

AIM Provider Toolkit: Child, Adolescent & Adult Immunizations

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To receive pharmacy continuing education credit, complete the registration, evaluation and examination sections below and send this form to Education Planning Assistant Bridget Long at Bridget@MichiganPharmacists.org, or Michigan Pharmacists Association, 408 Kalamazoo Plaza, Lansing, MI, 48933. A passing score of 70 percent is required. Individuals meeting requirements will receive a statement of credit for 3.0 contact hours within six weeks of receiving this form.

Registration for Pharmacy Continuing Education Credit

First Name _____ Last Name _____

Organization _____

Address _____ City/State/Zip _____

Phone Number _____ E-mail Address _____

Please indicate if you are a pharmacist or pharmacy technician. Pharmacist Technician Resident Student Pharmacist

Evaluation

Please rate each of the following statements:

	Agree Strongly	Agree	Disagree	Disagree Strongly	Not Applicable
The activity increased my understanding of this area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The activity met my educational needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The topic was relevant to my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The activity format was conducive to learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The activity included effective learning assessment activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning assessment activities were appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The activity was free from bias.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content was current.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information provided will be useful in my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational materials were useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presenter was knowledgeable of the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presenter's communication and presentation skills were of good quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate whether the presentation covered the following learning objectives.

Identify key resources available in Michigan for immunization providers.

Yes No

List the vaccines currently available on the U.S. market and compare and contrast their indications for use in various patient populations.

Yes No

Identify an appropriate vaccination regimen, including vaccine dose and patient counseling parameters.

Yes No

List recommended patient screening questions for vaccines and identify valid contraindications for vaccinations.

Yes No

Explain principles and procedures for vaccine storage and handling.

Yes No

Identify appropriate routes of vaccine administration in specific patient populations.

Yes No

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Evaluation Continued

What aspects of this program should have received more attention?

What one thing will you do differently after participating in the activity?

Additional comments:

Examination

Please circle your answers (one answer per question).

- | | | | | |
|------------|-------------|-------------|-------------|-------------|
| 1. a b c d | 7. a b c d | 13. a b c d | 19. a b c d | 25. a b c d |
| 2. a b c d | 8. a b c d | 14. a b c d | 20. a b c d | 26. a b c d |
| 3. a b c d | 9. a b c d | 15. a b c d | 21. a b c d | 27. a b c d |
| 4. a b c d | 10. a b c d | 16. a b c d | 22. a b c d | 28. a b c d |
| 5. a b c d | 11. a b c d | 17. a b c d | 23. a b c d | 29. a b c d |
| 6. a b c d | 12. a b c d | 18. a b c d | 24. a b c d | 30. a b c d |

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Examination Questions

Please select the appropriate answer for each question and include your answers on the registration form.

- Which of the following questions typically is not included on a screening questionnaire for children or teenagers?
 - Is the child sick today?
 - Does the child have migraines?
 - Has the child had a seizure, brain or nerve problem?
 - Has the child received vaccinations in the past four weeks?
- Common reactions to vaccinations include all of the following except:
 - anaphylactic response.
 - redness and slight swelling at the injection site.
 - pain at the injection site.
 - mild fever.

3. The H1N1 virus included in the 2010-2011 seasonal influenza vaccine is the pandemic 2009 H1N1 virus and is the same vaccine virus that was used in the 2009 H1N1 monovalent vaccine.
 - a. True
 - b. False
4. Providers are required to report childhood immunizations to MCIR within _____ of administration.
 - a. 24 hours
 - b. 30 days
 - c. 72 hours
 - d. Five business days
5. The Influenza Vaccine Exchange Network (IVEN), is a tool to facilitate redistribution of influenza vaccine for government purchased vaccine only.
 - a. True
 - b. False
6. Which of the following vaccines are covered by the Vaccine Injury Compensation Program (VICP)?
 - a. Diphtheria, tetanus, pertussis
 - b. Varicella
 - c. Measles, mumps, rubella
 - d. All of the above
7. What are the deadlines to file a VICP claim?
 - a. For an injury, your claim must be filed within three years after the first symptom of the vaccine injury.
 - b. For a death, a claim must be filed within five years of the death and 10 years after the start of the first symptom of the vaccine-related injury from which the death occurred.
 - c. For an injury, your claim must be filed within three days after the first symptom of the vaccine injury.
 - d. For a death, a claim must be filed within three years of the death and one year after the start of the first symptom of the vaccine-related injury from which the death occurred.
8. Which of the following statements is true concerning who can report to VAERS?
 - a. Patients
 - b. Parents
 - c. Healthcare providers
 - d. Anyone can report to VAERS.
9. Which of the following statements is false regarding Rotavirus vaccine (RV)?
 - a. The first dose of Rotavirus should be administered to infants between the ages of six through 14 weeks.
 - b. The maximum age for the final dose in the Rotavirus series is eight months 0 days.
 - c. If Rotarix is administered at ages two and four months, a dose at six months is also indicated.
 - d. Rotavirus vaccination should not be initiated for infants aged 15 weeks 0 days or older.
10. Subcutaneous injections typically are administered using what length of needle?
 - a. 1 inch
 - b. 1/2 inch
 - c. 5/8 inch
 - d. 1 1/2 inches
11. All of the following vaccines are administered via the IM route except:
 - a. Hepatitis B.
 - b. MPSV4.

- c. HPV.
 - d. MCV4.
12. Which one of the following statements is true?
- a. Insert the needle at a 45-degree angle for an intramuscular injection.
 - b. Insert the needle at a 45-degree angle for a subcutaneous injection.
 - c. Insert the needle at a 90-degree angle for a subcutaneous injection.
 - d. Insert the needle at a 45-degree angle for an intramuscular or subcutaneous injection.
13. Vaccine Information Statements (VIS) can be found at www.michigan.gov/immunize. Why is it critical to use the Michigan versions of VIS?
- a. Vaccine Information Statements (VIS) explain the benefits and risks of a vaccine to vaccine recipients, their parents, or their legal representatives.
 - b. Federal law requires that VIS be handed out whenever certain vaccinations are given.
 - c. MI VIS contain information about the Michigan Care Improvement Registry (MCIR). By state law in Michigan, parents must be informed about MCIR.
 - d. The Important VIS Facts handout includes a convenient table with all the most recent published dates of the Vaccine Information Statements.
14. Which of the following questions is not typically included on an adult immunization screening questionnaire?
- a. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?
 - b. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?
 - c. Have you received any vaccinations in the past three months?
 - d. Do you have cancer, leukemia, AIDS, or any other immune system problem?
15. Which one of the following statements regarding tetanus, diphtheria, pertussis vaccination catch up recommendations is not accurate?
- a. For children with an incomplete DTaP/Td series or who have an unknown history of DTaP/Td vaccination, give one dose of Tdap, preferably for the first dose, if more than one dose is needed.
 - b. For persons 65 years and older who expect to have close contact with an infant less than age 12 months, give one dose of Tdap, unless a previous dose of Tdap has been given.
 - c. For persons 11 years and older, Tdap should be substituted for a single dose of Td in the catch-up series.
 - d. All of the above are true statements.
16. If a child has a fever following a vaccination, which of the following actions would not be an appropriate treatment option?
- a. Give your child plenty to drink.
 - b. Give your child aspirin based upon the child's weight.
 - c. Dress your child lightly. Do not cover or wrap your child tightly.
 - d. Sponge your child in a few inches of lukewarm (not cold) bath water.
17. Which of the following vaccines may be administered intramuscularly, as well as subcutaneously?
- a. MMR
 - b. Varicella
 - c. PPSV
 - d. All of the above

18. Pregnancy is a direct contraindication for which vaccine?
- Varicella
 - Td
 - Hepatitis A
 - Hepatitis B
19. Which of the following patient populations should receive the meningococcal vaccine?
- People with anatomic or functional asplenia or persistent complement component deficiency
 - Unvaccinated college freshmen who live in dormitories
 - Answers a and b
 - None of the answers are correct.
20. While not encouraged, different brands of hepatitis B vaccine may be used interchangeably.
- True
 - False
21. If two or more of the following live virus vaccines are to be given (LAIV, MMR, Varicella, and/or yellow fever), they should be given on the same day. If they are not, space them by at least 28 days apart.
- True
 - False
22. Pneumococcal conjugate (PCV13) replaced which one of the following vaccines?
- PPSV
 - PCV7
 - HPV2
 - MPSV4
23. Which of the following is not a *Haemophilus influenzae* type b vaccine?
- PedvaxHIB
 - Comvax
 - ActHib
 - Engerix-B
24. Pentacel® is which combination of vaccines?
- DTaP/IPV/Hib
 - DTaP/IPV/Hep B
 - DTaP/IPV
 - Hep A/Hep B
25. What patient population does not need pneumococcal polysaccharide 23 vaccine?
- Vaccinate all persons 65-years-of-age and older.
 - Persons 19-64 years-of-age who smoke cigarettes
 - Alaskan Natives or American Indians 10 to 50 years-of-age
 - All of the above should receive pneumococcal polysaccharide 23 vaccines.

26. MMR vaccine directly causes autism?
- True
 - False
27. Which of the following is incorrect?
- Boostrix® is DTaP.
 - Gardasil® is HPV4.
 - Adacel® is Tdap.
 - Menactra™ is MCV4.
28. Which one of the following statements regarding tetanus vaccines is correct?
- Td booster doses should be given every seven years.
 - DTaP is indicated for patients six weeks to six years.
 - Adacel® is indicated for patients 10 to 18 years old.
 - Boostrix® is indicated for patients 11 to 64 years old.
29. All of the following are storage and handling requirements for the HPV vaccine except:
- store in the freezer.
 - protect from light.
 - shake well before use.
 - store in the refrigerator between 35 to 46 degrees Fahrenheit.
30. Which of the following statements is true?
- The flu shot can cause the flu.
 - Only older people need a flu vaccine.
 - The worst side effect a patient is likely to receive from a flu shot is a sore arm.
 - Patients must receive their flu shots before December each year.