Huron County Public Health

PUBLIC HEALTH DESK REFERENCE

11/27/19

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Huron County Public Health

Prevent. Promote. Protect.

CONTACT INFORMATION

MISSION STATEMENT

To achieve and sustain healthy people and healthy communities throughout Huron County by providing public health services which promote health and prevent disease.

VISION STATEMENT

Working in collaboration with our partnering organizations and communities, Huron County will become leaders and innovators in achieving an optimal health status for its citizens. In this quest, Huron County Public Health will apply best practices and demonstrate operational excellence while addressing chronic disease prevention, environmental safety, behavioral education and preparedness.

FOR PUBLIC HEALTH EMERGENCIES OR TO REPORT A COMMUNICABLE DISEASE:

DURING BUSINESS HOURS

Monday: 9:00 a.m. to 4:00 p.m.
Tuesday through Friday: 8:00 to 4:00 p.m.
Call (419) 668-1652. Dial Ext. 258 to reach a staff member. Explain the emergency and you will be transferred to the appropriate staff.

AFTER BUSINESS HOURS

To report a public health emergency after hours, please call Huron County Public Health at 1-800-734-4866.

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Norwalk, Ohio 44857
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Environmental Fax:(419) 660-0129
Community Health Fax: (419) 668-0152
Email: information@huroncohealth.com

Huron County Public Health

Prevent. Promote. Protect.

DIRECTORY OF SERVICES

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MAIN OFFICE

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Norwalk, OH 44857
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Fax: (419) 668-5423
information@huroncohealth.com
www.HuronCoHealth.com
Facebook & Twitter: @HuronCoHealth

WILLARD OFFICE

221 East Walton Street
Willard, OH 44890

BELLEVUE OFFICE

3000 Seneca Industrial Parkway
Bellevue, OH 44811

GREENWICH NURSING SERVICES

65 W. Main Street
Greenwich, OH 44837

NEW LONDON NURSING SERVICES

111 East Main Street
New London, OH 44851

COMMUNICABLE DISEASE REPORTING

Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective August 1, 2019

Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax
- Botulism, foodborne
- Cholera
- Diphtheria
- Influenza A – novel virus infection
- Measles
- Meningococcal disease
- Middle East Respiratory Syndrome (MERS)
- Plague
- Rabies, human
- Rubella (not congenital)
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B:

Disease of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
  - Chikungunya virus infection
  - Eastern equine encephalitis virus disease
  - LaCrosse virus disease (other California serogroup virus disease)
  - Powassan virus disease
  - St. Louis encephalitis virus disease
  - West Nile virus infection
  - Western equine encephalitis virus disease
  - Yellow fever
  - Zika virus infection
  - Other arthropod-borne diseases
- Babesiosis
- Botulism
  - infant
  - wound
- Brucellosis
- Campylobacteriosis
- *Candida auris*
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
  - CP-CRE *Enterobacter* spp.
  - CP-CRE *Escherichia coli*
  - CP-CRE *Klebsiella* spp.
  - CP-CRE other
- Chancroid
- *Chlamydia trachomatis* infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC)
- Ehrlichiosis/anaplasmosis
- Giardiasis
- Gonorrhea *(Neisseria gonorrhoeae)*
- *Haemophilus influenzae* (invasive disease)
- Hantavirus
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B (non-perinatal)
- Hepatitis B (perinatal)
- Hepatitis C (non-perinatal)
- Hepatitis C (perinatal)
- Hepatitis D (delta hepatitis)
- Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis:
  - Aseptic (viral)
  - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- *Salmonella* Paratyphi infection
- *Salmonella* Typhi infection (typhoid fever)
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA)
- Streptococcal disease, group A, invasive (IGAS)
- Streptococcal disease, group B, in newborn
- Streptococcal toxic shock syndrome (STSS)
- *Streptococcus pneumoniae*, invasive disease (ISP)
- Syphilis
- Tetanus
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- Varicella
- Vibriosis
- Yersiniosis

Class C:

Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic

NOTE:

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.

Know Your ABCs (Alphabetical Order)

Effective August 1, 2019

Name	Class
Amebiasis	B
Anthrax	A
Arboviral neuroinvasive and non-neuroinvasive disease	B
Babesiosis	B
Botulism, foodborne	A
Botulism, infant	B
Botulism, wound	B
Brucellosis	B
Campylobacteriosis	B
Candida auris	B
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)	B
Chancroid	B
Chlamydia trachomatis infections	B
Chikungunya	B
Cholera	A
Coccidioidomycosis	B
Creutzfeldt-Jakob disease (CJD)	B
Cryptosporidiosis	B
Cyclosporiasis	B
Dengue	B
Diphtheria	A
E. coli O157:H7 and Shiga toxin-producing *E. coli* (STEC)	B
Eastern equine encephalitis virus disease	B
Ehrlichiosis/Anaplasmosis	B
Giardiasis	B
Gonorrhea (*Neisseria gonorrhoeae*)	B
Haemophilus influenzae (invasive disease)	B
Hantavirus	B
Hemolytic uremic syndrome (HUS)	B
Hepatitis A	B
Hepatitis B (non-perinatal)	B
Hepatitis B (perinatal)	B
Hepatitis C (non-perinatal)	B
Hepatitis C (perinatal)	B
Hepatitis D (delta hepatitis)	B
Hepatitis E	B
Influenza A – novel virus	A
Influenza-associated hospitalization	B
Influenza-associated pediatric mortality	B
LaCrosse virus disease (other California serogroup virus disease)	B
Legionnaires' disease	B
Leprosy (Hansen disease)	B
Leptospirosis	B
Listeriosis	B
Lyme disease	B
Malaria	B

Name	Class
Measles	A
Meningitis, aseptic (viral)	B
Meningitis, bacterial	B
Meningococcal disease	A
MERS	A
Mumps	B
Other arthropod-borne diseases	B
Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic	C
Pertussis	B
Plague	A
Poliomyelitis (including vaccine-associated cases)	B
Powassan virus disease	B
Psittacosis	B
Q fever	B
Rabies, human	A
Rubella (congenital)	B
Rubella (not congenital)	A
Salmonella Paratyphi infection	B
Salmonella Typhi infection (typhoid fever)	B
Salmonellosis	B
Severe acute respiratory syndrome (SARS)	A
Shigellosis	B
Smallpox	A
Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	B
St. Louis encephalitis virus disease	B
Staphylococcus aureus, with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B
Streptococcal disease, group A, invasive (IGAS)	B
Streptococcal disease, group B, in newborn	B
Streptococcal toxic shock syndrome (STSS)	B
Streptococcus pneumoniae, invasive disease (ISP)	B
Syphilis	B
Tetanus	B
Toxic shock syndrome	B
Trichinellosis	B
Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)	B
Tularemia	A
Varicella	B
Vibriosis	B
Viral hemorrhagic fever (VHF)	A
West Nile virus infection	B
Western equine encephalitis virus disease	B
Yellow fever	B
Yersiniosis	B
Zika virus infection	B

Ohio Department of Health

Ohio Confidential Reportable Disease

Use this form to submit reportable infectious diseases to your local health department (**Do not** use this form to report HIV/AIDS)

Disease reported			**ODRS number**
Patient's last name	First name	Middle name (or initial and/or suffix)	Medical record number
Address *(number and street)*			County
City	State	ZIP	Patient expired? ☐ Yes ☐ No ☐ Unknown
Home telephone ( )	Work telephone ( )		Alternate number ( )
Birthdate *(month/day/year)* / /	Age	Sex ☐ Male ☐ Female	Pregnant ☐ Yes ☐ No ☐ Unknown / Delivery date / /
Race *(check all that apply)* ☐ American Indian or Alaskan Native ☐ Asian ☐ African American ☐ Unknown ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other _____			Ethnicity *(check one)* ☐ Hispanic ☐ Unknown ☐ Non-Hispanic / Was patient contacted? ☐ Yes ☐ Unknown ☐ No
Sensitive occupation? *(Check all that apply)* ☐ Food handler ☐ Direct patient-care ☐ Child care attendee/staff ☐ Long-term care resident/staff ☐ Not applicable	Name of facility		
	Address of facility		

Parent, guardian, or alternate contact name	Phone
Health care provider name	Phone
Health care provider address	
Health care facility name	Phone
Health care facility address	
Submitted by *(contact name, facility)*	Phone

Date of report / /	Status ☐ Laboratory confirmed ☐ Clinically diagnosed *(list symptoms)*_____	Date of result / /
Date of onset / /	Laboratory name	Phone ( )
Date of diagnosis / /	Laboratory address	
Hospital admission / /	Date of specimen collection / /	Reason for test ☐ Dx ☐ Prenatal ☐ Repeat pos / Specific type of test *(e.g. smear, culture, ELISA)*
Hospital discharge / /	Specimen site/type ☐ Blood ☐ Stool ☐ CSF ☐ Urine ☐ Cervix ☐ Urethra ☐ Sputum ☐ Other _____	
Date of death / /	Treatment ☐ Treated ☐ Untreated: ○ Will treat ○ Unable to contact ○ Refused treatment ○ Referred to: _____	
	Date treatment initiated / /	Detail drugs/dose/route

Remarks

Drug Allergies?

Reason for testing?

Please submit to:

Fax Reports To: 419-668-0152

Contact Info: Huron County Public Health
28 Executive Drive
Norwalk, OH 44857

Phone: 419-668-1652 Ext. 258
Email: information@huroncohealth.com

Varicella (Chicken Pox) Report Form

Huron County Public Health – Epidemiology and Surveillance

Demographic Information

Child's Name	Parent's Name	
Address		
City	County	Zip
Phone	Date of Birth / Age	

Sex: □ Male □ Female	Race: □ White □ Black □ Asian/PI □ Am Indian □ Other	Ethnicity: □ Hispanic □ Non-Hispanic

Clinical Information

Rash: □ Yes □ No □ Unknown
Onset Date: ____/____/____

Location of rash_____
Fever: □ Yes □ No □ Unknown
1st date child absent: ____/____/____
(due to chickenpox)

Received Varicella Vaccine: (check appropriate box)
□ Yes □ No □ Unknown

If yes, date(s) of vaccination:
Varicella (VZV) dose 1:____/____/____

Varicella (VZV) dose 2:____/____/____

Severity of Varicella: (check appropriate box)
□ < 50 lesions (Severity I) □ 50 – 500 lesions (Severity II) □ > 500 lesions (Severity III)

Hospitalized: (check appropriate box)
□ Yes □ No □ Unknown

Outcome: (check appropriate box)
□ Alive □ Dead □ Unknown

Diagnosed by: (check appropriate box)
□ Physician/Nurse □ School □ Parent □ Self □ Other_____

Reported date: ____/____/____

Report Source:

Name:_____ Agency/Site_____

(check appropriate box)
□ School □ Pre-school/Childcare □ Physician □ Lab
Phone number (should further information be needed): _____

Reporting Information

When you have cases of chicken pox, please fax reports at the end of each week to:

419-668-0152

Questions? Please contact HCPH at 419-668-1652 ext. 258 or Information@huroncohealth.com

Ohio Department of Health

Influenza-Associated Hospitalization Confidential Case Report

Person demographics

ODRS ID number			
Last name	First name	Middle name	
Street		County	
City	State	ZIP	
Date of birth / /	Age	Phone number ( )	
Sex ☐ Male ☐ Female	Race (Check all that apply) ☐ White ☐ Asian ☐ Black ☐ Hawaiian Native or Pacific Islander ☐ American Indian or Alaskan Native ☐ Other ☐ Unknown	Ethnicity ☐ Hispanic or Latino ☐ Non Hispanic or Non Latino ☐ Unknown	
Pregnant? ☐ Yes ☐ No ☐ Unknown	Deceased? ☐ Yes ☐ No ☐ Unknown	Date of death / /	

Laboratory information

Test type	Result	Specimen collection date
☐ Commercial rapid diagnostic test	☐ Influenza A ☐ Influenza B ☐ Negative ☐ Influenza A/B (Not distinguished)	/ /
☐ Viral culture	☐ Influenza A (Subtyping not done) ☐ Negative ☐ Influenza B ☐ Influenza A (Unable to subtype) ☐ Influenza A Seasonal (H1) ☐ Influenza A (H3) ☐ Influenza A (2009) H1N1	/ /
☐ Direct fluorescent antibody (DFA)	☐ Influenza A ☐ Influenza B ☐ Negative ☐ Influenza A/B	/ /
☐ Indirect fluorescent antibody (IFA)	☐ Influenza A ☐ Influenza B ☐ Negative ☐ Influenza A/B	/ /
☐ Enzyme immunoassay (EIA)	☐ Influenza A (Subtyping not done) ☐ Negative ☐ Influenza B ☐ Influenza A (Unable to subtype) ☐ Influenza A Seasonal (H1) ☐ Influenza A (H3) ☐ Influenza A (2009) H1N1	/ /
☐ RT-PCR	☐ Influenza A (Subtyping not done) ☐ Negative ☐ Influenza B ☐ Influenza A (Unable to subtype) ☐ Influenza A Seasonal (H1) ☐ Influenza A (H3) ☐ Influenza A (2009) H1N1	/ /
☐ Rapid Molecular Assay	☐ Influenza A ☐ Influenza B ☐ Negative	/ /

Date of illness onset	Clinician name	Clinician phone #
/ /		( )

Was patient hospitalized?	Hospital	Date of admission
☐ Yes ☐ No ☐ Unknown		/ /

Date of discharge	Medical record number	Does patient have neurological symptoms?	Was the patient in the ICU?
/ /		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

Culture confirmation of *invasive* bacterial pathogens

Was an invasive bacterial infection confirmed by culturing an organism from a specimen collected from a normally sterile site (e.g., blood, cerebrospinal fluid [CSF], tissue, or pleural fluid)?

☐ Yes ☐ No

☐ Streptococcus pneumoniae

☐ *Haemophilus influenzae* type b

☐ *Haemophilus influenzae* not-type b

☐ Group A streptococcus

☐ Other invasive bacteria _____

☐ *Staphylococcus aureus*, methicillin **sensitive**

☐ *Staphylococcus aureus,* methicillin **resistant (MRSA)**

☐ *Staphylococcus aureus*, **sensitivity not done**

☐ *Neisseria meningitidis* (serogroup, if known) _____

Epidemiology information

Did patient travel out of the country during the 10 days prior to illness? ☐ Yes ☐ No ☐ Unknown

If yes, then list where and when:

Is the patient a healthcare worker with direct patient contact? ☐ Yes ☐ No ☐ Unknown

Does the patient have a heart, kidney, or metabolic disorder? ☐ Yes ☐ No ☐ Unknown

Does the patient have a chronic respiratory disorder? ☐ Yes ☐ No ☐ Unknown

Is the patient immunosuppressed? ☐ Yes ☐ No ☐ Unknown

Vaccination information

Did patient receive an influenza vaccine during the current influenza season? ☐ Yes ☐ No ☐ Unknown

If yes, number of doses:	Date of vaccination:	Date of vaccination:	Date of vaccination:
	/ /	/ /	/ /

VAERS Vaccine Adverse Event Reporting System
www.vaers.hhs.gov

Adverse events are possible reactions or problems that occur during or after vaccination. Items **2, 3, 4, 5, 6, 17, 18** and **21** are **ESSENTIAL** and should be completed. Patient identity is kept confidential. Instructions are provided on the last two pages.

INFORMATION ABOUT THE PATIENT WHO RECEIVED THE VACCINE (Use Continuation Page if needed)

1. Patient name: (first) _____ (last) _____
Street address: _____
City: _____ State: _____ County: _____
ZIP code: _____ Phone: ( ) _____ Email: _____
2. Date of birth: (mm/dd/yyyy) / / 3. Sex: ☐ Male ☐ Female ☐ Unknown
4. Date and time of vaccination: (mm/dd/yyyy) / / Time: ☐AM ☐PM
5. Date and time adverse event started: (mm/dd/yyyy) / / Time: ☐AM ☐PM
6. Age at vaccination: Years Months 7. Today's date: (mm/dd/yyyy) / /
8. Pregnant at time of vaccination?: ☐ Yes ☐ No ☐ Unknown
(If yes, describe the event, any pregnancy complications, and estimated due date if known in item 18)

9. Prescriptions, over-the-counter medications, dietary supplements, or herbal remedies being taken at the time of vaccination:

10. Allergies to medications, food, or other products:

11. Other illnesses at the time of vaccination and up to one month prior:

12. Chronic or long-standing health conditions:

INFORMATION ABOUT THE PERSON COMPLETING THIS FORM

13. Form completed by: (name) _____
Relation to patient: ☐ Healthcare professional/staff ☐ Patient (yourself) ☐ Parent/guardian/caregiver ☐ Other: _____
Street address: _____ ☐ Check if same as item 1
City: _____ State: _____ ZIP code: _____
Phone: ( ) _____ Email: _____
14. Best doctor/healthcare professional to contact about the adverse event: Name: _____ Phone: ( ) _____ Ext: _____

INFORMATION ABOUT THE FACILITY WHERE VACCINE WAS GIVEN

15. Facility/clinic name: _____
Fax: ( ) _____
Street address: ☐ Check if same as item 13
_____
_____
City: _____
State: _____ ZIP code: _____
Phone: ( ) _____

16. Type of facility: (Check one)
☐ Doctor's office, urgent care, or hospital
☐ Pharmacy or store
☐ Workplace clinic
☐ Public health clinic
☐ Nursing home or senior living facility
☐ School or student health clinic
☐ Other: _____
☐ Unknown

WHICH VACCINES WERE GIVEN? WHAT HAPPENED TO THE PATIENT?

17. Enter all vaccines given on the date listed in item 4: (Route is HOW vaccine was given, Body site is WHERE vaccine was given) Use Continuation Page if needed

Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	Dose number in series

18. Describe the adverse event(s), treatment, and outcome(s), if any: (symptoms, signs, time course, etc.)
Use Continuation Page if needed

19. Medical tests and laboratory results related to the adverse event(s): (include dates)
Use Continuation Page if needed

20. Has the patient recovered from the adverse event(s)?: ☐ Yes ☐ No ☐ Unknown

21. Result or outcome of adverse event(s): (Check all that apply)
☐ Doctor or other healthcare professional office/clinic visit
☐ Emergency room/department or urgent care
☐ Hospitalization: Number of days (if known) _____
Hospital name: _____
City: _____ State: _____
☐ Prolongation of existing hospitalization
(vaccine received during existing hospitalization)
☐ Life threatening illness (immediate risk of death from the event)
☐ Disability or permanent damage
☐ Patient died – Date of death: (mm/dd/yyyy) / /
☐ Congenital anomaly or birth defect
☐ None of the above

ADDITIONAL INFORMATION

22. Any other vaccines received within one month prior to the date listed in item 4: Use Continuation Page if needed

Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	Dose number in series	Date Given

23. Has the patient ever had an adverse event following any previous vaccine?: (If yes, describe adverse event, patient age at vaccination, vaccination dates, vaccine type, and brand name)
☐ Yes _____ ☐ No ☐ Unknown

24. Patient's race: (Check all that apply) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Unknown ☐ Other: _____

25. Patient's ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

26. Immuniz. proj. report number: (Health Dept use only) _____

COMPLETE ONLY FOR U.S. MILITARY/DEPARTMENT OF DEFENSE (DoD) RELATED REPORTS

27. Status at vaccination: ☐ Active duty ☐ Reserve ☐ National Guard ☐ Beneficiary ☐ Other: _____

28. Vaccinated at Military/DoD site: ☐ Yes ☐ No

SAVE

VAERS

CONTINUATION PAGE (Use only if you need more space from the front page)

17. Enter all vaccines given on the date listed in item 4 (continued):					
Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	Dose number in series

22. Any other vaccines received within one month prior to the date listed in item 4 (continued):						
Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	Dose number in series	Date Given

Use the space below to provide any additional information (indicate item number):

FORM FDA VAERS 2.0 (08/19)

SAVE

Huron County Public Health

28 Executive Drive, Norwalk, OH 44857
Ph: (419) 668-1652 Fax: (419) 668-0152 Email: Information@huroncohealth.com

INFLUENZA-LIKE-ILLNESS TRACKING REPORT - PHYSICIANS

To better track flu activity in Huron County, we are asking that all hospitals complete and submit this form weekly. Please track the number of influenza-related interactions requested below throughout the week. Fax this completed form to the HCPH Epidemiologist at 419-668-0152 or email to Information@huroncohealth.com no later than Monday at 12:00 p.m. (The reporting period is 12:00 a.m. EST Sunday through 11:59 p.m. EST on Saturday). The data collected will be entered and then reported back to you, our medical partners. Thank you! Electronically enter at https://www.surveymonkey.com/r/9H33S8F .

FOR THE WEEK: SUNDAY, / / TO SATURDAY, / /

NAME OF HOSPITAL: _____ CITY: _____

PHONE: ( ) - _____ CONTACT PERSON: _____

Please report the following…	Count **(Age 0-4)**	**Count (Age 5-18)**	**Count (Age 19-24)**	**Count (Age 25-49)**	**Count (Age 50-64)**	**Count (Age 65+)**
Influenza-Like-Illness (ILI): Number of patients seen for or calling in with ILI. CDC defines ILI as an individual with symptoms: ➢ Fever ≥100°F, AND ➢ Cough, AND/OR ➢ Sore throat						
Rapid Flu Tests Completed in Office: Number of rapid flu tests conducted in your office.						
Rapid Test Positives for Flu A: Number of rapid flu tests that came back positive for influenza A.						
Rapid Test Positives for Flu B: Number of rapid flu tests that came back positive for influenza B.						
Rapid Test Negatives: Number of rapid flu tests that came back negative for influenza A & B.						

Novel influenza A is a Class A reportable disease. To report novel influenza A cases, please call (419) 668-1652 Monday through Friday 8:00 a.m. to 4:30 p.m. or 1-800-734-4866 after hours. For more information, call HCPH, Epidemiologist, at 419-668-1652 ext: 258 or the Director of Nursing at ext. 230

COMMUNICABLE DISEASE FACT SHEETS

Huron County Public Health

Prevent. Promote. Protect.

Communicable Disease Fact Sheets

All communicable disease fact sheets are available online at https://www.huroncohealth.com/communicable-diseases. For any questions regarding the fact sheets, call HCPH at 419-668-1652 ext. 234.

Fact Sheets Available:

- Campylobacteriosis
- Chickenpox
- Chlamydia
- E. coli
- Giardiasis
- Gonorrhea
- Head Lice
- Hepatitis B
- Hepatitis C
- Lyme Disease
- Pertussis/Whooping Cough
- Salmonella
- Shigellosis

Chickenpox and the Vaccine (Shot) to Prevent It

Visit the Center for Disease Control and Prevention's website for more information on any communicable diseases. www.cdc.gov.

IMMUNIZATIONS

Huron County Public Health

Public Health Immunization Clinics provide immunizations to all residents. Huron County Public Health participates in Vaccines for Children, a program that provides low-cost vaccines for infants and children through age 18 who do not have insurance coverage for immunizations. No child is turned away for Vaccines For Children (VFC) vaccines if their family is unable to pay for the shots.

IMMUNIZATION CLINICS

VACCINES AVAILABLE FOR INFANTS, CHILDREN, AND TEENS

- DTap/Tdap (Tetanus, Diphtheria & Pertussis)
- Hepatitis A
- Hepatitis B
- Hib (Haemophilus b influenza)
- HPV (Gardasil)
- Influenza
- Meningitis
- Meningitis B
- MMR (Measles, Mumps, & Rubella)
- Polio
- Pneumococcal Conjugate
- Rotavirus
- Varicella (Chickenpox)

VACCINES AVAILABLE FOR ADULTS AND TRAVEL VACCINES:

- Hepatitis A
- Hepatitis B
- Influenza
- Japanese Encephalitis (Special Order)
- Meningitis
- MMR (Measles, Mumps & Rubella)
- Pneumonia
- Rabies (Special Order)
- Td (Tetanus & Diphtheria)
- Tdap (Tetanus, Diphtheria & Pertussis)
- Twinrix (Hepatitis A & B Combined)
- Varicella (Chickenpox)
- Yellow Fever
- TB test (Tuberculosis)
- Polio
- HPV (Gardasil)

Payments

We are an in-network provider for Medicaid, Medicare, & many private insurances.
No child is turned away for Vaccines For Children (VFC) vaccines if their family is unable to pay for the shots. For families covered by out of network private insurance, we can give you a receipt to turn into your insurance company.

Appointments Required

Norwalk and Willard Offices offer day and evening appointments. Appointments are also available in Bellevue, New London, and Greenwich.

Call Huron County Public Health to make your appointment at 419-668-1652 ext. 241.

Please bring an up-to-date record of all past immunizations.

Visit *www.HuronCoHealth.com* or follow us on

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

UNITED STATES 2019

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccines	Abbreviations	Trade names
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)	**IIV**	Multiple
Influenza vaccine (live, attenuated)	**LAIV**	FluMist
Measles, mumps, and rubella vaccine	**MMR**	M-M-R II
Meningococcal serogroups A, C, W, Y vaccine	**MenACWY-D**	Menactra
	MenACWY-CRM	Menveo
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
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 Td vaccine
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
Measles, mumps, rubella, and varicella vaccines	**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/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 and other indications **(Table 3)**

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

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), and American College of Obstetricians and Gynecologists (www.acog.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)

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

Helpful information

- Complete ACIP recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: www.cdc.gov/vaccines/pubs/surv-manual

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

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger United States, 2019

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 in Table 1. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

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 (IIV)					Annual vaccination 1 or 2 doses								or	Annual vaccination 1 dose only			
or																	
Influenza (LAIV)											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										
Meningococcal (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)			See Notes											1st dose		2nd dose	
Tetanus, diphtheria, & acellular pertussis (Tdap: ≥7 yrs)														Tdap			
Human papillomavirus (HPV)														See Notes			
Meningococcal B													See Notes				
Pneumococcal polysaccharide (PPSV23)											See Notes						

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision-making

No recommendation

Table 2 Catch-up immunization schedule for persons aged 4 months—18 years who start late or who are more than 1 month behind, United States, 2019

The figure 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.

Children age 4 months through 6 years					
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**
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) 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 administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB; Comvax) ***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 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 administered at age 24 months or older. **4 weeks** if current age is younger than 12 months and previous dose given at <7 months old. **8 weeks (as final dose for healthy children)** if previous dose given 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 given 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	2 months MenACWY-CRM 9 months MenACWY-D	**8 weeks**	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal	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.			

Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication United States, 2019

VACCINE	INDICATION									
	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count[1]		Kidney failure, end-stage renal disease, on hemodialysis	Heart disease, chronic lung disease	CSF leaks/ cochlear implants	Asplenia and persistent complement component deficiencies	Chronic liver disease	Diabetes
			<15% and total CD4 cell count of <200/mm3	≥15% and total CD4 cell count of ≥200/mm3						
Hepatitis B										
Rotavirus		SCID[2]								
Diphtheria, tetanus, & acellular pertussis (DTaP)										
Haemophilus influenzae type b										
Pneumococcal conjugate										
Inactivated poliovirus										
Influenza (IIV)										
or										
Influenza (LAIV)						Asthma, wheezing: 2-4yrs[3]				
Measles, mumps, rubella										
Varicella										
Hepatitis A										
Meningococcal ACWY										
Tetanus, diphtheria, & acellular pertussis (Tdap)										
Human papillomavirus										
Meningococcal B										
Pneumococcal polysaccharide										

- Vaccination according to the routine schedule recommended
- Recommended for persons with an additional risk factor for which the vaccine would be indicated
- Vaccination is recommended, and additional doses may be necessary based on medical condition. See Notes.
- Contraindicated or use not recommended—vaccine should not be administered because of risk for serious adverse reaction
- Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction
- Delay vaccination until after pregnancy if vaccine indicated
- No recommendation

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 D) at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
2 Severe Combined Immunodeficiency
3 LAIV 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, 2019

For vaccine recommendations for persons 19 years of age and older, see the Recommended Adult Immunization Schedule.

Additional information

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization and relevant ACIP statements 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 vaccine requirements and recommendations is available at wwwnc.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 regarding 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.

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

Routine vaccination

- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years
  - **Prospectively:** Dose 4 may be given as early as age 12 months if at least 6 months have elapsed since dose 3.
  - **Retrospectively:** A 4th dose that was inadvertently given as early as 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.
- For other catch-up guidance, see Table 2.

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

Routine vaccination

- **ActHIB, Hiberix, or Pentacel:** 4-dose series at 2, 4, 6, 12–15 months
- **PedvaxHIB:** 3-dose series at 2, 4, 12–15 months

Catch-up vaccination

- **Dose 1 at 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at 12–15 months or 8 weeks after dose 2 (whichever is later).
- **Dose 1 at 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
- **Dose 1 before 12 months and dose 2 before 15 months:** Administer dose 3 (final dose) 8 weeks after dose 2.
- **2 doses of PedvaxHIB before 12 months:** Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- **Unvaccinated at 15–59 months:** 1 dose
- For other catch-up guidance, see Table 2.

Special situations

- **Chemotherapy or radiation treatment:**
  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):**
  12–59 months
  - Unvaccinated or only 1 dose before 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before 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:**
  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:**
  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 14 months) OR no doses (14 months or older)

Notes

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019

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

Routine vaccination
- 2-dose series (**Havrix** 6–12 months apart or **Vaqta** 6–18 months apart, minimum interval 6 months); a series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is administered.

Catch-up vaccination
- Anyone 2 years of age or older may receive HepA vaccine if desired. Minimum interval between doses: 6 months
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).

International travel
- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (wwwnc.cdc.gov/travel/):
  - **Infants age 6–11 months**: 1 dose before departure; revaccinate with 2 doses, separated by 6–18 months, between 12 to 23 months of age.
  - **Unvaccinated age 12 months and older**: 1st dose as soon as travel considered

Special situations
At risk for hepatitis A infection: 2-dose series as above
- **Chronic liver disease**
- **Clotting factor disorders**
- **Men who have sex with men**
- **Injection or non-injection drug use**
- **Homelessness**
- **Work with hepatitis A virus** in research laboratory or nonhuman primates with hepatitis A infection
- **Travel** in countries with high or intermediate endemic hepatitis A
- **Close, personal contact with international adoptee** (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)

Hepatitis B vaccination
(minimum age: birth)

Birth dose (monovalent HepB vaccine only)
- **Mother is HBsAg-negative:** 1 dose within 24 hours of birth for **all** medically stable infants ≥2,000 grams. Infants <2,000 grams: administer 1 dose at chronological age 1 month or hospital discharge.
- **Mother is HBsAg-positive:**
  - Administer **HepB vaccine** and **0.5 mL of hepatitis B immune globulin (HBIG)** (at separate anatomic sites) 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 **0.5 mL of HBIG** in addition to HepB vaccine 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 **0.5 mL of HBIG** to infants ≥2,000 grams as soon as possible, but no later than 7 days of age.

Routine series
- 3-dose series at 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 18 years and older may receive a 2-dose series of HepB **(Heplisav-B)** at least 4 weeks apart.
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).
- For other catch-up guidance, see Table 2.

Human papillomavirus vaccination
(minimum age: 9 years)

Routine and catch-up vaccination
- HPV vaccination routinely recommended for all adolescents **age 11–12 years (can start at age 9 years)** and through age 18 years if not previously adequately vaccinated
- 2- or 3-dose series depending on age at initial vaccination:
  - **Age 9 through 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)
- If completed valid vaccination series with any HPV vaccine, no additional doses needed

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

Inactivated 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 the 4th birthday and at least 6 months after the previous dose.
- 4 or more doses of IPV can be administered before the 4th birthday when a combination vaccine containing IPV is used. However, a dose is still recommended after the 4th birthday 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 18 years and 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_cid=mm6601a6_w.

Notes

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019

- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. 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.

Influenza vaccination (minimum age: 6 months [IIV], 2 years [LAIV], 18 years [RIV])

Routine vaccination

- 1 dose any influenza vaccine appropriate for age and health status annually (2 doses separated by at least 4 weeks for **children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2018)

Special situations

- **Egg allergy, hives only**: Any influenza vaccine appropriate for age and health status annually
- **Egg allergy more severe than hives** (e.g., angioedema, respiratory distress): Any influenza vaccine appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic conditions
- **LAIV should not be used for** those with a history of severe allergic reaction to any component of the vaccine (excluding egg) or to a previous dose of any influenza vaccine, children and adolescents receiving concomitant aspirin or salicylate-containing medications, children age 2 through 4 years with a history of asthma or wheezing, those who are immunocompromised due to any cause (including immunosuppression caused by medications and HIV infection), anatomic and functional asplenia, cochlear implants, cerebrospinal fluid-oropharyngeal communication, close contacts and caregivers of severely immunosuppressed persons who require a protected environment, pregnancy, and persons who have received influenza antiviral medications within the previous 48 hours.

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

Routine vaccination

- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 4 weeks after dose 1.

Catch-up vaccination

- Unvaccinated children and adolescents: 2 doses at least 4 weeks apart
- The maximum age for use of *MMRV* is 12 years.

Special situations

International travel

- **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses at 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 and older:** 2-dose series at least 4 weeks apart before departure

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

Routine vaccination

- 2-dose series: 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, eculizumab use:

- **Menveo**
  - Dose 1 at age 8 weeks: 4-dose series at 2, 4, 6, 12 months
  - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after the 1st birthday)
  - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart
- **Menactra**
  - **Persistent complement component deficiency:**
    - Age 9–23 months: 2 doses at least 12 weeks apart
    - Age 24 months or older: 2 doses at least 8 weeks apart
  - **Anatomic or functional asplenia, sickle cell disease, or HIV infection:**
    - **Age 9–23 months**: Not recommended
    - **24 months or older**: 2 doses at least 8 weeks apart
    - **Menactra** must be administered at least 4 weeks after completion of PCV13 series.

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

- Children age less than 24 months:
  - **Menveo (age 2–23 months):**
    - Dose 1 at 8 weeks: 4-dose series at 2, 4, 6, 12 months
    - Dose 1 at 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after the 1st birthday)
  - **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** or **Menactra**

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** or **Menactra**

Note: Menactra should be administered either before or at the same time as DTaP. For MenACWY booster dose recommendations for groups listed under "Special situations" above and additional meningococcal vaccination information, see meningococcal *MMWR* publications at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

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

Clinical discretion

- MenB vaccine may be administered based on individual clinical decision to **adolescents not at increased risk** age 16–23 years (preferred age 16–18 years):
- **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, eculizumab use:

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

Bexsero and **Trumenba** are not interchangeable; the same product should be used for all doses in a series.
For additional meningococcal vaccination information, see meningococcal *MMWR* publications at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

Notes

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019

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

Routine vaccination with PCV13
- 4-dose series at 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
High-risk 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 any prior PCV13 dose)

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

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 2nd dose 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 2nd dose of PPSV23 administered 5 years after dose 1 of PPSV23 and at least 8 weeks after a dose of PCV13

Chronic liver disease, alcoholism:

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

*An incomplete series is defined as 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.

Rotavirus vaccination
(minimum age: 6 weeks)

Routine vaccination
- **Rotarix:** 2-dose series at 2 and 4 months.
- **RotaTeq:** 3-dose series at 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 Figure 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 booster every 10 years
- **Persons age 7–18 years not fully immunized with DTaP:** 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td.
- **Children age 7–10 years** who receive Tdap inadvertently or as part of the catch-up series should receive the routine Tdap dose at 11–12 years.
- **DTaP inadvertently given after the 7th birthday:**
  - **Child age 7–10 years**: DTaP may count as part of catch-up series. Routine Tdap dose at 11–12 should be administered.
  - **Adolescent age 11–18 years**: Count dose of DTaP as the adolescent Tdap booster.
- For other catch-up guidance, see Table 2.
- For information on use of Tdap or Td as tetanus prophylaxis in wound management, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm.

Varicella vaccination
(minimum age: 12 months)

Routine vaccination
- 2-dose series: 12–15 months, 4–6 years
- Dose 2 may be administered as early as 3 months after dose 1 (a dose administered after a 4-week interval may be counted).

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 2-dose series:
  - **Ages 7–12 years**: routine interval: 3 months (minimum interval: 4 weeks)
  - **Ages 13 years and older**: routine interval: 4–8 weeks (minimum interval: 4 weeks).
  - The maximum age for use of *MMRV* is 12 years.

Recommended Adult Immunization Schedule
for ages 19 years or older

UNITED STATES
2019

How to use the adult immunization schedule

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

2 Assess need for additional recommended vaccinations by medical condition and other indications **(Table 2)**

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

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 College of Physicians (www.acponline.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), and American College of Nurse-Midwives (www.midwife.org).

Vaccines in the Adult Immunization Schedule*

Vaccines	Abbreviations	Trade names
Haemophilus influenzae type b vaccine	Hib	ActHIB Hiberix
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB Heplisav-B
Human papillomavirus vaccine	HPV vaccine	Gardasil 9
Influenza vaccine, inactivated	IIV	Many brands
Influenza vaccine, live attenuated	LAIV	FluMist Quadrivalent
Influenza vaccine, recombinant	RIV	Flublok Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY	Menactra Menveo
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax
Tetanus and diphtheria toxoids	Td	Tenivac Td vaccine
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel Boostrix
Varicella vaccine	VAR	Varivax
Zoster vaccine, recombinant	RZV	Shingrix
Zoster vaccine live	ZVL	Zostavax

*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Report

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

Injury claims

All vaccines included in the adult immunization schedule except pneumococcal 23-valent polysaccharide and zoster vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at www.hrsa.gov/vaccinecompensation or 800-338-2382.

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 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
- Travel vaccine recommendations: www.cdc.gov/travel
- Recommended Child and Adolescent Immunization Schedule, United States, 2019: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

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

Table 1 Recommended Adult Immunization Schedule by Age Group United States, 2019

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or **Influenza recombinant** (RIV)	1 dose annually				
or					
Influenza live attenuated (LAIV)	1 dose annually				
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td booster every 10 yrs				
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)				
Varicella (VAR)	2 doses (if born in 1980 or later)				
Zoster recombinant (RZV) *(preferred)*				2 doses	
or				or	
Zoster live (ZVL)				1 dose	
Human papillomavirus (HPV) **Female**	2 or 3 doses depending on age at initial vaccination				
Human papillomavirus (HPV) **Male**	2 or 3 doses depending on age at initial vaccination				
Pneumococcal conjugate (PCV13)	1 dose				
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication				1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine				
Hepatitis B (HepB)	2 or 3 doses depending on vaccine				
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication				
***Haemophilus influenzae* type b** (Hib)	1 or 3 doses depending on indication				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

No recommendation

Table 2 Recommended Adult Immunization Schedule by Medical Condition and Other Indications United States, 2019

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 count <200	HIV infection CD4 count ≥200	Asplenia, complement deficiencies	End-stage renal disease, on hemodialysis	Heart or lung disease, alcoholism[1]	Chronic liver disease	Diabetes	Health care personnel[2]	Men who have sex with men
IIV or RIV	1 dose annually										
or										or	
LAIV	CONTRAINDICATED						PRECAUTION			1 dose annually	
Tdap or Td	1 dose Tdap each pregnancy	1 dose Tdap, then Td booster every 10 yrs									
MMR	CONTRAINDICATED	1 or 2 doses depending on indication									
VAR	CONTRAINDICATED	2 doses									
RZV *(preferred)*	DELAY				2 doses at age ≥50 yrs						
or					or						
ZVL	CONTRAINDICATED				1 dose at age ≥60 yrs						
HPV Female	DELAY	3 doses through age 26 yrs			2 or 3 doses through age 26 yrs						
HPV Male		3 doses through age 26 yrs			2 or 3 doses through age 21 yrs						2 or 3 doses through age 26 yrs
PCV13		1 dose									
PPSV23		1, 2, or 3 doses depending on age and indication									
HepA	2 or 3 doses depending on vaccine										
HepB	2 or 3 doses depending on vaccine										
MenACWY	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains										
MenB	PRECAUTION	2 or 3 doses depending on vaccine and indication									
Hib		3 doses HSCT[3] recipients only			1 dose						

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction

Delay vaccination until after pregnancy if vaccine is indicated

Contraindicated—vaccine should not be administered because of risk for serious adverse reaction

No recommendation

1. Precaution for LAIV does not apply to alcoholism. **2.** See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations. **3.** Hematopoietic stem cell transplant.

Notes

Recommended Adult Immunization Schedule United States, 2019

Haemophilus influenzae type b vaccination

Special situations

- **Anatomical or functional asplenia (including sickle cell disease)**: 1 dose Hib if previously did not receive Hib; if elective splenectomy, 1 dose Hib, preferably at least 14 days before splenectomy
- **Hematopoietic stem cell transplant** (HSCT): 3-dose series Hib 4 weeks apart starting 6–12 months after successful transplant, regardless of Hib vaccination history

Hepatitis A vaccination

Routine vaccination

- **Not at risk but want protection from hepatitis A** (identification of risk factor not required): 2-dose series HepA (Havrix 6–12 months apart or Vaqta 6–18 months apart [minimum interval: 6 months]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: 4 weeks between doses 1 and 2, 5 months between doses 2 and 3])

Special situations

- **At risk for hepatitis A virus infection**: 2-dose series HepA or 3-dose series HepA-HepB as above
  - **Chronic liver disease**
  - **Clotting factor disorders**
  - **Men who have sex with men**
  - **Injection or non-injection drug use**
  - **Homelessness**
  - **Work with hepatitis A virus** in research laboratory or nonhuman primates with hepatitis A virus infection
  - **Travel in countries with high or intermediate endemic hepatitis A**
  - **Close personal contact with international adoptee** (e.g., household, regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)

Hepatitis B vaccination

Routine vaccination

- **Not at risk but want protection from hepatitis B** (identification of risk factor not required): 2- or 3-dose series HepB (2-dose series Heplisav-B at least 4 weeks apart [2-dose series HepB only applies when 2 doses of Heplisav-B are used at least 4 weeks apart] or 3-dose series Engerix-B or Recombivax HB at 0, 1, 6 months [minimum intervals: 4 weeks between doses 1 and 2, 8 weeks between doses 2 and 3, 16 weeks between doses 1 and 3]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: 4 weeks between doses 1 and 2, 5 months between doses 2 and 3])

Special situations

- **At risk for hepatitis B virus infection**: 2-dose (Heplisav-B) or 3-dose (Engerix-B, Recombivax HB) series HepB, or 3-dose series HepA-HepB as above
  - **Hepatitis C virus infection**
  - **Chronic liver disease** (e.g., cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice upper limit of normal)
  - **HIV infection**
  - **Sexual exposure risk** (e.g., sex partners of hepatitis B surface antigen (HBsAg)-positive persons; sexually active persons not in mutually monogamous relationships, persons seeking evaluation or treatment for a sexually transmitted infection, men who have sex with men)
  - **Current or recent injection drug use**
  - **Percutaneous or mucosal risk for exposure to blood** (e.g., household contacts of HBsAg-positive persons; residents and staff of facilities for developmentally disabled persons; health care and public safety personnel with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids; hemodialysis, peritoneal dialysis, home dialysis, and predialysis patients; persons with diabetes mellitus age younger than 60 years and, at discretion of treating clinician, those age 60 years or older)
  - **Incarcerated persons**
  - **Travel in countries with high or intermediate endemic hepatitis B**

Human papillomavirus vaccination

Routine vaccination

- **Females through age 26 years and males through age 21 years:** 2- or 3-dose series HPV vaccine depending on age at initial vaccination; males age 22 through 26 years may be vaccinated based on individual clinical decision (HPV vaccination routinely recommended at age 11–12 years)
- **Age 15 years or older at initial vaccination**: 3-dose series HPV vaccine at 0, 1–2, 6 months (minimum intervals: 4 weeks between doses 1 and 2, 12 weeks between doses 2 and 3, 5 months between doses 1 and 3; repeat dose if administered too soon)
- **Age 9 through 14 years at initial vaccination and received 1 dose, or 2 doses less than 5 months apart**: 1 dose HPV vaccine
- **Age 9 through 14 years at initial vaccination and received 2 doses at least 5 months apart**: HPV vaccination complete, no additional dose needed
- If completed valid vaccination series with any HPV vaccine, no additional doses needed

Special situations

- **Immunocompromising conditions (including HIV infection) through age 26 years**: 3-dose series HPV vaccine at 0, 1–2, 6 months as above
- **Men who have sex with men and transgender persons through age 26 years**: 2- or 3-dose series HPV vaccine depending on age at initial vaccination as above
- **Pregnancy through age 26 years**: HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant; pregnancy testing not needed before vaccination

Notes

Recommended Adult Immunization Schedule United States, 2019

Influenza vaccination

Routine vaccination

- **Persons age 6 months or older**: 1 dose IIV, RIV, or LAIV appropriate for age and health status annually
- For additional guidance, see www.cdc.gov/flu/professionals/index.htm

Special situations

- **Egg allergy, hives only**: 1 dose IIV, RIV, or LAIV appropriate for age and health status annually
- **Egg allergy more severe than hives** (e.g., angioedema, respiratory distress): 1 dose IIV, RIV, or LAIV appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic conditions
- **Immunocompromising conditions (including HIV infection), anatomical or functional asplenia, pregnant women, close contacts and caregivers of severely immunocompromised persons in protected environment, use of influenza antiviral medications in previous 48 hours, with cerebrospinal fluid leak or cochlear implant**: 1 dose IIV or RIV annually (LAIV not recommended)
- **History of Guillain-Barré syndrome within 6 weeks of previous dose of influenza vaccine**: Generally should not be vaccinated

Measles, mumps, and rubella vaccination

Routine vaccination

- **No evidence of immunity to measles, mumps, or rubella**: 1 dose MMR
  - Evidence of immunity: Born before 1957 (except health care personnel [see below]), documentation of receipt of MMR, laboratory evidence of immunity or disease (diagnosis of disease without laboratory confirmation is not evidence of immunity)

Special situations

- **Pregnancy with no evidence of immunity to rubella**: MMR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose MMR
- **Non-pregnant women of childbearing age with no evidence of immunity to rubella**: 1 dose MMR
- **HIV infection with CD4 count ≥200 cells/μL for at least 6 months and no evidence of immunity to measles, mumps, or rubella**: 2-dose series MMR at least 4 weeks apart; MMR contraindicated in HIV infection with CD4 count <200 cells/μL
- **Severe immunocompromising conditions**: MMR contraindicated
- **Students in postsecondary educational institutions, international travelers, and household or close personal contacts of immunocompromised persons with no evidence of immunity to measles, mumps, or rubella**: 1 dose MMR if previously received 1 dose MMR, or 2-dose series MMR at least 4 weeks apart if previously did not receive any MMR
- **Health care personnel born in 1957 or later with no evidence of immunity to measles, mumps, or rubella**: 2-dose series MMR at least 4 weeks apart for measles or mumps, or at least 1 dose MMR for rubella; if born before 1957, consider 2-dose series MMR at least 4 weeks apart for measles or mumps, or 1 dose MMR for rubella

Meningococcal vaccination

Special situations for MenACWY

- **Anatomical or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, eculizumab use**: 2-dose series MenACWY (Menactra, Menveo) at least 8 weeks apart and revaccinate every 5 years if risk remains
- **Travel in countries with hyperendemic or epidemic meningococcal disease, microbiologists routinely exposed to *Neisseria meningitidis***: 1 dose MenACWY and revaccinate every 5 years if risk remains
- **First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) and military recruits**: 1 dose MenACWY

Special situations for MenB

- **Anatomical or functional asplenia (including sickle cell disease), persistent complement component deficiency, eculizumab use, microbiologists routinely exposed to *Neisseria meningitidis***: 2-dose series MenB-4C (Bexsero) at least 1 month apart, or 3-dose series MenB-FHbp (Trumenba) at 0, 1–2, 6 months (if dose 2 was administered at least 6 months after dose 1, dose 3 not needed); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series)
- **Pregnancy**: Delay MenB until after pregnancy unless at increased risk and vaccination benefit outweighs potential risks
- **Healthy adolescents and young adults age 16 through 23 years (age 16 through 18 years preferred) not at increased risk for meningococcal disease**: Based on individual clinical decision, may receive 2-dose series MenB-4C at least 1 month apart, or 2-dose series MenB-FHbp at 0, 6 months (if dose 2 was administered less than 6 months after dose 1, administer dose 3 at least 4 months after dose 2); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series)

Notes Recommended Adult Immunization Schedule United States, 2019

Pneumococcal vaccination

Routine vaccination

- **Age 65 years or older** (immunocompetent): 1 dose PCV13 if previously did not receive PCV13, followed by 1 dose PPSV23 at least 1 year after PCV13 and at least 5 years after last dose PPSV23
  - Previously received PPSV23 but not PCV13 at age 65 years or older: 1 dose PCV13 at least 1 year after PPSV23
  - When both PCV13 and PPSV23 are indicated, administer PCV13 first (PCV13 and PPSV23 should not be administered during same visit)

Special situations

- **Age 19 through 64 years with chronic medical conditions (chronic heart [excluding hypertension], lung, or liver disease; diabetes), alcoholism, or cigarette smoking**: 1 dose PPSV23
- **Age 19 years or older with immunocompromising conditions (congenital or acquired immunodeficiency [including B- and T-lymphocyte deficiency, complement deficiencies, phagocytic disorders, HIV infection], chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, generalized malignancy, iatrogenic immunosuppression [e.g., drug or radiation therapy], solid organ transplant, multiple myeloma) or anatomical or functional asplenia (including sickle cell disease and other hemoglobinopathies)**: 1 dose PCV13 followed by 1 dose PPSV23 at least 8 weeks later, then another dose PPSV23 at least 5 years after previous PPSV23; at age 65 years or older, administer 1 dose PPSV23 at least 5 years after most recent PPSV23 (note: only 1 dose PPSV23 recommended at age 65 years or older)
- **Age 19 years or older with cerebrospinal fluid leak or cochlear implant**: 1 dose PCV13 followed by 1 dose PPSV23 at least 8 weeks later; at age 65 years or older, administer another dose PPSV23 at least 5 years after PPSV23 (note: only 1 dose PPSV23 recommended at age 65 years or older)

Tetanus, diphtheria, and pertussis vaccination

Routine vaccination

- **Previously did not receive Tdap at or after age 11 years**: 1 dose Tdap, then Td booster every 10 years

Special situations

- **Previously did not receive primary vaccination series for tetanus, diphtheria, and pertussis**: 1 dose Tdap followed by 1 dose Td at least 4 weeks after Tdap, and another dose Td 6–12 months after last Td (Tdap can be substituted for any Td dose, but preferred as first dose); Td booster every 10 years thereafter
- **Pregnancy**: 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36
- For information on use of Tdap or Td as tetanus prophylaxis in wound management, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm

Varicella vaccination

Routine vaccination

- **No evidence of immunity to varicella**: 2-dose series VAR 4–8 weeks apart if previously did not receive varicella-containing vaccine (VAR or MMRV [measles-mumps-rubella-varicella vaccine] for children); if previously received 1 dose varicella-containing vaccine: 1 dose VAR at least 4 weeks after first dose
  - Evidence of immunity: U.S.-born before 1980 (except for pregnant women and health care personnel [see below]), documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, diagnosis or verification of history of varicella or herpes zoster by a health care provider, laboratory evidence of immunity or disease

Special situations

- **Pregnancy with no evidence of immunity to varicella**: VAR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose VAR if previously received 1 dose varicella-containing vaccine, or dose 1 of 2-dose series VAR (dose 2: 4–8 weeks later) if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980
- **Health care personnel with no evidence of immunity to varicella**: 1 dose VAR if previously received 1 dose varicella-containing vaccine, or 2-dose series VAR 4–8 weeks apart if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980
- **HIV infection with CD4 count ≥200 cells/μL with no evidence of immunity**: Consider 2-dose series VAR 3 months apart based on individual clinical decision; VAR contraindicated in HIV infection with CD4 count <200 cells/μL
- **Severe immunocompromising conditions**: VAR contraindicated

Zoster vaccination

Routine vaccination

- **Age 50 years or older**: 2-dose series RZV 2–6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon) regardless of previous herpes zoster or previously received ZVL (administer RZV at least 2 months after ZVL)
- **Age 60 years or older**: 2-dose series RZV 2–6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon) or 1 dose ZVL if not previously vaccinated (if previously received ZVL, administer RZV at least 2 months after ZVL); RZV preferred over ZVL

Special situations

- **Pregnancy**: ZVL contraindicated; consider delaying RZV until after pregnancy if RZV is otherwise indicated
- **Severe immunocompromising conditions (including HIV infection with CD4 count <200 cells/μL)**: ZVL contraindicated; recommended use of RZV under review

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME _____

DATE OF BIRTH ____ / ____ / ____
month day year

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 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. Are you sick today?	☐	☐	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☐	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☐	☐
4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	☐	☐	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☐	☐
6. Do you have a parent, brother, or sister with an immune system problem?	☐	☐	☐
7. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☐	☐
8. Have you had a seizure or a brain or other nervous system problem?	☐	☐	☐
9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☐	☐
10. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☐	☐
11. Have you received any 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 for you 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.

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www.immunize.org/catg.d/p4065.pdf • Item #P4065 (8/19)

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 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. Are you 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 (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Do you 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 IIV, RIV, or LAIV that is otherwise appropriate for the patient's age and health status. The safety of LAIV in egg allergic people has not been established. For 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. Have you ever had a serious reaction after receiving a vaccination? *[all vaccines]*

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent 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. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long term aspirin therapy? *[MMR, VAR, LAIV]*

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR vaccine. LAIV is not recommended for people with anatomic or functional asplenia, complement component deficiency, a cochlear implant, or CSF leak. These conditions, including asthma in adults, should be considered precautions for the use of LAIV. Aspirin use is a precaution to VAR.

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

Live virus vaccines (e.g., LAIV, MMR, VAR, ZVL) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and VAR vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/µL. Immunosuppressed people should not receive LAIV.[7]

6. Do you have a parent, brother, or sister with an immune system problem? *[MMR, VAR]*

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

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

7. 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, see references in **Notes** above. Some immune mediator and immune modulator drugs (especially the anti-tumor necrosis factor agents adalimumab, infliximab, etanercept, golimumab, and certolizumab pegol) 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/2018/advising-travelers-with-specific-needs/immunocompromised-travelers The use of live virus vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see references in **Notes** above. LAIV can be given only to healthy non-pregnant people ages 2 through 49 years.

8. 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 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. 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-toxoid vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with IIV if at increased risk for severe influenza complications.

9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? *[MMR, VAR]*

Certain live virus vaccines (e.g., MMR, VAR) may need to be deferred, depending on several variables. Consult General Best Practice Guidelines for Immunization (referenced in **Notes** above) for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

10. For women: Are you pregnant or is there a chance you could become pregnant during the next month? *[HPV, IPV, MMR, LAIV, VAR, ZVL]*

Live virus vaccines (e.g., MMR, VAR, ZVL, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to avoid pregnancy for one month following receipt of the vaccine. On theoretical grounds, IPV should not be given during pregnancy; however, it may be given if risk of exposure is imminent and immediate protection is needed (e.g., travel to endemic areas). IIV and Tdap are both recommended during pregnancy. Both vaccines may be given at any time during pregnancy but the preferred time for Tdap administration is at 27–36 weeks' gestation. HPV vaccine is not recommended during pregnancy.

11. 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 (30 days for yellow fever). Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

VACCINE ABBREVIATIONS

LAIV = Live attenuated influenza vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
MMR = Measles, mumps, and rubella vaccine
RIV = Recombinant influenza vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine
ZVL = Zoster vaccine live

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 the Immunization Action Coalition 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 30 languages on the Immunization Action Coalition 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, 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 October 30, 2019, the most recent versions of the VISs are as follows:

Adenovirus	6/11/14	**MMRV**	8/15/19
Anthrax	3/21/18	**Multi-vaccine**	11/5/15
Cholera	10/30/19	**PCV13**	10/30/19
DTaP	8/24/18	**PPSV23**	10/30/19
Hepatitis A	7/20/16	**Polio**	10/30/19
Hepatitis B	8/15/19	**Rabies**	10/6/09
Hib	10/30/19	**Rotavirus**	10/30/19
HPV	10/30/19	**Td**	4/11/17
Influenza	8/15/19	**Tdap**	2/24/15
Japanese enceph	8/15/19	**Typhoid**	10/30/19
MenACWY	8/15/19	**Varicella**	8/15/19
MenB	8/15/19	**Yellow fever**	3/30/11
MMR	8/15/19	**Zoster**	10/30/19

A handy list of current VIS dates is also available at www.immunize.org/catg.d/p2029.pdf.

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

www.immunize.org/catg.d/p2027.pdf • Item #P2027 (10/19)

(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 *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 30 languages, visit the Immunization Action Coalition 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 30 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

Instructions for the Use of
Vaccine Information Statements

Required Use

1. Provide a Vaccine Information Statement (VIS) when a vaccination is given.

As required under the National Childhood Vaccine Injury Act (42 U.S.C. §300aa-26), all health care providers in the United States who administer, to any child or adult, any 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) — shall, prior to administration of each dose of the vaccine, provide a copy to keep of the relevant current edition vaccine information materials that have been produced by the Centers for Disease Control and Prevention (CDC):

- to the parent or legal representative[1] of any child to whom the provider intends to administer such vaccine,
  or
- to any adult[2] to whom the provider intends to administer such vaccine.

If there is not a single VIS for a combination vaccine, use the VISs for all component vaccines.

VISs should be supplemented with visual presentations or oral explanations as appropriate.

2. Record information for each VIS provided.

Health care providers shall make a notation in each patient's permanent medical record at the time vaccine information materials are provided, indicating:

(1) the edition date of the Vaccine Information Statement distributed, and
(2) the date the VIS was provided.

This recordkeeping requirement supplements the requirement of 42 U.S.C. §300aa-25 that all health care providers administering these vaccines must record in the patient's permanent medical record (or in a permanent office log):

(3) the name, address and title of the individual who administers the vaccine,
(4) the date of administration, and
(5) the vaccine manufacturer and lot number of the vaccine used.

[1] "Legal representative" is defined as a parent or other individual who is qualified under State law to consent to the immunization of a minor child or incompetent adult.

[2] In the case of an incompetent adult, relevant VISs shall be provided to the individual's legal representative. If the incompetent adult is living in a long-term care facility, all relevant VISs may be provided at the time of admission, or at the time of consent if later than admission, rather than prior to each vaccination.

Applicability of State Law

Health care providers should consult their legal counsel to determine additional State requirements pertaining to immunization. The Federal requirement to provide the vaccine information materials supplements any applicable State laws.

Availability of Copies

Copies are available in English and many other languages from CDC's website at **www.cdc.gov/vaccines/pubs/vis**. Single camera-ready copies may also be available from State health departments.

Current VIS Editions

DTaP: 8/24/18†
Hib: 10/30/19†
Hepatitis A: 7/20/16
Hepatitis B: 8/15/19†
HPV (Gardasil-9): 10/30/19†
Influenza (inactivated): 8/15/19†
Influenza (live): 8/15/19†
MMR: 8/15/19†
MMRV: 8/15/19†
Meningococcal ACWY: 8/15/19†
Meningococcal B: 8/15/19†
Pneumococcal (PCV13): 10/30/19†
Polio: 10/30/19†
Rotavirus: 10/30/19†
Td: 4/11/17
Tdap: 2/24/15
Varicella: 8/15/19†
Multi-Vaccine*: 11/5/15

*An optional alternative when two or more routine childhood vaccines (i.e., DTaP, hepatitis B, Hib, pneumococcal, or polio are administered at the same visit.

†Interim

10/30/2019

42 U.S.C. § 300aa-26

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

MATERNAL AND CHILD HEALTH

Huron County Public Health

INFORMATION FOR PARENTS

Services Offered By Huron County Public Health

Birth Certificates

HCPH issues birth certificates for anyone born in the State of Ohio from December 1908 to the present. The cost of a certified copy is $25.00 (cash, check, or money order). Debit cards or credit cards are accepted with an additional fee. *For more information call 419-668-1652 Option 3.*

Immunizations

HCPH offers vaccines for all ages, beginning at 6 weeks. No child is turned away for Vaccines for Children (VFC) vaccines if their family is unable to pay for the shots. Private insurance and Medicaid are accepted. *For more information call 419-668-1652 Option 1.*

Reproductive Health

Reproductive health services, such as birth control, pregnancy tests, STD testing/treatment and education are available. *For more information call 419-668-1652 Option 1.*

Car Seat Safety

HCPH has certified Child Passenger Safety Technicians to help you with any questions you have about car seat safety. HCPH offers child restraint safety checks by appointment and distributes infant and child car seats to eligible Huron County families through the Ohio Buckles Buckeyes program. *For more information call 419-668-1652 Option 4.*

Sleep Safety

HCPH offers education to families about the ABC's of safe sleep. WIC eligible families lacking a safe sleep environment for their infant should contact HCPH to participate in the Baby Sleep Safe Program and receive a free portable crib.

For more information call 419-668-1652 Option 4.

HURON COUNTY PUBLIC HEALTH

BABY SLEEP SAFE

> Huron County Public Health's Baby Sleep Safe program is currently funded through donations and grant funding awared by the Ohio Department of Health.

WHO QUALIFIES

Huron County and Bellevue City families who benefit from or are eligible for the WIC program, lack a safe sleep environment for their child, and have a child under the age of one or are at least 32 weeks pregnant qualify for the Baby Sleep Safe program.

SAFE SLEEP KITS

Those entered into the program will receive a free safe sleep kit, which, in addition to a portable crib, may include a fitted sheet, a sleep sack, and a pacifier, as well as safe sleep education.

MAKE AN APPOINTMENT

This program is by appointment only. Please call 419-668-1652 Ext. 241 to schedule an appointment.
Normal business hours are Monday 9:00 a.m. to 4:00 p.m. & Tuesday through Friday 8:00 a.m. to 4:00 p.m.
Please bring your insurance card to your appointment.

MORE INFORMATION

For more information about Huron County Public Health's Baby Sleep Safe Program and safe sleep education please visit www.HuronCoHealth.com/baby-sleep-safe.

This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Maternal, Child and Family Health, Maternal Child Health Program's Cribs for Kids® Safe Sleep Program and as a sub-award of a grant issued by Health Resources and Services Administration (HRSA) under the Maternal Child Health Block Grant, grand award number B04MC26688, and CFDA number 93.994 and Am. Sub. H.B.64

Huron County Public Health

HCPH has certified car seat technicians that can provide car seat checks for Huron County residents. HCPH also distributes car seats to eligible families.

Car Seat Safety

CHILD PASSENGER SAFETY PROGRAM

Huron County Public Health distributes infant and child car seats to eligible Huron County families through generous donations. Designed for low-income families in need of safety seats for their children, the car seat instruction, distribution, and education service can help families who qualify by providing child passenger safety seats for children from birth to 100 pounds.

WHO QUALIFIES

Huron County families who benefit from or are eligible for the WIC program or Medicaid

WHAT TO BRING

- Your child
- Car seat (if we aren't providing)
- Car seat manual
- Your vehicle
- Vehicle manual
- Health Insurance Card

WHAT HCPH PROVIDES

- Certified child passenger safety technicians
- Car Seat (if eligible)
- Instructions on how to install your new car seat
- Inspection to make sure car seat is safe and proper fit

How Do I Make An Appointment?

Call 419-668-1652

Office Hours

Monday
9:00 a.m.- 4:00 p.m.
Tuesday
8:00 a.m.- 4:00 p.m.
Wednesday
8:00 a.m.- 4:00 p.m.
Thursday
8:00 a.m.- 4:00 p.m.
Friday
8:00 a.m.- 4:00 p.m.

Enroll in HCPH Mailing List
Recieve updates, newsletters, and alerts!

http://eepurl.com/ckF5Ds

CHILDREN WITH MEDICAL HANDICAPS (CMH)

WHAT IS CMH?

CMH is a financial assistance program funded by a state and county partnership, for families with children with special health care needs. CMH provides financial services to rule out a handicapping condition, determine a diagnosis, or establish a plan of treatment for a child already diagnosed with a medical condition. There is no financial eligibility for the diagnostic program. For those diagnosed with an eligible condition, the program offers the potential for a treatment program.

HOW HURON COUNTY PUBLIC HEALTH CAN HELP

Huron County Public Health nurses facilitate the program, assisting the family with an application; information on CMH approved providers and case management for those approved for the program. Public health nurses can be an important resource for families who may be working with many agencies and providers.

For more information about the program or to schedule an appointment contact Huron County Public Health at 419-668-1652 Ext. 241.

Huron County Public Health

Prevent. Promote. Protect.

"Lead is a toxic material whose widespread use has caused environmental contamination and health problems in many parts of the world."
-World Health Organization

Lead Services

HCPH SERVICES

Huron County Public Health (HCPH) offers blood lead level testing and water testing services to the public.

How Do I Make An Appointment?

Call 419-668-1652

BLOOD LEAD LEVEL TESTING

Lead poisoning is caused by breathing or swallowing lead. There are many sources of lead in our everyday environments, including paint in homes built before 1978, water pumped through leaded pipes, and various other sources. Lead poisoning can cause serious health issues, especially in children. A lead test is the only way to know if you or your child has lead poisoning. To make an appointment for a blood lead test with HCPH, call 419-668-1652 Ext. 241.

For more information and safety tips for your home, visit www.HuronCoHealth.com/Lead

WATER TESTING

HCPH offers water testing. If you are concerned that your home's drinking water may have high levels of lead, complete and return a *Water Sample Request Form,* available online at www.HuronCoHealth.com/forms, to Huron County Public Health.
For more information about water testing call 419-668-1652 Ext. 239.
For more information about lead in drinking water, visit http://bit.ly/DrinkingWater_Lead.

Office Hours

Monday
9:00 am - 4:00 pm

Tuesday
8:00 am - 4:00 pm

Wednesday
8:00 am - 4:00 pm

Thursday
8:00 am - 4:00 pm

Friday
8:00 am - 4:00 pm

Huron County Public Health
Prevent. Promote. Protect.

Reporting High Blood Levels

For blood lead levels ≥ 5 µg/dL in children, contact Huron County Public Health's Nursing Division:

Fax: (419) 663-1809
Phone: (419) 668-1652 Ext. 241

Refer to "Blood Testing Requirements" and "Medical Management Recommendations" in this desk reference for additional actions including follow-up testing and additional refferals.

HURON COUNTY CMH: (419) 668-1652
ODH CHILDHOOD LEAD POISONING PREVENTION: (614) 466-5332

Blood Lead Testing Requirements

For Ohio Children less than 6 Years of Age

Ohio Department of Health
Ohio Healthy Homes and Lead Poisoning Prevention Program • www.odh.ohio.gov

There is no safe level of lead in the blood.

- All capillary (finger/heel stick) test results ≥ 5 µg/dL must be confirmed by venous draw. Point of care instruments such as the LeadCare® II cannot be used to confirm an elevated blood lead level, even if the sample is collected by venipuncture.
- Any confirmed level of lead in the blood is a reliable indicator that the child has been exposed to lead. All blood lead test results, by law, are required to be reported to ODH by the analyzing laboratory.
- The Ohio Healthy Homes and Lead Poisoning Prevention Program will respond accordingly to all blood lead levels of 5 µg/dL or greater.

• **If the family answers "Yes" or "Do not know" to ANY of the questions below then TEST – IT'S OHIO LAW!**
  ○ **TEST! at ages 1 and 2 years.**
  ○ **TEST! between ages 3 and 6 years if the child has no test history.**
• **If the family answers "No" to all questions, provide prevention guidance and follow up at the next visit.**
	Yes	**Do not know**	**No**

1. Is the child on Medicaid?	☐	☐	☐
2. Does the child live in a high zip code? (See list on back of this form.)	☐	☐	☐
3. Does the child live in or regularly visit a home, child care facility or school built before 1950?	☐	☐	☐
4. Does the child live in or regularly visit a home, child care facility or school built before 1978 that has deteriorated paint?	☐	☐	☐
5. Does the child live in or regularly visit a home built before 1978 with recent ongoing or planned renovation/remodeling?	☐	☐	☐
6. Does the child have a sibling or playmate that has or did have lead poisoning?	☐	☐	☐
7. Does the child frequently come in contact with an adult who has a hobby or works with lead? Examples are construction, welding, pottery, painting and casting ammunition.	☐	☐	☐
8. Does the child live near an active or former lead smelter, battery recycling plant or other industry known to generate airborne lead dust?	☐	☐	☐

Ohio High Risk Zip Codes Requiring Blood Lead Testing

For Ohio Children less than 6 Years of Age

Ohio Healthy Homes and Lead Poisoning Prevention Program

There is no safe level of lead in the blood.

Adams
(None)

Allen
45801
45802
45804
45805
45806
45808
45854
45887

Ashland
44805
44842
44851

Ashtabula
44004
44005
44030
44041
44047
44082
44088

Athens
45701
45711
45716
45732
45740
45761
45764
45766
45780
45782

Auglaize
45806
45887
45895

Belmont
43716
43718
43719
43747
43901
43906
43909
43912
43917
43934
43935
43943
43947
43971
43977

Brown
45130
45167

Butler
45003
45004
45011
45012
45013
45014
45015
45042
45044
45062
45241
45246

Carroll
43903
43908
43988
44675

Champaign
43078

Clark
45324
45387
45501
45502
45503
45504
45505
45506

Clermont
45130
45244
45245
45255

Clinton
45177

Columbiana
43920
43968
44431
44432
44601
44609

Coshocton
43812

Crawford
44818
44820
44825
44827
44833
44854
44865
44875
44887

Cuyahoga
44070
44101
44102
44103
44104
44105
44106
44107
44108
44109
44110
44111
44112
44113
44114
44115
44116
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44124
44125
44127
44128
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44131
44132
44134
44135
44137
44144
44146
44147
44195
44197

Darke
45303
45331
45347
45382
45390

Defiance
43517

Delaware
43015

Erie
44870
44871
44889

Fairfield
43130
43155

Fayette
43160

Franklin
43054
43201
43202
43203
43204
43205
43206
43207
43209
43210
43211
43212
43213
43214
43215
43216
43217
43219
43220
43221
43222
43223
43224
43226
43227
43228
43229
43230
43231
43232
43234
43235

Fulton
(None)

Gallia
45614
45631

Geauga
44021

Greene
45324
45384
45385
45387
45424
45431
45432
45433
45434
45440

Guernsey
43725
43973

Hamilton
45052
45201
45202
45203
45204
45205
45206
45207
45208
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45211
45212
45213
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45215
45216
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45240
45241
45242
45243
45244
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45249
45250
45251
45252
45255
45299

Hancock
44802
44830
45839
45840
45841

Hardin
43310
45841

Harrison
43901
43907
43973
43974
43977
43981
43988
44621
44683

Henry
43516
43523
43524
43534
43535
43545
43550

Highland
(None)

Hocking
43155
45764

Holmes
44627
44842

Huron
44851
44865
44889

Jackson
(None)

Jefferson
43901
43903
43908
43917
43938
43939
43943
43944
43948
43952
43953
43963
43964
43971

Knox
43005
43050

Lake
44057
44077
44092
44094

Lawrence
45638

Licking
43008
43025
43055
43056
43058
43062
43093

Logan
43310
43311

Lorain
44012
44035
44044
44052
44053
44055
44074
44851
44889

Lucas
43601
43603
43604
43605
43606
43607
43608
43609
43610
43611
43612
43613
43614
43615
43617
43620
43623
43652
43660

Madison
43140

Mahoning
44405
44406
44436
44440
44449
44471
44501
44502
44503
44504
44505
44506
44507
44509
44510
44511
44512
44514
44515
44601
44609
44672

Marion
43301
43302

Medina
44230

Meigs
45760
45769

Mercer
45882
45894

Miami
45356
45371
45373

Monroe
43716
43747
43754
43793

Montgom-ery
45066
45325
45342
45401
45402
45403
45404
45405
45406
45409
45410
45412
45413
45414
45415
45416
45417
45419
45420
45422
45424
45426
45428
45429
45431
45432
45433
45439
45440
45449
45458
45459
45470

Morgan
43728
43731
43756
43758
43787
45711
45732

Morrow
44833
44904

Muskingum
43701
43702
43777

Noble
43711
43717
43724
43779

Ottawa
43408

Paulding
(None)

Perry
43731
43764
43777
45732

Pickaway
43113

Pike
(None)

Portage
44266
44288
44411
44449

Preble
45003
45311
45320
45321
45325
45338
45347
45382

Putnam
43516

Richland
44827
44833
44865
44875
44901
44902
44903
44904
44905
44906
44907

Ross
45601

Sandusky
43420

Scioto
45638
45662
45663
45694

Seneca
44802
44818
44830
44883

Shelby
45306
45356
45365

Stark
44601
44640
44646
44647
44701
44702
44703
44704
44705
44706
44707
44708
44709
44710
44711
44714
44718
44720
44721
44730

Summit
44203
44221
44222
44223
44301
44302
44303
44304
44305
44306
44307
44308
44309
44310
44311
44312
44313
44314
44315
44316
44319
44320
44321
44325
44333
44720
44430
44438
44440
44446
44481
44482

Trumbull
44288
44403
44425
44485
44486
44488
44504
44505

Tuscarawas
43840
44621
44663
44675
44683

Union
(None)

Van Wert
45874
45882
45887
45891
45894
Vinton
45766

Warren
45044
45066
45249
45458

Washington
43787
45750
45786

Wayne
44230
44627
44667
44691

Williams
43517

Wood
43516
44830

Wyandot
44802

The Targeted Testing Model used to determine the high risk ZIP codes was developed by The Ohio State University Statistical Consulting Service. 2010 Census data, 2011 American Community Survey data, and 2007-2011 blood lead testing data were used to locate hot census tracts, which were then overlaid with ZIP code boundaries. Any ZIP code partially/fully containing a hot census tract is considered to be at high risk. A hot census tract was considered to be any census tract in which at least 12% of the children are predicted to have blood lead levels of 5 µg/dL or greater. Twenty-one predictive variables were included in the final model describing: housing environment, socioeconomic factors, demographic characteristics, housing density, and population density.

Medical Management Recommendations for Ohio Children Receiving Blood Lead Tests

Ohio Healthy Homes and Lead Poisoning Prevention Program

Ohio Department of Health

There is no safe level of lead in the blood.

- All capillary (finger/heel stick) test results ≥ 5µg/dL must be confirmed by venous draw by the schedule below. Point of care instruments such as the LeadCare® II cannot be used to confirm an elevated blood lead level, even if the sample is collected by venipuncture.
- Any confirmed level of lead in the blood is a reliable indicator that the child has been exposed to lead.
- All blood lead test results, by law, are required to be reported to ODH by the analyzing laboratory.
- The Ohio Healthy Homes and Lead Poisoning Prevention Program will respond accordingly to all blood lead levels of 5µg/dL or greater.

Blood Lead Level (BLL)	Confirm Using Venous Blood Within:	Medical Management Recommendations for BLL:	Venous Retest Intervals after Recommended Actions:
<5 µg/dL	Not required	• Explain that there is no safe level of lead in the blood, what the child's BLL means, and how the family can reduce exposure. For reference, the geometric mean blood lead level for children 1-5 years is 1.3µg/dL. • Monitor the child's neurological, psychosocial, and language development.	• Test again at age 2 if first test is at age 1 • Lead testing should be considered if the child moves to a different home, daycare, school, etc. that was built before 1978
5-9 µg/dL	1-3 months	**In addition to medical management actions listed above:** • Provide lead education: potential environmental sources, effect of diet on exposure, potential health effects, and hazards associated with renovating pre-1978 homes. • Monitor subsequent increases/decreases in blood lead levels until the BLL remains <5 µg/dL for at least six months and lead exposures are controlled. • Complete child history and physical exam. • Assess iron status. Also consider status of hemoglobin or hematocrit. Children with low iron levels are more likely to have high blood lead levels. Follow AAP guidelines for prevention of iron deficiency. • Obtain an abdominal X-ray if particulate lead ingestion is suspected. Bowel decontamination should be performed if particulate lead ingestion is indicated. • Refer to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) for other nutritional counseling. • Refer to Help Me Grow program within 7 days if a potential delay in development has been identified. • Refer to the Children with Medical Handicaps program (CMH).	• Every 3 months for first 2-4 tests • After 4 tests, every 6-9 months until BLLs drop to below 5µg/dL
10-44 µg/dL	Within 1 month		• Within 1 month
≥ 45 µg/dL	As soon as possible	**In addition to medical management actions listed above:** • Confirm results by venous blood sample immediately. A venous specimen will ensure therapy is based on current and reliable information. • Lab work for hemoglobin or hematocrit and free erythrocyte protoporphyrin are indicated. • Immediately remove child from exposure source (chelation could have negative effects if not moved to lead safe environment). • Hospitalization and chelation therapy should be considered with consultation from a medical toxicologist or pediatric environmental health specialist.	• As soon as possible • Consult with expert

•Ohio Healthy Homes and Lead Poisoning Prevention Program: 1-877-LEAD-SAFE

•Help Me Grow Hotline (Home Visiting and Early Intervention): 1-800-755-GROW (4769)

•Medicaid Provider Hotline: 1-800-686-1516 •Children with Medical Handicaps (CMH): 614-466-1700

•Poison Control: 1-800-222-1222 •Women, Infants and Children (WIC): 614-644-8571

ANIMAL BITE REPORTING FORMS

Huron County Public Health

Prevent. Promote. Protect.

Reporting Animal Bites and Rabies

By law, all animal bites must be reported to the Environmental Health Division of the health department. Please complete and fax the Rabies Possible Exposure Report to:

Fax: (567) 244-3201
Phone: (419) 668-1652 Ext. 239

HUMAN RABIES: are Class A reportable diseases. By law, confirmed cases, suspected cases and positive lab tests for rabies in humans must be reported immediately by telephone.

BUSINESS HOURS PHONE: (419) 668-1652 Ext. 258
AFTER HOURS: 1-800-734-4866.
For more information on communicable disease reporting requirements, see the first section of this Desk Reference: Communicable Disease Reporting.

Huron County Public Health

28 Executive Drive, Norwalk, OH 44857 | P: 419-668-1652 | environmental@huroncohealth.com | F: 567-244-3201

Rabies Possible Exposure Report

Ohio laws and rules require mandatory reporting of possible human rabies exposure to the local health department in the jurisdiction in which the exposure occurred. If you are aware of a possible exposure within our county, please complete the form with *as much information as possible* and fax, email or call the Environmental Division with the following information.

Incident Information:

Date of Incident: _____ Date of Report: _____

Address of Incident: _____ City: _____

Details of Incident: _____

Reported by (Name): _____ Agency: _____

Did victim see a physician: ☐ Yes ☐ No ☐ Unknown Did victim receive post exposure vaccine? ☐ Yes ☐ No

Details of Injury: ☐ Bite exposure ☐ Scratch exposure ☐ Multiple exposures ☐ Other

Additional Information:

Animal Species: ☐ Dog ☐ Cat ☐ Raccoon ☐ Bat ☐ Other: _____

Animal Name: _____ Color: _____

Breed: _____ Age: _____ Sex: ☐ Male ☐ Female

Animal Species: ☐ Owned ☐ Stray ☐ Wild ☐ Unknown

Animal Owner Information:

Owner Name: _____ Phone: _____ Owner SS#/DOB _____

Owner Address: _____

Owner City: _____ Owner State: _____ Owner Zip: _____

Victim Information: (*Required Information*)

Victim Name: _____ Home Phone: _____

Victim Address: _____ Cell Phone: _____

Is Victim a Minor? ☐ No ☐ Yes *If Yes, Complete the following:*

Parent Name: _____ Cell Phone: _____

If different than victim information above:

Parent Address: _____

BIRTH & DEATH CERTIFICATES

Huron County Public Health

Vital Statistics
Birth & Death Certificates

Huron County Public Health has birth certificates for anyone who was born in the State of Ohio from December 1908 to present. Death Certificates can only be obtained from the local health department in the county where the individual passed away. The fee for a certified birth or death certificate is $25.00 per copy.

Huron County Public Health currently maintains death certificates for individuals deceased in Huron County and the City of Bellevue.

Birth Certificates can be obtained for anyone born in the state of Ohio.

Visit www.HuronCoHealth.com/Vitals for more information and to download a request form.

Obtaining Birth & Death Records in Huron County

Visit Huron County Public Health's Vital Statistics Division. Application can be filled out in person. The cost of a certified copy is $25.00 (Cash, Check or Money Order). Debit cards or credit cards are accepted with an additional fee.

For requests by mail: Mail in a completed request form and appropriate fee amount (*listed on the form*):

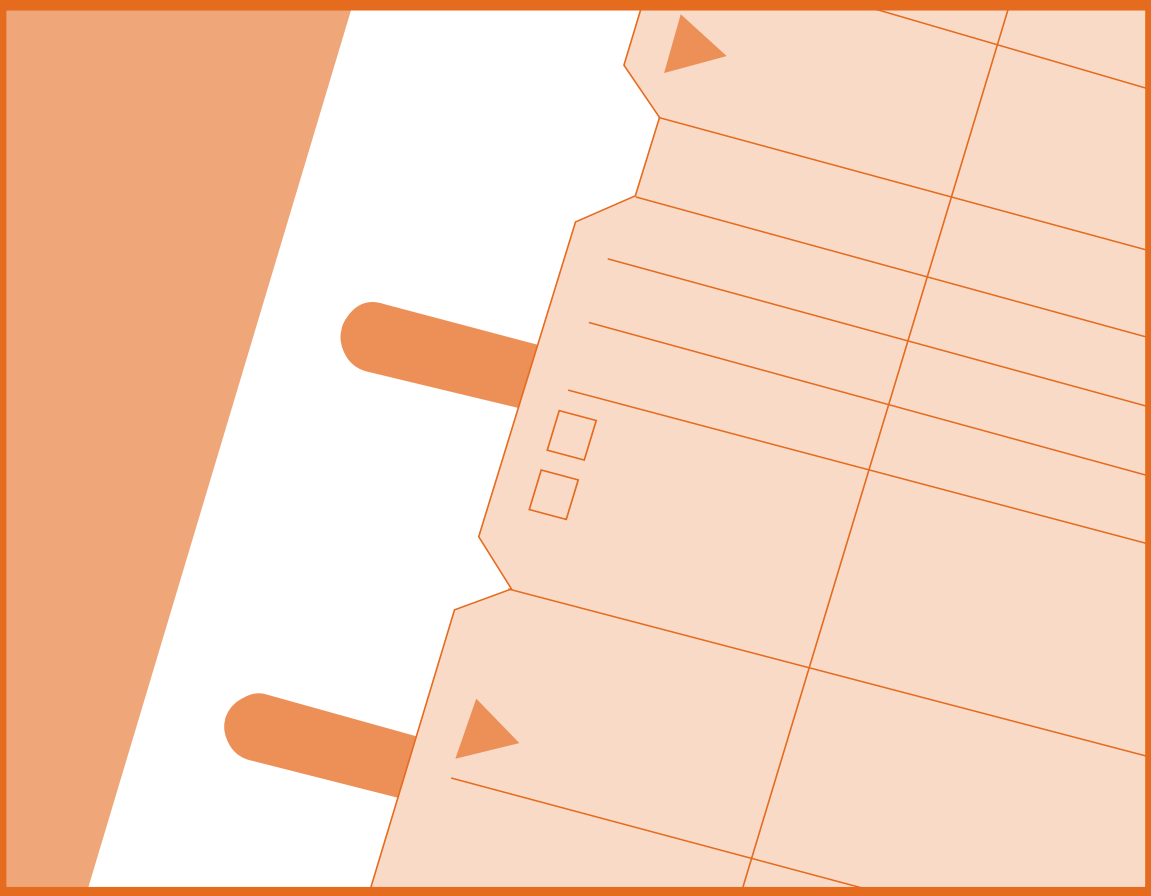
Huron County Public Health
28 Executive Drive,
Norwalk, OH 44857

For request by phone: Call (419) 668-1652 Ext. 248 with debit or credit card. There is an additional fee for debit/credit card purchases.

SAFER • HEALTHIER • PEOPLE™

Physicians' Handbook on Medical Certification of Death

2003 Revision



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

STATE MEDICAL BOARD OF OHIO – POLICY STATEMENT

Regarding the Signing of Death Certificates by the Attending Physician

April 15, 2010

This statement should not be construed as new policy; rather it is an attempt to clarify existing law. Such clarification is intended for the benefit of practitioners and the public as a way to promote better understanding of the laws governing the practice of medicine and regulating the signing of death certificates.

The State Medical Board of Ohio has received numerous inquiries concerning the signing of death certificates by attending physicians. This document clarifies the meaning of "attending physician" for purposes of determining who must sign a death certificate for a person who died under natural circumstances.[1]

Pursuant to Section 3705.16(C), Ohio Revised Code, when an individual dies under natural causes the attending physician is to sign the death certificate within forty-eight hours after the death. The language of Section 3705.16(C), Ohio Revised Code, is as follows:

> The funeral director or other person in charge of the final disposition of the remains shall present the death or fetal death certificate to the *attending physician of the decedent*, the coroner, or the medical examiner, as appropriate for certification of the cause of death. …. *A physician other than the coroner in the county in which a death or fetal death occurs, or a deputy coroner, medical examiner, or deputy medical examiner serving in an equivalent capacity, may certify only those deaths that occur under natural circumstances.*
>
> *The medical certificate of death shall be completed and signed by the physician who attended the decedent or by the coroner or medical examiner, as appropriate, within forty-eight hours after the death or fetal death.* ….
>
> (Emphasis added to facilitate understanding)

Both "physician" and "attending physician" are defined in Section 3705.01, Ohio Revised Code as follows:

(D) "Physician" means a person licensed pursuant to Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(E) "Attending physician" means the physician in charge of the patient's care for the illness or condition that resulted in death.

By signing a death certificate, the physician is giving a medical opinion as to the cause of death, which is the final act of caring for the patient.[2] While the attending physician is the physician who was in charge of the patient's care for the illness or condition that resulted in death, there is no requirement that the attending physician be present at the death. The

attending physician is expected to use medical training, knowledge of medicine, available medical history, symptoms, diagnostic tests, and/or autopsy results to render an opinion on the cause of death.[3] "Physicians' Handbook on Medical Certification of Death," U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2003 Revision, and other resources are readily available through the Ohio Department of Health website. "Physicians' Handbook on Medical Certification of Death" is available at:
http://www.odh.ohio.gov/ASSETS/81A61B63E12441279435ADAAA057888B/cmpdcert.pdf

FREQUENTLY ASKED QUESTIONS

1. May a physician in a graduate medical education program sign a death certificate?

a. No, if the physician holds a training certificate.

b. Yes, if the physician is a fully licensed Ohio physician.

The physician who holds a training certificate is only authorized to render care under the supervision of an attending physician as part of a training program.[4] In contrast, the attending physician is a fully licensed physician. Although the training certificate holder renders medical care directly to a patient, the attending physician is responsible for the patient and in charge of the patient's care. In name and practice, the physician supervising the training certificate holder is the attending physician. Accordingly, upon the death of the patient, the training certificate holder is not the physician in charge of the patient's care for the illness or condition that resulted in death and is not the appropriate physician to sign the death certificate.

2. Who is the attending physician for a patient in a long-term care facility?

The attending physician for a patient in a long-term care facility may vary according to arrangements. The physician who provided medical care to the patient before admission to the facility may continue as the patient's physician of record. In contrast, the patient's care may have been transferred to the facility's medical director. Whatever the wishes of the patient or guardian and physician, the records maintained by the facility should clearly indicate the name and contact information of the patient's attending physician.

A physician who has been serving as the attending physician for a patient in a long-term care facility who wishes to terminate the physician/patient relationship must comply with Rule 4731-27-01(A), Ohio Administrative Code. The requirements include written notice sent by certified mail to the patient or guardian stating that the relationship is terminated, although emergency treatment and access to services will be provided for up to 30 days. The facility should also be notified of the termination of the physician/patient relationship so that accurate information will be on file.

3. What happens in the event the attending physician has not recently seen the decedent?

By signing a death certificate, the physician is giving a medical opinion as to the cause of death, which is the final act of caring for the patient. An attending physician who has not seen the patient for a period of time should apply medical training, knowledge of medicine, available medical history, symptoms, diagnostic tests and/or autopsy results to render a

medical opinion on the cause of death; qualify the etiology by use of words such as "probable" or "presumed" or, as a last resort, state the cause of death as "unknown," "undetermined," or "unspecified."[5] Information on completing the cause of death portion of the death certificate may be obtained from the Ohio Department of Health, Vital Support website at: http://vitalsupport.odh.ohio.gov/GD/Templates/Pages/ODH/ODHDefault.aspx?page

For information on completing a death certificate, contact the Ohio Department of Health, Vital Statistics Field Unit at (614) 752-5190, option 3.

For information related to the regulation of physicians and holders of training certificates, contact Sallie J. Debolt, General Counsel, State Medical Board of Ohio, 30 E. Broad St., 3rd Floor, Columbus, OH 43215-6127, PH: (614) 644-7021; E-mail: Sallie.Debolt@med.state.oh.us.

Endnotes:

[1] The county coroner must be called when any person dies as a result of criminal or other violent means, by casualty, by suicide, or in any suspicious or unusual manner, when any person, including a child under two years of age, dies suddenly when in apparent good health, or when any mentally retarded person or developmentally disabled person dies regardless of the circumstances. See Section 313.12, Ohio Revised Code.

[2] "Physicians' Handbook on Medical Certification of Death", U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2003 Revision, pages 4-5.

[3] Ibid, page 7.

[4] Section 4731.291(C), ORC, provides: The holder of a valid training certificate shall be entitled to perform such acts as may be prescribed by or incidental to the holder's internship, residency, or clinical fellowship program, but the holder shall not be entitled otherwise to engage in the practice of medicine and surgery or osteopathic medicine and surgery in this state. The holder shall limit activities under the certificate to the programs of the hospitals or facilities for which the training certificate is issued. The holder shall train only under the supervision of the physicians responsible for supervision as part of the internship, residency, or clinical fellowship program. A training certificate may be revoked by the board upon proof, satisfactory to the board, that the holder thereof has engaged in practice in this state outside the scope of the internship, residency, or clinical fellowship program for which the training certificate has been issued, or upon proof, satisfactory to the board, that the holder thereof has engaged in unethical conduct or that there are grounds for action against the holder under section 4731.22 of the Revised Code.

[5] "Physicians' Handbook on Medical Certification of Death", U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2003 Revision, page 33.

APPENDIX E ABBREVIATIONS

If this ***TERM*** is on a certificate ..... key this ***ABBREVIATION***

Abdominal aortic aneurysm	AAA
Above Knee Amputation	AKA
Acquired Immunodeficiency Syndrome	AIDS
Acquired Immune Deficiency Syndrome	
Acquired Immunity Deficiency Syndrome	
Acute Myocardial Infarction	AMI
Acute Renal Failure	ARENFA
Adenocarcinoma	ACA
Adult Onset Diabetes Mellitus	AODM
Adult Respiratory Distress Syndrome	ARDS
Alcohol	ETOH
Alcoholism	ALC
Alzheimer's type senile dementia	SDAT
Amyotrophic Lateral Sclerosis	ALS
Arteriosclerosis	AS
Arteriosclerosis Obliterans	ASO
Arteriosclerotic Cardiovascular Disease	ASCVD
Arteriosclerotic Cardiovascular Renal Disease	ASCVRD
Arteriosclerotic Coronary Artery Disease	ASCAD
Arteriosclerotic Coronary Disease	ASCD
Arteriosclerotic Coronary Heart Disease	ASCHD
Arteriosclerotic Heart Disease	ASHD
Arteriosclerotic Hypertensive Cardiovascular Disease	ASHCVD
Arteriosclerotic Hypertensive Heart Disease	ASHD
Arteriosclerotic Hypertensive Vascular Disease	AHVD
Arteriosclerotic Peripheral Vascular Disease	ASPVD
Arteriosclerotic Vascular Disease	ASVD
Arteriosclerotic Vascular Heart Disease	ASVHD
Asphyxiation	ASPH
Aspiration	ASPIR
Atherosclerosis	AT
Atherosclerotic Cardiovascular Disease	ATCVD
Atherosclerotic Coronary Artery Disease	ATCAD
Atherosclerotic Heart Disease	ATHD
Atherosclerotic Vascular Disease	ATVD

APPENDIX E ABBREVIATIONS

If this ***TERM*** is on a certificate .....key this ***ABBREVIATION***

Atrial Fibrillation	AF
Below Knee Amputation	BKA
Benign Prostatic Hypertrophy	BPH
Breast Adenocarcinoma	BADENO
Breast Carcinoma	BCAR
Bronchogenic Carcinoma	BGCAR
Bronchopneumonia	BPN
Bundle Branch Block	BBB
Cancer	CA
Carcinomatosis	CSS
Cardiac Arrest (this can never be Carcinoma)	CAR
Cardiac Arrhythmia	CARRY
Cardiac Failure	CFA
Cardiomyopathy	CMY
Cardiopulmonary Arrest	CPAR
Cardiopulmonary Failure	CPFA
Cardiorespiratory Arrest	CRAR
Cardiorespiratory Failure	CRFA
Central Nervous System	CNS
Cerebral Hemorrhage	CERHEM
Cerebral Infarction	CERI
Cerebral Thrombosis	CERT
Cerebrovascular	CERV
Cerebrovascular Disease	CERVD
Chronic Brain Syndrome	CBS
Chronic Obstructive Airway Disease	COAD
Chronic Obstructive Lung Disease	COLD
Chronic Obstructive Pulmonary Disease	COPD
Chronic Obstructive Pulmonary Emphysema	COPE
Chronic Organic Brain Syndrome	COBS
Chronic Renal Failure	CRENFA
Coal Worker's Pneumoconiosis	CWP
Colon or Colonic Adenocarcinoma	CADENO
Colon Carcinoma	COLCAR
Congestive Heart Failure	CHF
Coronary Arteriosclerosis	CORAS

APPENDIX E ABBREVIATIONS

If this ***TERM*** is on a certificate .....key this ***ABBREVIATION***

Coronary Artery Bypass Graft	CABG
Coronary Artery Bypass Surgery	CABS
Coronary Artery Disease	CAD
Coronary Heart Disease	CORHD
Cytomegalovirus	CMV
Decubitus Ulcer	DU
Deep Vein Thrombosis	DVT
Dehydration	DEH
Delirium Tremens	DT
Diabetes	DI
Diabetes Mellitus	DM
Disseminated Intravascular Coagulation	DIC
Disease	DZ
Edema	ED
Electromechanical Dissociation	EMD
Emphysema	EMP
End Stage Renal Disease	ESRD
Fever Unknown Origin	FUO
Fracture	FX
Gastric Hemorrhage	GHEM
Gastrointestinal	GI
Gastrointestinal Hemorrhage	GIHEM
Gastroesophageal	GE
Generalized	GEN
Gunshot Wound	GSW
Heart Failure	HFA
Hemorrhage (Never for Hemorrhagic!)	HEM
High Blood Pressure	HBP
Human Immunodeficiency Virus	HIV
Hyaline Membrane Disease	HMD
Hypertension	HTN
Hypertensive Arteriosclerotic Cardiovascular Disease	HASCVD
Hypertensive Arteriosclerotic Heart Disease	HASHD
Hypertensive Arteriosclerotic Vascular Disease	HASVD
Hypertensive Heart Disease	HHD
Hypertensive Vascular Disease	HVD

APPENDIX E ABBREVIATIONS

If this ***TERM*** is on a certificate .....key this ***ABBREVIATION***

Influenza	FLU
Insufficiency	INSUF
Insulin Dependent Diabetes	IDDI
Insulin Dependent Diabetes Mellitus	IDDM
Intraventricular Hemorrhage	IVH
Ischemic Heart Disease	IHD
Left	LT
Left Bundle Branch Block	LBBB
Left Lower Lobe	LLL
Left Middle Lobe	LML
Left Upper lobe	LUL
Liver Cancer	LIVCA
Liver Carcinoma	LIVCAR
Liver Cirrhosis	LIVCIR
Lower Lobe	LL
Lung Adenocarcinoma	LADRNO
Lung Cancer	LCA
Lung Carcinoma	LCAR
Lupus Erythematosus	LE
Malignant	MAL
Malignant Hypertension	MALHTN
Malnutrition	MALN
Metastatic (this is the only acceptable abbreviation for this)	M
Metastases (this is the only acceptable abbreviation for this)	MES
Metastasis (this is the only acceptable abbreviation for this)	MIS
Metastatic Adenocarcinoma	MADENO
Metastatic Breast Carcinoma	MBCAR
Metastatic Bronchogenic Carcinoma	MBGCAR
Metastatic Cancer	MCA
Metastatic Carcinoma	MCAR
Metastatic Lung Cancer	MLCA
Metastatic Lung Carcinoma	MLCAR
Metastatic Prostate (or Prostatic) Carcinoma	MPRCAR
Mycobacterium Avium Intracellulare	MAI
Myocardial Infarction	MI
Negative	NEG

APPENDIX E ABBREVIATIONS

If this ***TERM*** is on a certificate .....key this ***ABBREVIATION***

Non Insulin Dependent Diabetes (Also- NIDD)	NIDDI
Non Insulin Dependent Diabetes Mellitus	NIDDM
Open Reduction Internal Fixation	ORIF
Organic Brain Syndrome	OBS
Ovarian Carcinoma	OCAR
Pancreatic Carcinoma	PANCAR
Patent Ductus Arteriosus	PDA
Peripheral Vascular Disease	PVD
Pneumonia	PN
Post Operative	PO
Prematurity	PREM
Prolonged Prothrombin Time	PPT
Prostatic Cancer	PRCA
Prostatic Carcinoma	PRCAR
Pulmonary	PUL
Pulmonary Embolism	PULEM
Renal Failure	RENFA
Respiratory	RESP
Respiratory Arrest	RAR
Respiratory Distress Syndrome	RDS
Respiratory Failure	RFA
Rheumatic Heart Disease	RHD
Right	RT
Right Bundle Branch Block	RBBB
Right Lower Lobe	RLL
Right Middle Lobe	RML
Right Upper Lobe	RUL
Ruptured Abdominal Aortic Aneurysm	RAAA
Septicemia	SEPT
Sick Sinus Syndrome	SSS
Small Bowel Obstruction	SBO
Stab Wound	SW
Staphylococcal, Staphylococcus	STAPH
Status Post	SP
Stomach Carcinoma	STCAR
Streptococcal, Streptococcus	STREP

APPENDIX E ABBREVIATIONS

If this ***TERM*** is on a certificate .....key this ***ABBREVIATION***

Sudden Infant Death	SID
Sudden Infant Death Syndrome	SIDS
Syndrome of Inappropriate Diuretic Hormone	SIADH
Systemic Lupus Erythematosus	SLE
Transient Ischemic Attack	TIA
Transitional Cell Carcinoma	TCC
Transurethral Resection	TUR
Transurethral Resection Prostate	TURP
Tuberculosis (Note- also TBC)	TB
Unknown	UNK
Upper Gastrointestinal	UGI
Upper Lobe	UL
Urinary Tract Infection	UTI
Venereal Disease	VD
Ventricular Fibrillation	VF
Week or Weeks	WK

SEVERE PULMONARY DISEASE ASSOCIATED WITH VAPING

Clinician Report Form - Severe Pulmonary Disease Associated with Vaping

Report Date: _____

Reporter Information:

Name and Title: _____ Phone Number: _____

Facility/Hospital Name: _____

Can medical records be sent to the local health department? ❑ Yes ❑ No

Patient Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth (month/day/year): _____/_____/_____ Sex: ❑ Male ❑ Female ❑ Unknown

Patient Address: _____

Primary Phone No.: _____ Secondary Phone No.: _____

Race: ❑ White ❑ Black/African American ❑ Asian ❑ Native Hawaiian/Pacific Islander
❑ American Indian/Alaskan Native ❑ Other: _____
Ethnicity: ❑ Hispanic ❑ Non-Hispanic ❑ Unknown

Pregnancy status: ❑ Pregnant ❑ Not pregnant ❑ Unknown ❑ Not applicable

Patient evaluated at: ❑ ED ❑ Outpatient ❑ Inpatient ❑ Other _____

Date of Admission: _____/_____/_____

Patient current disposition:
❑ Still inpatient
❑ Treated and discharged Date of Discharge: _____/_____/_____
❑ Died Date of Death: _____/_____/_____
❑ Other: _____

Working diagnosis (if still inpatient): _____

Discharge diagnosis (if discharged): _____

Patient Inhalation Use in the Past 90 Days (please ask patient or proxy, if patient is unable to answer):

Any combustible cigarette smoking (nicotine)? ❑ Yes ❑ No ❑ Unknown

Any combustible marijuana use? ❑ Yes ❑ No ❑ Unknown

Any vaping or e-cigarette use reported? ❑ Yes ❑ No ❑ Unknown

Any **THC** e-cigarette use reported? ❑ Yes ❑ No ❑ Unknown
Please list product brands: _____
Devices used for THC: _____
Date of last e-cigarette THC use: _____
Frequency of e-cigarette THC use: _____
Where were products obtained: _____

Any **nicotine** e-cigarette use reported? ❑ Yes ❑ No ❑ Unknown

Please list product brands: _____

Devices used for nicotine: _____

Date of last e-cigarette nicotine use: _____

Frequency of e-cigarette nicotine use: _____

Where were products obtained: _____

Any **kratom** e-cigarette use reported? ❑ Yes ❑ No ❑ Unknown

Please list product brands: _____

Devices used for kratom: _____

Date of last e-cigarette kratom use: _____

Frequency of e-cigarette kratom use: _____

Where were products obtained: _____

Was any product retained and is available for testing? ❑ Yes ❑ No ❑ Unknown

Health and Medical Information:

Date of Illness Onset: _____/_____/_____ Time: ____ : _____

GI symptoms? ❑ Yes ❑ No If yes, please describe: _____

_____

_____

Respiratory symptoms? ❑ Yes ❑ No If yes, please describe: _____

_____

_____

Constitutional symptoms? ❑ Yes ❑ No If yes, please describe: _____

_____

Does that patient have any pre-existing conditions?

Asthma	❑ Yes	❑ No	❑ Unknown
Emphysema/bronchitis (COPD)	❑ Yes	❑ No	❑ Unknown
Bronchiectasis	❑ Yes	❑ No	❑ Unknown
Hypersensitivity pneumonitis	❑ Yes	❑ No	❑ Unknown
Cystic fibrosis	❑ Yes	❑ No	❑ Unknown
Other respiratory? _____			
Heart failure	❑ Yes	❑ No	❑ Unknown
History of myocardial infarction	❑ Yes	❑ No	❑ Unknown
Other cardiac? _____			
Any rheumatological illness	❑ Yes	❑ No	❑ Unknown
HIV/AIDS	❑ Yes	❑ No	❑ Unknown
Cancer	❑ Yes	❑ No	❑ Unknown
Which type of cancer? _____			
Injection drug use	❑ Yes	❑ No	❑ Unknown
Depression	❑ Yes	❑ No	❑ Unknown
Anxiety	❑ Yes	❑ No	❑ Unknown
Other	❑ Yes	❑ No	❑ Unknown
Please specify: _____			

Part of Ohio Medical Marijuana program ❑ Yes ❑ No ❑ Unknown

Date of most recent dispense (per OARRS): _____

Which product was dispensed? _____

Testing Information:

Test	Collection Date	Result (pos/neg/pending)	Result Date
Rapid influenza test/PCR			
Respiratory viral panel			
Mycoplasma			
Legionella, urine			
Legionella, PCR			
S. pneumoniae, urine			
Blood culture			
Sputum culture			
Urine culture			
BAL culture			
Other:			

Imaging and Procedures:

Imaging performed:	❑ Chest X-Ray	❑ CT	❑ Both
Infiltrates/opacities present:	❑ Yes	❑ No	
Location of findings:	❑ Bilateral	❑ Left	❑ Right
Impression: *(please copy the Summary/Impression from the CT/CXR radiologist's report or attach a copy of the report)*			

Did the patient have a bronchoscopy? ❑ Yes ❑ No ❑ Unknown ❑ Not applicable

Results of bronchoscopy: _____

_____

_____

Did the patient have a lung biopsy? ❑ Yes ❑ No ❑ Unknown ❑ Not applicable

Results of lung biopsy: _____

_____

_____

Treatment:

Was the patient treated with antibiotics? ❑ Yes ❑ No ❑ Unknown ❑ Not applicable

Antimicrobial name	Route	Dose	Frequency	Date started

Response to antibiotics: ❑ Improvement ❑ No change ❑ Worsening clinical status

Was the patient treated with steroids? ❑ Yes ❑ No ❑ Unknown ❑ Not applicable

Steroid medication name	Route	Dose	Frequency	Date started

Response to steroids: ❑ Improvement ❑ No change ❑ Worsening clinical status

ICU admission required? ❑ Yes ❑ No ❑ Unknown ❑ Not applicable

Intubation required? ❑ Yes ❑ No ❑ Unknown ❑ Not applicable

Ventilatory support (CPAP/BiPAP) required? ❑ Yes ❑ No ❑ Unknown ❑ Not applicable

Placed on ECMO? ❑ Yes ❑ No ❑ Unknown ❑ Not applicable

Notes:

If you are a provider filling out this form, please contact the local health department in the jurisdiction in which the patient resides to report the suspected case. If patient residence is unknown, report to the local health department in which the provider is located. To locate a local health department please visit: https://odhgateway.odh.ohio.gov/lhdinformationsystem/Directory/GetMyLHD Fax to: 419-668-0512

If you have additional questions, please contact your local health department or Kirtana Ramadugu, ODH epidemiologist, at 614-644-0743 or Courtney Dewart, CDC EIS Officer assigned to ODH, at 614-644-8784.

Local Health Departments – please contact ODH using above contact information for case ID number and link to REDCap data entry form.