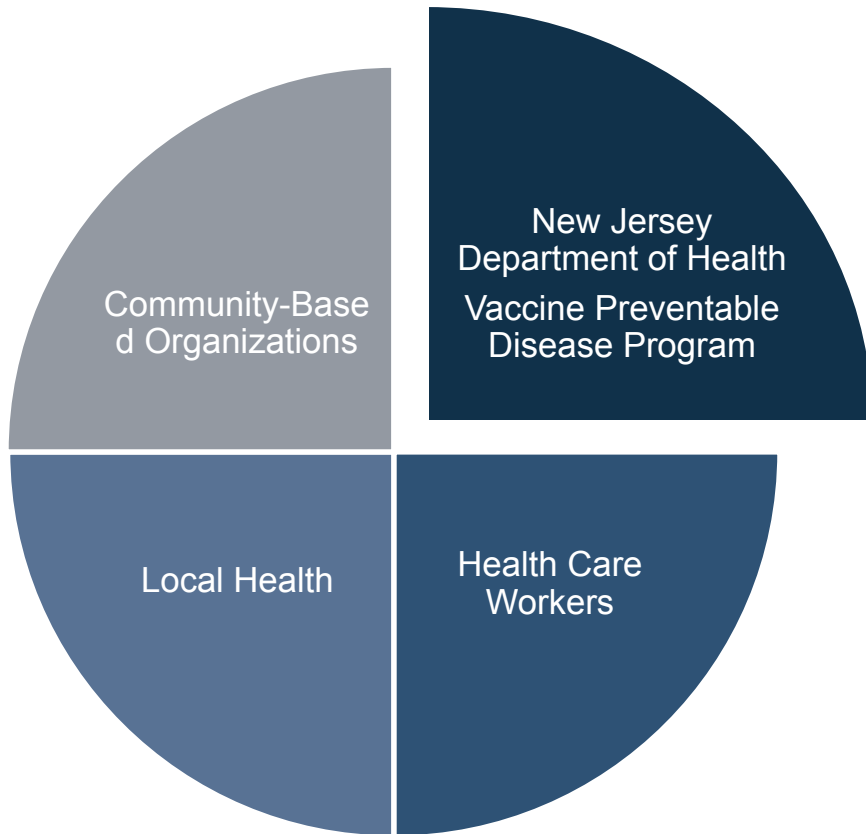


Vaccine Preventable Disease Program Overview

March 14, 2025
NJIN Meeting

Vaccine Preventable Disease Program



- Vaccines for Children Program (VFC)
 - Immunization Quality Improvement Program (IQIP)
- Adult 317 and State Funded Vaccine Program
- New Jersey Immunization Information System (NJIIS)
- Population Assessment
- Health Education
- Data Team
- Vaccine Preventable Disease Surveillance Team
 - Perinatal Hepatitis B Prevention Program
- Grants and Fiscal

VPDP Surveillance Unit

Elizabeth F. Zaremski, MPH
Surveillance Coordinator



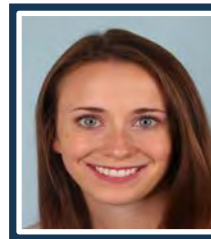
Elizabeth
Zaremski



Susan
Kehler



Ayiasha
Pratt



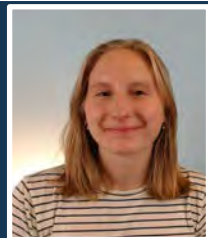
Nicolette
Wilson



Lenora
Cheston



Dr. Obiora
Eze



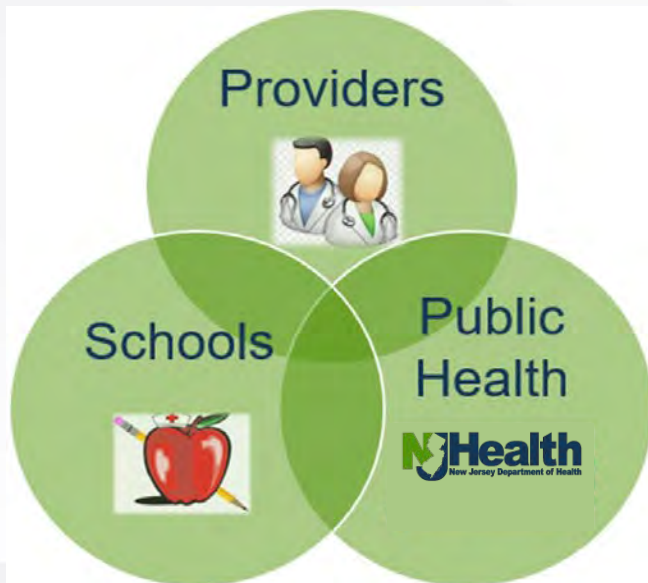
Meredith
Bagger

hello

Back to School Webinar: Best Practices for Disease Surveillance & Prevention for a Healthy School Year

immunizenj.org/back-to-school-2024

September 26, 2024



Nicole L. Lam, MPH
Nicolette Wilson, MPH, MBS
Meredith Bagger, MPH
Elizabeth F. Zaremski, MPH

What is Surveillance? Why is it Important?

- Centers for Disease Control and Prevention (CDC): epidemiologic surveillance is “**ongoing systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know.**”
- Surveillance & data are the foundation of public health practice.
- **Early detection** of communicable diseases & immediate public health intervention can curtail the numbers of communicable illnesses and deaths.





How Are Surveillance Data Collected?

The screenshot displays the CDC National Notifiable Diseases Surveillance System (NNDSS) website. The header includes the CDC logo and the tagline "Centers for Disease Control and Prevention, CDC 24/7: Saving Lives, Protecting People™". A search bar is located in the top right corner. The main content area is titled "National Notifiable Diseases Surveillance System (NNDSS)" and features a sidebar with navigation links: "What is Case Surveillance?", "Case Surveillance Modernization", "Case Surveillance in Action", "Data and Statistics", "Case Definitions" (highlighted), "Technical Resource Center", and "Contact". The "Case Definitions" section is expanded, showing the title "Surveillance Case Definitions for Current and Historical Conditions" and a paragraph explaining that a surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Below this, a search box labeled "Search Conditions" is present, with a "Search Conditions" button and a note "(Leave blank to see all conditions)". To the right, a "Notifiable Condition Lists" section includes a "Year" dropdown menu set to "2023", a "Get Notifiable List by Year" button, and radio button options for "Infectious", "Non-Infectious", and "Outbreaks".

- Council of State and Territorial Epidemiologists (CSTE) has responsibility to decide what diseases should be reported nationally.
 - Uniform criteria to define a disease for surveillance and reporting purposes
 - Updated/reviewed annually
 - Not intended for making a clinical diagnosis
- Requirements for reporting diseases are mandated by state laws or regulations & may differ by state.
- CDC coordinates national surveillance.

Disease Reporting in NJ

- A “reportable communicable disease” refers to any disease listed in New Jersey Administrative Code (N.J.A.C.) Title 8, Chapter 57.
 - responsibility of health care providers to notify the local health department where the patient **resides**
 - immediately vs non-immediately
- Health Officers are responsible for case investigation.
 - typically conducted by public health nurses or registered environmental health specialists
- HIPAA exempt
 - permits covered entities (i.e., health care providers, laboratories, and hospitals) to disclose PHI, **without authorization**, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability.

Quick Reference
Reporting Requirements for Communicable Diseases and Work-Related Conditions
 (see New Jersey Administrative Code Title 8, Chapters 57 and 58)

Communicable Disease Service
 Reporting Requirements and
 Regulations can be viewed at:
<http://nj.gov/health/ei/epidemiology/about>

Health care providers required to report: physicians, advanced practice nurses, physician assistants, and certified nurse midwives.
 Administrators required to report: persons having control or supervision over a health care facility, correctional facility, school, youth camp, child care center, preschool, or institution of higher education.
 Laboratory directors: For specific reporting guidelines, see NJAC 8:57-1.3.

CONFIRMED OR SUSPECT CASES TELEPHONE IMMEDIATELY to the LOCAL HEALTH DEPARTMENT	REPORTABLE IMMEDIATELY to the LOCAL HEALTH DEPARTMENT OF DIAGNOSIS to the LOCAL HEALTH DEPARTMENT	REPORTABLE DIRECTLY to the NEW JERSEY DEPARTMENT OF HEALTH
<ul style="list-style-type: none"> • Anthrax • Botulism • Brucellosis • Diphtheria • Foodborne intoxications (including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning) • Haemophilus influenzae, invasive disease • Hantavirus pulmonary syndrome • Hepatitis A, acute • Influenza, novel strains only • Measles • Meningococcal invasive disease • Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or zoonosomal disease or a suspected act of bioterrorism • Pertussis • Plague • Poliomyelitis • Rabies (human illness) • Rubella • SARS-CoV disease (SARS) • Smallpox • Tetanus • Viral hemorrhagic fevers (including, but not limited to, Ebola, Lassa, and Marburg viruses) 	<ul style="list-style-type: none"> • Arthropodiasis • Antral fever treated for rabies • Arterial diseases • Babesiosis • Campylobacteriosis • Chorea • Cryptosporidiosis • Cryptosporidiosis • Cysticercosis • Diarrheal disease (child in a day care center or a foodhandler) • Echinococcosis • Escherichia coli, shiga toxin producing strains (STEC) only • Giardiasis • Hepner's disease • Hemolytic uremic syndrome, post-diarrheal • Herpes B, including newly diagnosed acute, perioral and chronic infections, and pregnant women who have tested positive for Her B surface antigen • Influenza associated pediatric mortality • Legionnaires • Leptospirosis • Lyme disease • Malaria • Meningitis • Pertussis • Q fever • Rocky Mountain spotted fever • Rubella, congenital syndrome • Salmonellosis • Shigellosis • Staphylococcus aureus, with intermediate-level resistance (ISA) or high level resistance (HSA) to vancomycin only • Streptococcal disease, invasive group A • Streptococcal disease, invasive group B, neonatal • Streptococcal toxic shock syndrome • Streptococcus pneumoniae, invasive disease • Tetanus • Toxic shock syndrome (other than Streptococcal) • Trichinellosis • Typhoid fever • Yersinia (Yersiniosis) • Yersinia • Viral atypic hepatitis • Yellow fever • Yersiniosis 	<p>Hepatitis C, acute and chronic, newly diagnosed cases only Written report within 24 hours</p> <p>HIV/AIDS 609-984-5940 or 973-648-7500 Written report within 24 hours</p> <ul style="list-style-type: none"> • AIDS • HIV infection • Child exposed to HIV perinatally <p>Sexually Transmitted Diseases 609-926-8859 Report within 24 hours</p> <ul style="list-style-type: none"> • Chancroid • Chlamydia, including neonatal ophthalmitis • Gonorrhea • Granuloma inguinale • Lymphogranuloma venereum • Syphilis, all stages and congenital <p>Tuberculosis (confirmed or suspect case) 609-926-8878 Written report within 24 hours</p> <p>Occupational and Environmental Diseases, Injuries, and Poisonings 609-926-4920 Report within 30 days after diagnosis or treatment</p> <ul style="list-style-type: none"> • Work-related asthma (occupational, probable, and confirmed) • Silicosis • Asbestosis • Pneumoconiosis, other and unspecified • Extrinsic allergic alveolitis • Lead, mercury, cadmium, arsenic, toxicity in adults • Work-related injury in children 16 years of age • Work-related fatal injury • Occupational dermatitis • Poisoning (acute or chronic) by known or suspected occupational exposure • Pesticide toxicity • Work-related carpal tunnel syndrome • Other occupational disease

Current as of 1/2024
 Based on 2013 regulations
www.nj.gov/health/about

HIPAA

Health Insurance Portability and Accountability Act

- Public health reporting is mandated by law and is not affected by HIPAA.
- HIPAA specifically provides for public health reporting without a patient's authorization or consent.
- Resources:

- hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html
- hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html
- cdc.gov/nhsn/hipaa/index.html
- ama-assn.org/practice-management/hipaa/hipaa-privacy-rule

Whom do I notify?

Cases should be reported to the **local health department** where the patient resides. If patient residence is unknown, report to your own local health department. Contact information is available at: localhealth.nj.gov.



If the individual does not live in New Jersey, report the case to the New Jersey Department of Health at: 609-826-5964.

In cases of **immediately reportable diseases** and other **emergencies** - if the local health department cannot be reached - the New Jersey Department of Health maintains an emergency after hours phone number: 609-392-2020.

What should I tell my patients who have reportable diseases?

For communicable disease control efforts to be maximally effective, health care providers should take time to advise their patients about the legal requirement of disease reporting, what the patient can expect to happen, and how the community may benefit.

Patients who are surprised when they receive a phone call from the local health department about their illness may be less than fully cooperative with the health department, and are often unhappy that their health care provider didn't advise them that they might receive a call from someone at the health department.

Instead of viewing this as a referral for health care follow-up, patients may view it as a breach of confidentiality because they weren't provided the opportunity to understand what is happening and why.

By working together, we can help improve the health of all residents of New Jersey.

Useful Links

Quick Reference Guide to Reportable Communicable Diseases and Work-Related Conditions in New Jersey
www.nj.gov/health/cd/documents/reportable_diseases.pdf

New Jersey Administrative Code Title 8, Chapter 57
www.lexisnexis.com/njoal
(N.J.A.C. updated quarterly)

Local Health Departments in New Jersey
localhealth.nj.gov

Communicable Disease Report Form (CDS-1)
www.state.nj.us/health/cd/forms.shtml

NJDOH Communicable Disease Service
www.nj.gov/health/cd

HIPAA Privacy Rule & Public Health: Guidance from CDC and US Department of Health and Human Services
www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm



Chris Christie
Governor
Kim Guadagno
Lt. Governor



Mary E. O'Dowd, MPH
Commissioner

8/13

J0744

Reporting Communicable Diseases

To protect the public's health

The health care
provider's role in
reporting infectious
diseases and outbreaks

New Jersey Department of Health
Public Health Services Branch
Communicable Disease Service
PO Box 359
Trenton, NJ 08625



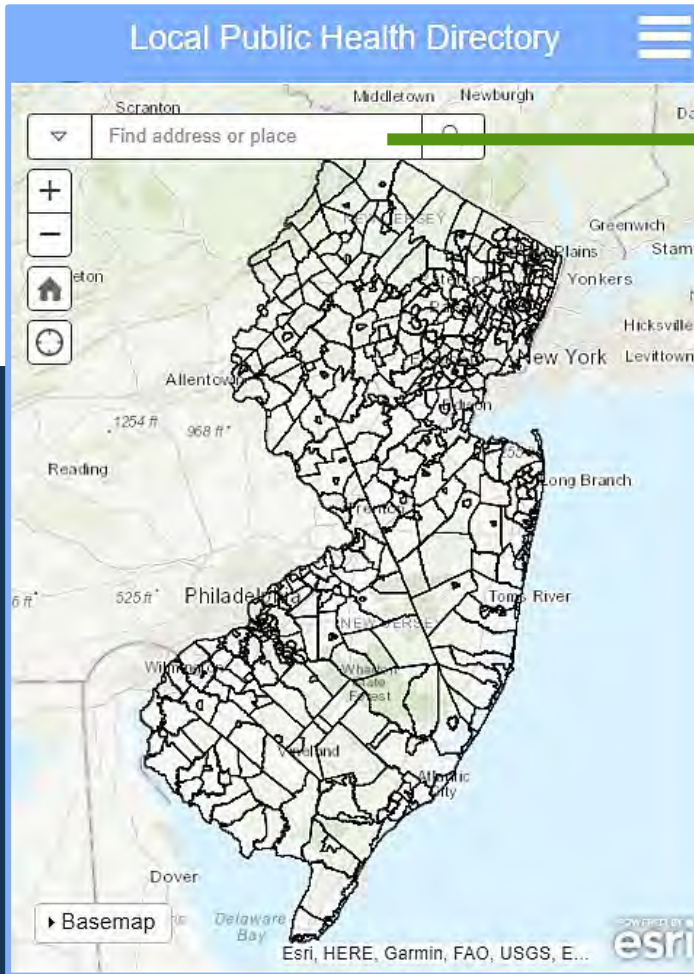
Diseases Managed in VPDP

- Acute Flaccid Myelitis
- Diphtheria
- *Haemophilus influenzae*
- Hepatitis B
- Measles
- Meningococcal Disease
- Mumps
- Pertussis
- Polio
- Rubella

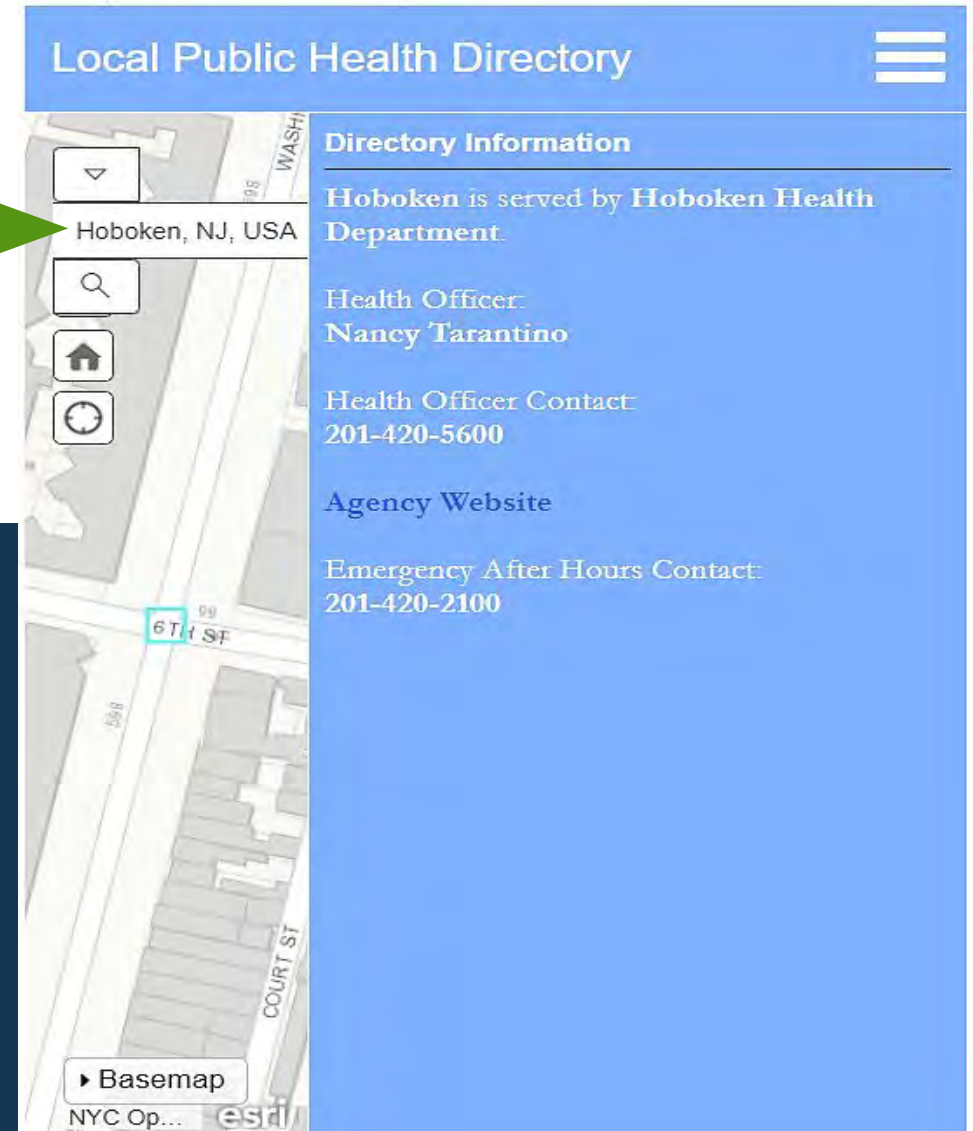


- A **partner** to keep you, your staff, and your patients safe and protected.
- A **guide** for your facility during a suspected or confirmed outbreak or exposure.
- A **resource** for infectious disease concerns and updates.

How do I find my LHD?



- 565 municipalities
- ~ 94 LHDs



The banner features the NJ Health logo on the left, which includes a stylized map of New Jersey. To the right of the logo, the text "NJLINCS Health Alert Network" is displayed in a large, bold, white font. Below the logo, the text "New Jersey Department of Health" is written in a smaller font. The background of the banner is a dark blue with a network of glowing white nodes and lines.

NJ Health NJLINCS Health Alert Network

New Jersey Department of Health

- Established in 1997 as a statewide system supporting the concept of:
 - Regionalized & coordinated public health assessment
 - Rapid response & containment of incidents that threaten health
- NJDOH issues LINCS messages about local & national outbreaks/events, CDC public health disease-specific updates, trainings.
- Process: DOH identifies audience & “sends message” → LINCS agencies disseminate message to local partners.
 - LINCS agencies maintain local dissemination “chains.”

Case Investigation

- Coordination with other public health & health care partners
 - CDC, other State HDs, NJPHEL, LHDs, health care facilities, schools/daycares
- Provider & patient interview
 - Both are critical
- Appropriate specimen collection & testing
 - Coordinate testing at appropriate lab
- Determine infectious & incubation periods
- Contact tracing
 - Exposure notification
 - Post-exposure prophylaxis (PEP)
- Ensure isolation, quarantine or restriction, & exclusion
 - Not every VPD requires exclusion of contacts without evidence of immunity
- Collection of necessary data elements
- Case classification

New Jersey Department of Health
Communicable Disease Service

Sample Notification Letter - Pertussis

Please consult with the LHD and/or NJDOH prior to distribution.
Microsoft® Word version available upon request.

[School/company letterhead]

Dear [Parent, Teacher, School Administrator, Community Resident, etc]:

We have been notified by the _____ Department of Health that one of our [students/employees] has been diagnosed with pertussis. Public health and [school/company] officials are working together to protect the health and safety of all [students and/or staff]. The following information will help you understand the situation:

- **Pertussis (also known as Whooping Cough)** is a contagious disease caused by bacteria. Symptoms may begin like a common cold, but unlike a cold, the coughing can last for weeks or months. One to 2 weeks after the first symptoms start, people with pertussis may develop paroxysms—rapid, violent, and uncontrolled coughing fits. These coughing fits are often followed by a whooping noise. People with pertussis may have a series of severe coughing fits followed immediately by vomiting, turning blue, or difficulty catching breath.
- Pertussis **spreads** easily from person to person through the air. When a person who has whooping cough sneezes or coughs, they can release small particles with the bacteria in them. Other people then breathe in the bacteria. It also spreads when people spend a lot of time together or share breathing space, like when you hold a newborn on your chest.
- The best way to **prevent** pertussis is to get vaccinated. CDC recommends **pertussis vaccination** for everyone.
- After exposure to the bacteria, it typically takes 5-10 days (sometimes as long as 21 days) before symptoms appear. Exposed persons should monitor for symptoms for 21 days, regardless of vaccination status.
- The New Jersey Department of Health (NJDOH) recommends **post-exposure antibiotic treatment** to persons within 21 days of exposure to an infectious pertussis case who are at high risk of severe illness or who will have close contact with a person at high risk of severe illness (regardless of age or vaccination status). These include:
 - **Infants** (< 12 months) and women in their third trimester of **pregnancy**;
 - All persons with pre-existing health conditions that may be worsened by a pertussis infection;
 - Contacts who themselves have close contact with either infants, pregnant women, or individuals with pre-existing health conditions.
- As a general rule, you can help prevent the spread of infectious diseases by washing hands frequently, covering nose and mouth with tissues when coughing or sneezing, not going to school or work while sick, and not sharing eating utensils, toothbrushes, cups, drinking glasses, or water bottles.
- For additional information, please visit:
 - <https://www.nj.gov/health/cd/topics/pertussis.shtml>
 - <https://www.cdc.gov/pertussis/>

Reviewed 01/2024

Surveillance Activities

- Invasive Meningococcal Disease
 - Participate in Enhanced Meningococcal Disease Surveillance (isolate submission)
 - Increase of cases & NmY antibiotic resistance monitoring
 - NJLINCS messaging issued March and August 2024
- Pertussis
 - Identified, assessed, & managed a pseudo-outbreak due to environmental contamination
 - Identified significant co-detection via BioFire RPP (>60%; 1-4 additional pathogens)
- *Haemophilus influenzae*
 - Participated in CDC enhanced surveillance activities for Hib cases < 5 years of age
 - Monitoring issue with false-positive PCR results on CSF
 - doi.org/10.3389/fcimb.2021.639658



Surveillance Activities

- Collaborate & Engage
 - CDRSS & NJIIS Steering Committees
 - PHEL Monthly Calls
 - Visit to the virology lab
 - Public Health Partnerships
 - Philadelphia Infectious Disease Monthly Calls
 - Regional Immunization & VPD Roundtable
 - CDC VPD Surveillance Calls
 - CDC DGMH Newark Liberty International Airport
- Educate
 - NJLINCS messages
 - Alert/Advisory messages
 - Tools & guidance documents
 - Communicable Disease Forums
 - Webinars



Communicable Disease Service

- Home
- Diseases & Health Topics A-Z List
- Disease Reporting
- Immunization Requirements
- Education & Training
- Statistics, Reports & Publications
- Forms

Home / Diseases & Health Topics A-Z List / Measles

Measles

Report Confirmed or Suspect Cases **Immediately** to the Local Health Department.

Measles is a very contagious respiratory disease caused by a virus. Ninety percent of people with close contact with an infected person will get measles if they are not vaccinated. Before the measles vaccine became available, measles was a common childhood disease. Measles is considered the most deadly of all childhood rash/fever illnesses. Symptoms may include high fever, cough, runny nose, red watery eyes, rash. Measles can have serious complications such as ear infections, pneumonia, swelling of the brain, and miscarriage in pregnant women. For every 1,000 children who get measles, one or two will die.

Every year, unvaccinated people get measles while abroad and bring it to the United States. Stay safe & healthy when traveling this summer.



- Education Materials
- Disease Prevention
- Clinical Guidance and Laboratory Testing

Education Materials

- Frequently Asked Questions
- Exposed to Measles?

Parents and International Travelers

- Measles Vaccines for Children
- Plan for Travel - Measles
- Global Measles Situation
- Measles Travel Flyer

Top

Disease Prevention

- CDC Webinar (08/17/2023) - We Must Maintain Measles Elimination in the United States
- CDC Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings
- Measles Exposure Guidance
- Healthcare Personnel Vaccination Recommendations
- Guidance for Fire Responders
- Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP)
- Measles: Preventing the Spread in Child Care and School Settings
- Vaccine Information Statements

Top

Clinical Guidance and Laboratory Testing

- CDC HAN Increases in Measles Cases and Outbreaks: Ensure Those Traveling Internationally are Current on MMR Vaccination
- Diagnosing and Treating Measles
- Project Firstline and AAP Think Measles One-Page
- Measles Clinical Quick Guide and Screening Tool

Alert

MEASLES AND SUMMER TRAVEL

From January 1 to June 27, 2024, the CDC has been notified of 159 confirmed U.S. cases of measles across 23 jurisdictions, including 12 outbreaks. Many of the cases reported in 2024 are linked to international travel and are among children and individuals who had not received measles-mumps-rubella (MMR) vaccine. The Department urges all New Jersey residents planning to travel, regardless of destination, to ensure they are current on all routine and travel vaccinations, especially MMR vaccinations. If you are traveling internationally with an infant 6-11 months of age, ask their pediatrician about MMR prior to travel. The NJDOH is also requesting that healthcare providers use every opportunity to assess for immunizations to ensure all patients are current on routine immunizations.

As of July 1, 2024, NJ has had 2 confirmed measles cases in 2024.

Disease Reporting

- Measles Case Definition
- Measles Investigation Checklist for LHDs

Resources & References

- CDC Information on Measles
- Pink Book Chapter on Measles
- CDC Manual for the Surveillance of VPDs
- Immunization Action Coalition

Archive

- Archived Measles Information

Quick Guide for Measles Specimen Collection and Testing

If measles is suspected, the local health department (LHD) or NJDOH can offer specimen collection guidance. Below is a one-page reference sheet. For more detailed guidance or information on test result interpretation, please refer to the Measles Laboratory Testing FAQs found at: <https://www.nj.gov/health/cd/topics/measles.shtml#3>

Specimen Collection

CDC recommends that a nasopharyngeal or throat swab and blood specimen be collected from all patients with clinical features compatible with measles. Each specimen must be clearly labelled with the patient's name, date of birth, and date of collection.

Nasopharyngeal (NP) or throat (OP) swab: preferred specimen for real-time reverse transcriptase-polymerase chain reaction (rRT-PCR).

Health Care Provider Measles Screening Tool

Screening tool for health care providers when initially evaluating patients suspected of having measles to reduce the spread of measles and facilitate public health response. Intended for use in conjunction with public health professionals and additional laboratory, exposure, and clinical guidance documents available at <http://www.nj.gov/health/cd/topics/measles.shtml>

- Mask (if tolerated) and follow airborne precautions, immediately.** The preferred placement is in a single-patient airborne infection isolation room (AIIR) or negative pressure room. The patient should remain completely isolated from other patients and the exam room should not be used for 2 hours after the patient has departed. If AIIR is not available, place patient in a private room with the door closed. All health care staff entering the room should wear a fit-tested respirator (e.g., N-95).
- Determine if the patient has measles-like symptoms.** A clinically compatible case has fever (≥ 101), a generalized maculopapular rash, and at least one of the following: cough, coryza, or conjunctivitis. If a patient is immunocompromised or vaccinated, symptoms may vary in timing and presentation.

	Yes	No	Details
1. Fever			Onset date: ___/___/___ Highest temperature: _____ () Not Documented Documented by (circle): Health Care Provider Patient
2. Rash			Onset date: ___/___/___ Description: _____ Progression: _____ <i>*Generally starts at head and moves downward/outward and fades in the same order</i>
3. Cough			Onset date: ___/___/___
4. Coryza			Onset date: ___/___/___
5. Conjunctivitis			Onset date: ___/___/___
6. Koplik's spots			Onset date: ___/___/___
7. Does patient report feeling very sick or appear very uncomfortable?			Individuals with measles generally look and report feeling ill

- Assess measles immune status and potential risk factors.

	Yes	No	Details
1. Vaccinated for measles?			If yes, dates of measles vaccine: #1: ___/___/___ #2: ___/___/___
2. Is there anything else that could cause these			If yes, what: _____

Providers



Providers Play a Key Role

- Report immunizations in NJIIS, timely & accurately
 - N.J.A.C. 8:57-3.16
- Report communicable diseases, appropriately
 - N.J.A.C. 8:57-1
 - Follow best practices for testing & exclusion of cases/contacts
- Education/training
 - Inform parents/patients about public health
 - Ensure patients & staff are up-to-date on immunizations
 - Provide staff with guidance, protocols, regular training
 - Order appropriate laboratory testing
 - Avoid ordering IgM when testing for proof of immunity
- Establish/strengthen relationships with LHDs & schools
 - Understand HIPAA
 - Provide needed clinical & epidemiologic data
 - Register for NJLINCS HAN messaging

Coverage and Assessment

Jeni Sudhakaran, MPH
Population Assessment Coordinator

Population Assessment

Data Collection

Define Target Population

Analysis of Coverage Rates

Identify Disparities

Understand Barriers to Vaccination

Develop Interventions

Immunization Regulations

N.J.A.C. 8:57-4

Establishes minimum immunization requirements for attendance in New Jersey schools

N.J.A.C. 8:57-6

Establishes uniform immunization requirements for attendance at institutions of higher education

Implementation History of School Immunization Rules

1975

Implementation of School Immunization Rules; DTP/td, Polio, Measles, Rubella vaccines

1979

Mumps Vaccine

1995

Hib for childcare; Second dose Measles-containing vaccine for Grades K/1

2001

Hep B for Grades K or 1 and 6

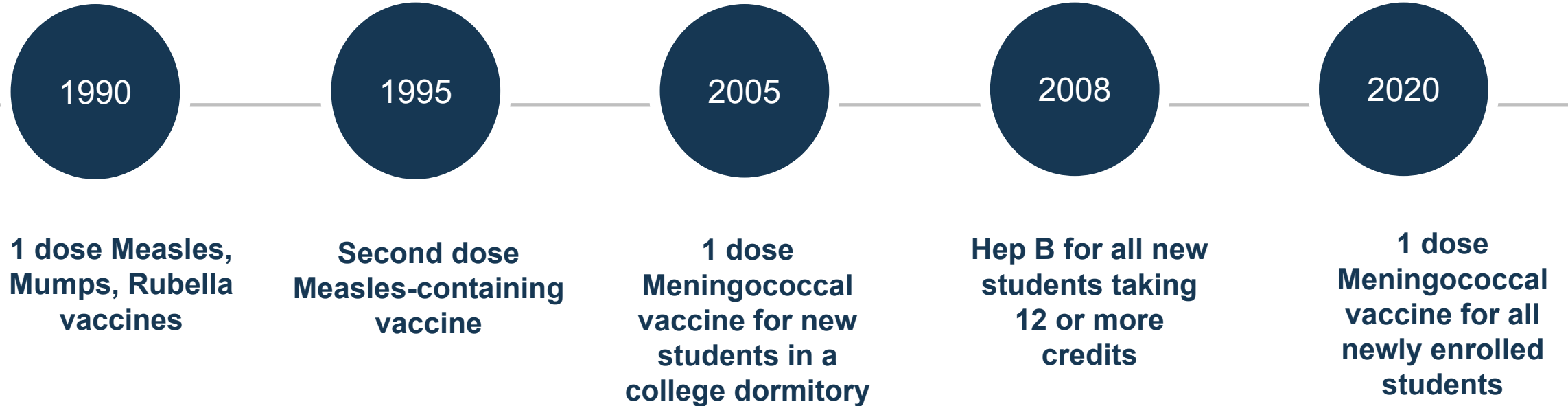
2004

Hep B for Grades 9-12; Varicella for childcare and Grade K/1

2008

PCV and Influenza vaccine for childcare; Meningococcal and Tdap vaccine for Grade 6

Implementation History of Higher Education Immunization Rules



Immunization Requirements

Cc/Pre-K:

DTaP (4 or 5)

Polio (3 or 4)

MMR (1)

Hib (3 or 4)

PCV (3 or 4)

Varicella (1)

Flu (1)

Kindergarten/Grade 1:

DTaP and Polio
(4th B-day booster dose)

MMR (2)

Hep B (3)

Grade 6:

Tdap (1)

MenACWY (1)

Higher Education:

MMR (2)

Hep B (2 or 3)

MenACWY (1)

Exceptions to Meeting Immunization Requirements

**Religious
Exemptions**

**Medical
Exemptions**

**Provisional
Admission**

Religious Exemptions (RE)

- Philosophical, moral and conscientious exemptions are not acceptable
- Parent/guardian and/or student must provide a signed written statement
- Religious-affiliated schools can grant or deny
- RE does not need to be notarized, signed by a religious leader, or include the religion or specific tenants

Medical Exemption (ME)

- Written by a medical doctor, doctor of osteopathic medicine or an advanced practice nurse licensed to practice in the United States
- Must indicate a specific time period
- Reasons enumerated by the Advisory Committee on Immunization Practices (ACIP)
- Do not necessarily need to be renewed, but must be reviewed annually

Medical Exemption Form

**New Jersey Department of Health
Vaccine Preventable Disease Program**

REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY IMMUNIZATION

Name of Student: _____	Date of Birth: _____
Name of Parent/Guardian (if under 18): _____	Primary Phone: _____
Patient/Parent Home Address: _____	
Patient/Parent Email Address: _____	

Medical contraindications and precautions for immunizations are based on the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP), available at <https://www.cdc.gov/vaccines/imz/pcip/acs-general-recs/contraindications.html> or <https://redbook.solutions.aap.org/redbook.aspx>. Please check the website to ensure that you are reviewing the most recent ACIP information. Please note that the presence of a moderate to severe acute illness with or without fever is a precaution to administration of all vaccines. However, as acute illnesses are short-lived, medical exemptions should not be submitted for this indication.

Table 1. ACIP Contraindications and Precautions to Vaccination for Mandatory Vaccines

Vaccine	Exemption Length	ACIP Contraindications and Precautions (CHECK ALL THAT APPLY)
<input type="checkbox"/> DTaP, Tdap	<input type="checkbox"/> Temporary through: _____ <input type="checkbox"/> Permanent	<p>Contraindications</p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of DTP, DTaP, or Tdap.
<input type="checkbox"/> DT, Td	<input type="checkbox"/> Temporary through: _____ <input type="checkbox"/> Permanent	<p>Contraindications</p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
		<p>Precautions</p> <input type="checkbox"/> Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP or Tdap until neurologic status clarified and stabilized <input type="checkbox"/> Guillain-Barré syndrome < 6 weeks after previous dose of tetanus-toxoid-containing vaccine <input type="checkbox"/> History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid-containing or tetanus toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine

IMM-53
JULY 19 Page 3 of 7

**New Jersey Department of Health
Vaccine Preventable Disease Program**

REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY IMMUNIZATION

Vaccine	Exemption Length	ACIP Contraindications and Precautions (CHECK ALL THAT APPLY)
<input type="checkbox"/> Meningitis	<input type="checkbox"/> Temporary through: _____ <input type="checkbox"/> Permanent	<p>Contraindications</p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or persons with HIV infection who are severely immunocompromised) <input type="checkbox"/> Pregnancy <input type="checkbox"/> Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test.
		<p>Precautions</p> <input type="checkbox"/> Recent (< 11 months) receipt of antibody-containing blood product (specific interval depends on product) <input type="checkbox"/> Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination) <input type="checkbox"/> Use of aspirin or aspirin-containing products
<input type="checkbox"/> Other. Please explain fully and attach additional sheets as necessary. Please be sure to check Table 2 below to ensure that the condition is not one incorrectly perceived as a contraindication or precaution.		

Attestation

I am a physician (M.D. or D.O.) licensed to practice medicine in a jurisdiction of the United States or an advanced practice nurse licensed in a jurisdiction of the United States.

By signing below, I affirm that I have reviewed the current ACIP Contraindications and Precautions and affirm that the stated contraindication(s)/precaution(s) is enumerated by the ACIP and consistent with established national standards for vaccination practices. I understand that it might be required to submit supporting medical documentation. I also understand that any misrepresentation might result in referral to the New Jersey State Board of Medical Examiners and/or appropriate licensing/regulatory agency.

Healthcare Provider Name (please print): _____ Specialty: _____
 NPI Number: _____ License Number: _____ State of Licensure: _____
 Phone: _____ Fax: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Signature: _____ Date: _____

IMM-53
JULY 19 Page 6 of 7

Provisional Admission

Students must:

- Have at least one dose of each required vaccine
- Be actively in process of completing series **as rapidly as medically feasible**

Table 2

Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2025

The table 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.**

Vaccine	Minimum Age for Dose 1	Children age 4 months through 6 years			
		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 <i>and</i> 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 A fifth dose is not necessary if the fourth dose was administered at age 4 years or older <i>and</i> at least 6 months after dose 3

Timing Matters!

Out of Compliance

Exclusion from
School/ IHE

- No immunization record
- No valid RE or ME on file
- Not meeting provisional definition

Receive 1 dose of all required
age-appropriate vaccines

Stay on schedule for
remaining doses per the ACIP
catch-up schedule

NJ Immunization Coverage Evaluation Tools

National

National Immunization Survey
(NIS) Data

New Jersey Behavioral Risk
Factor Survey (NJ BRFS)

National Health Interview
Survey (NHIS)

State

Annual Immunization Status
Report (ASR)

Local Health Department
(LHD) School Immunization
Audits

New Jersey Immunization
Information System (NJIS)

Healthy People and Healthy New Jersey 2030

Healthy People 2030

- Sets data-driven national objectives to improve health and well-being over the next decade.

Healthy New Jersey 2030- Under Development

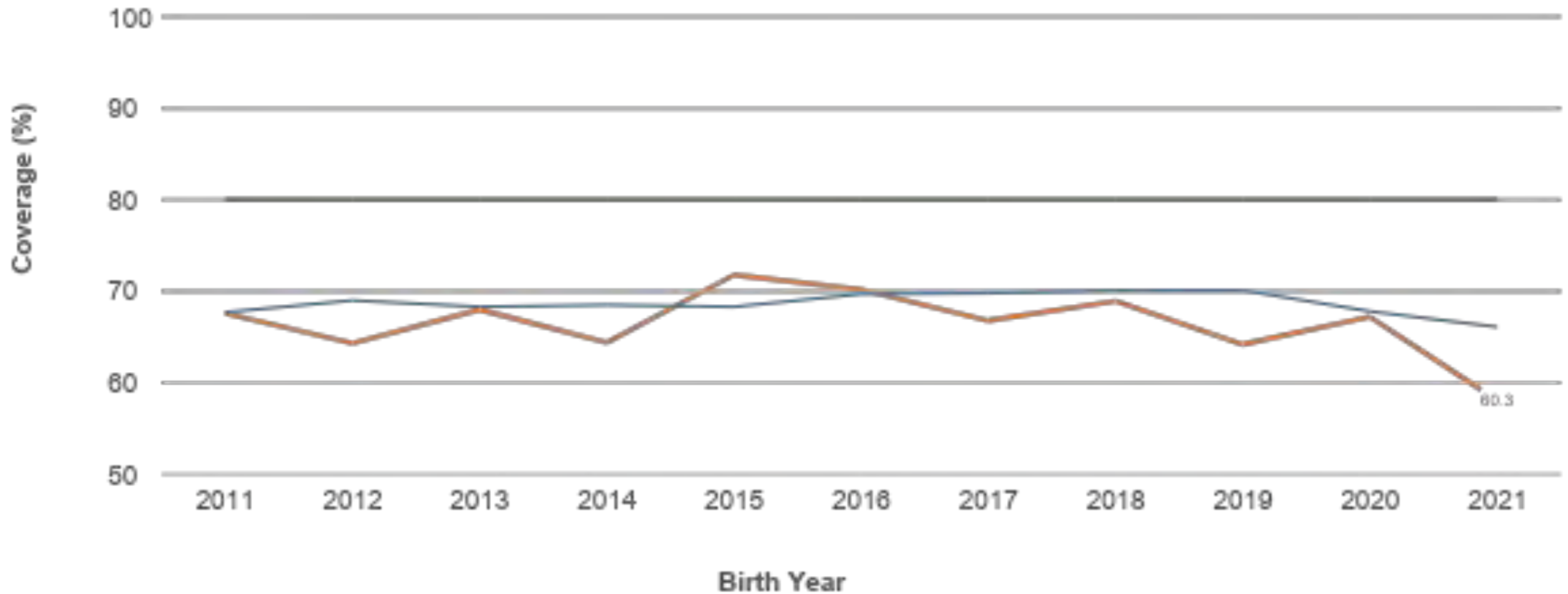
- Consists of action plans and SMART objectives to serve as the framework for addressing the underlying, contributing factors of health inequities and to improve health and well-being of all people

Combined 7 Series Vaccination Coverage by Age 24 Months by Birth Year, National Immunization Survey-Child

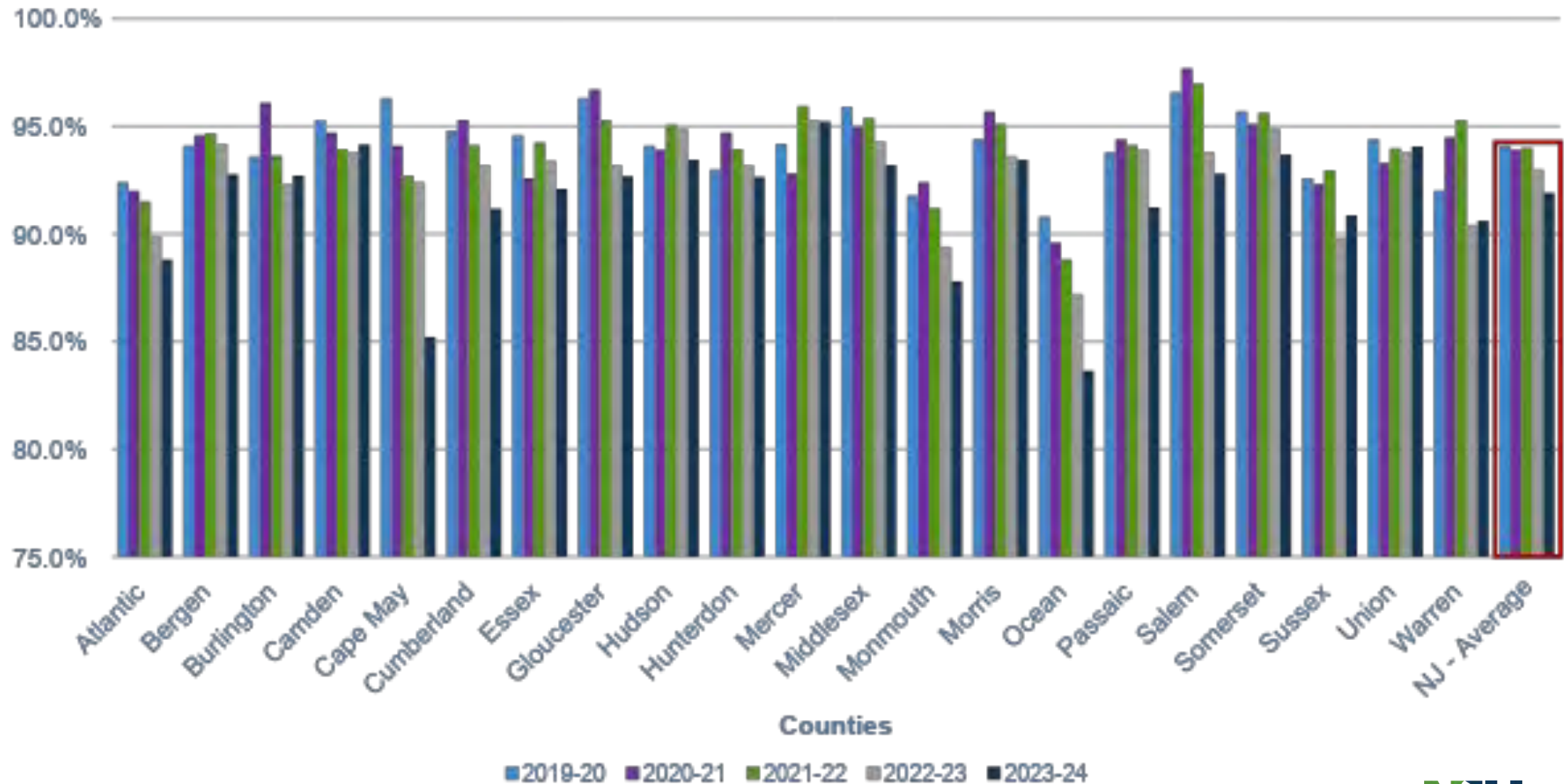
-NJ

-US

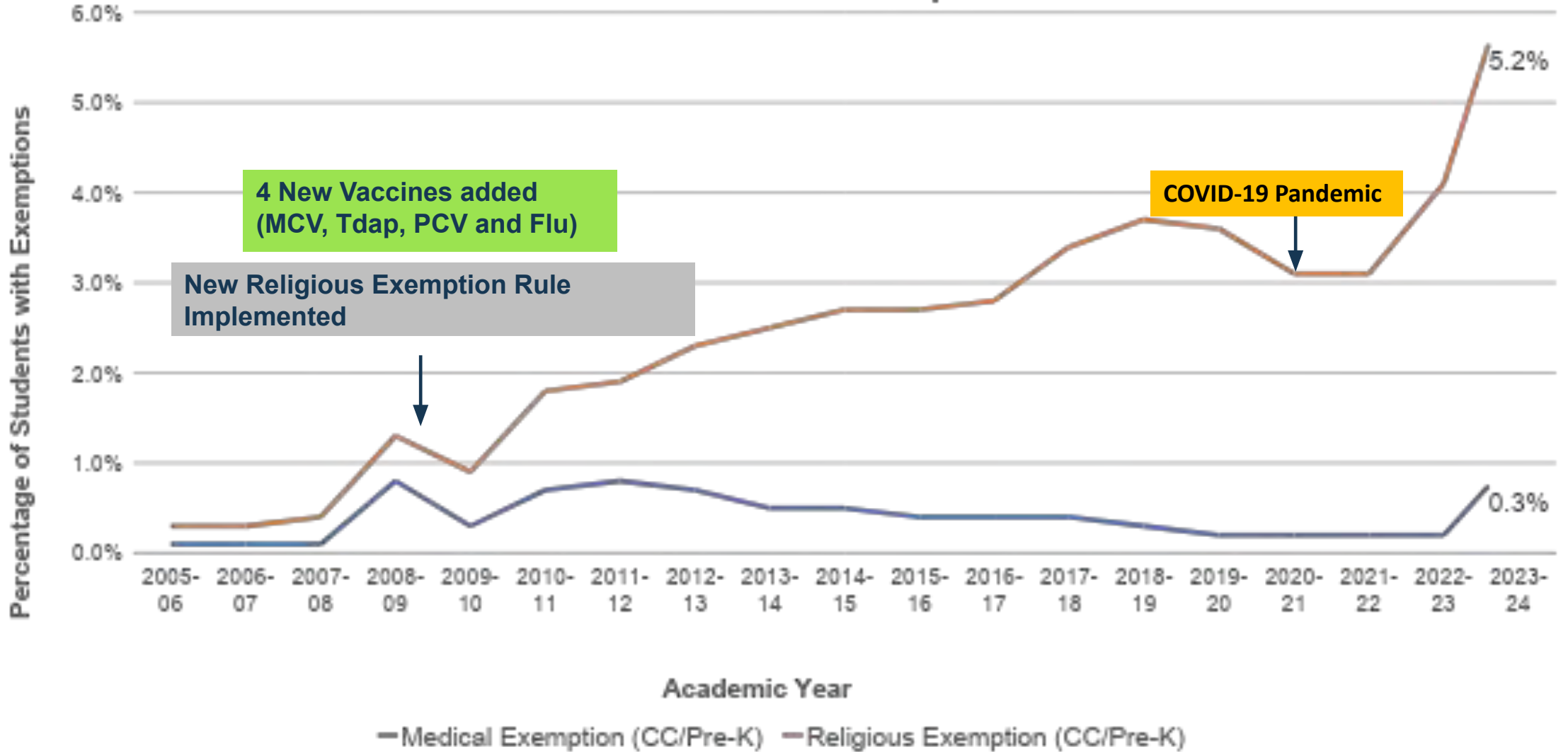
-HNJ & HP2030



Number and Percentage of Children Meeting All Immunization Requirements in Preschool/Pre-Kindergarten, 2019-20, 2020-21, 2021-22, 2022-23, 2023-24 --New Jersey Annual Immunization Status Report (ASR)



Percentage of Children with Religious and Medical Exemptions in Childcare/Preschool Facilities, 2005-2006 through 2023-2024, Annual Immunization Status Report





Adolescent Immunization Facility-Level Report



NJ College & University Flu Challenge

HPV VACCINATION COVERAGE ASSESSMENT TOOL

There are four vaccines recommended for preteens—the HPV, Tdap, and Meningococcal. While they should be given every year, the three other preteen vaccine series should be initiated when kids are 11 to 12 years old. Recommended HPV vaccination the same way and on the same day as all preteen vaccines by providing a strong recommendation for all vaccines in the series.

What can YOU do to ensure your patients are fully vaccinated?

- Use every opportunity to vaccinate your preteen patients (back visits, sports physicals, etc.)
- Implement standing order policies so that patients can receive vaccines without a physician examination.
- The most effective method is a strong provider recommendation!

WHEN PARENTS ASK: WHY SAYING:

Why does my child need the HPV vaccine? HPV vaccine is important because it prevents infections that can cause cancer. That is why we need to start the vaccine series today.

I've worried about the safety of the HPV vaccine. Do you think it's safe? Yes, HPV vaccination is very safe. Like any medication, vaccines can cause side effects, including pain, swelling, or redness where the shot was given. That's normal for HPV vaccine too and should go away in a day or two.

Is my child really at risk for HPV? HPV is a very common infection in women and men. Starting the vaccine series today will help protect your child from the cancers and diseases caused by HPV.

Why do they need HPV vaccine at such a young age? Like all vaccines, we want to start the HPV vaccine earlier rather than later. If you wait, your child may need three shots instead of two.

Preteen Vaccination Dose Assessment Table

How to fill out the table: (Number of doses of HPV, Tdap, or MenACWY) (See 1b)

Vaccine	Year 1		Year 2		Year 3	
	Q1	Q2	Q1	Q2	Q1	Q2
HPV, 11-12 years						
Tdap, 11-12 years						
Overall Ratio: Administered (%)						



NEW JERSEY INFLUENZA HONOR ROLL

The New Jersey Infection Honor Roll recognizes institutions that encourage and promote flu prevention within their communities.

Four categories are eligible to participate

- Educational Institutions
- Healthcare Facilities
- Community-Based Organizations
- Businesses

How You Can Help

1

Utilize Immunization Standards to establish best practices

2

Enter immunizations into NJIIS within 30 days of administration

3

Ensure medical exemptions include valid medical contraindications enumerated by the CDC/ACIP

4

Stay up-to-date on CDC immunization schedules and recommendations

5

Review and understand New Jersey's Immunization Requirements

Resources

- **CDC Recommended Childhood & Adolescent Immunization and Catch-Up Schedule**
- **WHO Immunization Data Portal**
- **New Jersey Department of Health**
- **New Jersey Immunization Information System (NJIS)**
- **New Jersey Vaccine Preventable Disease Program**
- **New Jersey Vaccine Requirements and Guidance Materials**

NJIIS

Jill Dinitz-Sklar, MPH
Coordinator of Data and Data Systems

About NJIIS

- The New Jersey Immunization Information System (NJIIS), operating since 1997, is the statewide immunization information system (IIS) serving as the official repository of immunizations administered to individuals in the state of New Jersey. Containing over 11.3 million patients and over 103 million immunization records, NJIIS is a free, confidential, population-based online system that collects and consolidates immunization information into a single record to provide an accurate immunization assessment for individuals in the state of New Jersey, as well as assists communities in assessing their immunization coverage and identifying pockets of need.
- Individuals born on or after January 1, 1998, are automatically enrolled in NJIIS through the electronic birth certificate (EBC) process. Individuals born before January 1, 1998, may enroll in NJIIS voluntarily by completing a NJIIS Consent to Participate form. **Health care providers**, childcare centers, schools, colleges or universities, health plans, billing and practice management vendors, state or local public health and social service programs, and agencies or designated agents thereof may participate in and enroll as authorized users of NJIIS.
- Providers can submit/query data either manually, through NJVSS, and/or through an HL7 interface.
- Educational Institutions can query NJIIS for student immunization information either manually or via an interface.

Reporting Requirements

- New Jersey Administrative Code Title 8 Chapter 57 Subchapter 3.16

- a) Every health care provider administering vaccines to children less than seven years of age shall register as an NJIIS site and authorized user and commence online reporting of vaccinations prior to December 31, 2011, in compliance with this subchapter.
- (b) Any health care provider that participates in the NJIIS shall report vaccinations of NJIIS registrants through the following ways:
 - 1. Birthing facilities that complete information on the EBC;
 - 2. The collaborating public health programs, NJ Medicaid Program, or NJ FamilyCare Program;
 - 3. An intermediary authorized user with an electronic connection to the NJIIS, such as a health benefit plan, practice management vendor, or billing management vendor; or
 - 4. An authorized user entering data manually for an NJIIS site directly into the NJIIS through an internet connection.
- (c) Health care providers shall report to the NJIIS the administration of a vaccine to a child less than seven years of age within 30 days of administration.
- (d) Health care providers shall report, update or verify, as applicable, the following required data fields for the registrant within 30 days of vaccine administration:
 - 1. Complete name;
 - 2. Date of birth;
 - 3. Ethnicity/Race;
 - 4. Gender;
 - 5. Address;
 - 6. Name of responsible party and relationship;
 - 7. Name of the vaccine administered;
 - 8. Vaccine lot number of the vaccine administered;
 - 9. Funding source of the vaccine administered; and
 - 10. The month, day, and year the health care provider administered the vaccine.
- (e) A health care provider may delegate the reporting requirement to a designated agent but such delegation shall not relieve the health care provider of the responsibility to report the administration of vaccines.
- (f) To the extent the information is available, participating NJIIS health care providers may report the following to the NJIIS, in order to complete the registrant's immunization history:
 - 1. Any doses of vaccinations previously administered to the registrant by the health care provider that may not have been reported to the NJIIS; or
 - 2. Any doses of vaccinations previously administered to the registrant by a prior health care provider, for which there is documentation.
- (g) Non-participating NJIIS health care providers may notify the VPDP of a potential error in the NJIIS record, if the health care provider believes any information is inaccurate or false by submitting a Request for Change to NJIIS Immunization Record form, available at subchapter Appendix H, to the VPDP at the VPDP mailing address.

Reporting Requirements of Importance

- **(a) Every health care provider administering vaccines to children less than seven years of age.**
 - **Must register and report into NJIIS as of 12/31/2011**
- **(c) Health care providers shall report to the NJIIS the administration of a vaccine to a child less than seven years of age within 30 days of administration.**
- (e) A health care provider may delegate the reporting requirement to a designated agent but such delegation shall not relieve the health care provider of the responsibility to report the administration of vaccines.
- (f) To the extent the information is available, participating NJIIS health care providers may report the following to the NJIIS, in order to complete the registrant's immunization history:
 - 1. Any doses of vaccinations previously administered to the registrant by the health care provider that may not have been reported to the NJIIS; or
 - 2. Any doses of vaccinations previously administered to the registrant by a prior health care provider, for which there is documentation.

Enrolling in NJIIS

- Providers whose practices are not currently enrolled should navigate to the NJIIS Homepage at
 - Select from the right-hand navigation:
- New sites will need to have the following:
 - Facility Information including
 - Facility location and contact information
 - Tax ID (EIN)
 - A reliable email that will be consistently monitored
 - Designated primary and backup coordinators/contacts identified
 - Names of additional staff who will need access to NJIIS

Requirements for NJIIS Users

- Most new NJIIS users will need to complete at minimum the NJIIS Fundamentals Training
 - Users will not be able to access NJIIS until this is completed and noted in their profiles
 - Participation is monitored and credit is not given if individuals do not complete the training
- Additional trainings are available based on the needs of each facility
 - For VFC/317/State Funded participating sites
 - Vaccine Ordering and Management in NJIIS
 - Understanding VFC and 317
 - For those using an HL7 interface to submit data to NJIIS
 - Interface Webinar
 - Other trainings
 - NJIIS Read Only Webinar – for those that want to learn more about reviewing patient online immunization history
 - Health Plan User Webinar – for those using NJIIS to utilize the HEDIS reports
 - School Nurse Training - for those that review and manage school immunization records

Maternal and Child Health Consortia Partners

- Comprises our training, QA and interoperability coordinator staff
- **Partnership for Maternal and Child Health of Northern New Jersey**
 - Teresa Rowe (Trainer)
 - Johnathan Banks (Trainer)
 - Liana Rivera (QA)
 - Marshae Holt (QA)
- **Central Jersey Family Health Consortium**
 - Claudia Arredondo (NJHIS Interoperability Coordinator)
 - Patricia Kaiser (Trainer)
 - Eltonette Byrd (QA)
 - Tracy Scott (QA)
 - Melanie Griffen (QA)
- **Southern New Jersey Perinatal Cooperative**
 - Barbara Alston (Trainer)

Options for Reporting into NJIIS

- **HL7 interface**

- This is the best option for facilities that have an EMR/EHR
 - Need to work with vendors and go through the onboarding process
 - Once process is complete, seamless transmission of vaccination data will occur without significant manual intervention

- **Manual Data Entry**

- This process works for anyone who has access to the system
 - Requires staff to manually enter vaccinations for recipients into the system one at a time
 - Can be time consuming if the practice provides a substantial amount of vaccinations daily

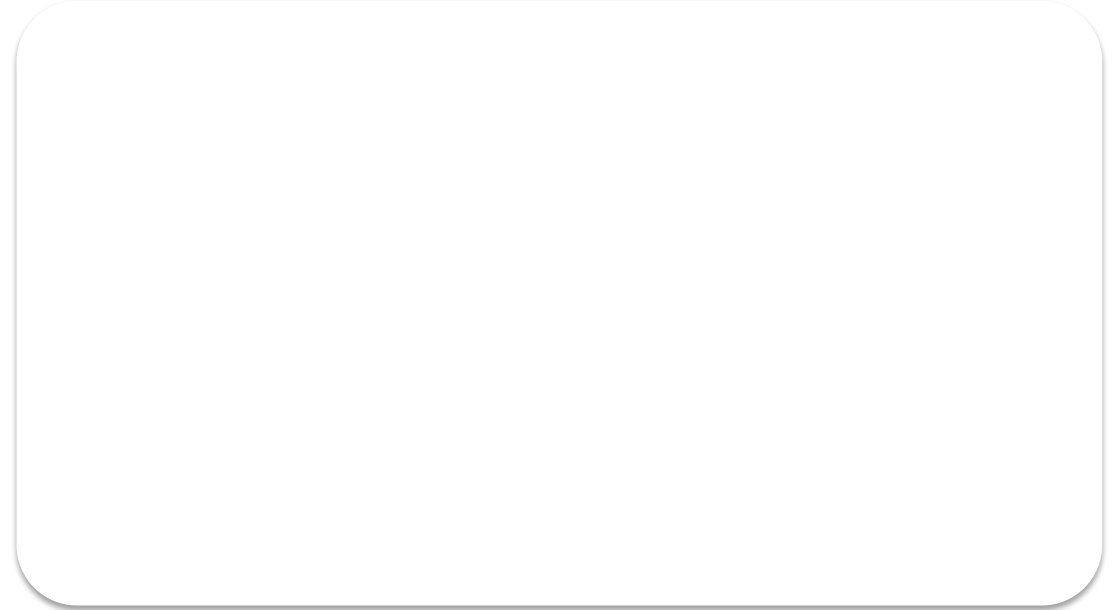
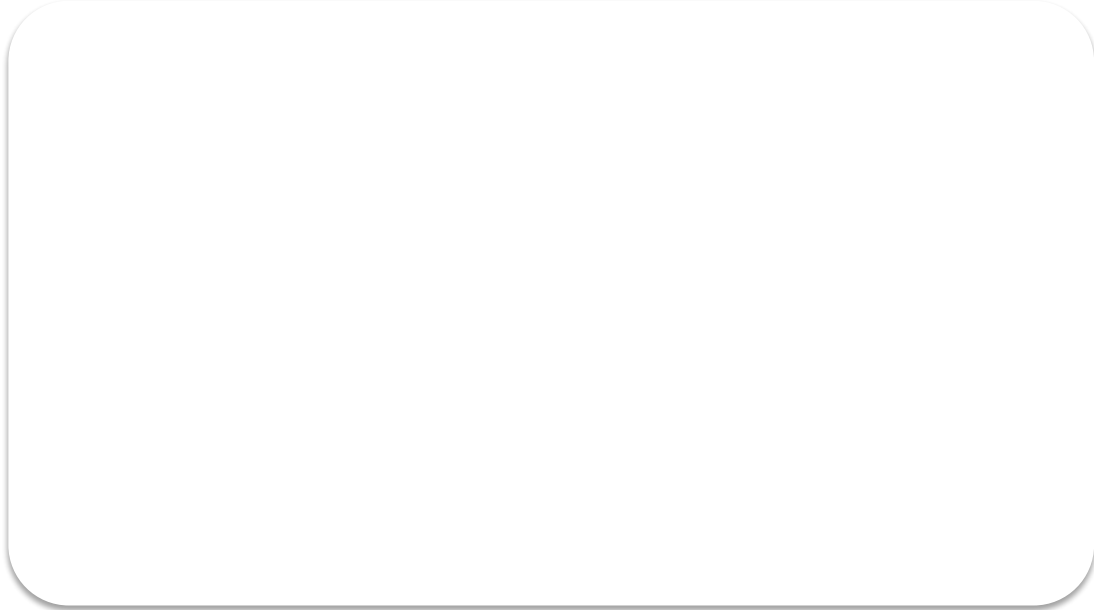
- **NJ VAMS**

- VAMS is a free product sponsored by the CDC in collaboration with Deloitte
 - This system provides a one stop shop for vaccine management
 - Has online scheduling capabilities for vaccination clinics
 - Allows for preregistration for vaccine recipients and their caretakers
 - Automatically syncs with NJIIS through HL7 messaging
 - Does not integrate with a facility's EMR/EHR

New Jersey Vaccines for Children (VFC) Program



VFC Program Background



All
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Vaccines for Children

INFORMATION FOR
HEALTH CARE
PROVIDERS



Become a VFC provider today!



VFC Patient Eligibility

VFC Eligible patients are:

- Children 0 through 18 years of age who:
- Are American Indian or Alaskan Native (AI/AN); or
- Are enrolled in Medicaid or Medicaid Managed Care (Plan A only); or
- Do not have any health insurance; or
- Are underinsured, which means that their insurance **doesn't cover ACIP-recommended vaccines**

VFC Provider Eligibility

Be a licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) in the State of New Jersey authorized to administer vaccines to children aged 18 years and younger for VFC

Be willing and able to follow all VFC program requirements, policies, and procedures, such as participation in site visits and educational opportunities.

Have the capacity to order, receive, manage, store, and monitor temperatures of federally-funded vaccines in accordance with CDC, NJDOH, and vaccine manufacturer guidelines.

Be open at least four consecutive hours on a day other than Monday to receive vaccine shipments.

Ensure that all health care providers (PA, NP, MD, and DO) in the enrolled practice, and corresponding professional license numbers, are listed on the provider profile.

VFC Program Benefits

Reduces providers' out-of-pocket costs

Allows providers to charge an administrative fee to offset the costs of doing business

Keeps patients in medical home for comprehensive health care

Provides ACIP-recommended vaccines

Helps providers avoid missed opportunities for immunizations

Additional support and education



Aspects of the VFC Program

**Health Care
Compliance
Team**



Field Team



**Customer
Service Team**

Provider Enrollment

Staff

- Medical Director
- Primary and Backup Coordinators

Training

- NJIIS Fundamentals training
- Vaccine Ordering and Management in NJIIS

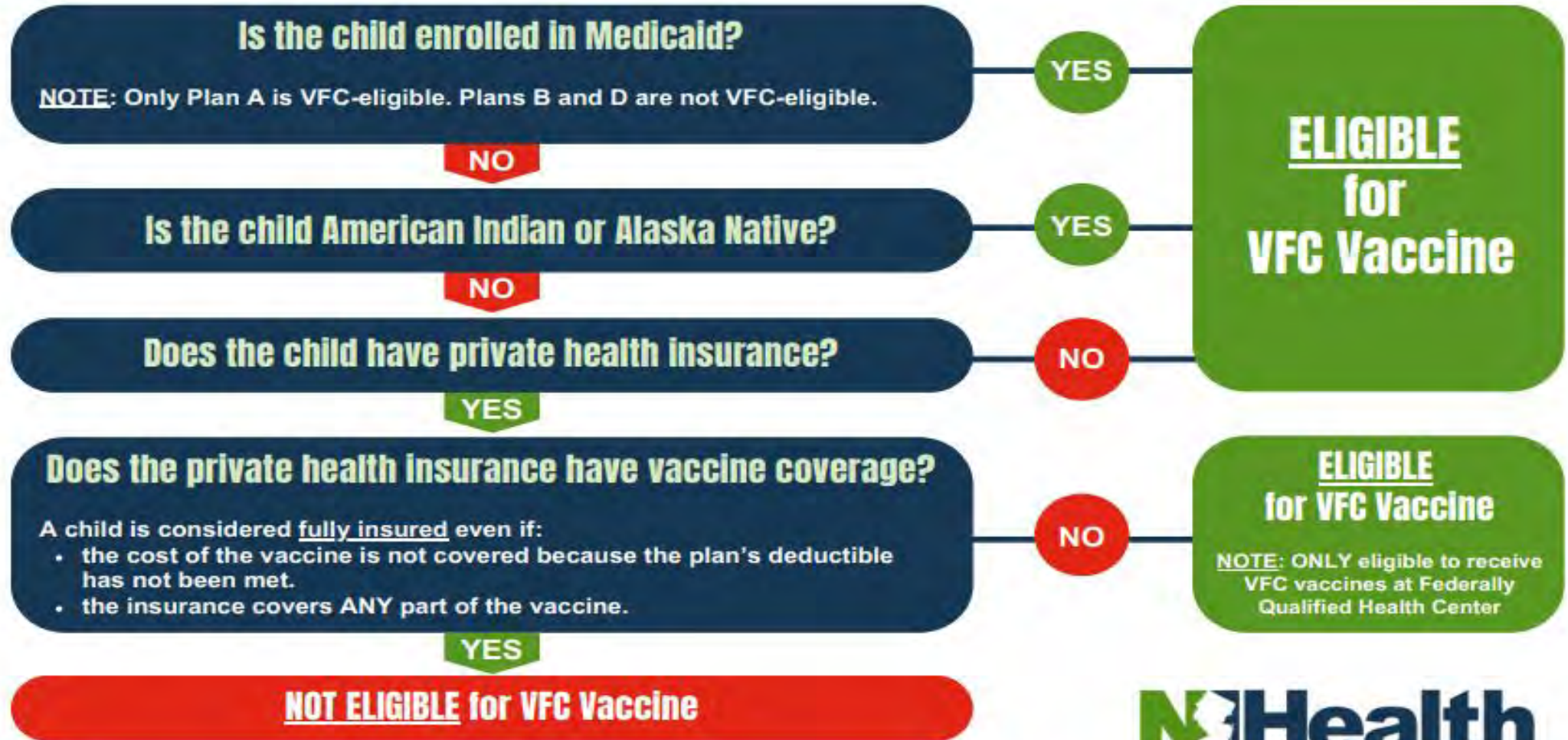
Required Equipment

- Approved Storage Unit(s)
- Primary and Backup DDL with calibrated certificate.

Required Documents

- 2 weeks of temperatures recorded by DDL for each units
- 2 weeks of min/max temperatures entered in NJIIS

Vaccines for Children (VFC) Patient Eligibility Screening Flowchart (Birth - 18 Years)



Types of Site Visits

New Enrollment Visit*

- Educates new provider sites on implementing VFC program requirements and confirms vaccine storage and handling equipment
- Occurs within the 1st month of enrollment

VFC Compliance Visit*

- Formal review of VFC procedures, practices, and vaccine records
- Occurs every 18-24 months

Storage & Handling Visit**

- "Unannounced" visit to provide guidance and education, to protect vaccines, and ensure all VFC- eligible children are receiving properly managed vaccines.
- Providers selected based on S&H history and health care compliance metrics

Education Visit

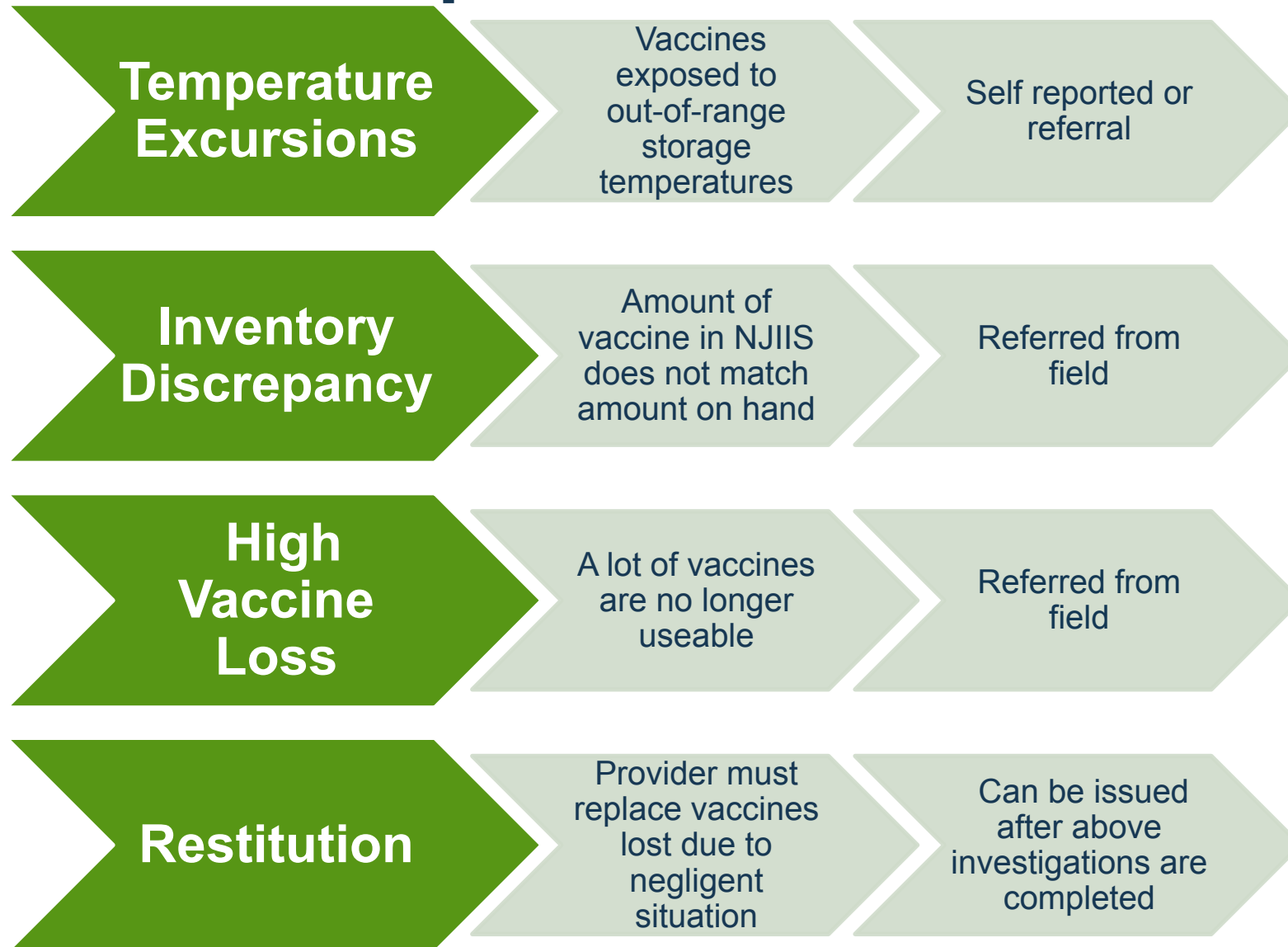
- Vaccine management education visits can be requested by providers and can be general or address specific educational areas of improvement
- Requested by providers

*All enrolled providers are required to have these visits

**CDC requires a minimum of 5% of VFC providers to receive an unannounced S&H visit each budget period



Health Care Compliance Activities



Restitution Appeals

The provider may appeal notices of revaccination and/or restitution. Appeals to the program must include a detailed written explanation outlining why:

1. Revaccination of patients is not warranted
2. Restitution is not due to provider negligence

Appeals must be received by the program within 10 days of receiving the Restitution and/or Revaccination Agreement, signed by the medical director of the provider location, and include any information or attachments to be considered in the appeal.

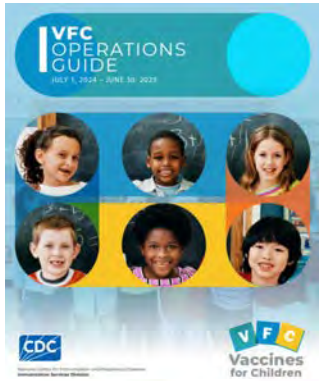
Each appeal will be reviewed and considered on a case-by-case basis by the Vaccines for Children Program Coordinator and by the Vaccine Preventable Disease Program Manager/Deputy Program Manager. A resolution notice will be issued within 30 days of receiving the appeal. The provider may request a final review by the Medical Director within 10 days of receiving the resolution notice; a final decision will be issued within 30 days of the request for final review. NJDOH retains the right to make final determinations regarding vaccine restitution and revaccination.

Procedures for appealing a restitution and/or revaccination decision will be included in the formal restitution and/or revaccination notification given to providers.



Program Resources

Program Resources



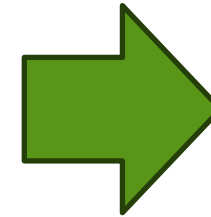
VFC Operations Guide

- Reflects VFC program policies and procedures
- Defines requirements and outlines steps to meet requirements
- Newly released to the public



Vaccine Storage and Handling Toolkit

- Reflects best practices for vaccine storage and handling from Advisory Committee on Immunization Practices (ACIP)
- Often updated to include new vaccine information




Program Resources

Temperature Excursion Short Webinar


What is a Vaccine Temperature Excursion?

Any temperature reading outside ranges recommended by manufacturers is considered a temperature excursion.

Improperly stored vaccines may lose potency and not protect people from vaccine preventable diseases.



Refer to New Jersey VFC/317 Provider Manual pages, Section Digital Data Loggers (DDLs), page 17*




njiis.nj.gov/docs/vfc/WebEduResource/Temperature_Excursion.pdf

Digital Data Logger Short Webinar

Primary Digital Data Logger Best Practices

- Ensure staff are trained on the features of the DDL
- Only 1 DDL device should be monitoring temperatures per storage unit
- Download DDL file weekly to check for temperature excursions possibly missed by daily min/max temperature checks
- Report any excursion to VFC within 1 business day
- Ensure the correct date and time are set on the DDL (ex: Daylight Savings Time)
- Battery changes may affect temperature accuracy and may warrant checking against a known, calibrated DDL (back-up DDL)

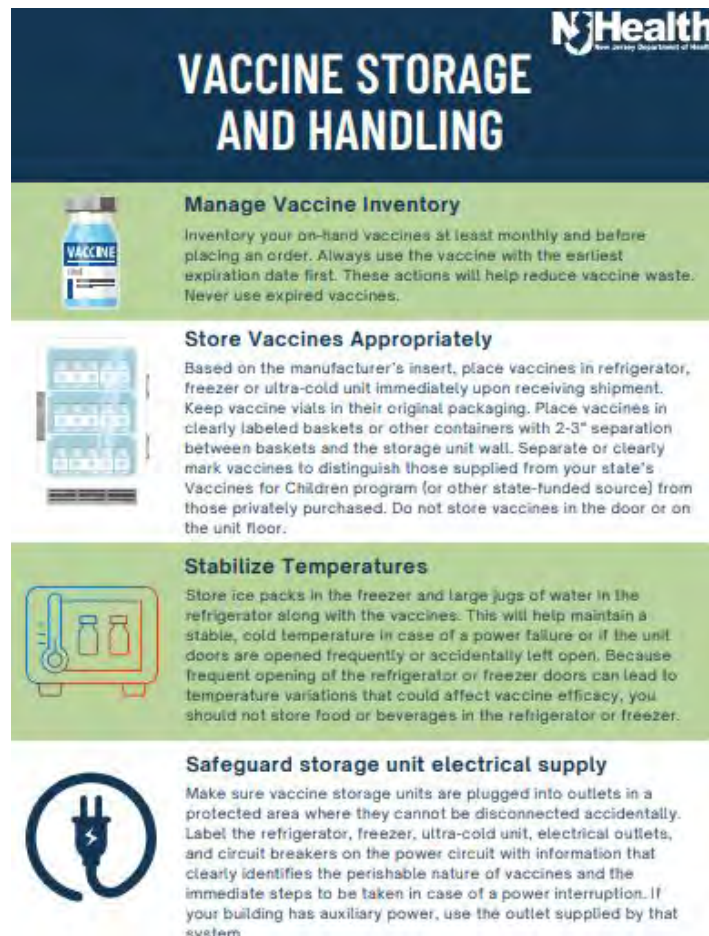


njiis.nj.gov/docs/vfc/WebEduResource/Temperature_Excursion.pdf

Program Resources

Vaccine Storage Guide

- njiis.nj.gov/docs/VaccineStorageGuide.pdf



VACCINE STORAGE AND HANDLING

Manage Vaccine Inventory

Inventory your on-hand vaccines at least monthly and before placing an order. Always use the vaccine with the earliest expiration date first. These actions will help reduce vaccine waste. Never use expired vaccines.

Store Vaccines Appropriately

Based on the manufacturer's insert, place vaccines in refrigerator, freezer or ultra-cold unit immediately upon receiving shipment. Keep vaccine vials in their original packaging. Place vaccines in clearly labeled baskets or other containers with 2-3" separation between baskets and the storage unit wall. Separate or clearly mark vaccines to distinguish those supplied from your state's Vaccines for Children program (or other state-funded source) from those privately purchased. Do not store vaccines in the door or on the unit floor.

Stabilize Temperatures

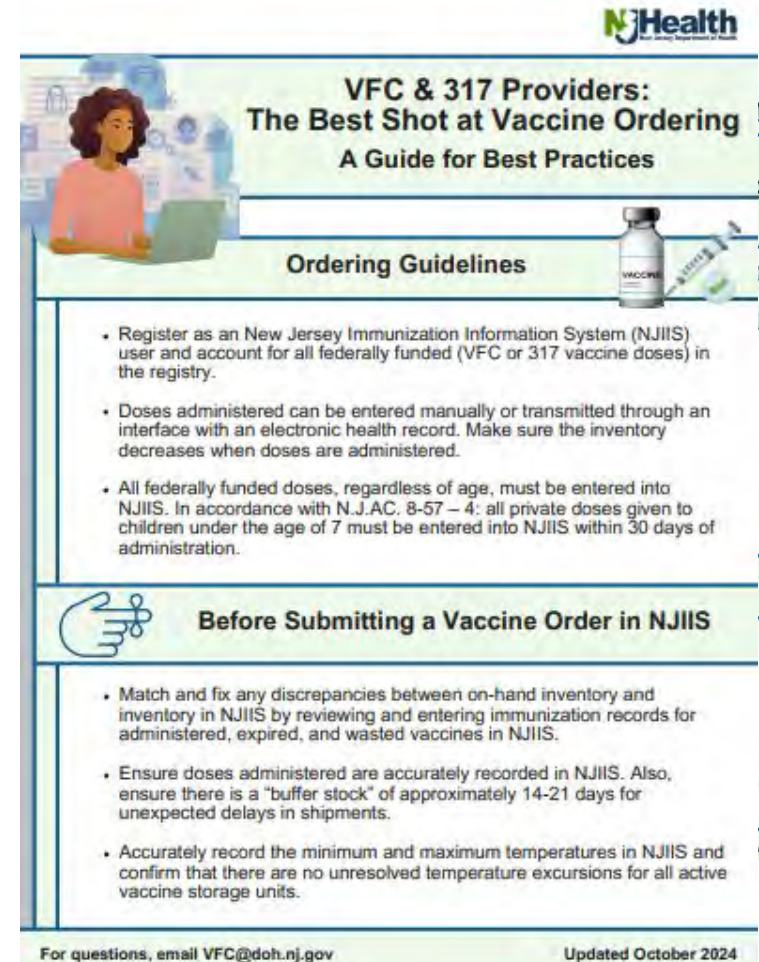
Store ice packs in the freezer and large jugs of water in the refrigerator along with the vaccines. This will help maintain a stable, cold temperature in case of a power failure or if the unit doors are opened frequently or accidentally left open. Because frequent opening of the refrigerator or freezer doors can lead to temperature variations that could affect vaccine efficacy, you should not store food or beverages in the refrigerator or freezer.

Safeguard storage unit electrical supply

Make sure vaccine storage units are plugged into outlets in a protected area where they cannot be disconnected accidentally. Label the refrigerator, freezer, ultra-cold unit, electrical outlets, and circuit breakers on the power circuit with information that clearly identifies the perishable nature of vaccines and the immediate steps to be taken in case of a power interruption. If your building has auxiliary power, use the outlet supplied by that system.

Providers Best Shot Documents

- njiis.nj.gov/docs/vfc/Best_Shot_at_Vaccine_Ordering.pdf



VFC & 317 Providers: The Best Shot at Vaccine Ordering
A Guide for Best Practices

Ordering Guidelines

- Register as an New Jersey Immunization Information System (NJIS) user and account for all federally funded (VFC or 317 vaccine doses) in the registry.
- Doses administered can be entered manually or transmitted through an interface with an electronic health record. Make sure the inventory decreases when doses are administered.
- All federally funded doses, regardless of age, must be entered into NJIS. In accordance with N.J.A.C. 8-57 – 4: all private doses given to children under the age of 7 must be entered into NJIS within 30 days of administration.


Before Submitting a Vaccine Order in NJIS

- Match and fix any discrepancies between on-hand inventory and inventory in NJIS by reviewing and entering immunization records for administered, expired, and wasted vaccines in NJIS.
- Ensure doses administered are accurately recorded in NJIS. Also, ensure there is a "buffer stock" of approximately 14-21 days for unexpected delays in shipments.
- Accurately record the minimum and maximum temperatures in NJIS and confirm that there are no unresolved temperature excursions for all active vaccine storage units.

For questions, email VFC@doh.nj.gov Updated October 2024

Program Resources

Temperature Excursion Viability Assessment Worksheet (TEVA)



Temperature Excursion and Viability Assessment (TEVA) Worksheet

New Jersey Immunization Program
Phone: (609)-826-4862 • Fax: (609) 826-4868 • VFC@doh.nj.gov

Complete and submit this form to VFC@doh.nj.gov within one business day. Quarantine affected vaccines in an in-range storage unit with a DDL. DDLs must follow vaccines during transport to another location or in a backup unit. **Label the affected vaccines "DO NOT USE."** Do not dispose of or use affected vaccines until instructed to do so by VFC program staff.

Part A: Contact Information	
1. Facility Name:	2. Provider PIN(s):
3. Facility Phone Number:	4. Facility Email Address:
5. Medical Director's Name:	6. Medical Director's Email Address:
7. Primary Contact for Excursion and Title*:	8. Primary Contact's Email Address:


**Please note, the Vaccine Coordinators listed in NJHS will be included in all emails*

Part B: Supporting Documentation:
In addition to this report, please send the following documents to VFC@doh.nj.gov :
<input type="checkbox"/> 1. Digital Data logger (DDL) file in .csv, .xls, or .txt file format with at least two weeks of in-range temperatures prior to the excursion and at least the first in-range temperature after the excursion

Please use a separate form for each vaccine storage unit

Vaccine Management Plan

- https://njiis.nj.gov/docs/vfc/NJ_Vaccine_Management_Plan_Template.pdf



Vaccine Management Plan Template

KEEP THIS MANAGEMENT PLAN NEAR VACCINE STORAGE UNITS

The New Jersey Vaccine-Preventable Diseases and Immunization Program (VPDP) requires Vaccines for Children (VFC) and 317 Adult Program providers to maintain a vaccine management plan for routine and emergency situations. This document is a template for information. It includes guidelines, protocols, contact information, and staff training. At a minimum, all identified information in this template must be in your final plan.

Review and update the plan at least once a year, when program requirements change, and when staff with designated vaccine management responsibilities change. Key practice staff must sign and acknowledge the signature log annually and whenever the plan is revised.

NJ Immunization Program Field Representatives will ask to review this plan during routine and unannounced site visits.

Section 1: Provider Information

Each facility must designate a primary and backup vaccine coordinator responsible for the vaccine management plan and for maintaining program compliance. Any personnel changes to the Medical Director, primary vaccine coordinator, or backup vaccine coordinator will need to be communicated by email to VFC@doh.nj.gov.

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____ PIN: _____

Role	Name	Title	Contact Information Phone and Email <small>(Required for Medical Director, Primary and Backup Coordinators)</small>
Medical Director			
Primary Vaccine Coordinator			
Backup Vaccine Coordinator			

Staff must sign and date the Acknowledgement and Signature Log at the end of this document to confirm that they understand and agree to the duties assigned to them.

Vaccine Management Plan Template Last updated 8/2023

Program Resources

[NJDOH VFC Website](#)

[NJIN VFC Landing Page](#)

[NJIIS - VFC Page](#)

Program Resources



Immunization Quality Improvement Program (IQIP)

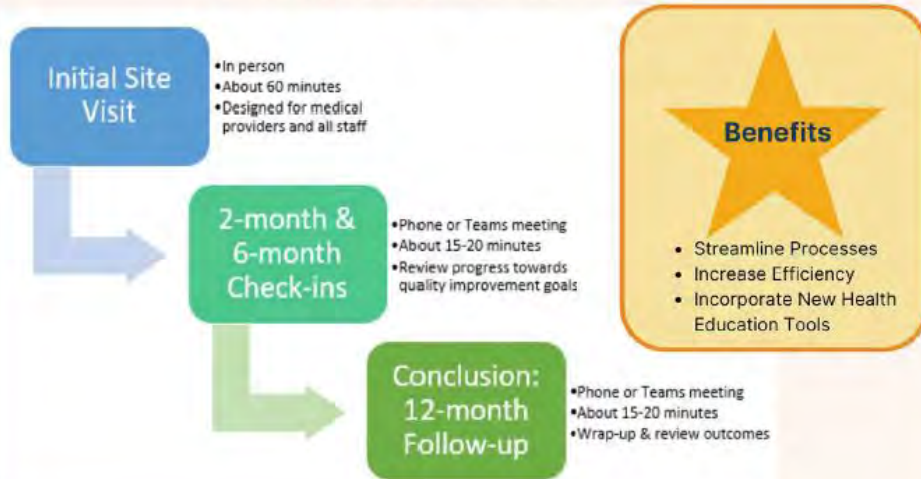
Keely Ogden
IQIP Program Specialist



Immunization Quality Improvement for Providers (IQIP)

Goal: Increase on time vaccinations for VFC-eligible children

IQIP is a 12-month process that consists of one in-person, and three virtual visits.



VFC Providers are selected by NJDOH for IQIP participation or contact us to self-enroll!



609-826-4862
IQIP@doh.nj.gov

What is IQIP?

Immunization Quality Improvement for Providers

- A helpful and interactive quality improvement program designed to support your office needs by listening to specific obstacles being experienced and brainstorming solutions together.
- Aim is to implement small, achievable changes to current immunization related workflows to help increase vaccination rates.
- Offer technical support throughout the IQIP process.



At-A-Glance for Providers

IQIP is CDC's national, Vaccines for Children (VFC) provider-level immunization quality improvement (QI) program.

IQIP promotes and supports implementation of provider-level strategies designed to increase on-time vaccination of children and adolescents.

IQIP strategies

- Facilitate return for vaccination
- Leverage IIS functionality to improve immunization practice
- Give a strong vaccine recommendation (emphasize HPV vaccine if provider has adolescent patients)
- Strengthen vaccination communications
- Custom strategy based on state or local public health priorities

IQIP Process IQIP is a 12-month process where public health representatives and VFC providers collaborate to identify QI strategies to increase vaccine uptake by improving and enhancing vaccination workflow.

Site visit

- Provider's vaccination workflow is observed, and initial coverage is reviewed
- QI strategies are selected
- Technical assistance is provided by the IQIP consultant
- Action items are chosen for strategy implementation plan

2-month and 6-month check-ins

- Progress toward strategy implementation is reviewed
- Technical assistance is provided by the IQIP consultant
- Strategy implementation plan is updated

12-month follow-up

- Progress toward strategy implementation is reviewed
- Technical assistance is provided by the IQIP consultant
- Year-over-year coverage change is reviewed

IQIP Initial Site Visit Process

There is nothing for the office to prepare; IQIP Consultant will prepare all materials prior to the initial visit.

1.

Discuss current
provider
immunization
workflow

2.

Review initial
coverage
assessments

3.

Review core QI
strategies and
make selections

4.

Provide technical
assistance and
guidance

5.

Create action
items for Strategy
Implementation
Plan (SIP)





Immunization Coverage Assessment by Age Cohort

Childhood: 24m-35m & Adolescent: 13y

Childhood	Adolescent
4 DTaP 3 IPV 1 MMR UTD Hib UTD Hep B 1 VAR UTD PCV 4:3:1:UTD:UTD:1:UTD series UTD Influenza UTD COVID-19	1 Tdap 1 MenACWY UTD HPV UTD Influenza UTD COVID-19

IQIP Core Strategies

- Review best practices for each of the core strategies.
- VFC Providers will select 2 strategies and collaborate with IQIP team member to create realistic action items at the initial visit.
- Follow up virtual or telephone calls held at 2, 6, and 12 months will track progress on action items.

IQIP CORE STRATEGIES	
<u>Facilitate Return for Vaccination</u> 	<u>Leverage IIS Functionality to Improve Immunization Practice</u> 
<u>Give a Strong Vaccine Recommendation</u> 	<u>Strengthen Vaccination Communications</u> 

Strategy 1: Facilitate Return for Vaccinations

Best Practice Examples

- Offer various types of appointments (ex. nurse-only/vaccination-only appointments)
- Maintain accurate patient contact information by verifying and updating patient information at each appointment
- Actively utilize the Reminder/Recall system(s) within EMR or IIS
- Incorporate updates to ACIP-recommendations to each staff meeting
- Track no-shows and cancelled appointments, contact those patients within the same week to reschedule
- Take action to prevent missed opportunities by:
 - Routinely generating lists of patients that have upcoming appointments
 - Maintaining accurate vaccination records



Strategy 2: Leverage NJIS to improve immunization practice

Best Practice Examples



- Maintain accurate patient contact information by verifying and updating patient information at each appointment
- Report all historical and administered vaccination data
- Assess immunization status in NJIS for doses due at every patient encounter, including drop-ins and sick visits
- Implement reminder/recall systems using multiple methods (text/portal messages, e-mails, postcards, phone calls, etc..) to remind patients of upcoming appointments. Recall patients who have missed an appointment or become overdue for vaccination
- Track no-shows and cancelled appointments, and contact patients within the week to reschedule

Strategy 3: Give a strong vaccine recommendation

Best Practice Examples

- Use effective communication approaches, ex: presumptive language, announcement approach, sandwiching recommendations.
- Prevent missed opportunities by assessing immunization status at each visit, recommend all eligible vaccines, administer all vaccines at the same visit.
- Provide routine staff trainings on the current ACIP Recommended Schedule and Catch-up Schedule.
- Listen to parents and seek to understand the parents' concerns; willingness to listen and acknowledge parent's concerns helps build trust
- Reduce disparities and promote vaccine equity. Acknowledge the systemic, cultural, and historical reasons some patients may have low vaccine confidence



Strategy 4: Give a strong vaccine recommendation

Best Practice Examples

- Promote the provider's vaccination policy by sharing with all new and established patients; include the policy in new patient packets, and display in waiting areas and exam rooms.
- Promote patient and parent education by providing vaccine-related educational material in welcome packets and on a case-by-case basis.
- Update and train staff regularly on common trends of mis/disinformation about vaccines and how to respond to parental concerns. Utilize continuing education credits that focuses on vaccine education.
- Promote vaccination on the practice's website and social media.
- Reduce disparities and promote vaccine equity by ensuring patient materials are in languages commonly spoken within the area.



After the initial visit you will receive:

- Personalized Strategy Implementation Plan (SIP) with:
 - Agreed upon action items
 - Who will complete each item
 - Target dates
 - Updated SIPs will be provided after each check-in visit.

			STRATEGY IMPLEMENTATION PLAN		
			Site Visit		
			Enter date		
PROVIDER INFORMATION					
Provider name: Enter provider name					
City: Enter city		County: Enter county		VFC PIN: Enter VFC PIN	
Primary IQIP contact name: Enter contact name		E-mail: Enter contact e-mail		Phone: Enter contact phone	

- Requested resources and reference guides
- 2-, 6-, and 12-month check-in calendar invites/placeholders

Contact the IQIP Team

609-826-4862

IQIP@doh.nj.gov

*Please include VFC Pin in email correspondence



Health Education

Jennifer M. Smith, MPH, CHES
Health Educator



Population Assessment
(Jeni Sudhakaran)

Health Educator
(Jennifer Smith)

Adolescent/Adult
Immunization
Coordinator
(Rafia Siddiq)

Adolescent Program
Specialist
(Elisa Rossetti)

COVID-19 Health
Educator
(Charlene Henderson)



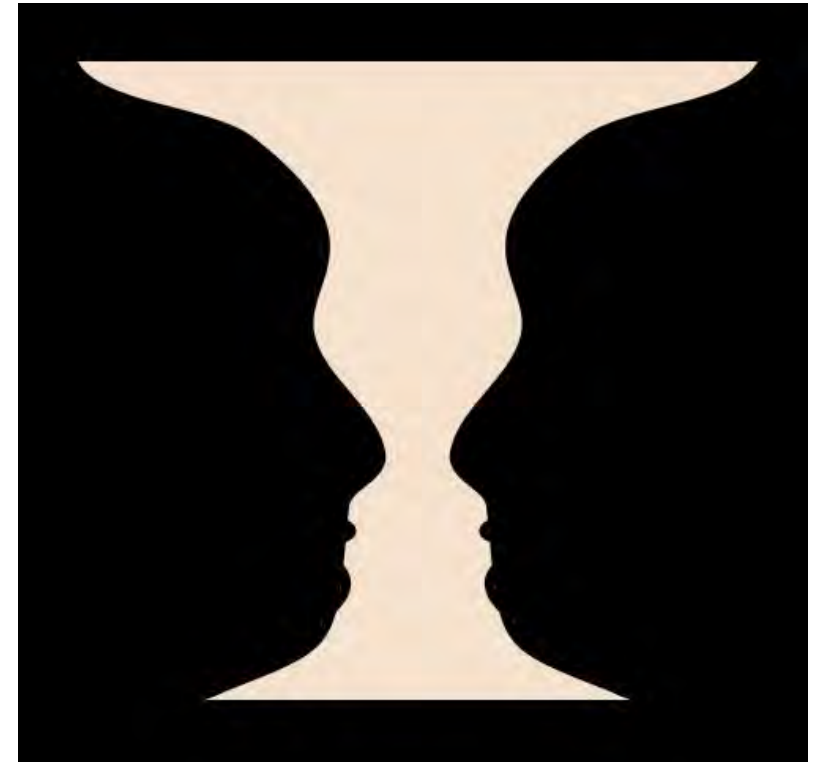
Health Education

Critical for conveying information

Must be tailored to audience needs

Includes collaboration with partners

Dynamic and Challenging



SOCIAL MEDIA *Cultural Humility* **OUTREACH**

Health Literacy **COMMUNICATION**

community leaders **ACCESS**

UP-TO-DATE **ROUTINE IMMUNIZATIONS**

EQUITY **VACCINES**

MISINFORMATION **COVID-19**

vaccine confidence

Trust **MESSAGING** *NJHS*

DISINFORMATION **Vaccines for Children (VFC)**

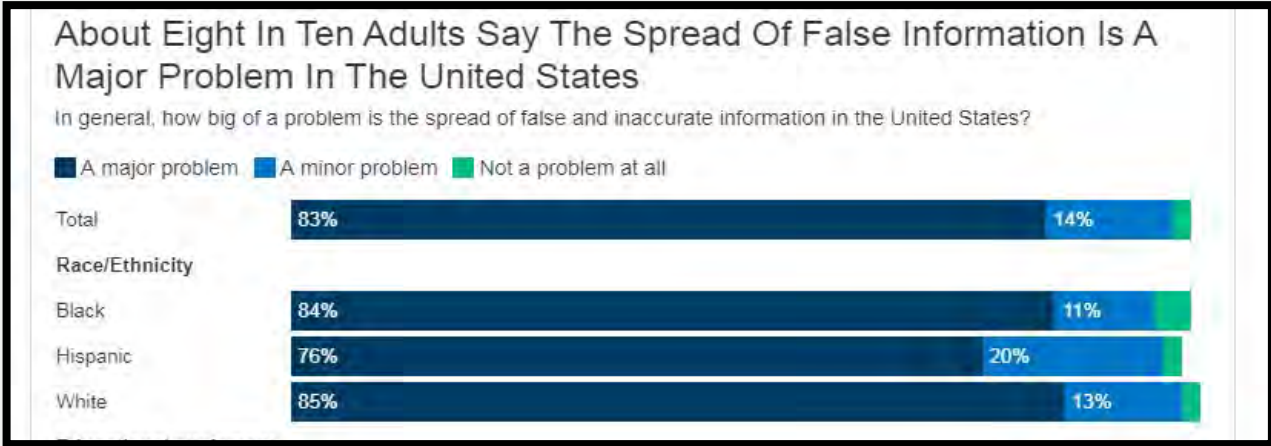
HEALTH EDUCATION

community health workers

Provider Recommendation *Diversity*

“We’re not just fighting an epidemic; we’re fighting an infodemic. Fake news spreads faster and more easily than this virus and is just as dangerous.”

–Tedros, Director-General of the World Health Organization (WHO)



Communication, Vaccine Confidence, Partnerships, and Education

Engaging Health Care Providers in Efforts to Improve Immunization Coverage

- Promoting the Standards for Immunization Practice
- Providing presentations to different interested parties
- Participating in coalition working groups (HPV, adult immunization, community corps)

CDC encourages all health care professionals to implement these standards into their practice

1. Assess the immunization status of all your patients at every clinical encounter. Your patients' vaccination needs will change over time based on factors such as age, health conditions, lifestyle, travel, and occupation.

- **Stay informed.** Get the latest [CDC recommendations](#) for adult immunization.
- **Evaluate** how your practice is doing. Review a sample of patients' charts or analyze electronic health record data for your practice to see whether your patients are receiving needed vaccines.



**NJ HPV Vaccination
Action Team**

Working to Prevent HPV Cancers

Engaging American Indian & Alaska Native to Improve Vaccination Coverage

Establishing consistent meetings

Connecting tribal coordinators with the statewide immunization coalition to provide access to flu and COVID-19 vaccines

Integrating vaccines with other health topics

Creating social media posts

NJ Health
New Jersey Department of Health

American Indian/Alaska Native Adults: Chronic Health Conditions and the Importance of Vaccination

Stay healthy and protect yourself, family members, and your elders by getting vaccinated!

- Vaccines are recommended for all adults but are especially important for those with chronic health conditions (like heart disease, diabetes, lung disease, etc.).
- These conditions can increase your risk of serious complications from certain vaccine-preventable diseases, such as COVID-19.

All adults are recommended to receive COVID-19, flu, and Tdap (tetanus, diphtheria, pertussis)/Td (tetanus, diphtheria) vaccines. You may need other vaccines depending on your health condition and other factors.*

Flu can increase the risk of another heart attack or stroke.

Some vaccine-preventable diseases can raise blood sugar to dangerously high levels.

Pertussis (whooping cough) can cause difficulty breathing.

Vaccine Affordability
Most insurance plans cover recommended vaccines. Also check the following:

- Federally Qualified Health Centers: njpca.org/locate-center/
- Local health departments: nj.gov/health/lh/community/index.shtml#1

* Talk to your health care provider to see what other vaccines you may need.

Scan the code or visit: www2.cdc.gov/nip/adultimmsched/

Centers for Disease Control and Prevention: cdc.gov/vaccines/adults/rac-vac/index.html#conditions
New Jersey Department of Health: nj.gov/health/cd/vpdp.shtml
Indian Health Service: ihs.gov/forpatients

May 2024

Engaging American Indian & Alaska Native to Improve Vaccination Coverage Cont'd

Vaccines protect you and your loved ones!



Stay up to date with your vaccines!
Especially if you have any of the following:

- High Blood Pressure
- Diabetes
- Cancer

Talk to your health care provider

nj.gov/health/vaccines 

ARE YOU DIABETIC?

Illnesses like the flu can make your blood sugar rise.

Get a flu shot to protect yourself and your elders!

Speak to your health care provider today.



nj.gov/health/vaccines 

Tips for staying healthy

- ✦ Get regular check ups
- ✦ Get vaccinated
- ✦ Quit smoking & be active
- ✦ Meditate
- ✦ Maintain a healthy weight
- ✦ Spend time with friends
- ✦ Read a book or learn a new skill
- ✦ Limit alcohol use

nj.gov/health/vaccines 

VACCINES CAN PROTECT YOUR BABY!

Get these recommended vaccines during your pregnancy:

- Flu (shot) – NOT nasal spray
- Respiratory Syncytial Virus (RSV)
- COVID-19
- Tdap (Tetanus, diphtheria, pertussis)

Talk to your health care provider.

nj.gov/health/vaccines 

Do you have asthma or emphysema?

Illnesses like the flu, COVID-19, and whooping cough can make it harder to breathe.

Talk to your health care provider

nj.gov/health/vaccines/ 

VACCINES THAT HELP KEEP YOU HEALTHY

- Flu
- COVID-19
- Tdap

Talk to your health care provider.

nj.gov/health/vaccines 

Develop Strategies to Address Current Immunization Issues

Promoting evidence-based practices and effective communication strategies

Monitoring legislative changes

Coordinating VPDP and immunization messaging with Office of Communications

Sharing provider resources for communicating with vaccine-hesitant patients

The screenshot shows the NJ Health Department website. At the top left is the NJ Health logo with the text 'New Jersey Department of Health'. To the right are navigation buttons for 'About Us', 'Your Health', 'Healthcare Facilities & Services', 'Public Health', and 'Chief State Medical Examiner'. Below this is a 'News' section with a breadcrumb trail: 'Home > 2025 > 2024 > 2023 > 2022 > 2021 > 2020 > 2019 > 2018 > 2017'. The main content area shows a news item for August 1, 2024, titled 'NJ Health Department Encourages Staying Up To Date on All Shots in Recognizing August as National Immunization Awareness Month'. The article text includes contact information for Kaitlan Baston, MD, MSc, DFASAM, Commissioner, and the Office of Communications. A sub-headline reads 'Health Department Announces New Jersey Hot Shots for Tots Immunization Campaign Awardees'. The main text begins with 'TRENTON – With the fall season and return to school upcoming, the New Jersey Department of Health (NJDOH) encourages all residents to stay up to date on their shots, including vaccinations for COVID-19 and for flu, and RSV shot if eligible, in recognition of August as National Immunization Awareness Month. NJDOH encourages all health care providers to review their patient's vaccination status and reach out to those behind schedule to ensure that all individuals are up to date, especially children before the start of the new school year.'

Provider Educational Resources

STRATEGIES FOR INCREASING VACCINATIONS IN PROVIDER PRACTICES



Increase vaccination rates and successfully deliver vaccines through efficient systems and programs. Use the strategies below to promote a culture of immunization!

1. INCLUDE ALL STAFF IN VACCINATION EFFORTS

Provide staff with vaccine education and stress the significance of a consistent message about their importance. All staff members, not just medical staff, should take advantage of every opportunity to promote vaccination.



2. CHOOSE AN IMMUNIZATION CHAMPION

An immunization coordinator or champion can help ensure:

- proper vaccine storage and handling
- vaccination education for staff
- consistent vaccine messaging
- improve workflow through quality improvement strategies.



3. USE STANDING ORDERS

Use standing orders to identify patients that are eligible for vaccination, provide information to patients regarding risks and benefits of vaccination, record patient refusals, and allow for documentation of vaccine administration to patients.



HOW TO COUNTER VACCINE MISINFORMATION WITH PATIENTS



Misinformation on social media and other channels can affect vaccine confidence. As trusted messengers, health care providers are essential in helping patients find and follow reliable, evidence-based information.



Follow the steps below to learn how to counter false information.

USE AN EMPATHETIC, COLLABORATIVE, AND CONCISE APPROACH

Establish trust and likeability with patients so that they follow your guidance over misinformation online or elsewhere. Remember to:

- Listen attentively to people's concerns and communicate clearly and simply.
- Instead of relying solely on scientific information, share your own experience about choosing to vaccinate yourself and your family.
- Maintain a friendly and welcoming tone. Shaming, arguing, or judging can ham efforts to build trust and collaboration.
- Promote collaboration and acknowledge shared goals. Say, "It is clear we both want improved health and safety for everyone in our community, including you."



KNOW THE SOURCE OF MISINFORMATION

- To address misinformation in your community, you must first learn more about it: where, when, why and how it starts, spreads, and evolves.
- Understand where the questions and knowledge gaps may exist for your patients.
- Listen to and analyze misinformation circulating in your community through social and traditional media.

HEALTH LITERACY: ENHANCING PATIENT COMMUNICATION



Limited health literacy can lead to poor health outcomes. The following tips can help you and your staff communicate more effectively with your patients.

1. RECOGNIZE POSSIBLE SIGNS OF LOW LITERACY

Patients with low literacy may:

- Have trouble completing forms, providing an accurate medical history, or making appointments.
- Ask fewer questions, not follow through with referrals or medical testing, and be non-compliant with medications or treatments.



2. UTILIZE A TEAM APPROACH

All staff should:

- Identify the health literacy needs of their patients. Share those needs with other staff members while being mindful of patient confidentiality.
- Work with patients to meet their literacy needs. For example, staff members can assist patients with completion of forms.



3. USE PLAIN LANGUAGE

- Speak slowly, clearly, and avoid using medical jargon that patients may not understand. Ask about their preferred language and arrange for translation services if needed.
- Give information in small and manageable steps by limiting discussion to three key messages or points.



Provider Educational Resources Cont'd

STRATEGIES FOR INCREASING VACCINATIONS IN PROVIDER PRACTICES



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October 2024

TIPS FOR HEALTH CARE PROVIDERS: TALKING WITH PARENTS ABOUT VACCINES



Health care providers are parents' most trusted source of information. Follow the tips below to keep the conversation going about vaccines.

- 1. EXPECT PARENTS WILL VACCINATE**

When discussing vaccines, remember that most parents want to vaccinate their children; be sure to use the persuasive approach. For example, instead of, "Have you thought about the shots your child needs today?" say, "Your child needs three shots today: DTaP, Hib and Hepatitis B."
- 2. GIVE YOUR STRONG RECOMMENDATION**

Your recommendation is critical for vaccine acceptance. For example say: "These shots are very important to protect your child from serious diseases. I believe in vaccines so strongly that I vaccinated my own children on schedule."
- 3. LISTEN AND RESPOND TO PARENTS' QUESTIONS**

Building trust is an important part of parents following your recommendations. You can do this by:

 - Approaching the conversation with empathy
 - Practicing active listening and validating their concern.
 - Scheduling an additional appointment to continue the conversation.



October 2024

Tips for Health Care Providers: Talking with Parents about Vaccines



- 4. KEEP THE CONVERSATION GOING ABOUT LOW VACCINE CONFIDENCE OR THE REFUSAL TO VACCINATE**

Work with parents to agree on at least one action, such as scheduling another appointment or encouraging them to read the vaccine information you provide. Continue to remind parents about the importance of an on-time vaccine schedule and work with them to catch their child up if they fall behind.
- 5. MAKE SURE VACCINATIONS ARE ACCESSIBLE AND AFFORDABLE**

Participate in the Vaccines for Children Program (VFC). VFC provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.
- 6. ADDRESS BARRIERS TO VACCINATION**
 - **Psychological** - Discuss fears that patients have such as fear of vaccinations and needles; educate them about vaccine misinformation.
 - **Physical** - Discuss alternatives for parents who work long hours or have transportation issues. Consider offering extended hours and or hosting a vaccination event.
 - **Missed Opportunities** - Vaccinate at every visit, not just well visits. Schedule the next vaccination appointment before the patient leaves.

For more information about VFC, and to keep the conversation going, visit:

<http://nj.gov/vaccines-children/programs/vfc/vfc-101>
<http://nj.gov/ohca/vfc/faq.shtml>



October 2024

Promote And Provide Educational Opportunities For Health Care Providers and the Public

Presenting to health care providers throughout the year


Hosting an annual immunization conference

Promoting national and statewide immunization events

Providing information to providers participating in VFC and 317




Parent/Guardian Educational Resources




Stay Up to Date and Vaccinate

Getting your children vaccinated on-time by following the Centers for Disease Control and Prevention (CDC) Recommended Immunization Schedule can help them stay healthy as they grow older.



- Get Early Protection**
Vaccinate before your child is exposed to dangerous diseases; waiting until school begins, may not allow enough time for vaccines to work.
- Attend School and Activities without Delay**
Vaccinate your children on time so they can start the new school year, join a sports team or group activities, and travel without delay.
- Avoid Disease-Related Complications**
Some diseases could lead to serious complications (e.g., Meningitis could lead to hearing loss, COVID-19 could lead to trouble breathing). Getting vaccinated can help prevent this from happening.
- Prevent the Spread of Illness**
Getting vaccinated can help prevent the spread of illness and protect friends, family and other community members, especially those who are too young to be vaccinated or those who are at high-risk for disease.
- Stay Protected**
The CDC immunization schedule is carefully designed to provide protection at just the right time. Some vaccines need to be given more than once so your child can remain healthy.



October 2024



How to Make Vaccinations Less Stressful for Your Child



-  **Comfort them with a favorite toy, book, or blanket.**
-  **Distract your child by cuddling them, singing, or talking softly.**
-  **Smile and let them know that everything is OK.**
-  **Take deep breaths with your older child to help with fear and discomfort while they are getting the shot.**
-  **Do not threaten your child with shots as a punishment.**
-  **Do not scold your child for being frightened or for crying; instead, give them comfort and support.**


To stay current with your child's vaccination schedule, scan the QR code below.




SCAN ME

For more information about your child's vaccinations, visit cdc.gov/vaccines-children/before-during-after-shots/less-stress.html



October 2024




Frequently Asked Questions: Vaccinating Your Child



Most parents choose to vaccinate their children* but some still have questions. Please see the information below to learn how vaccines will help to keep your child healthy.

-  **Why are vaccines still necessary? Haven't we gotten rid of most of these diseases that cause serious illness in the US?**
 - Vaccine-preventable diseases like measles, whooping cough, and chickenpox have not gone away entirely.
 - When vaccines are skipped, people are at risk for becoming sick or developing severe illness.
 - If fewer people get vaccinated, the small number of cases that we have could increase greatly.
-  **Are vaccines safe?**
 - Yes, the Centers for Disease Control and Prevention (CDC) and the Food and Drug Association (FDA) take many steps to ensure that vaccines are safe before and after people begin to use them.
 - Vaccines can take years to become licensed, but once they are, systems like the Vaccine Adverse Events Reporting System (VAERS) and the Vaccine Safety Datalink (VSD) are used to check on vaccine safety.
 - Vaccine side effects are mild (e.g., soreness where the shot was given, low grade fever) and usually last only a few days. Serious side effects from vaccines are uncommon and much less severe than the diseases they prevent.


*For the CDC's children's vaccine schedule, visit cdc.gov/vaccines/1mz-schedules



October 2024

Also Available in Spanish

Parent/Guardian Educational Resources Cont'd



**VACCINE INFORMATION:
WHERE CAN WE FIND THE TRUTH?**

With so much information about vaccines available on social media, the internet, written articles and other sources, how do we know what information is true or that the sources are trustworthy? The steps listed below will help you find trusted sources as well as factual information about vaccines.

- 1 Is the source trustworthy?**
 - Who wrote the post or article; are they qualified to be a vaccine expert?
 - Will the author benefit personally or financially if their advice is followed?
 - Check the end of the web address to see if the organization/publisher is well-known (e.g., .edu, .gov or .org, .com.).
- 2 Are there any "red flags"?**
 - Does the information seem "one-sided" or biased?
 - Is the information outdated? Is the grammar poor or are words misspelled?
 - Is there a claim of a miracle or secret cure?
- 3 Is the information true or accurate?**
 - Is the information based on scientific evidence and fact?
 - Is the original source listed?
 - Do other sources back up the information?
- 4 Important to Remember:**

Even when you are able to find trusted sources and authors, internet searches, articles, and posts should never replace discussing vaccine concerns with your health care provider.

Vaccine Information Resources

1. [cdc.gov/vaccines-children/about/index.html](https://www.cdc.gov/vaccines-children/about/index.html)
2. [vaccineinformation.org](https://www.vaccineinformation.org)
3. [stronger.org/resources/how-to-spot-misinformation](https://www.stronger.org/resources/how-to-spot-misinformation)

October 2024



Protect Your Children with Vaccines

To see if you qualify for the Vaccines for Children program, visit:
nj.gov/health/vaccines/programs/vfc.



Locations for vaccination:

- Your health care provider
- Local health department: localhealth.nj.gov
- [Vaccines.gov](https://vaccines.gov)
- Federally Qualified Health Centers: Scan the QR code or visit: nj.gov/health/fhs/primarycare/fqhc/



October 2024

Also Available in Spanish



Google



Apple

For more information about Docket visit

Adult Immunization Materials

PROTECT YOURSELF AND YOUR BABY WITH VACCINES

Pregnant people are recommended to receive the following vaccines:

- Flu
- Tdap (Whooping Cough)
- COVID-19
- RSV



NJHealth
New Jersey Department of Health

FLIP FOR MORE INFORMATION

The protection you receive from vaccines will be passed on to your baby and help to protect you both.



For more information, scan or visit nj.gov/health/vaccines

For information on vaccines recommended during pregnancy, visit cdc.gov/vaccines/pregnancy

C42008a

TIPS FOR TALKING TO PREGNANT PATIENTS ABOUT VACCINES

NJHealth
New Jersey Department of Health

- A strong recommendation for vaccination from a health care provider is a good predictor for patient vaccination.
- Refer patients for vaccination if you do not administer vaccines at your facility.

Follow CDC* and ACOG* guidelines for vaccination.

"I recommend Tdap* and flu vaccines for you and all pregnant patients, because I believe vaccines are the best way to help protect you and your baby from serious illness."

Normalize vaccination as part of pregnancy care.

"When you come back for your next visit, it will be time for your glucose challenge screening test and your flu vaccine."

Listen and be empathetic.

"I understand you have concerns. My goal is to keep you and your baby safe. May I share some information with you?"

Have consistent messaging throughout your practice.

"We can schedule your appointment next month, which will be a good time to get your RSV vaccine."

Use every opportunity to promote vaccines.

"Getting a COVID-19 vaccine can protect you and your baby from getting very sick from COVID-19."

*Centers for Disease Control and Prevention (CDC)
American College of Obstetricians and Gynecologists (ACOG)
Tetanus, diphtheria, acellular pertussis (Tdap)

For more information on guidelines for vaccinating pregnant people, visit: cdc.gov/vaccines/pregnancy/hcp-toolkit/guidelines.html

C42009b

IS IT SAFE TO RECEIVE VACCINES DURING PREGNANCY?

- Yes! Certain vaccines are safe for use during pregnancy.
- Vaccines are studied with thousands of people before they are approved for use and are continuously studied to make sure they remain safe.
- Side effects from vaccines are mostly mild (e.g. sore arm, body aches, feeling tired). Severe side effects are rare.

TO FIND VACCINES

Speak with your health care provider and visit:



nj.gov/health/vfd/locations

ARE OTHER VACCINES RECOMMENDED?

- Vaccines may be recommended before or after pregnancy based on your health, age, lifestyle, occupation (job), or travel.
- Speak to your health care provider for more information.

WHAT IF I CANNOT AFFORD VACCINES?

- You and your child may be able to receive vaccines through the Vaccines for Children Program and select adult health care providers in your area.

FOR MORE INFORMATION

New Jersey Department of Health Vaccine-Preventable Disease Program:
nj.gov/health/cdr/vpdp.shtml

New Jersey Department of Health Vaccines:
nj.gov/health/vaccines

Centers for Disease Control and Prevention (CDC) Vaccines and Pregnancy:
cdc.gov/vaccines/pregnancy/index.html

Families Fighting Flu:
familiesfightingflu.org/2-protects-2

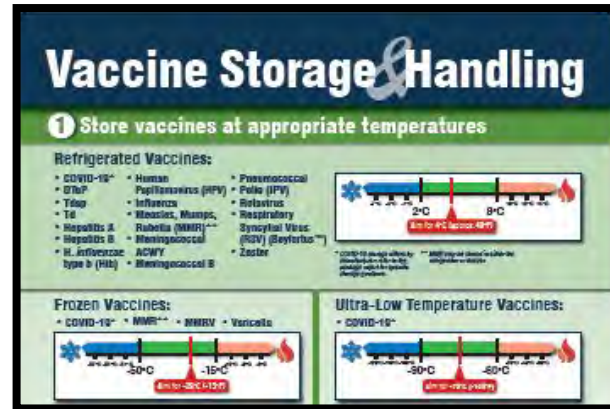
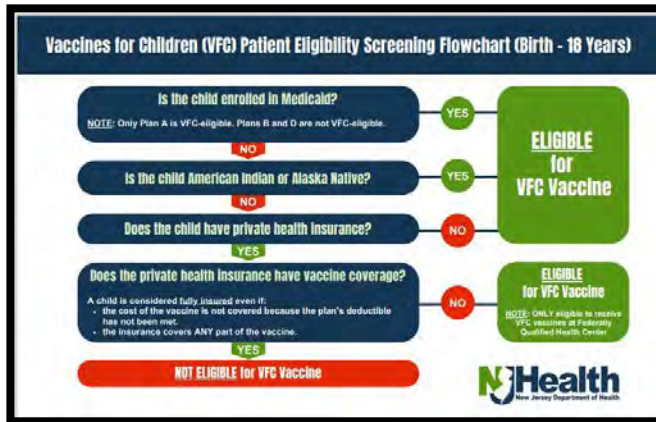
Consult with your health care provider for your specific needs. This brochure is not a substitute for medical advice.

PROTECT YOURSELF AND YOUR BABY WITH VACCINES



NJHealth
New Jersey Department of Health

Vaccine Resources for Providers



COVID-19 is Still Here! Tips on How to Stay Safe

1 Get the Facts:

- Vaccination is especially important if you are 65 years of age or older, are at high risk for getting very sick or dying, unvaccinated for COVID-19.
- Vaccine protection decreases over time. It's important to stay up to date.

2 Find vaccines and get vaccinated:

- Visit nj.gov/health/vaccines/covid-19/ or scan the QR code.
- Visit vaccines.gov.

3 Stay home and test:

- If you have symptoms of COVID-19 (fever, cough, runny nose, etc.).
- Order your free COVID-19 tests by visiting COVID19Tests.gov.

4 Ask about medicine for COVID-19:

- Talk with your health care provider if you are at risk for getting very sick from COVID-19 (e.g. those with medical conditions like asthma, diabetes, etc.).
- Don't wait! Medicine must be started within 5 to 7 days after symptoms start.

5 Practice good hygiene (cleanliness):

- Clean high-touch surfaces (handrails, counter tops).
- Wash hands for at least 20 seconds.
- Cover coughs and sneezes.

The recommended vaccine, dose, and timing may differ depending on your age, previous vaccination history, and underlying medical conditions. For more information, visit nj.gov/health/vaccines/covid-19/. For more information on how to get your vaccine, visit nj.gov/health/vaccines/covid-19/.

For information about staying up to date with COVID-19 vaccines, visit nj.gov/health/vaccines/covid-19/.
 December 2024

¡El COVID-19 sigue aquí! Consejos sobre cómo mantenerse saludable

1 Infórmese sobre datos importantes:

- La vacunación es especialmente importante si tiene 65 años o más, corre un alto riesgo de enfermarse gravemente o no está vacunado contra el COVID-19.
- La protección de la vacuna disminuye con el tiempo. La importancia de mantenerse actualizado.

(Todos las personas de 6 meses o más deben recibir la vacuna contra el COVID-19 2024-2025)

2 Encuentre lugares de vacunación y vacúnese:

- Visite nj.gov/health/vaccines/covid-19/ o escanee el código QR.
- Visite vaccines.gov.

3 Quédense en casa y hágase la prueba:

- Si tiene síntomas del COVID-19 (fiebre, tos, secreción nasal, etc.).
- Solicite sus pruebas gratuitas de COVID-19 visitando COVID19Tests.gov.

4 Pregunte sobre medicamentos para el COVID-19:

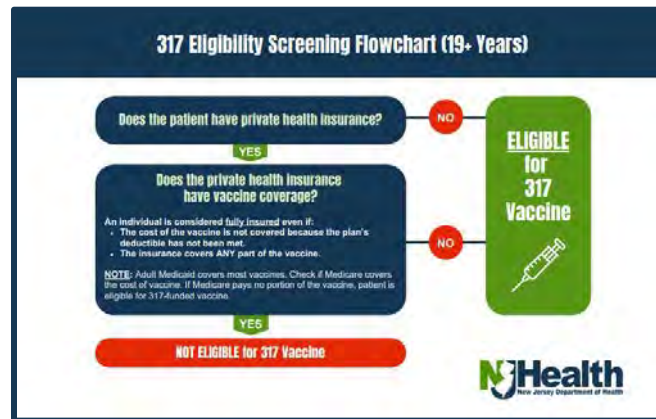
- Hable con su proveedor de atención médica si corre el riesgo de enfermarse gravemente por el COVID-19 (por ejemplo, si tiene condiciones médicas como asma, diabetes, etc.).
- No espere. Debe comenzar a tomar el medicamento entre 5 y 7 días después de que aparezcan los síntomas.

5 Practique una buena higiene (limpieza):

- Limpie las superficies de de uso frecuente (contreras, manijas, etc.).
- Lávese las manos durante al menos 20 segundos.
- Cúbrase la boca al toser y estornudar.

La vacuna es más al momento de la administración. La protección de la vacuna disminuye con el tiempo. La importancia de mantenerse actualizado.

Para obtener información sobre cómo mantenerse al día con las vacunas contra el COVID-19, visite nj.gov/health/vaccines/covid-19/.
 Diciembre de 2024



VFC & 317 Providers: The Best Shot at Vaccine Ordering A Guide for Best Practices

Ordering Guidelines

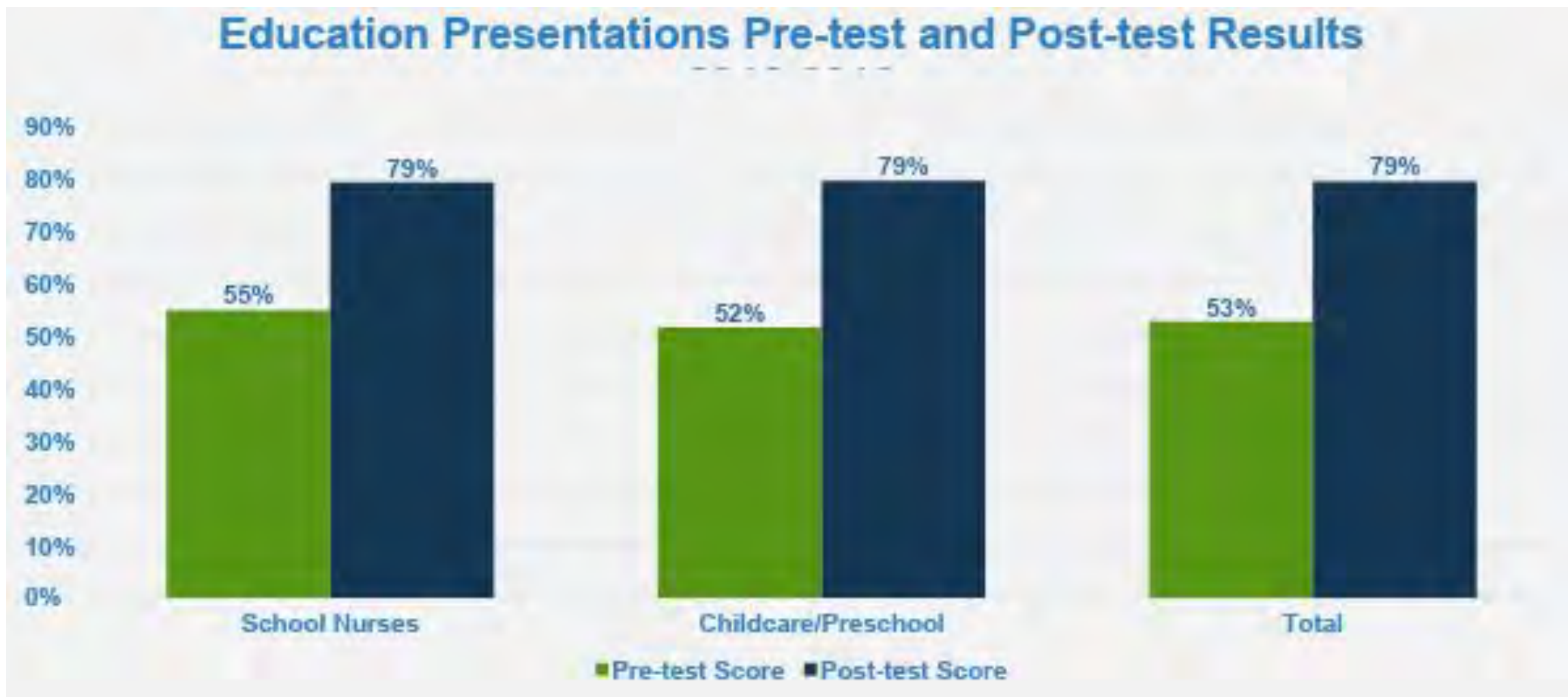
- Register as an New Jersey Immunization Information System (NJiIS) user and account for all federally funded (VFC or 317 vaccine doses) in the registry.
- Doses administered can be entered manually or transmitted through an interface with an electronic health record. Make sure the inventory decreases when doses are administered.
- All federally funded doses, regardless of age, must be entered into NJiIS. In accordance with N.J.A.C. 8-57 - 4, all private doses given to children under the age of 7 must be entered into NJiIS within 30 days of administration.

Before Submitting a Vaccine Order in NJiIS

- Match and fix any discrepancies between on-hand inventory and inventory in NJiIS by reviewing and entering immunization records for administered, expired, and wasted vaccines in NJiIS.
- Ensure doses administered are accurately recorded in NJiIS. Also, ensure there is a "buffer stock" of approximately 14-21 days for unexpected delays in shipments.
- Accurately record the minimum and maximum temperatures in NJiIS and confirm that there are no unresolved temperature excursions for all active vaccine storage units.

For questions, email VFC@doh.nj.gov Updated October 2024

Evaluation



Vaccination Initiatives

NJ Hot Shots for Tots Immunization Campaign



Voluntary point-based incentive program

Objective

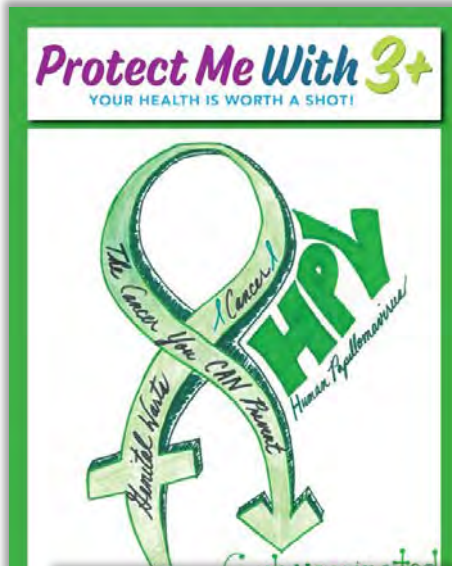
Empower child care providers to improve their capacity to develop and implement effective best practices to maintain/and or improve immunization coverage rates

Method

Motivate through recognition and incentives via a county-wide childcare-based immunization campaign

Protect Me with 3+

Protect Me With 3+

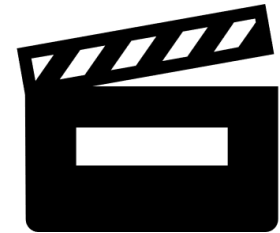


Annual contest now open!

Create. Educate. Vaccinate.

The 2025 Protect Me With 3+ poster and video contest is accepting submissions. New Jersey students in grades 5-12 can enter to win great prizes while promoting vaccination.

[ENTER CONTEST](#)



Keep your teen protected.

All preteens (11-12 years) are recommended to receive the following vaccines. Your child is due for one or more of the following:

- Tetanus/diphtheria/pertussis (Tdap)
 - ◆ Dose #1
 - ◆ Dose #2
 - ◆ Dose #3 (if needed)
- Meningococcal (MenACWY)
 - ◆ Dose #1 at 11-12 years
 - ◆ Booster dose at 16 years
- Influenza—every year!

Set up an appointment today for your teen to get vaccinated. We look forward to seeing you soon!

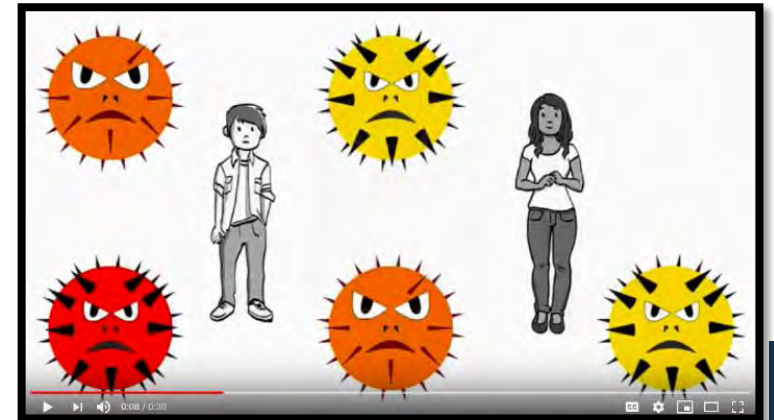
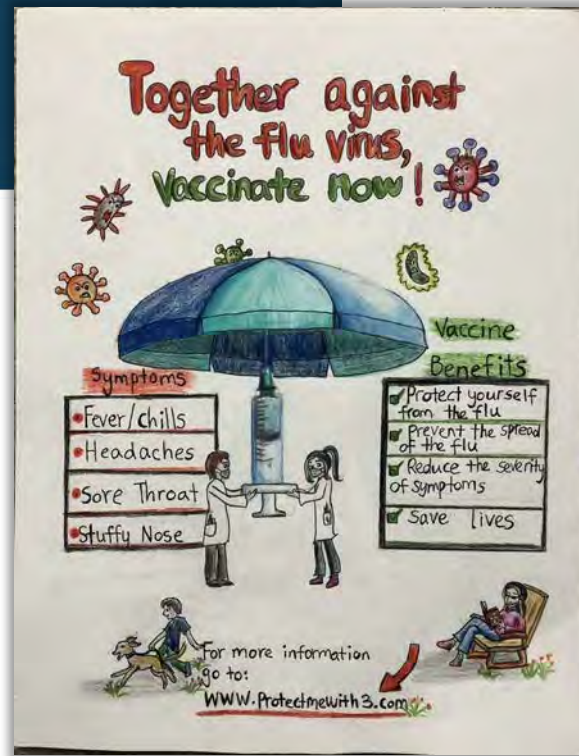
Follow Protect Me With 3+ on social media:

[Twitter](#) [Facebook](#) [Instagram](#) [YouTube](#)

[NJ Health](#)

From:

To:



Influenza Honor Roll

What should I do if I get sick with the flu?

- Stay home for at least 24 hours after your fever is gone.
- Get plenty of rest.
- Drink plenty of liquids.
- Ask your health care provider if antiviral medication is necessary.

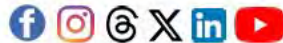


Additional Resources

New Jersey Department of Health
nj.gov/health/cd/topics/flu.shtml

Centers for Disease Control and Prevention (CDC)
cdc.gov/flu

Follow the New Jersey Department of Health on social media using @NJDeptofHealth on:
Facebook, Instagram, Threads, X, LinkedIn and YouTube.



New Jersey Department of Health
Communicable Disease Service
Vaccine Preventable Disease Program
PO Box 369, Trenton, NJ
609-826-4861



Flu Basics

Tips to stay healthy during flu season



What should I know about flu pandemics?

- Flu pandemics (global outbreaks) are caused by a new flu virus that affects people from around the world. Most people won't have immunity (protection) from the virus.
- Flu pandemics are rare. There have only been four flu pandemics in the past 100 years – but they were very serious.
- The seasonal flu vaccine probably won't protect you against a flu pandemic. A new vaccine will need to be made, which may take time.
- During a pandemic, be sure to practice healthy habits and take antiviral medications if prescribed by your health care provider.

C2802



NEW JERSEY
INFLUENZA HONOR ROLL RECIPIENT
2023-2024

Rutgers University

NJ College & University Flu Challenge

- Modeled after Michigan's Flu Challenge
- 15 participating schools
- This Year's Challenge Winners:
 - New Jersey Institute of Technology
 - The College of New Jersey
 - Centenary University



nj.gov/health/cd/edu_training/vpdp_flu_challenge.shtml

THANK YOU



nj.gov/health