Guide to Using Quick Looks

Michigan Department Of Community Health
MDCH

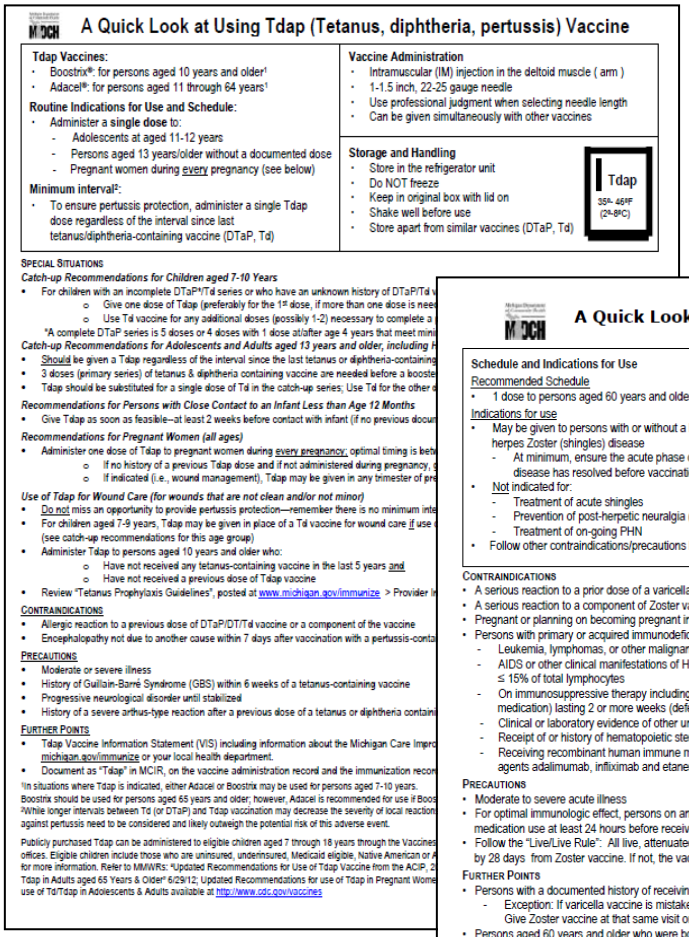
Quick Looks are developed by the Division of Immunization for use by health care personnel. The purpose of Quick Looks is to provide a one-page summary of key points an immunizer must know before giving a particular vaccine.

Topics covered in Quick Looks include:

- Vaccine types/brands available
- Indications for use
- Recommended schedule and minimum intervals
- Recommendations for persons at high risk
- Revaccination guidelines
- Vaccine administration, including needle length
- Storage and handling
- Special situations
- Contraindications
- Precautions
- Documentation
- Further points
- Vaccine Information Statement (VIS) background
- Information on the Vaccines for Children (VFC) Program
- Links to current ACIP recommendations

Quick Looks are available for the following vaccines:

- DTaP
- DTaP/IPV (KINRIX™)
- DTaP/IPV/Hep B (Pediarix®)
- DTaP/IPV/Hib (Pentacel®)
- Hep A/Hep B (Twinrix®)
- Human Papillomavirus (HPV2 & HPV4)
- Measles, Mumps, Rubella (MMR)
- Measles, Mumps, Rubella, Varicella (MMRV; ProQuad)
- Meningococcal Conjugate (MCV4)
- Prevnar 13 (PCV13)
- Rotavirus (RV1 & RV5)
- Seasonal Flu (LAIV &IIV)
- Td
- Tdap
- Varicella (Var)
- Zoster (Zostavax, HZV)



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A Quick Look at Using Tdap (Tetanus, diphtheria, pertussis) Vaccine

Tdap Vaccines:
- Boostrix®: for persons aged 10 years and older[1]
- Adacel®: for persons aged 11 through 64 years[1]

Routine Indications for Use and Schedule:
- Administer a **single dose** to:
  - Adolescents at aged 11-12 years
  - Persons aged 13 years/older without a documented dose
  - Pregnant women during every pregnancy (see below)

Minimum interval[2]:
- To ensure pertussis protection, administer a single Tdap dose regardless of the interval since last tetanus/diphtheria-containing vaccine (DTaP, Td)

Vaccine Administration
- Intramuscular (IM) injection in the deltoid muscle (arm)
- 1-1.5 inch, 22-25 gauge needle
- Use professional judgment when selecting needle length
- Can be given simultaneously with other vaccines

Storage and Handling
- Store in the refrigerator unit
- Do NOT freeze
- Keep in original box with lid on
- Shake well before use
- Store apart from similar vaccines (DTaP, Td)

Tdap
35º- 46ºF
(2º-8ºC)

SPECIAL SITUATIONS

Catch-up Recommendations for Children aged 7-10 Years
- For children with an incomplete DTaP*/Td series or who have an unknown history of DTaP/Td v
  - Give one dose of Tdap (preferably for the 1st dose, if more than one dose is nee
  - Use Td vaccine for any additional doses (possibly 1-2) necessary to complete a

*A complete DTaP series is 5 doses or 4 doses with 1 dose at/after age 4 years that meet mini

Catch-up Recommendations for Adolescents and Adults aged 13 years and older, including H
- Should be given a Tdap regardless of the interval since the last tetanus or diphtheria-containing
- 3 doses (primary series) of tetanus & diphtheria containing vaccine are needed before a booste
- Tdap should be substituted for a single dose of Td in the catch-up series; Use Td for the other d

Recommendations for Persons with Close Contact to an Infant Less than Age 12 Months
- Give Tdap as soon as feasible--at least 2 weeks before contact with infant (if no previous docum

Recommendations for Pregnant Women (all ages)
- Administer one dose of Tdap to pregnant women during every pregnancy, optimal timing is betw
  - If no history of a previous Tdap dose and if not administered during pregnancy, g
  - If indicated (i.e., wound management), Tdap may be given in any trimester of pre

Use of Tdap for Wound Care (for wounds that are not clean and/or not minor)
- Do not miss an opportunity to provide pertussis protection—remember there is no minimum inte
- For children aged 7-9 years, Tdap may be given in place of a Td vaccine for wound care if use o (see catch-up recommendations for this age group)
- Administer Tdap to persons aged 10 years and older who:
  - Have not received any tetanus-containing vaccine in the last 5 years and
  - Have not received a previous dose of Tdap vaccine
- Review "Tetanus Prophylaxis Guidelines", posted at www.michigan.gov/immunize > Provider In

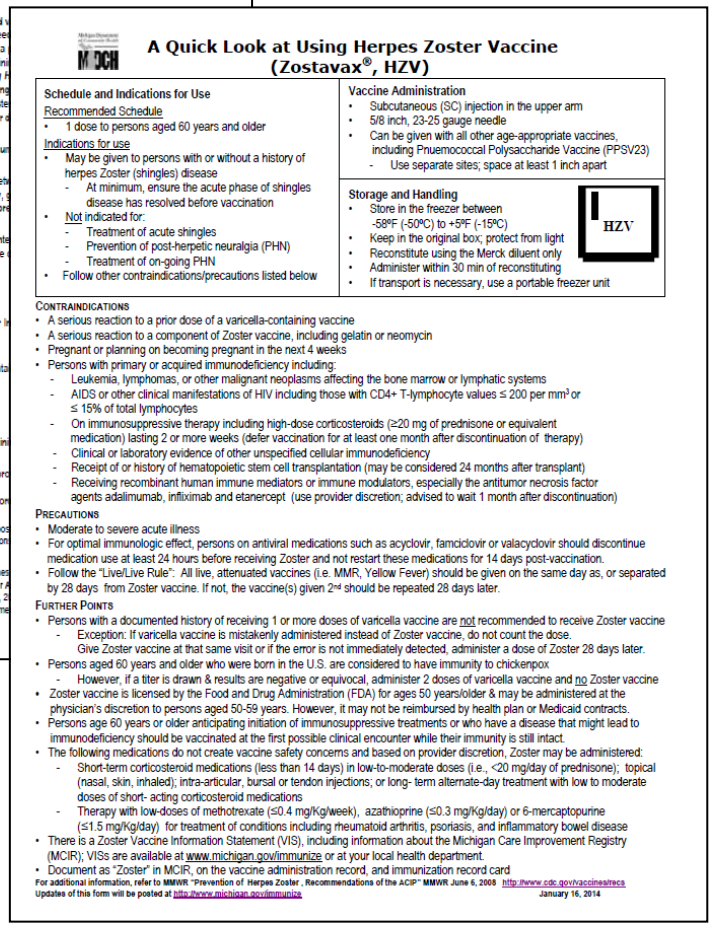
CONTRAINDICATIONS
- Allergic reaction to a previous dose of DTaP/DT/Td vaccine or a component of the vaccine
- Encephalopathy not due to another cause within 7 days after vaccination with a pertussis-conta

PRECAUTIONS
- Moderate or severe illness
- History of Guillain-Barré Syndrome (GBS) within 6 weeks of a tetanus-containing vaccine
- Progressive neurological disorder until stabilized
- History of a severe arthus-type reaction after a previous dose of a tetanus or diphtheria contain

FURTHER POINTS
- Tdap Vaccine Information Statement (VIS) including information about the Michigan Care Improv michigan.gov/immunize or your local health department.
- Document as "Tdap" in MCIR, on the vaccine administration record and the immunization recor

[1]In situations where Tdap is indicated, either Adacel or Boostrix may be used for persons aged 7-10 years. Boostrix should be used for persons aged 65 years and older; however, Adacel is recommended for use if Boos
[2]While longer intervals between Td (or DTaP) and Tdap vaccination may decrease the severity of local reaction against pertussis need to be considered and likely outweigh the potential risk of this adverse event.

Publicly purchased Tdap can be administered to eligible children aged 7 through 18 years through the Vaccines offices. Eligible children include those who are uninsured, underinsured, Medicaid eligible, Native American or A for more information. Refer to MMWRs: *Updated Recommendations for Use of Tdap Vaccine from the ACIP, 2 Tdap in Adults aged 65 Years & Older" 6/29/12; Updated Recommendations for use of Tdap in Pregnant Wome use of Td/Tdap in Adolescents & Adults available at http://www.cdc.gov/vaccines



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A Quick Look at Using Herpes Zoster Vaccine (Zostavax®, HZV)

Schedule and Indications for Use

Recommended Schedule
- 1 dose to persons aged 60 years and older

Indications for use
- May be given to persons with or without a history of herpes Zoster (shingles) disease
  - At minimum, ensure the acute phase of shingles disease has resolved before vaccination
- Not indicated for:
  - Treatment of acute shingles
  - Prevention of post-herpetic neuralgia (PHN)
  - Treatment of on-going PHN
- Follow other contraindications/precautions listed below

Vaccine Administration
- Subcutaneous (SC) injection in the upper arm
- 5/8 inch, 23-25 gauge needle
- Can be given with all other age-appropriate vaccines, including Pnuemococcal Polysaccharide Vaccine (PPSV23)
  - Use separate sites; space at least 1 inch apart

Storage and Handling
- Store in the freezer between -58ºF (-50ºC) to +5ºF (-15ºC)
- Keep in the original box; protect from light
- Reconstitute using the Merck diluent only
- Administer within 30 min of reconstituting
- If transport is necessary, use a portable freezer unit

HZV

CONTRAINDICATIONS
- A serious reaction to a prior dose of a varicella-containing vaccine
- A serious reaction to a component of Zoster vaccine, including gelatin or neomycin
- Pregnant or planning on becoming pregnant in the next 4 weeks
- Persons with primary or acquired immunodeficiency including:
  - Leukemia, lymphomas, or other malignant neoplasms affecting the bone marrow or lymphatic systems
  - AIDS or other clinical manifestations of HIV including those with CD4+ T-lymphocyte values ≤ 200 per mm^3 or ≤ 15% of total lymphocytes
  - On immunosuppressive therapy including high-dose corticosteroids (≥20 mg of prednisone or equivalent medication) lasting 2 or more weeks (defer vaccination for at least one month after discontinuation of therapy)
  - Clinical or laboratory evidence of other unspecified cellular immunodeficiency
  - Receipt of or history of hematopoietic stem cell transplantation (may be considered 24 months after transplant)
  - Receiving recombinant human immune mediators or immune modulators, especially the antitumor necrosis factor agents adalimumab, infliximab and etanercept (use provider discretion; advised to wait 1 month after discontinuation)

PRECAUTIONS
- Moderate to severe acute illness
- For optimal immunologic effect, persons on antiviral medications such as acyclovir, famciclovir or valacyclovir should discontinue medication use at least 24 hours before receiving Zoster and not restart these medications for 14 days post-vaccination.
- Follow the "Live/Live Rule": All live, attenuated vaccines (i.e. MMR, Yellow Fever) should be given on the same day as, or separated by 28 days from Zoster vaccine. If not, the vaccine(s) given 2nd should be repeated 28 days later.

FURTHER POINTS
- Persons with a documented history of receiving 1 or more doses of varicella vaccine are not recommended to receive Zoster vaccine
  - Exception: If varicella vaccine is mistakenly administered instead of Zoster vaccine, do not count the dose. Give Zoster vaccine at that same visit or if the error is not immediately detected, administer a dose of Zoster 28 days later.
- Persons aged 60 years and older who were born in the U.S. are considered to have immunity to chickenpox
  - However, if a titer is drawn & results are negative or equivocal, administer 2 doses of varicella vaccine and no Zoster vaccine
- Zoster vaccine is licensed by the Food and Drug Administration (FDA) for ages 50 years/older & may be administered at the physician's discretion to persons aged 50-59 years. However, it may not be reimbursed by health plan or Medicaid contracts.
- Persons age 60 years or older anticipating initiation of immunosuppressive treatments or who have a disease that might lead to immunodeficiency should be vaccinated at the first possible clinical encounter while their immunity is still intact.
- The following medications do not create vaccine safety concerns and based on provider discretion, Zoster may be administered:
  - Short-term corticosteroid medications (less than 14 days) in low-to-moderate doses (i.e., <20 mg/day of prednisone); topical (nasal, skin, inhaled); intra-articular, bursal or tendon injections; or long- term alternate-day treatment with low to moderate doses of short- acting corticosteroid medications
  - Therapy with low-doses of methotrexate (≤0.4 mg/Kg/week), azathioprine (≤0.3 mg/Kg/day) or 6-mercaptopurine (≤1.5 mg/Kg/day) for treatment of conditions including rheumatoid arthritis, psoriasis, and inflammatory bowel disease
- There is a Zoster Vaccine Information Statement (VIS), including information about the Michigan Care Improvement Registry (MCIR); VISs are available at www.michigan.gov/immunize or at your local health department.
- Document as "Zoster" in MCIR, on the vaccine administration record, and immunization record card

For additional information, refer to MMWR "Prevention of Herpes Zoster , Recommendations of the ACIP" MMWR June 6, 2008 http://www.cdc.gov/vaccines/recs
Updates of this form will be posted at http://www.michigan.gov/immunize January 16, 2014

Use Quick Looks in your office today!

The most up-to-date versions can be found under "Provider Information" at www.michigan.gov/immunize

Updated February 20, 2014