are carried out depends on the plans for each specific POD site and for the jurisdiction overall
 - ▶ All PODS need some form of:
 - ▶ Greeting
 - ▶ Triage
 - ▶ Registration
 - ▶ Screening
 - ▶ Dispensing
 - ▶ Patient Education
 - ▶ These roles can be combined or further divided as needed

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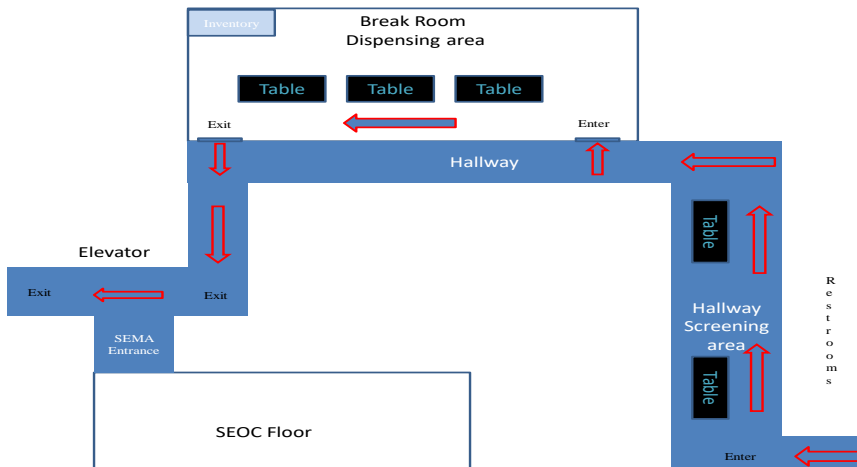
POD Command Structure



- ▶ Recommended to use an Incident Command System Model
 - ▶ Allows for flexibility in staffing and scaling as needed
- ▶ The chain of command, POD roles used, or other site-specific information should be determined by the local jurisdiction

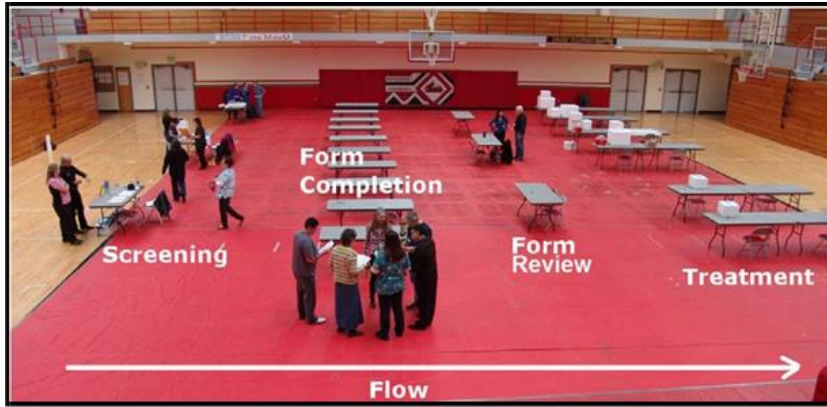
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Small Closed POD



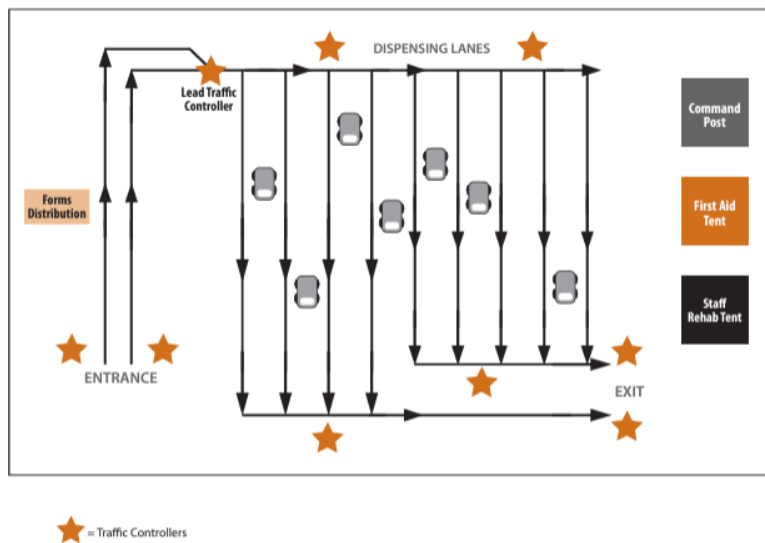
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Medium Open POD



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Large Drive Through POD



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Additional POD Resources

- ▶ Information on POD structure and operations are to be provided by the respective jurisdiction
- ▶ Additional training can be found at CDC Train (<https://www.train.org/cdctrain/welcome>)
- ▶ Best practices and POD Throughput Calculators are available in Annex G of the State's SNS plan

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Unit 2: Strategic National Stockpile (SNS) Overview

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Objectives

- ▶ Summarize the Strategic National Stockpile (SNS) Program by:
 - ▶ Describing when the SNS may be deployed
 - ▶ Listing the categories of assets available through the SNS
 - ▶ Describe the process for requesting SNS assets

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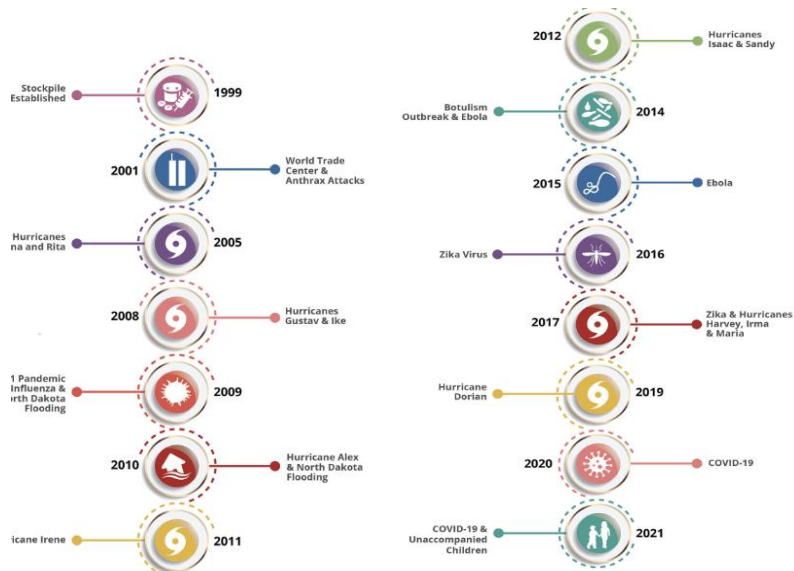
SNS History

- ▶ 1999: Congress establishes the National Pharmaceutical Stockpile
 - ▶ The NPS was made to provide impacted populations necessary pharmaceuticals within 12 hours
- ▶ 2003: The National Pharmaceutical Stockpile was renamed to the Strategic National Stockpile
 - ▶ The SNS is the nation's largest supply of medical countermeasures
 - ▶ SNS is not a first response and SNS assets are only for use when local supplies have been exhausted



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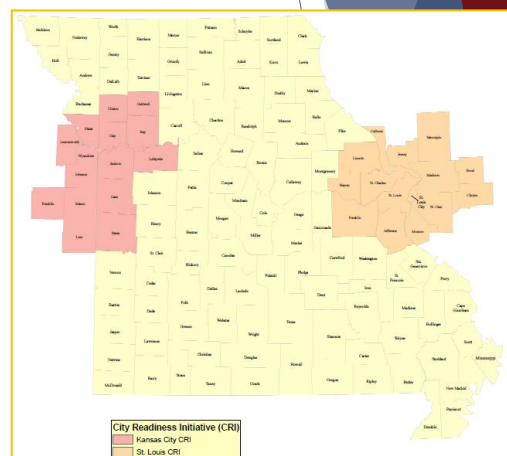
SNS Timeline



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Public Health Readiness: Cities Readiness Initiative (CRI)

- ▶ CRI was established in 2004 to enhance preparedness in the largest cities of the US
- ▶ Based on aerosolized Anthrax threat
- ▶ Goal: Provide mass prophylaxis to 100% of the community within 48 hours
- ▶ Population of Missouri 6,196,156 (2023 Census Data)



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Public Health Emergencies: Category A Pathogens

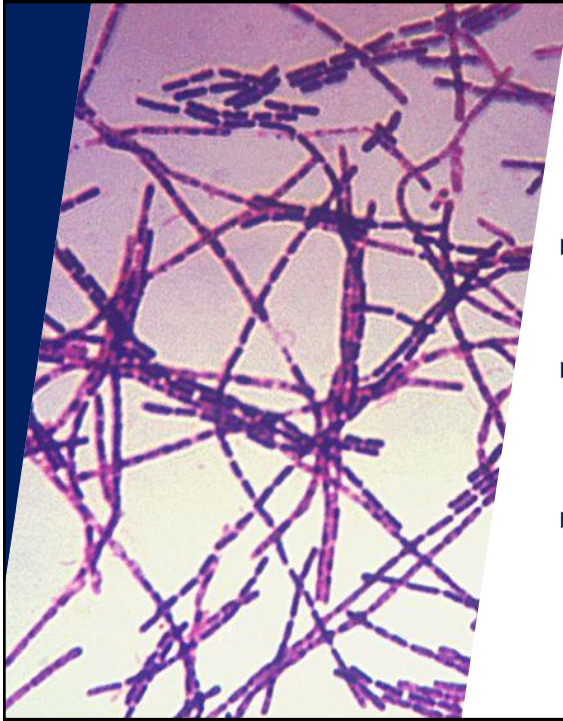
The following slides provide an introduction to these potential biohazard threats, but are not intended to be a clinical discussion of diseases

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Public Health Emergencies: Category A Pathogens

- ▶ Category A Pathogens are those biological agents that pose the highest risk to national security and public health because they:
 - ▶ Can be easily disseminated or transmitted
 - ▶ Result in high mortality rates
 - ▶ Might cause public panic and social disruption
 - ▶ Require special action for public health preparedness
- ▶ Category A Pathogens include:
 - ▶ Anthrax (*Bacillus anthracis*)
 - ▶ Botulism (*Clostridium botulinum* toxin)
 - ▶ Plague (*Yersinia pestis*)
 - ▶ Smallpox (variola major)
 - ▶ Tularemia (*Francisella tularensis*)
 - ▶ Viral Hemorrhagic Fevers
 - ▶ Arenaviruses (Lassa, Lujo, and others)
 - ▶ Bunyaviruses (Crimean-Congo Hemorrhagic Fever, and others)
 - ▶ Flaviviruses (Dengue)
 - ▶ Filoviruses (Ebola, Marburg)

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Anthrax

- ▶ Anthrax is a serious infections disease caused by gram-positive, rod-shaped bacteria known as *Bacillus anthraxis*
- ▶ Which of the four types of Anthrax a person develops depends on how the spores enter the body, but note that Anthrax is **NOT CONTAGIOUS**
- ▶ *Bacillus anthracis* is one of the most likely biological agents to be used in a bioterrorist attack

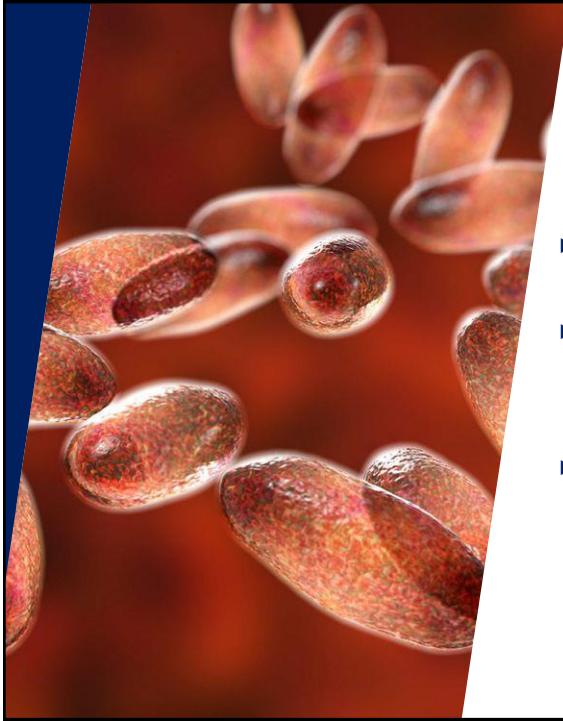
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Botulism

- ▶ Botulism is a rare, but serious, illness caused by a toxin produced from bacteria known as *Clostridium botulinum*, and rare strains of *Clostridium butyricum* and *Clostridium baratii*
- ▶ Botulinum toxin is one of the most lethal toxins known and attacks the body's nerves causing difficulty breathing, muscle paralysis, and death
- ▶ Although the greatest threat of Botulinum toxin may be by aerosol use, the more likely threat may be the deliberate contamination of food or drink

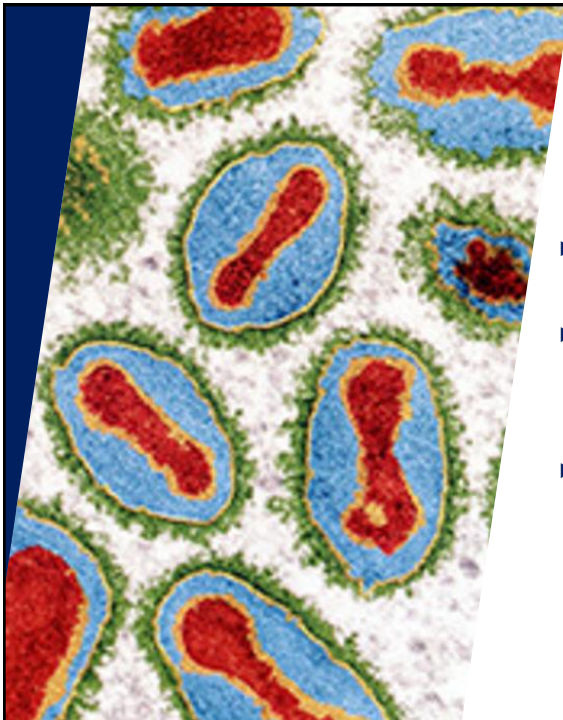
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Plague

- ▶ Plague is an infectious disease caused by *Yersinia pestis*, a bacteria found in many areas of the world
- ▶ Plague can take different clinical forms depending on how the patient was exposed to the plague bacteria, but the most common are bubonic, pneumonic, and septicemic
- ▶ A bioweapon carrying *Yersinia pestis* used in an aerosol attack could cause cases of the pneumonic form of plague, which can be spread from person to person

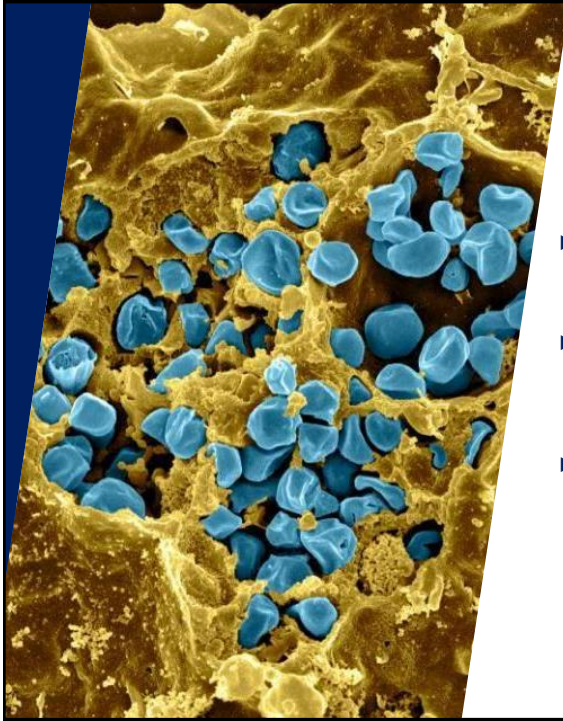
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Smallpox

- ▶ Smallpox is a serious and highly contagious infectious disease caused by the variola major virus
- ▶ The eradication of smallpox, declared 05/08/1980 by the World Health Assembly, is considered the greatest achievement in international public health
- ▶ The risk for an intentional or accidental release of the smallpox virus is believed to be low, but the effects of such an event could be devastating, so even one confirmed case of smallpox today would be considered an emergency

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Tularemia

- ▶ Tularemia, also known as “Rabbit Fever,” is a potentially serious illness that is caused by the bacterium *Francisella tularensis*
- ▶ Tularemia occurs naturally in the US and a widespread disease in animals, particularly rodents, rabbits, and hares, but it can be spread to humans
- ▶ If *Francisella tularensis* was made airborne as a weapon, people who inhale the aerosol will generally experience severe respiratory illness, including life threatening pneumonia and systemic infection

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Viral Hemorrhagic Fevers

- ▶ Viral Hemorrhagic Fevers (VHFs) refer to a group of illnesses caused by highly infectious viruses that, among other multisystem symptoms, are often accompanied by hemorrhage (bleeding); however the bleeding itself is rarely life-threatening
- ▶ While some types of VHFs can cause relatively mild illnesses, many of these viruses cause severe, life-threatening disease
- ▶ Some VHFs, including Ebola, Marburg, Dengue, and Lassa, are considered a significant threat for use as biological weapons

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Additional Resources

- ▶ For more information on each disease threat/agent:
 - ▶ CDC's Website
 - ▶ <https://emergency.cdc.gov/bioterrorism/>
 - ▶ VDV's App "Field Facts" (available for free download)
 - ▶ USAMRIID's reference guide "Quick Bio-Agents"

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SNS Contents

- ▶ Organized for scalable response to a variety of public health threats, the SNS contains a variety of supplies, and of sufficient quantity to respond to multiple large-scale emergencies simultaneously
 - ▶ Starts with a "12-Hour Push Package" then switches to "Managed Inventory"

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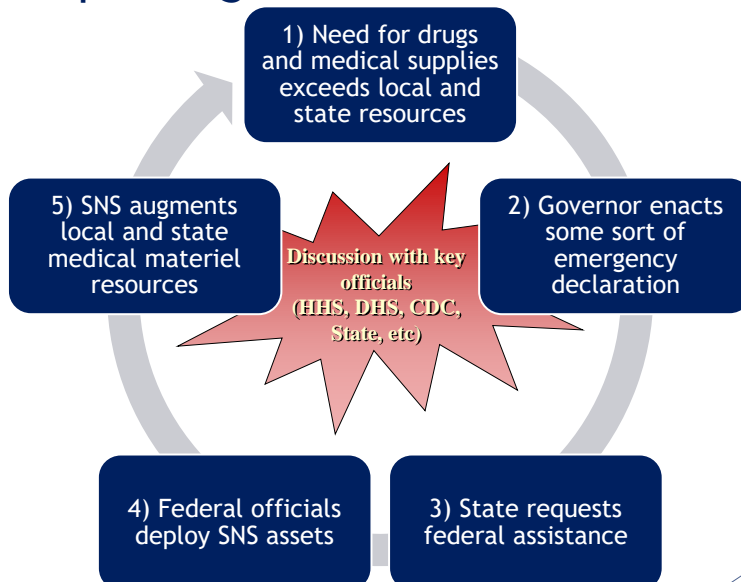
SNS Contents

- ▶ 12-Hour Push Package:
 - ▶ Broad spectrum antibiotics
 - ▶ IV Fluids/Admin Kits
 - ▶ Airway Equipment
 - ▶ Items for radiation blasts/burns/injuries
 - ▶ Wound care
- ▶ Managed Inventory
 - ▶ Antibiotics
 - ▶ Vaccines
 - ▶ Antitoxins
 - ▶ Ventilators
 - ▶ More 12-Hour Push Package Items



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Requesting SNS Materials



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Unit 2 Discussion

- ▶ When might the SNS be deployed?
- ▶ What assets are available through the SNS?
- ▶ Describe the process for requesting SNS assets

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Unit 3: Legislation

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Objectives

- ▶ Discuss Federal and State Laws regarding dispensing, liability, protection, and labeling
- ▶ Discuss dispensing and liability protection for volunteers
- ▶ Explain what an “Emergency Use Authorization” is used for
- ▶ Describe how the Health Insurance Portability and Accountability Act (HIPAA) applies to mass prophylaxis dispensing operations

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Liability Protection

- ▶ Federal Level
 - ▶ Public Readiness and Emergency Preparedness (PREP) Act
- ▶ State Level
 - ▶ Missouri Code of State Regulations (19 CSR 20-44.010)

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PREP Act

- ▶ The PREP Act authorizes the Secretary of the Department of Health and Human Services (“Secretary”) to issue a PREP Act Declaration that provides immunity from tort liability (except for willful misconduct)
- ▶ Applicable for claims of loss caused, arising out of, relating to, or resulting from the administration or use of countermeasures to diseases, threats, and conditions determined by the Secretary to constitute a present or credible risk of a future public health emergency

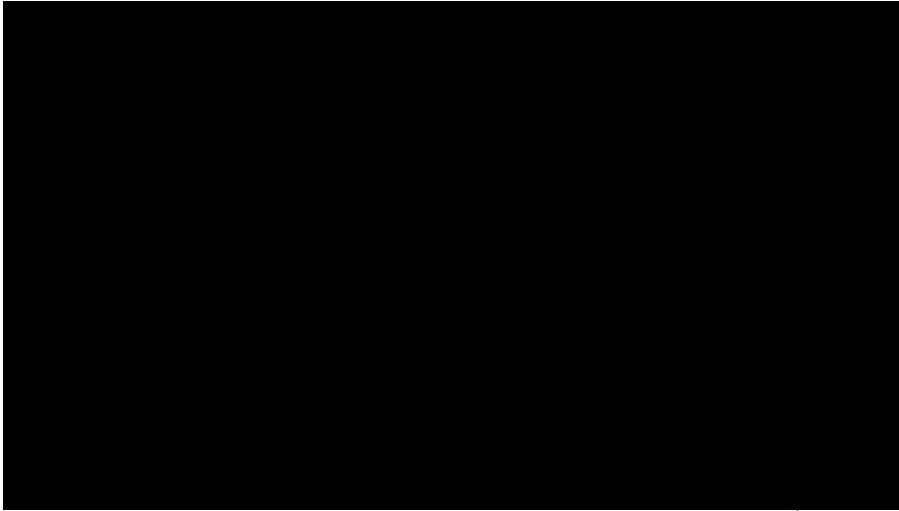
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PREP Act

- ▶ Protects entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures
- ▶ A PREP Act Declaration is specifically for the purpose of providing immunity from tort liability, and is different from and not dependent on, other emergency declarations

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PREP Act



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19 CSR 20-44.010

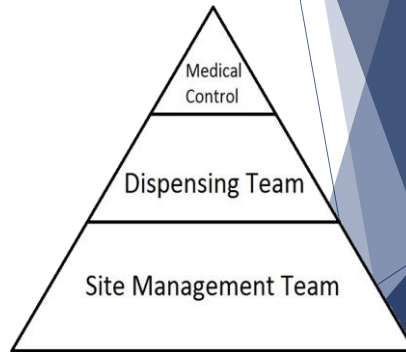
- ▶ *The Department may develop citizen involvement to recruit, train and accept the services of volunteers to supplement the programs administered by the Department in dispensing medications to the population in the event of an emergency*
 - ▶ Allows for the deployment of health care professionals, licensed, registered, or certified in Missouri or any other state in an emergency and grants them immunity from civil damages



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POD Roles

- ▶ Medical Control Team
 - ▶ Requires written orders and medical guidance
- ▶ **Dispensing Team**
 - ▶ **Requires authorization by DHSS**
- ▶ Site Management Team
 - ▶ Requires the knowledge of POD operations and logistics



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Maintaining Certifications

- ▶ Certification card will be mailed to individuals upon course completion
- ▶ Dispenser certification is valid for 3 years
- ▶ Certification does NOT require registering in Show-Me Response Volunteer Database, but is encouraged

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Emergency Use Authorization

Emergency Use Authorization of Medical Products and Related Authorities

Guidance for Industry and Other Stakeholders

U.S. Department of Health and Human Services
Food and Drug Administration
Office of the Commissioner
Office of the Chief Scientist
Office of Counterterrorism and Emerging Threats

January 2017

Procedural
OMB Control No. 0910-0595
Expiration Date 09/30/2025
See additional PRA statement in section IX of this guidance.

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Medical Products Subject to an EUA

- ▶ Products can include Drugs, Biologics, and Medical Devices
- ▶ Some products may have NEVER been approved
- ▶ May have been approved for some other use, but not for the use required by the emergency

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How must prescription drugs be dispensed?

- ▶ 21 U.S.C. § 353(b)(1): Regulates how prescription drugs must be dispensed, including what its label must contain
- ▶ The information on the label must be present regardless of how the prescription was written
 - ▶ This includes:
 - ▶ A written prescription
 - ▶ An oral prescription (reduced promptly to writing); or
 - ▶ A refilling of a prescription

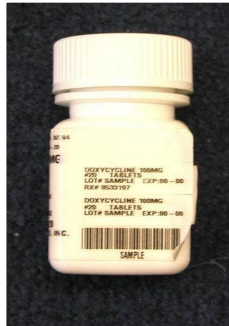
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Federal Label Requirements





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Unit of Use Bottles



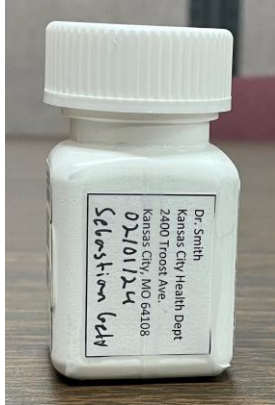
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SNS Labels

PACKAGED BY DISPENSING SOLUTIONS, INC. SANTA ANA, CA 92704 MANUFACTURED BY WUX PHARMACEUTICALS, INC. MIAMI, FL 33157	FOR STRATEGIC NATIONAL STOCKPILE USE ONLY	LOT# 501330 EXP: Sep-07 RX# 1000000001 (959-9599)
NDC 86336-449-20	DOXYCYCLINE 100 mg	
	EACH TABLET CONTAINS: DOXYCYCLINE HYCLATE EQUIVALENT TO DOXYCYCLINE 100 mg, FD&C YELLOW #6.	DOXYCYCLINE 100 mg #20 TABLETS LOT# 501330 EXP: Sep-07 RX# 1000000001 NDC 86336-449-20
STORE AT 20°-25°C (68°-77°F) (SEE USP CONTROLLED ROOM TEMPERATURE).	20 TABLETS USUAL DOSAGE: Take one tablet every 12 hours.	DOXYCYCLINE 100 mg #20 TABLETS LOT# 501330 EXP: Sep-07 RX# 1000000001 NDC 86336-449-20
RX ONLY	KEEP OUT OF THE REACH OF CHILDREN DISPENSE IN THIS TIGHT/LIGHT RESISTANT CONTAINER	

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Information You Need to Include



- ▶ Name of prescriber
- ▶ Name of address of dispenser
- ▶ Date prescription filled
- ▶ Patient Name

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Health Insurance Portability and Accountability Act - HIPAA

- ▶ Major Goal:
 - ▶ Assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being

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Strategies to Follow HIPAA

- ▶ Have materials on HIPAA Basics ready for volunteers
- ▶ Proper handling and storage of sensitive documents
- ▶ Make sure that you are speaking at an appropriate volume
- ▶ Make sure there is adequate space and distance between lines and dispensers
- ▶ Don't get too in the weeds, just make sure people's privacy is respected

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Unit 3 Discussion

- ▶ What Federal and State laws address liability during dispensing operations?
- ▶ What 7 elements of information must be included on each label?
- ▶ When might the FDA issue an EUA for a medical product?
- ▶ How does HIPAA apply to dispensing operations?

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Unit 4:

Medical Dispensing

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Objectives

- ▶ Learn the 6 Rights of Medication Administration
- ▶ Screen patients and determine which and how much medication is appropriate for the individual by using provided algorithms
- ▶ Demonstrate how to safely dispense medications during mass prophylaxis operations
- ▶ How to properly educate patients

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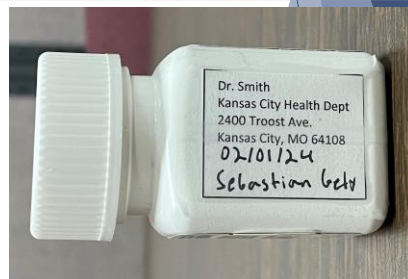
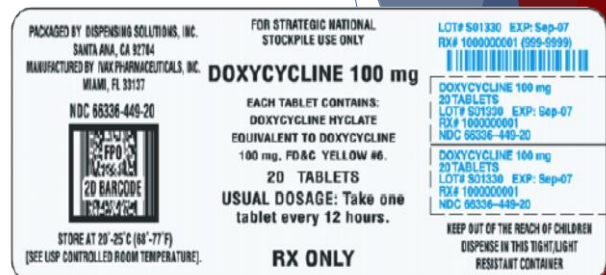
The Six RIGHTS of Medication Administration

- ▶ Right **Person**
 - ▶ Each name on the bottle
- ▶ Right **Time**
 - ▶ SNS oral medications are taken every 12 hours
- ▶ Right **Route**
 - ▶ By mouth
- ▶ Right **Dose**
 - ▶ Special considerations based on weight
- ▶ Right **Medication**
 - ▶ Use dispensing algorithm with Standing Orders
- ▶ Right **Documentation**
 - ▶ Medication Assessment Form/Dispensing Log

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Right Person, Time, Route, Dose, and Medication

- ▶ How to read medication label:
 - ▶ Name of the medication
 - ▶ Dosage strength
 - ▶ Quantity of medication
 - ▶ Dosage frequency
 - ▶ Route of administration
 - ▶ Expiration date



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EUI vs. EUA

- ▶ Earlier we discussed EUAs for new drugs or drugs with unapproved uses for treatment
- ▶ Along with EUAs there are documents called Emergency Use Instructions (EUI)
 - ▶ EUIs allow the CDC to inform people about certain uses of medical products in specific circumstances
 - ▶ This allows the use of medical products for purposes they're not generally intended for, with prior study and approval, without an EUA

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EUIs: Provider vs. Recipient

- ▶ CDC provides two documents for EUIs: those for providers and those for recipients
 - ▶ In your handouts there are two examples of EUIs for providers; one for Doxy and one for Cipro during an Anthrax attack
- ▶ Provider EUIs
 - ▶ These EUIs are meant for providers to inform them on the specific uses of the medication
 - ▶ These have much more detailed instructions and information regarding the medications

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Additional Information on Provider EUI

Table 1. Ciprofloxacin Oral Suspension				Table 2. Doxycycline Oral Suspension			
Weight in pounds (kilograms)	Dose* in milliliters (mL) 250 mg/5 mL strength	Dose* in milliliters (mL) 500 mg/5 mL strength	Number of 100 mL bottles needed for 10-day supply for one patient		Weight in pounds (kilograms)	Dose in mL (based on 25 mg/5 mL concentration)	Number of 60 mL bottles (25 mg/5 mL concentration) needed for 10-day supply for one patient
			250 mg/5 mL strength	500 mg/5 mL strength			
0-7 lbs (0-3 kg)	1 mL (50 mg)	0.5 mL (50 mg)	ONE (1) Bottle	ONE (1) Bottle	0-5 lbs (0-2 kg)	1 mL (5mg)	ONE (1) Bottle
8-14 lbs (4-6 kg)	2 mL (100 mg)	1 mL (100 mg)			6-10 lbs (3-4 kg)	2 mL (10 mg)	
15-22 lbs (7-10 kg)	3 mL (150 mg)	1.5 mL (150 mg)			11-15 lbs (5-7 kg)	3 mL (15 mg)	
23-29 lbs (11-13 kg)	4 mL (200 mg)	2 mL (200 mg)			16-20 lbs (8-9 kg)	4 mL (20 mg)	TWO (2) Bottles
30-36 lbs (14-16 kg)	5 mL (250 mg)	2.5 mL (250 mg)			21-25 lbs (10-11 kg)	5 mL (25 mg)	
37-44 lbs (17-20 kg)	6 mL (300 mg)	3 mL (300 mg)	26-30 lbs (12-14 kg)	6 mL (30 mg)			
45-51 lbs (21-23 kg)	7 mL (350 mg)	3.5 mL (350 mg)	TWO (2) Bottles				
52-58 lbs (24-26 kg)	8 mL (400 mg)	4 mL (400 mg)					
59-66 lbs (27-30 kg)	9 mL (450 mg)	4.5 mL (450 mg)					
> 67 lbs (>31 kg)	10 mL (500 mg)	5 mL (500 mg)					

January 2017

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Screeener Reference Card

- ▶ Receive Medication Assessment Form from patient
- ▶ Review form for completion and accuracy with patient
- ▶ Make dispensing decision
- ▶ Circle correct antibiotic to be dispensed
- ▶ Initial form next to circled antibiotic
- ▶ If anyone in the household is referred to Functional Needs, **STOP AND IMMEDIATELY REFER THE ENTIRE HOUSEHOLD** to Functional Needs for all dispensing
- ▶ Give patient the appropriate medication fact sheet(s)
- ▶ Instruct the patient to proceed to dispenser

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Step 1 LIST ALL HOUSEHOLD MEMBERS FOR WHOM YOU ARE PICKING UP MEDICATIONS TODAY, INCLUDING YOURSELF		Step 2 FOR EACH HOUSEHOLD MEMBER LISTED BELOW, ANSWER ALL QUESTIONS.				FOR PUBLIC HEALTH WORKER'S USE ONLY Drug Assignment D, C, X D for Doxycycline C for Ciprofloxacin X for Do Not Dispense	
		Question 1 <ul style="list-style-type: none"> Is this person allergic to doxycycline or other "cycline" drugs? Is this person pregnant? 	Question 2 <ul style="list-style-type: none"> Does this person have difficulty swallowing pills? Is this person both less than 90 pounds and less than 18 years of age? 	Question 3 <ul style="list-style-type: none"> Is this person allergic to Ciprofloxacin or "floxacin" drugs? Does this person have seizure disorder or epilepsy? Is this person taking Tizanidine (Zanaflex)? Does this person have renal (kidney) disease? 	Question 4 <ul style="list-style-type: none"> Does this person have difficulty swallowing pills? Is this person both less than 90 pounds and less than 18 years of age? 		
Last name	First name	If yes to any, write yes If no to all, write no	If yes to any, write yes If no to all, write no	If yes to any, write yes If no to all, write no	If yes to any, write yes If no to all, write no	D, C, X	Lot Number
Step 3 Write in your address and telephone number to the right. If more than one, include all.		Telephone: _____		Address: _____			
FOR PUBLIC HEALTH WORKER'S USE ONLY		Dispensing Site Name _____				Date: _____	
		Dispenser Signature _____					

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Instructions for Public Health Worker (follow the instructions to the right for each individual)	Q1 NO: Evaluate question 2 YES: Skip to question 3	Q2 NO: Provide Doxycycline and STOP YES: Provide Doxycycline and Emergency Preparation Instructions & STOP	Q3 NO: Evaluate question 4 YES: Advise person seek medical consult	Q4 NO: Provide Ciprofloxacin YES: Advise person to seek medical consult	

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Question 1	Question 2	Question 3	Question 4	Antibiotic
No	No	X	X	Doxycycline (D)
No	Yes	X	X	Doxycycline (D) with Instructions
Yes	X	No	No	Ciprofloxacin (C)
Yes	X	Yes	X	Advise to seek medical consult (X)
Yes	X	No	Yes	Advise to seek medical consult (X)

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Step 1 LIST ALL HOUSEHOLD MEMBERS FOR WHOM YOU ARE PICKING UP MEDICATIONS TODAY, INCLUDING YOURSELF		Step 2 FOR EACH HOUSEHOLD MEMBER LISTED BELOW, ANSWER ALL QUESTIONS.				FOR PUBLIC HEALTH WORKER'S USE ONLY	
Last name	First name	Question 1 Is this person allergic to doxycycline or other "cycline" drugs? Is this person pregnant?	Question 2 Does this person have difficulty swallowing pills? Is this person both less than 90 pounds and less than 18 years of age?	Question 3 Is this person allergic to Ciprofloxacin or "floxacin" drugs? Does this person have seizure disorder or epilepsy? Is this person taking Tizanidine (Zanaflex)? Does this person have renal (kidney) disease?	Question 4 Does this person have difficulty swallowing pills? Is this person both less than 90 pounds and less than 18 years of age?	D, C, X	Lot Number
HOH Last Name, First Name							
Step 3 Write in your address and telephone number to the right. If more than one, include all.		Telephone:		Address:			
		Head of Household (HOH) Info is entered here					
FOR PUBLIC HEALTH WORKER'S USE ONLY		Dispensing Site Name _____		Date: _____			
		Dispenser Signature _____					

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Step 1 LIST ALL HOUSEHOLD MEMBERS FOR WHOM YOU ARE PICKING UP MEDICATIONS TODAY, INCLUDING YOURSELF		Step 2 FOR EACH HOUSEHOLD MEMBER LISTED BELOW, ANSWER ALL QUESTIONS.				FOR PUBLIC HEALTH WORKER'S USE ONLY Drug Assignment D, C, X D for Doxycycline C for Ciprofloxacin X for Do Not Dispense	
		Question 1 <ul style="list-style-type: none"> Is this person allergic to doxycycline or other "cycline" drugs? Is this person pregnant? 	Question 2 <ul style="list-style-type: none"> Does this person have difficulty swallowing pills? Is this person both less than 90 pounds and less than 18 years of age? 	Question 3 <ul style="list-style-type: none"> Is this person allergic to Ciprofloxacin or "floxacin" drugs? Does this person have seizure disorder or epilepsy? Is this person taking Tizanidine (Zanaflex)? Does this person have renal (kidney) disease? 	Question 4 <ul style="list-style-type: none"> Does this person have difficulty swallowing pills? Is this person both less than 90 pounds and less than 18 years of age? 		
Last name	First name	If yes to any, write yes If no to all, write no	If yes to any, write yes If no to all, write no	If yes to any, write yes If no to all, write no	If yes to any, write yes If no to all, write no	D, C, X	Lot Number
HOH Last Name, First Name							
List All other Household Members Last Name, First Name		HOH must answer these questions for each person listed: Answer 'Yes', 'No' or 'Don't Know'					
Step 3 Write in your address and telephone number to the right. If more than one, include all.		Telephone:		Address:			
		Head of Household (HOH) Info is entered here					
FOR PUBLIC HEALTH WORKER'S USE ONLY		Dispensing Site Name _____		Date: _____			
		Dispenser Signature _____					

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START HERE Medication Assessment Form Missouri Medical Countermeasures/Strategic National Stockpile Program											
Name: _____ Address: _____ City, State, Zip: _____ E-Mail: _____ Phone: _____ Head of Household (HOH) Info is entered in this shaded box.		Question 1 1. Is this person smaller than 76 pounds? 2. If YES, write in the weight in pounds. If NO, leave blank.	Question 2 Can this person swallow pills?	Question 3 1. Is this person allergic to or should not take Cipro (Ciprofloxacin), Levaquin (levofloxacin), or other floxacin antibiotic? OR 2. Does this person take tizanidine (Zanaflex)? OR 3. Does this person have a history of the muscle disease myasthenia gravis? 4. If answer to any question is YES, answer Yes below.	Question 4 Is this person allergic to or should not take doxycycline, tetracycline, or other "cycline" antibiotic?	Question 5 Is this person pregnant?	Once you have received your medicine: <ul style="list-style-type: none"> Be sure to carefully read the fact sheet you have been given. Take the medicine exactly as prescribed unless your medical provider or a public health official tells you to stop. If you stop too soon, you could become sick. Take the medicine even if you feel well. If you do begin to feel sick with symptoms of the disease, it is important to get medical help right away. If you have questions, contact your medical provider or _____ 				
Last Name, First Name		Weight if less than 76 pounds?	Yes, No, Don't Know?	Yes, No, Don't Know?	Yes, No, Don't Know?	Yes, No, Don't Know?	STAFF USE ONLY For persons who cannot take an adult dose or cannot swallow pills, use available options: Doxy <u>tablets</u> with <u>Crushing Instructions</u> , Doxy <u>Suspension</u> , or Cipro <u>Suspension</u> . Dose is based on person's weight. Mark the antibiotic provided; Affix label here				
HOH Last Name, First Name							Doxy Tabs	Cipro Tabs	Doxy Tabs Crush Ins	Doxy Susp	Cipro Susp
List All other Household Members Last Name, First Name		HOH must answer these questions for each person listed: Answer 'Yes', 'No' or 'Don't Know'					Doxy Tabs	Cipro Tabs	Doxy Tabs Crush Ins	Doxy Susp	Cipro Susp
							Doxy Tabs	Cipro Tabs	Doxy Tabs Crush Ins	Doxy Susp	Cipro Susp
							Doxy Tabs	Cipro Tabs	Doxy Tabs Crush Ins	Doxy Susp	Cipro Susp
							Doxy Tabs	Cipro Tabs	Doxy Tabs Crush Ins	Doxy Susp	Cipro Susp
August 2016		Add totals under the columns →									

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Doxycycline Preferred With Ciprofloxacin Alternate (Ciprofloxacin Preferred for Pregnant Women)

EXAMPLE ONLY

1. Weight 76+ pounds				1. Weight 67-75 pounds			
2. Able to Swallow Pills				2. Able to Swallow Pills			
Yes				No			
3. Cannot Take Cipro	4. Cannot Take Doxy	5. Pregnant?	Dispense	3. Cannot Take Cipro	4. Cannot Take Doxy	5. Pregnant?	Dispense
No/DK	No/DK	No/DK	Doxy 100 mg Tablets	No/DK	No/DK	No/DK	Doxy 100 mg Tablets + Crushing Instructions
No/DK	No/DK	Yes	Cipro 500 mg Tablets	No/DK	No/DK	Yes	Doxy 100 mg Tablets + Crushing Instructions
Yes	No/DK	Any	Doxy 100 mg Tablets	Yes	No/DK	Any	Doxy 100 mg Tablets + Crushing Instructions
No/DK	Yes	Any	Cipro 500 mg Tablets	No/DK	Yes	Any	Refer
Yes	Yes	Any	Refer	Yes	Yes	Any	Refer

1. Weight 31-66 pounds				1. Weight 0-30 pounds			
2. Able to Swallow Pills				2. Able to Swallow Pills			
Any				Any			
3. Cannot Take Cipro	4. Cannot Take Doxy	5. Pregnant?	Dispense	3. Cannot Take Cipro	4. Cannot Take Doxy	5. Pregnant?	Dispense
No/DK	No/DK	NA	Doxy 100 mg Tablets + Crushing Instructions	No/DK	No/DK	NA	Doxy Suspension**
Yes	No/DK	NA	Doxy 100 mg Tablets + Crushing Instructions	Yes	No/DK	NA	Doxy Suspension**
No/DK	Yes	NA	Cipro Suspension*	No/DK	Yes	NA	Cipro Suspension*
Yes	Yes	NA	Refer	Yes	Yes	NA	Refer

Note that in the tables, Yes, No, or DK (Don't Know) refer to the answers given to the questions on the Medication Assessment Form. For example, for "3. Cannot Take Cipro," a No answer means the person has indicated they do not have any of the reasons listed on the form for not taking ciprofloxacin, and thus they **can** be given this drug if indicated. On the other hand, a Yes answer means the person has indicated they **do** have one or more of the reasons listed on the form for not taking ciprofloxacin, and thus they should **not** be given this drug.

DK = Don't Know, NA = Not Applicable

Note that the crushing instructions for doxycycline tablets contain a dosage chart based on weight.

*Provide Cipro Suspension according to the instructions in Table 1, below. Ensure the dose, based on Table 1, is written on the bottle AND marked with a line on the graduated teaspoon or oral syringe provided. If Cipro Suspension is not available, refer.

**Provide Doxy Suspension according to the instructions in Table 2, below. Ensure the dose, based on Table 2, is written on the bottle AND marked with a line on the graduated teaspoon or oral syringe provided. If Doxy Suspension is not available and the individual can't take ciprofloxacin, then provide Cipro Suspension according to the instructions in Table 1, below. Ensure the dose of Cipro, based on Table 1, is written on the bottle AND marked with a line on the graduated teaspoon or oral syringe provided. If neither Doxy Suspension or Cipro Suspension is available and the individual can take doxycycline, then provide Doxy 100 mg Tablets + Crushing instructions.

Table 1. Ciprofloxacin Oral Suspension				Table 2. Doxycycline Oral Suspension			
Weight in pounds (kilograms)	Dose* in milliliters (mL) 250 mg/5 mL strength	Dose* in milliliters (mL) 500 mg/5 mL strength	Number of 100 mL bottles needed for 10-day supply for one patient	Weight in pounds (kilograms)	Dose in mL (based on 25 mg/5 mL concentration)	Number of 60 mL bottles (25 mg/5 mL concentration) needed for 10-day supply for one patient	
0-7 lbs (0-3 kg)	1 mL (50 mg)	0.5 mL (50 mg)	ONE (1) Bottle	0-5 lbs (0-2 kg)	1 mL (50 mg)	ONE (1) Bottle	
8-14 lbs (4-6 kg)	2 mL (100 mg)	1 mL (100 mg)		6-10 lbs (3-4 kg)	2 mL (100 mg)		
15-22 lbs (7-10 kg)	3 mL (150 mg)	1.5 mL (150 mg)	ONE (1) Bottle	11-15 lbs (5-7 kg)	3 mL (150 mg)	TWO (2) Bottles	
23-29 lbs (11-13 kg)	4 mL (200 mg)	2 mL (200 mg)		16-20 lbs (8-9 kg)	4 mL (200 mg)		
30-36 lbs (14-16 kg)	5 mL (250 mg)	2.5 mL (250 mg)	TWO (2) Bottles	21-25 lbs (10-11 kg)	5 mL (250 mg)		
37-44 lbs (17-20 kg)	6 mL (300 mg)	3 mL (300 mg)		26-30 lbs (12-14 kg)	6 mL (300 mg)		
45-51 lbs (21-23 kg)	7 mL (350 mg)	3.5 mL (350 mg)					
52-58 lbs (24-26 kg)	8 mL (400 mg)	4 mL (400 mg)					
59-66 lbs (27-30 kg)	9 mL (450 mg)	4.5 mL (450 mg)					
> 67 lbs (> 31 kg)	10 mL (500 mg)	5 mL (500 mg)					

January 2017

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Documentation

- ▶ All medications dispensed should have documentation in two places:
 - ▶ Medication Assessment Form/Dispensing Log
 - ▶ Medication Bottle

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Exercise

Step 1 LIST ALL HOUSEHOLD MEMBERS FOR WHOM YOU ARE PICKING UP MEDICATIONS TODAY, INCLUDING YOURSELF		Step 2 FOR EACH HOUSEHOLD MEMBER LISTED BELOW, ANSWER ALL QUESTIONS.				FOR PUBLIC HEALTH WORKER'S USE ONLY	
Last name	First name	Question 1 • Is this person allergic to doxycycline or other "cycline" drugs? • Is this person pregnant?	Question 2 • Does this person have difficulty swallowing pills? • Is this person both less than 90 pounds and less than 18 years of age?	Question 3 • Is this person allergic to Ciprofloxacin or "floxacin" drugs? • Does this person have seizure disorder or epilepsy? • Is this person taking Tizanidine (Zanaflex)? • Does this person have renal (kidney) disease?	Question 4 • Does this person have difficulty swallowing pills? • Is this person both less than 90 pounds and less than 18 years of age?	D, C, X	Lot Number
Soprano	Anthony						
Soprano	Carmella						
Soprano	Meadow						
Soprano	Anthony Jr.						
Baccalieri	Robert						
Step 3 Write in your address and telephone number to the right. If more than one, include all.		Telephone: 573-298-1191		Address: 14 Aspen Dr. Columbin, Mo 65201			
FOR PUBLIC HEALTH WORKER'S USE ONLY		Dispensing Site Name _____ Dispenser Signature _____ Date: _____					

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Exercise

Step 1 LIST ALL HOUSEHOLD MEMBERS FOR WHOM YOU ARE PICKING UP MEDICATIONS TODAY, INCLUDING YOURSELF		Step 2 FOR EACH HOUSEHOLD MEMBER LISTED BELOW, ANSWER ALL QUESTIONS.				FOR PUBLIC HEALTH WORKER'S USE ONLY	
Last name	First name	Question 1 • Is this person allergic to doxycycline or other "cycline" drugs? • Is this person pregnant?	Question 2 • Does this person have difficulty swallowing pills? • Is this person both less than 90 pounds and less than 18 years of age?	Question 3 • Is this person allergic to Ciprofloxacin or "floxacin" drugs? • Does this person have seizure disorder or epilepsy? • Is this person taking Tizanidine (Zanaflex)? • Does this person have renal (kidney) disease?	Question 4 • Does this person have difficulty swallowing pills? • Is this person both less than 90 pounds and less than 18 years of age?	D, C, X	Lot Number
Soprano	Anthony	No	NO				
Soprano	Carmella	Yes		No	Yes		
Soprano	Meadow	No	Yes				
Soprano	Anthony Jr.	Yes		Yes			
Baccalieri	Robert	Yes		No	NO		
Step 3 Write in your address and telephone number to the right. If more than one, include all.		Telephone: 573-298-1191		Address: 14 Aspen Dr. Columbin, Mo 65201			
FOR PUBLIC HEALTH WORKER'S USE ONLY		Dispensing Site Name _____ Dispenser Signature _____ Date: _____					

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Exercise

Step 1 LIST ALL HOUSEHOLD MEMBERS FOR WHOM YOU ARE PICKING UP MEDICATIONS TODAY, INCLUDING YOURSELF		Step 2 FOR EACH HOUSEHOLD MEMBER LISTED BELOW, ANSWER ALL QUESTIONS.				FOR PUBLIC HEALTH WORKER'S USE ONLY Drug Assignment	
Last name	First name	Question 1 • Is this person allergic to doxycycline or other "cycline" drugs? • Is this person pregnant?	Question 2 • Does this person have difficulty swallowing pills? • Is this person both less than 90 pounds and less than 18 years of age?	Question 3 • Is this person allergic to Ciprofloxacin or "floxacin" drugs? • Does this person have seizure disorder or epilepsy? • Is this person taking Tizanidine (Zanaflex)? • Does this person have renal (kidney) disease?	Question 4 • Does this person have difficulty swallowing pills? • Is this person both less than 90 pounds and less than 18 years of age?	D, C, X	Lot Number
Soprano	Anthony	NO	NO			0	
Soprano	Carmella	Yes		NO	Yes	X	
Soprano	Meadow	NO	Yes			(C)	
Soprano	Anthony Jr.	Yes		Yes		X	
Baccalieri	Robert	Yes		NO	NO	C	
Step 3 Write in your address and telephone number to the right. If more than one, include all.		Telephone: 573-298-1191		Address: 14 Aspen Dr. Columbin, Mo 65203			
FOR PUBLIC HEALTH WORKER'S USE ONLY		Dispensing Site Name <u>KCHD</u>		Dispenser Signature <u>Sebastian Bely</u>		Date: <u>01/31/24</u>	

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Patient Education: EUIs

- ▶ These should be given to recipients as they are receiving their medications
- ▶ Recipient EUIs are written with easier to understand instructions using less technical language than the Provider EUIs
- ▶ These are not a substitute for Vaccine Information Statements (VIS)

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Special Information in EUIs

**In an Emergency!
How to Prepare
Doxycycline Hyclate
for Children and Adults
Who Cannot Swallow Pills**

During a public health emergency, you might need to prepare emergency doses of doxycycline for children and adults who cannot swallow pills. This pamphlet shows you how to mix doxycycline hyclate 100 mg tablets with food or drink.

Follow the instructions below to prepare and give your child the **right amount** of medicine **every 12 hours** (once in the morning and once at night) **each day**, as long as directed. Use the same directions for adults who cannot swallow pills.

A Get the supplies you need.

You will need these items to make doses of doxycycline for children and adults who cannot swallow pills:

- 1 doxycycline hyclate tablet (100 mg)
- 1 metal teaspoon
- 1 oral syringe or medicine spoon (if available)
- 2 small bowls
- small amount of drinking water (4 teaspoons or 20 mL)
- 1 of these foods or drinks to make the crushed doxycycline taste better*
 - milk, including breast milk and formula for infants
 - chocolate milk
 - chocolate pudding
 - apple juice mixed with 2 to 4 teaspoons of sugar

*Doxycycline works just as well whether you take it with or without food or milk.

A supplemental video of these instructions is available by searching "doxycycline crushing instructions" on www.cdc.gov.



Doxycycline HCl Crushing Instructions (originally issued 03/28/2016, revised 08/18/2017)

B Soak the tablet in water and crush it.

1. Put 1 doxycycline hyclate tablet in a small bowl.
2. Add 4 teaspoons (20 mL) of water to the same bowl.
3. Let the tablet soak in the water for at least 10 minutes to soften it.
4. Crush the tablet with the back of the metal spoon until you can't see any pieces of the tablet in the water.
5. Stir the tablet and water to mix it well.

You have now made the doxycycline and water mixture.

C Measure the right amount of doxycycline.


1. Find your child's weight on the chart below. Weigh to be sure, but if you don't know how much your child weighs, find your child's age on the chart.
2. Follow the row of your child's weight or age across to the column "Amount of Doxycycline & Water Mixture to Measure".

Weight or Age	Less than 1 month	1 to 3 months	4 to 6 years	7 to 11 years	12 years or older
12 pounds or less	1/2 teaspoon (2.5 mL)	1/2 teaspoon (2.5 mL)	1/2 teaspoon (2.5 mL)	1/2 teaspoon (2.5 mL)	1/2 teaspoon (2.5 mL)
13 to 25 pounds	1/2 to 3/4 teaspoon	1/2 to 3/4 teaspoon	1/2 to 3/4 teaspoon	1/2 to 3/4 teaspoon	1/2 to 3/4 teaspoon
26 to 35 pounds	3/4 to 1 teaspoon	3/4 to 1 teaspoon	3/4 to 1 teaspoon	3/4 to 1 teaspoon	3/4 to 1 teaspoon
36 to 45 pounds	1 to 1 1/4 teaspoons	1 to 1 1/4 teaspoons	1 to 1 1/4 teaspoons	1 to 1 1/4 teaspoons	1 to 1 1/4 teaspoons
46 to 55 pounds	1 1/4 to 1 1/2 teaspoons	1 1/4 to 1 1/2 teaspoons	1 1/4 to 1 1/2 teaspoons	1 1/4 to 1 1/2 teaspoons	1 1/4 to 1 1/2 teaspoons
56 pounds or more (adults)	1 1/2 to 2 teaspoons	1 1/2 to 2 teaspoons	1 1/2 to 2 teaspoons	1 1/2 to 2 teaspoons	1 1/2 to 2 teaspoons

Weight range listing based on 2.2 mg/kg rounded down to 1/2 teaspoon.

3. Measure the amount of doxycycline and water mixture for your child's weight or age from the first bowl.
 - For a 1/2 teaspoon dose: fill the measuring halfway or use an oral syringe (if available).
 - It is better to give a little more of the medicine than not enough.
4. Place the amount into the second bowl.
 - This is one dose that should be mixed with food or drink.

For children weighing 76 pounds or more and adults who cannot swallow pills, use all of the doxycycline and water mixture in the first bowl (4 teaspoons); the entire contents of the first bowl makes one dose that should be mixed with food or drink.



Doxycycline HCl Crushing Instructions (originally issued 03/28/2016, revised 08/18/2017)

<https://www.cdc.gov/anthrax/public-health/doxy-crushing-instruction-pamphlet.html>

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Right Dose Doxy EUI for Children & Adults Who Cannot Swallow Pills

D Mix the dose with food or drink.


1. Mix the dose (measured amount of doxycycline and water mixture) in the second bowl with 3 teaspoons of one of the following:
 - Milk, including breast milk and formula for infants
 - Chocolate milk
 - Chocolate pudding
 - OR
 - Apple juice mixed with 2 to 4 teaspoons of sugar

You now have one dose, mixed with food or drink.

2. Stir well before giving it to your child.

E Give the dose.

1. Give your child all of the doxycycline, water and food mixture from the second bowl. Make sure your child swallows all of it. This is one dose.
2. Do this once every 12 hours (once in the morning AND once at night) each day for as long as directed.




Doxycycline HCl Crushing Instructions (originally issued 03/28/2016, revised 08/18/2017)


What should you do with any leftover doxycycline and water mixture remaining in the first bowl?

Throw it away if your child weighs 51 pounds or more (or is 6 years or older). You do NOT have enough left over to make another dose.

Keep it if your child weighs 50 pounds or less (or is 5 years or younger). You will have enough left over to make another dose.

- **Store** the doxycycline and water mixture in a covered bowl or cup at room temperature (between 68–77°F or 20–25°C) for up to 24 hours.
 - **Write** the date, time and container contents on a label.
 - **Keep** the mixture in a safe place, out of the reach of children or pets.
 - **Throw away** any unused mixture after 24 hours and make a new doxycycline and water mixture for the next dose.
- 

What should you know about side effects?

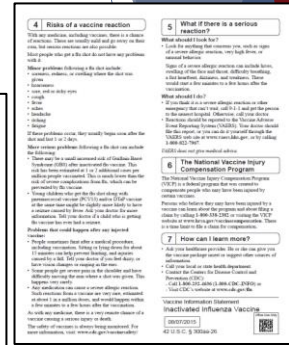
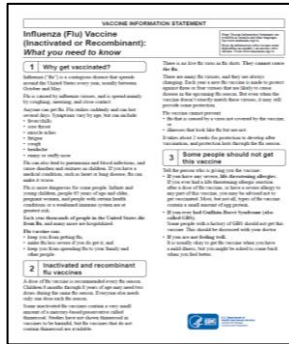
- Do not take doxycycline if you are allergic to an ingredient in doxycycline hyclate or any tetracycline antibiotics.
 - Get emergency help if you have any signs of an allergic reaction, including hives, difficulty breathing or swelling of your face, lips, tongue or throat.
 - Doxycycline may cause diarrhea, skin reaction to the sun, loss of appetite, nausea and vomiting. Refer to "Anthrax Emergency: How to Take Doxycycline to Prevent Anthrax" instructions for more information on possible side effects.
 - Report any reaction to doxycycline to MedWatch at www.fda.gov/medwatch or 1-800-FDA-1088.
- 

Doxycycline HCl Crushing Instructions (originally issued 03/28/2016, revised 08/18/2017)

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Patient Education: Vaccine Information Statement (VIS)

- ▶ Vaccine Information Statements (VIS) are required by US Law
- ▶ A paper copy **MUST BE PROVIDED** prior to vaccination
- ▶ They are provided for patient education



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Post Dispensing Instructions

- ▶ Inform recipients they need to take first dose immediately
- ▶ Report any adverse effects to the State Hotline (800-392-0272)
- ▶ Inform recipients to watch media for further information
- ▶ Direct Head of Household to exit the POD

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Unaccompanied Minors

- ▶ There are no state regulations pertaining to dispensing to unaccompanied minors
 - ▶ Local jurisdictions will need to decide their policies when it comes to unaccompanied minors
 - ▶ Unaccompanied minors can be the head of household if the situation dictates it

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MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

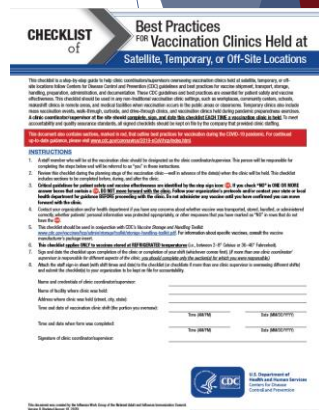


Unit 4: Vaccine Clinics

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Vaccine Administration Information

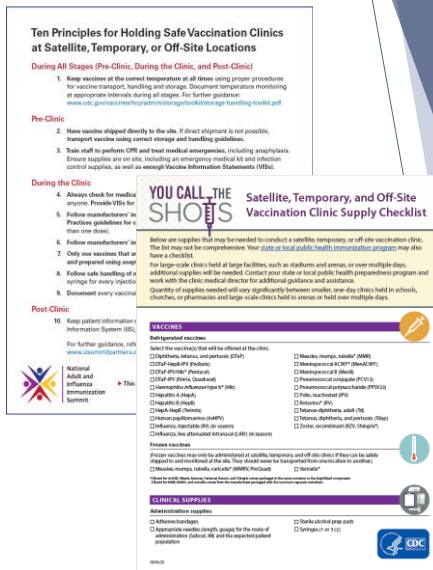
- ▶ PODs by their very nature are typically going to be at offsite locations
- ▶ This requires special preparation and planning
 - ▶ This includes planning for things like:
 - ▶ Cold Chain Management
 - ▶ Security
 - ▶ Ancillary supplies
 - ▶ Waste Disposal



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Vaccine Administration Information

- ▶ There are additional tools available to help with your planning
 - ▶ Handout 18 details the ten principles for holding a safe vaccination clinic
 - ▶ Handout 19 details specific supplies needed

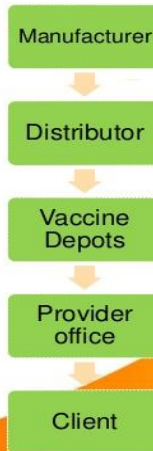


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Vaccine Cold Chain Management

Cold Chain

The '**cold chain**' is the system of transporting and storing vaccines at recommended temperature from the point of manufacture to the point of use.



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Vaccine Storage and Handling



- ▶ Vaccines must be stored per manufactures' instructions
- ▶ Influenza and Anthrax vaccine must be kept at 36-46 F (2-8 C) at all times

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Screening Checklist for Contraindications to Vaccines for Adults

YOUR NAME _____
DATE OF BIRTH _____

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

	yes	no	don't know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any of the following: a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes, asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak)? Are you on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a parent, brother, or sister with an immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 6 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anti-tumor drugs; for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a seizure or a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you had Multisystem Inflammatory Syndrome (MIS-A or MIS-C) after an infection with the virus that causes COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past year, have you received immune (gamma) globulin, blood/blood products, or an anti-tubercular drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever felt dizzy or faint before, during, or after a shot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you anxious about getting a shot today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Immunize.org
FOR PATIENTS: www.immunize.org FOR THE PUBLIC: www.vaccineinformation.org www.immunize.org/img/cip-H008.pdf
Form #V0001 (11/16/2023)

Patient Screening

- ▶ Ask if the patient has:
 - ▶ Allergies
 - ▶ Medical Conditions
 - ▶ Pregnancy
 - ▶ Previous Vaccines
 - ▶ Illness

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Patient Education

▶ DO NOT FORGET THE Vaccine Information Statements (VIS), they are required by US Law

VACCINE INFORMATION STATEMENT
Influenza (Flu) Vaccine
(Inactivated or Recombinant)
What you need to know

1 Why get vaccinated?
 Influenza is a contagious disease that spreads through the air from one person to another. It can be serious, especially for young children, older adults, and people with certain medical conditions. Getting vaccinated can help protect you and your family from getting sick. It can also help protect people who are most at risk of getting sick.

2 Inactivated and recombinant flu vaccines
 A live-attenuated vaccine is made from a weakened form of the influenza virus. It is used for children 6 months of age and older. Inactivated and recombinant vaccines are made from pieces of the influenza virus. They are used for children 6 months of age and older.

3 Some people should not get the vaccine
 Do not get the vaccine if you have ever had a severe allergic reaction to any part of the vaccine or any of its ingredients. Do not get the vaccine if you have ever had Guillain-Barre syndrome. Do not get the vaccine if you are currently getting a live-attenuated influenza vaccine.

4 Risks of a vaccine reaction
 Very few vaccine reactions occur. There is a small chance that you will have a mild allergic reaction to any part of the vaccine. This is usually a rash or hives. These reactions usually go away on their own. Tell your doctor if you have any of these symptoms.

5 What if there is a serious reaction?
 Tell your doctor if you have any of the following symptoms: difficulty breathing, swelling of the face or throat, dizziness, fainting, or a severe allergic reaction. Tell your doctor if you have any of these symptoms.

6 The National Vaccine Injury Compensation Program
 The National Vaccine Injury Compensation Program (NVICP) is a federal program that provides compensation to people who have been injured by certain vaccines.

7 How can I learn more?
 Visit the Centers for Disease Control and Prevention (CDC) website for more information. Call 1-800-232-6222 for more information.

4 Risks of a vaccine reaction
 Very few vaccine reactions occur. There is a small chance that you will have a mild allergic reaction to any part of the vaccine. This is usually a rash or hives. These reactions usually go away on their own. Tell your doctor if you have any of these symptoms.

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Vaccine Administration Documentation

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 IMMUNIZATION CONSENT AND HISTORY

IMMUNIZATION CONSENT AND HISTORY (CONTINUED)

VACCINE AND ROUTE (ORAL TYPE VACCINES WHERE APPLICABLE)	VISIT NO. & DATE GIVEN	INJECTION SITE	VACCINE MANUFACTURER LOT NUMBER	VACCINE EXP. DATE	VIS. MONITOR DATE	DATE VIS. GIVEN	SIGNATURE OF VACCINATOR	PATIENT OR PARENT/GUARDIAN COMMENT
Polysaccharide polysaccharide (PPSV23) ISG								VISIT #5 DATE
Measles, Mumps, Rubella (MMR) ISG								ELIGIBILITY STATUS <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Under-immunized (PFC/PTC) <input type="checkbox"/> NOT VFC Eligible
Varicella ISG								VISIT #6 DATE
Rotavirus (RV1) OIM								ELIGIBILITY STATUS <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Under-immunized (PFC/PTC) <input type="checkbox"/> NOT VFC Eligible
Rotavirus (RV5) OIM								ELIGIBILITY STATUS <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Under-immunized (PFC/PTC) <input type="checkbox"/> NOT VFC Eligible
Hepatitis A (Hep A) IM								VISIT #7 DATE
Hepatitis B (Hep B) IM								ELIGIBILITY STATUS <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Under-immunized (PFC/PTC) <input type="checkbox"/> NOT VFC Eligible
Human papilloma-virus (HPV) IM								VISIT #8 DATE
Meningococcal (MenACWY) IM								ELIGIBILITY STATUS <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Under-immunized (PFC/PTC) <input type="checkbox"/> NOT VFC Eligible
Meningococcal B (MenB) IM								VISIT #9 DATE
Tetanus, Diphtheria, Pertussis (Tdap) IM								ELIGIBILITY STATUS <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Under-immunized (PFC/PTC) <input type="checkbox"/> NOT VFC Eligible
Influenza (Flu) (Inactivated) IM								VISIT #10 DATE
RVZ (recombinant) IM								ELIGIBILITY STATUS <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Under-immunized (PFC/PTC) <input type="checkbox"/> NOT VFC Eligible
Other								ELIGIBILITY STATUS <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Under-immunized (PFC/PTC) <input type="checkbox"/> NOT VFC Eligible

Resources

- ▶ Information on medication dispensing and vaccine administration are available on the Resource Handout and Include:
 - ▶ Centers for Disease Control and Prevention
 - ▶ Immunization Action Coalition
 - ▶ State of Missouri
 - ▶ DHSS
 - ▶ Bureau of Immunizations
 - ▶ SEMA
 - ▶ SNS/MCM Program

