



Hepatitis A and B Reminder

Date: 5/2/18

Dear Mr. Cavanaugh:

Your second Hepatitis A and B (Twinrix) vaccine is due on May 28, 2018. Please call the Student Health Center at Auburn Montgomery for an appointment as soon as possible at 244-3281, to continue receiving your immunization as scheduled.

In order to stay within the recommended schedule, you should receive your next dose by June 11, 2018.

Thank you for allowing us to participate in the protection of your good health.

Sincerely,

Amy Morris, RN-BC

Amy Morris, RN-BC
AUM-Nursing Care Center

ADOLESCENT & ADULT IMMUNIZATION RECORD

Clinic: _____

Name: Matthew Cavanaugh

Date of Birth: ____/____/____ Record #: _____

Allergies: NKMA Reactions: _____

History of Chickenpox? YES or NO If yes, date if known: _____

Vaccine	Date Admin			Age at the time	VIS Form Given			Manuf Abbott	Lot	Dose	Admin Site**	Route	Provider Initials*** or Outside Provider Name
	Mo	Day	Yr		Type	Mo	Yr						
Td					Td			3HG77 07/03/20	0.5cc		IM		
Td					Td			NDC 58160-815-43	0.5cc		IM		
Td					Td			Hepatitis A & Hepatitis B (Recombinant) Vaccine	0.5cc		IM		
Td					Td			TWINRIX®	0.5cc		IM		
Tdap	4	27	18		Tdap	2	15	Mfd. by GlaxoSmithKline Biologicals	0.5cc	LD	IM	Am	
Hep B + Hep A	4	27	18		Hep B	7	16	474193	1.0	RD	IM	Am	
Hep B					Hep B						IM		
Hep B					Hep B						IM		
Hep B (booster if needed)					Hep B						IM		
MMR Rubella Rubeola					MMR				0.5cc		SQ		
MMR Rubella Rubeola					MMR				0.5cc		SQ		
Varicella					Var				0.5cc		SQ		
Varicella					Var				0.5cc		SQ		
IPV					Polio				0.5cc		SQ		
IPV					Polio				0.5cc		SQ		
IPV					Polio				0.5cc		SQ		
IPV					Polio				0.5cc		SQ		
PPV23					PPV				0.5cc		IM		
PPV23					PPV				0.5cc		IM		
Hepatitis A					Hep A						IM		
Hepatitis A					Hep A						IM		
HPV					HPV				0.5cc		IM		
HPV					HPV				0.5cc		IM		
HPV					HPV				0.5cc		IM		
Influenza					Flu				0.5cc		IM		
Influenza					Flu				0.5cc		IM		
Influenza					Flu				0.5cc		IM		
MCV4					Mening						IM		
MPSV4					Mening						SQ		

* Manufacturers: M= Merck; S = Sanofi Pasteur; W = Wyeth; G = GlaxoSmithKline

** Sites: LT = Left Thigh, RT = Right Thigh, LA = Left Arm, RA = Right Arm, LD = Left Deltoid, RD = Right Deltoid

*** VIS Language given, if not English: Over

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

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 at the end.

1. Are you sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events.¹ However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

pegol) may be immunosuppressive. The use of live vaccines should be avoided in persons taking these drugs (see www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can be given only to healthy non-pregnant people ages 2 through 49 years.

2. Do you have allergies to medications, food, a vaccine component, or latex? [all vaccines]

An anaphylactic reaction to latex is a contraindication to latex as a component or as part of the packaging (e.g., syringe plungers, prefilled syringe caps). If a person has a history of anaphylactic reaction to gelatin, do not administer vaccines contained in gelatin. Do not administer a subsequent dose or vaccine component until a subsequent dose or vaccine component is given in a setting where an extensive list of vaccine components, People with egg allergy of any severity can receive appropriate for the patient's age. The safety of LAIV has not been established. For people with a history of egg involving any symptom other than hives, urticaria, or who required epinephrine or another medical intervention, the vaccine should be administered in a medical department, or physician office. Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage allergic reactions.⁴

7. Have you had a seizure or a brain or other nervous system problem? [influenza, Td/Tdap]

Tdap is contraindicated in people who have a history of encephalopathy within

3. Have you ever had a serious reaction after [all vaccines]

History of anaphylactic reaction (see question 2) to a vaccine component is a contraindication for all vaccines. In certain circumstances, vaccines are deferred when a serious allergic reaction may arise when the benefit outweighs the risk of pertussis outbreak).

4. Do you have a long-term health problem with asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder? [MMR, LAIV]

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR vaccine. The safety of intranasal live attenuated influenza vaccine (LAIV) in people with these conditions has not been established. These conditions, including asthma in adults, should be considered precautions for the use of LAIV.

5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, VAR, ZVL]

Live virus vaccines (e.g., LAIV, measles-mumps-rubella [MMR], varicella [VAR], zoster vaccine live [ZVL]) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and varicella vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/ μ L. Immunosuppressed people should not receive LAIV. For details, consult the ACIP recommendations.^{4,5,6}

6. In the past 3 months, have you taken medications that affect your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments? [LAIV, MMR, VAR, ZVL]

Live virus vaccines (e.g., LAIV, MMR, VAR, ZVL) 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.^{1,5} Some immune modulator and immune modulator drugs (especially the anti-tumor necrosis factor agents adalimumab, infliximab, etanercept, golimumab, and certolizumab

REFERENCES

1. CDC. General best practice guidelines for immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) at www.cdc.gov/hcp/acip-recs/general-recs/index.html.
2. Latex in Vaccine Packaging: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf.
3. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf.
4. CDC. Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2017–18 Influenza Season at www.cdc.gov/mmwr/volumes/66/rr/pdfs/rr6602.pdf.
5. CDC. Measles, mumps, and rubella – vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
6. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
7. Tomblyn M, Einsele H, et al. Guidelines for preventing infectious complications among hematopoietic stem cell transplant recipients: a global perspective. *Biol Blood Marrow Transplant* 15:1143–1238; 2009 at www.cdc.gov/vaccines/pubs/hemato-cell-transplants.htm.
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Updated recommendations for use of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) in pregnant women: Recommendations of the ACIP. *MMWR* 2012; 62 (7):131–4.

Certificate For Return to Work/School	
Name: <u>Matthew P. Cavanaugh</u>	is a
Was seen on <u>04/27/18</u> at <u>2:00</u> am/pm	history
and is able to return to work/school on: <u>04/27/18</u>	is a
Nature of illness or injury: <u>Confidential</u>	6
☐ Restrictions:	ina-
☐ Restricted Physical Exertion:	line
☐ Light Work:	ie, vac-
☐ Avoid _____ for _____ number of days	
☐ Limited Physical Exertion:	
☐ Other:	
CRNP/ RN: <u>Amy Morris</u>	on th
Phone (334) 244 - 3281	is-
Fax (334) 244 - 3243	give
	ol-
	isk
	ided

10. Have you received any vaccinations in the past 4 weeks? [LAIV, MMR, VAR, yellow fever, ZVL]

People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZVL, yellow fever) should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.