



Influenza Vaccine for Colleges and Universities 2020-2021 Season

Thank You!



First Things First...

All colleges/universities MUST have the following completed before vaccine can be requested:

- ❑ Signed Memorandum of Understanding (MOU)
- ❑ Vaccine Storage and Handling Checked, including Digital Data Logger
- ❑ TennIIS registration

Complete:

- Belmont University
- Christian Brothers University
- Lipscomb University
- Martin Methodist
- Milligan University
- Rhodes College
- Southern Adventist University
- Tennessee Tech
- Tennessee Wesleyan
- Tusculum University
- Trevecca Nazarene University
- Union University
- University of Tennessee, Chattanooga
- University of Tennessee, Knoxville*
- University of Tennessee, Martin

*Needs Digital Data Logger

Get Three Checks

If your college/university
has NOT completed enrollment
and you don't know why,
email **VPDIP.Pandemic@tn.gov**

Step Two– Vaccine Ordering

Once enrollment is complete

- Contact will receive an invitation to order vaccine
- May request up to 500 doses per order
- May place multiple orders
- Initial orders will be filled on a first come, first served basis
- Subsequent orders will be filled as vaccine availability allows
- Needles and syringes are NOT included

A red circular button with white text that reads "ORDER ONLINE!". The text is in a bold, sans-serif font, with "ORDER" on the top line and "ONLINE!" on the bottom line.

Step Two– Vaccine Ordering

Resize font:



Department of Health

2020-2021 Supplemental Adult Influenza Order Form

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Thank you for beginning the 2020-2021 Supplemental Adult Influenza ordering process! Please read the following instructions carefully before proceeding:

By completing this ordering survey, you have:

1. Filled out the Supplemental Adult Influenza Interest survey
2. Verified proper Storage and Handling at your facility
3. Registered facility in TennIS with appropriate users
4. Submitted a signed MOU
5. Received approval from the Vaccine-Preventable Diseases and Immunization Program

If you believe you have not completed the above steps, please email VPDIP.Pandemic@tn.gov

On the following page, select your facility by Unique PIN.
If you do not see your facility's Unique PIN, please contact us at VPDIP.Pandemic@tn.gov.

Fill in the doses you would like to order.
You will be able to order multiple times, so just submit what you would like shipped now. In order to ensure distribution to all providers, individual orders will be capped at 500 doses total. There will be no limit in the number of orders submitted by facility.

You will be sent the first available formulation to appropriately serve your adult population.
Due to limited supply, you will *not* be able to choose the formulation of influenza vaccine sent to your facility. You may get a mixture of FluMist, MDV, or PFS depending on the age of your patient population. You will be able to see what formulations will be shipped to your facility before submitting your order request. This will ensure the quickest delivery and least amount of influenza vaccine waste possible. Please accurately report your adult patient population on the following page to ensure all providers are able to receive the supplemental adult influenza vaccine they need.

When you receive your order at your facility, you must confirm receipt in TennIS.
Please refer to the Vaccine Ordering Management System (VOMS) [Quick Reference Guide](#) on how to accept an order.

ATTENTION VFC Providers: take careful note of the influenza funding source in your inventory. All supplemental adult influenza will have 317 funding source and cannot be used on VFC eligible patients.

Administered shots must be reported to TennIS.
For TennIS related questions, please contact the TennIS Help Desk at (855) 206-9927 or TennIS.Help@tn.gov

If you have any questions, please contact us at VPDIP.Pandemic@tn.gov.

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Department of Health

2020-2021 Supplemental Adult Influenza Order Form

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Supplemental Adult Influenza Order Form

Your Full Name:
* must provide value

Facility Name:
* must provide value
*as it appears in TennIS

Your Email Address:
* must provide value

Select your facility's Unique PIN.

If you do not see your Unique PIN, please contact us at VPDIP.Pandemic@tn.gov.

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Step Two– Vaccine Ordering

Resize font: [] []



Department of
Health

2020-2021 Supplemental Adult Influenza Order Form

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Supplemental Adult Influenza Order Form

Summary:

Unique Pin: 191519
Facility Name: TDH University

Contact: Cassie Jones
Email: vpdip.pandemic@tn.gov

Number of Doses:

400

REQUEST DOSES IN MULTIPLES OF 10

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Note: We ask you not to put in an order of over 500 doses. You can place multiple orders.

Resize font: [] []



Department of
Health

2020-2021 Supplemental Adult Influenza Order Form

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Review & Submit

Dear Cassie Jones.

Review your survey responses below before clicking SUBMIT. You MUST click SUBMIT to finalize your order. After you click SUBMIT, you will be directed to a screen that gives you the option to send yourself a confirmation email.

NOTE: You will not be able to return to your survey once you have submitted, so we recommend saving a PDF or requesting a confirmation email to keep a record of your ordered doses.

Your order will be fulfilled in the order it is received as doses become available. Please routinely check your inventory in VOMS for receipt of your supplemental adult influenza vaccine. Email VPDIP.Pandemic@tn.gov with any questions.

PRIMARY EMAIL ADDRESS:

vpdip.pandemic@tn.gov

UNIQUE PIN:

191519

TOTAL FLUMIST ORDERED:

400

<< Previous Page Submit

Step Two– Vaccine Ordering

[Close survey](#)

Thank you for ordering Supplemental Adult influenza vaccine for the 2020-2021 distribution period!

You can download a PDF copy of your responses below.

You can also send yourself an email confirming that you completed the order survey below. You will not receive any other confirmation that you completed an order, so we recommend sending yourself an email.

 **Enter your email to receive confirmation message?**
A confirmation email is supposed to be sent to all respondents that have completed the survey, but because your email address is not on file, the confirmation email cannot be sent automatically. If you wish to receive it, enter your email address below.

[Send confirmation email](#)

* Your email address will not be stored

Download your survey response (PDF): [Download](#)

 **Survey Queue** [Get link to my survey queue](#)

Listed below is your survey queue, which lists any other surveys that you have not yet completed.
To begin the next survey, click the 'Begin survey' button next to the title.

Status	Survey Title
✔ Completed	2020-2021 Supplemental Adult Influenza Order Form

FluMist

Currently, FluMist nasal mist vaccine is the **only** preparation available

Restrictions:

- FluMist may only be used in patients ages 18-49yo
- People with a history of severe allergic reaction to any ingredient of the vaccine or to a previous dose of any influenza vaccine
- People with weakened immune systems (immunosuppression) from any cause
- People who care for severely immunocompromised persons who require a protected environment (or otherwise avoid contact with those persons for 7 days after getting the nasal spray vaccine)
- People without a spleen, or with a non-functioning spleen
- Pregnant women
- People with an active leak between the cerebrospinal fluid and the mouth, nose, ear, or other place within the skull
- People with cochlear implants
- People who have taken flu antiviral drugs within the previous 48 hours for oseltamivir and zanamivir, previous 5 days for peramivir, and previous 17 days for baloxavir.

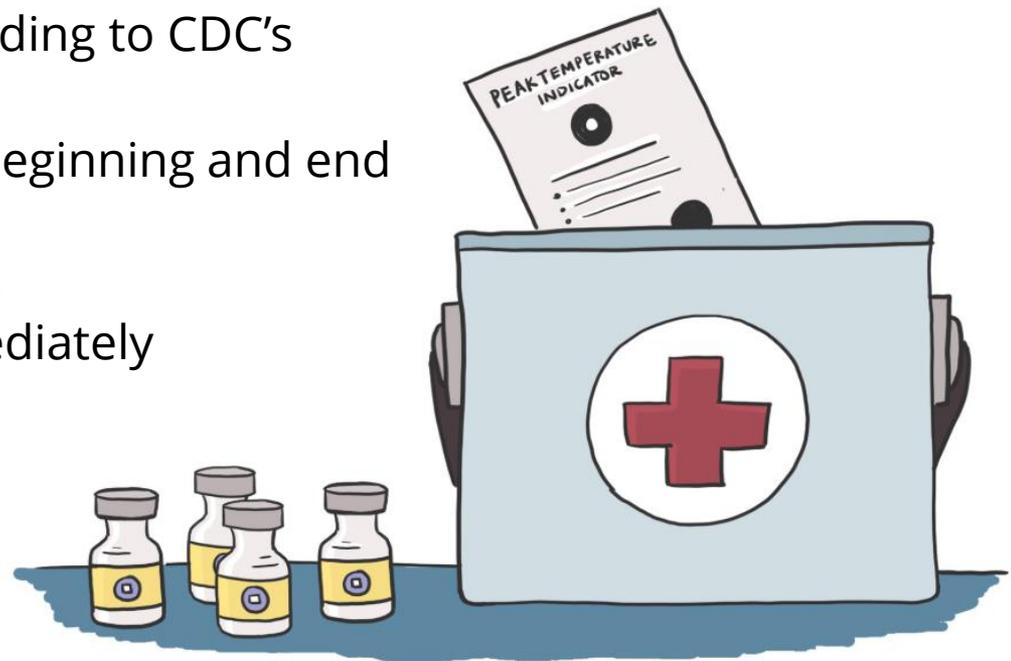
FluMist

- Storage
 - Refrigerated
- Provide Vaccine Information Statement (VIS) for FluMist to EVERY patient
 - Required by federal law
- Patient questionnaire
- Provide ½ dose to each nostril
- Record in TennIIS



Step 3– Receiving Vaccine

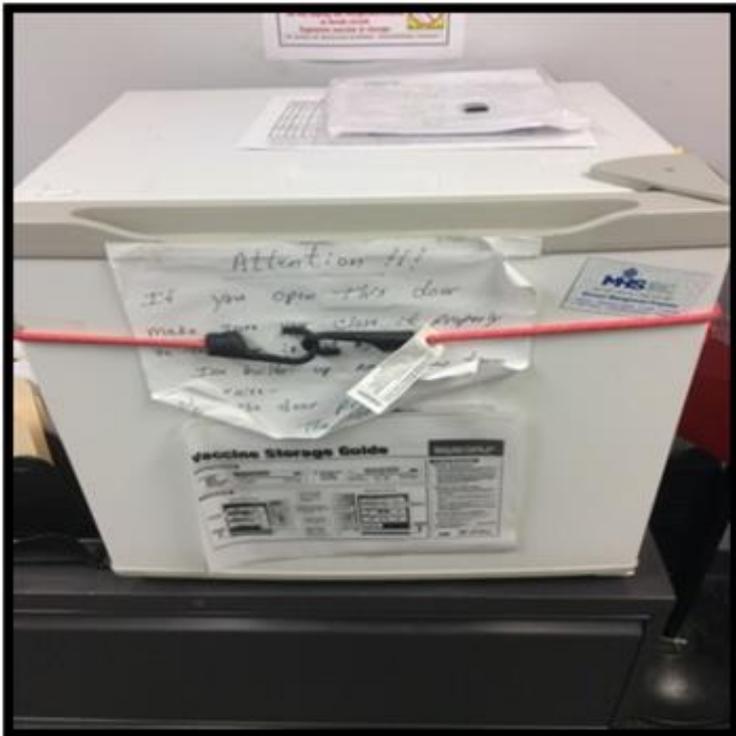
- Vaccine ships directly to the address provided by the college/university
- Ships M-F
- Email VPDIP.pandemic@tn.gov to confirm receipt of vaccine (report number of doses received)
- Store vaccine in refrigerator according to CDC's storage and handling guidelines
- Check Digital Data Logger at the beginning and end of each clinic day
- Report temperature excursions to temperature.health@tn.gov immediately



Appropriate Refrigerator Storage



Improperly Stored Vaccines



Plan!

- Plan your workflow
- Contact VPDIP.pandemic@tn.gov if planning a mass immunization event to ensure storage and handling requirements are followed
- Plan for social distancing
- Advertise!



Join the Challenge!

Alana Yaksich NATIONAL College & University Flu Challenge

Fall 2020 enrollment OPEN through September 30, 2020!

ENROLL IN CHALLENGE

Please contact Alana's Foundation if you are interested in participating and receiving updates.

Send email to: info@alanasfoundation.org

<https://www.alanasfoundation.org/outreach-flu-vax-challenges>

Vaccinate!

- Provide the current Vaccination Information Statement for influenza vaccine
 - Provide a paper copy
 - Laminate a copy for patients to read on-site (clean between uses)
 - Text a link to patient's cell phone
 - Provide a QR code on site
 - Have the VIS available in languages other than English
- Have patient complete questionnaire and consent
- Administer vaccine

VACCINE INFORMATION STATEMENT

**Influenza (Flu) Vaccine (Live, Intranasal):
What You Need to Know**

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis
Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2 Live, attenuated influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

Live, attenuated influenza vaccine (called LAIV) is a nasal spray vaccine that may be given to non-pregnant people **2 through 49 years of age**.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to

protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Is **younger than 2 years or older than 49 years** of age.
- Is **pregnant**.
- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Is a **child or adolescent 2 through 17 years of age who is receiving aspirin or aspirin-containing products**.
- Has a **weakened immune system**.
- Is a **child 2 through 4 years old who has asthma or a history of wheezing** in the past 12 months.
- Has **taken influenza antiviral medication** in the previous 48 hours.
- **Cares for severely immunocompromised persons** who require a protected environment.
- Is **5 years or older and has asthma**.
- Has other **underlying medical conditions** that can put people at higher risk of serious flu complications (such as **lung disease, heart disease, kidney disease, kidney or liver disorders, neurologic or neuromuscular or metabolic disorders**).
- Has had **Guillain-Barré Syndrome** within 6 weeks after a previous dose of influenza vaccine.

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

Adding Vaccinations to TennIIS

- Facilities that do not have a connection between their electronic health record (EHR) system and TennIIS should enter administered vaccinations on the TennIIS website.
- There are 2 ways to enter administered vaccinations in TennIIS:
 - IWeb manual entry
 - Mass Immunizations module



IWeb Data Entry

- IWeb is the standard TennIIS user interface.
- IWeb allows users to add vaccination dates to patient records for all vaccines at the same time.
- IWeb requires more detailed demographic information (address, race, ethnicity, guardian info for minors).
- IWeb is accessible by all TennIIS users and does not require any special preparation to add/update records.



Mass Immunizations Module

- Separate module within TennIIS that communicates with iWeb.
- Designed for rapid, high-volume data entry of select vaccine(s).
- Fewer required data elements allows for fast data entry but may limit follow-up if demographic info is missing.
- Requires set-up/preparation by TDH and the facility prior to the mass vaccination event.
- Contact VPDIP.pandemic@tn.gov when planning any mass immunization event to ensure storage and handling requirements are followed.



IWeb Data Entry

- Login to TennIIS, search for patient/student

Patient Search [Click here to use the 'advanced' search](#)

First Name or Initial:	student%	ID:	
Last Name or Initial:	%	SIIS Patient ID / Bar Code:	
Birth Date:	mm/dd/yyyy	Chart Number:	
		Organization Medical ID:	

Family and Address Information:

Guardian First Name:		Mother's Maiden Name:	
Street:			
City:		State:	Select...
Zip Code:		Phone Number:	
Country:	United States		

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.

Check here if adding a new patient.

Clear Search

Patient Search Results

Records Found = 3 Search Criteria: First Name / Last Name (Like)

Show 100 entries Search:

First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
STUDENT		ONE	08/02/2006	8681410	MOM	
STUDENT		THREE	01/01/2018	8681412	MOM	
STUDENT		TWO	08/01/2006	8681411	MOM	

Showing 1 to 3 of 3 entries

- If the student is listed in the Patient Search Results, click the student name to view their record
- If the student is NOT listed in the search results, click the “Check here if adding new patient” box and click search again

IWeb Data Entry

- Review Patient Demographic information and update as needed by clicking the **Edit** button (required fields are red)

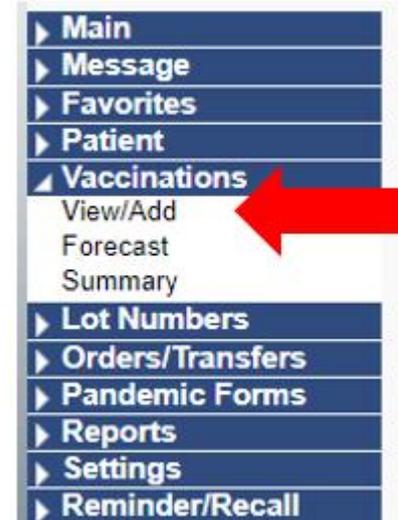
Patient Demographic Master View			
Record Info			
SIIS Patient ID:	8681410		
Organization Owner:	-		
Facility Owner:	-		
Entry Date:	01/24/2020	Last Update:	01/24/2020
Organization Medical ID:			
Patient Status			
State Level:	Active	Organization Level:	Inactive
County Level:	Active (Montgomery)		
Patient			
First Name:	STUDENT	Race:	White
Middle Name:		Ethnicity:	Hispanic or Latino
Last Name:	ONE	Language:	
Suffix:		SSN:	
Birth Date:	08/02/2006	Medicaid #:	
Birth File #:		Multi Birth Indicator:	N
		Birth Order:	
Age:	14 yrs	Military:	
Reminder/Recall Publicity Code		Recall Attempts:	0
Sex:	FEMALE	Nationality:	
Mother Maiden Nm:		Passport #:	
VFC status:	(Unknown)	Visa #:	
		Vaccine Supply:	PRIVATE
- Primary Address			
Address 1:	123 MAIN ST	Address 2:	
City:	CLARKSVILLE	State:	TN
Zip Code:	37040		
Email:			
Country:	United States	County/Parish:	MONTGOMERY
- Patient Phone Number(s)			
Phone Number	Extension:	Phone Use Code	Equipment Type
(615)253-8669		Primary residence number	Primary Y
- Family & Contact			
Guardian 1 First:	MOM	Guardian 1 SSN:	
Guardian 1 Middle:		Guardian 2 First:	
Guardian 1 Last:		Guardian 2 Last:	
Phone Number	Phone Use Code	Equipment Type	
	Primary residence number		
+ Alias			
+ School			
+ Birth & Death			
+ Associated Campaigns/Tiers			
+ Patient Specific Reports			
<input type="button" value="Update Programs"/> <input type="button" value="Edit"/> <input type="button" value="Add to Queue"/>			



IWeb Data Entry

- To view the vaccination record, click **View/Add** under the **Vaccinations** tab in the navigation menu

- The vaccination record is displayed on the next screen:



Patient			
Name:	STUDENT ONE	SIIS Patient ID:	8681410
Date of Birth:	08/02/2006	Age:	14 yrs
Guardian:	MOM	Organization Level Status:	Inactive

[Print Page](#)

Vaccination Forecast						
The forecast automatically switches to the catch-up schedule when a patient is behind schedule.						
Vaccine Group	Forecasted Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status	
HPV	1	08/02/2017	08/02/2015	08/29/2019	Past Due	
MENINGOCOCCAL	1	08/02/2017	08/02/2017	08/29/2019	Past Due	
FLU	1	07/01/2020	07/01/2020	07/28/2020	Past Due	
DTaP/DT/Td	B	01/23/2030	01/23/2025	02/19/2030	Not Yet Due	

Vaccination View/Add						
(* - Historicals , # - Adverse Reaction , !1 - Warning , !2 - Warning , !3 - Warning , + - Unverified Historicals , ^ - Compromised Vaccination)						
Documented By: MASS IMM TRAINING FACILITY						
Double-click in any date field below to enter the default date: <input type="text" value="09/15/2020"/>						
Vaccine	1	2	3	4	5	6
DTaP (Infanrix®)	10/02/2006	12/02/2006	02/02/2007	08/02/2007	08/02/2010 *	
Hep A, ped/adol, 2 dose (Vaqta® / Havrix®)	08/02/2007	X 12/20/2007 *	08/02/2010 *			
Hep B Ped/Adol - Preserv Free (Recombivax HB® / EngerixB®)	08/02/2006 *	10/02/2006	12/02/2006 * !1	02/02/2007		
Hib (PRP-OMP) (PedvaxHIB®)	10/02/2006	12/02/2006	08/02/2007			
IPV (IPOL®)	10/02/2006	12/02/2006	02/02/2007	08/02/2010 *		
MMR (MMR II®)	08/02/2007					

IWeb Data Entry

- Locate the administered vaccine name, enter the administration date in the empty box, and click the **Add Administered** button at the bottom left of the

The screenshot displays the IWeb data entry interface. On the left, a scrollable list of vaccine names is shown, with a red arrow pointing to the selected option: "influenza, injectable, quadrivalent, preservative free (Fluarix®/FluLaval®/Fluzone® Quadrivalent)". Below this list is a dropdown menu currently set to "--select--".

On the right, the form shows the selected vaccine name in a dropdown menu, followed by a date input field containing "09/15/2020". Below these fields is an "Add Administered" button, which is highlighted with a red box. A calendar widget is open, showing the month of September 2020, with the date 15th highlighted in yellow.

At the bottom of the form, there is a "Special Considerations" section with a blue header and a small upward-pointing arrow.

Additional visible text includes "DTaP-Hib-IPV (Pentacel®)", "meningococcal B, OMV (Bexsero®)", "rotavirus, monovalent (Rotarix®)", and a note: "If a combination vaccine is marked with a 'X', please verify which components of the vaccine are".

IWeb Data Entry

- On the next screen, select “Health Dept: Federal 317 (Uninsured adult, PEP/Outbreak)” from the drop-down and click Continue

Patient
Name: STUDENT ONE SIIS Patient ID: 8681410
Date of Birth: 08/02/2006 Age: 14 yrs
Guardian: MOM Organization Level Status: Inactive

VFC Eligibility Update
Current VFC Status: (Unknown)
 Update VFC Eligibility

Health Dept: Federal 317

- select--
- Private/Commercial Insurance (all ages)
- VFC < 19 yrs Enrolled in Medicaid (TennCare)
- VFC < 19 yrs No Health Insurance (Uninsured)
- VFC < 19 yrs American Indian/Alaskan Native
- VFC < 19 yrs Underinsured (FQHC, RHC, Health Dept only)
- Medicaid (TennCare) >= 19 yrs
- State CHIP-CoverKids (VFC Ineligible)
- Health Dept: Federal 317 (Uninsured adult, PEP/Outbreak)**
- Medicare
- Other Uninsured or Self Pay: Not Federal 317 or VFC

Continue

- To add manufacturer, lot number, etc. from the TennIIS inventory use the Click to select link. If the vaccine is not in the TennIIS inventory type the manufacturer, lot, etc. in the “Noted on Record” fields. Click the **Save** button.

Patient
Name: STUDENT ONE SIIS Patient ID: 8681410
Date of Birth: 08/02/2006 Age: 14 yrs
Guardian: MOM Organization Level Status: Inactive

Vaccination Detail Add
Vaccine 1: influenza, injectable, quadrivalent, preservative free (Fluarix®/FluLaval®/Fluzone® Quadrivalent)
Date Administered: 09/15/2020
Historical: YES NO
Provider Noted on Record:
Lot Noted on Record:
Manufacturer Noted on Record:
Click to select

Manufacturer:
Lot Number:
Funding Source:
Facility: MASS IMM TRAINING FACILITY
Campaign: Select...
Tier: Sel...
Vaccinator: Select...
Anatomical Site: Select...
Anatomical Route: Select...

Select Lot Number

Select	Manufacturer	Lot Number	Facility	Funding Source	Expiration Date	Doses Available	Dose Volume
-->	SEQIRUS	789FG321B	MASS IMM TRAINING FACILITY	PUB	06/30/2021	98.0	

Cancel Clear

Mass Immunization Module

- Login to TennIIS, click Select Application in the Main tab in the navigation menu, choose Mass Immunizations from the Application drop-down and click Submit

The screenshot shows a web interface for selecting an application. On the left is a navigation menu with 'Main', 'Message', and 'Favorites' sections. Under 'Main', 'Select Application' is highlighted with a red arrow. The main content area has a header 'Select Application' and a sub-header 'Choose an Application for this session.' Below this is a form with a label 'Application:' and a dropdown menu. The dropdown menu is open, showing 'Mass Immunizations' selected and 'Standard' as an option. A red arrow points to the 'Submit' button on the right.

- The Patient Search screen is displayed

The screenshot shows a 'Patient Search' form. The title is 'Patient Search' and the section is 'Patient Information'. There are three input fields: 'First Name or Initial:', 'Last Name or Initial:', and 'Birth Date:'.

Mass Immunizations Module

- Search for patient/student using first and last name or initials and date of birth:

Patient Search

Search Criteria

Patients found with: First Initial = " s " and Birthday = " 08/02/2006 "
OR
Last Initial = " o " and Birthday = " 08/02/2006 "

Search Results

Records Found = 1

Select	First Name	Middle Name	Last Name	Birth Date	Grd First Name	Mother's Maiden
-->	STUDENT		ONE	08/02/2006	MOM	

Before adding a new patient, check to make sure the patient you want to add is not listed above.

Cancel Add New Patient

- If the student is listed in the Search Results, click the Select button. If the student is not listed, click the Add New Patient button

Mass Immunizations Module

- If the current address is listed at the top of the screen, check the box to copy the address information.
- If not correct, enter the correct address and phone number

Patient Address Information (Most recent record in system)

Check this box to copy the **address information** from the most recent record to the data entry box **ONLY** if it matches what is reported on paper.

Street:	123 MAIN ST	State:	TN
City:	CLARKSVILLE	Phone Number:	(615)253-8669
Zip Code:	37040	Cell Phone:	
County:	MONTGOMERY		

Patient Edit

First Name or Initial:	STUDENT	SSN:	
Middle Name:		Birth Date:	08/02/2006
Last Name:	ONE	Sex:	FEMALE

Address

Street:	123 MAIN ST	City:	CLARKSVILLE
Zip Code:	37040	State:	TN
Phone Number:	(615)253-8669	Cell Phone:	

Guardian Info

Mother's Maiden Name:		Guardian First Name:	MOM
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Comments

Mass Immunizations Module

- Select the appropriate Campaign and Tier from the drop-down menus, check the box for the vaccine administered, and click the Save button

The screenshot shows a web form for entering immunization data. The form is divided into several sections: Personal Information, Address, Guardian Info, Comments, Campaign and Tier selection, Previous Vaccination History, Vaccination Add, and Special Considerations Add. A red arrow points to the Campaign dropdown menu, which is currently set to 'MASS IMM TRAINING'. Another red arrow points to the Tier dropdown menu, which is currently set to 'ADULTS 18 TO 64'. A third red arrow points to the 'Save' button at the bottom of the form. The form also includes fields for First Name or Initial, Middle Name, Last Name, SSN, Birth Date, Sex, Street, Zip Code, City, State, Phone Number, Cell Phone, Mother's Maiden Name, Guardian First Name, and a Print checkbox.

First Name or Initial:	STUDENT	SSN:	
Middle Name:		Birth Date:	08/02/2006
Last Name:	ONE	Sex:	FEMALE
Address			
Street:			
Zip Code:		City:	
State:	--select--	Phone Number:	(615)253-8669
Cell Phone:			
Guardian Info			
Mother's Maiden Name:		Guardian First Name:	MOM
Comments			
Campaign:	MASS IMM TRAINING		
Tier:	ADULTS 18 TO 64		
Vaccinator:	--select--		
Previous Vaccination History			
RESPONDERS			
CHILDREN < 7			
CHILDREN 7 TO 18			
ADULTS 18 TO 64			
ADULTS 65 AND OLDER			
EMPLOYEES			
INMATES			
Vaccination Add			
Default Date:	09/15/2020		
Vaccine	Date	Manufacturer / Lot	
<input type="checkbox"/> Influenza, injectable, MDCK, preservative free, quadrivalent (Flucelvax® quadrivalent PFS)	09/15/2020	<input type="radio"/> SEQIRUS / 456TR47S	
<input checked="" type="checkbox"/> influenza, injectable, quadrivalent, preservative free (Fluarix®/FluLaval®/Fluzone® Quadrivalent)	09/15/2020	<input checked="" type="radio"/> SEQIRUS / 789FG321B	
Special Considerations Add			
<input type="checkbox"/> Print			
Save Save & Queue			

- *Campaigns and Tiers are set by TDH prior to the event

VAERS

Vaccine Adverse Event Reporting System

- Required by law to report adverse events
 - **Anaphylaxis or anaphylactic shock (7 days)**
 - **Shoulder injury related to vaccine administration (7 days)**
 - **Vasovagal syncope (7 days)**
 - **Guillain-Barre' Syndrome (42 days)**
 - **Any acute complication or sequelae (including death) of above events (interval not applicable)**
 - **Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval- see package insert)**
- Strongly encouraged to report
 - Any adverse event that occurs after the administration of a vaccine licensed in the United States, whether it is or is not clear that a vaccine caused the adverse event
 - Vaccine administration errors

<https://vaers.hhs.gov/reportevent.html>

**I'M THE FLU, AND EACH YEAR I KILL THOUSANDS.
I INVENTED GOING VIRAL!**



TN

VPDIP.pandemic@tn.gov

TM