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15MS3111

VACCINE GUIDE

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MEDICAL

In 1932, Henry Schein opened a community pharmacy in Queens, NY. We have been in the pharmaceutical business ever since. With more than 80 years of experience in selling vaccines and other prescription products, we are well-equipped to help medical practitioners with products and solutions that aid in the prevention disease.

Vaccine Expertise

We offer all pediatric and adult immunizations recommended by the ACIP! **Henry Schein** offers a full line of vaccines, including travel vaccines, and purchases direct from major vaccine manufacturers, including Merck, GSK, Sanofi, Novartis, and Pfizer. We also have access to Merck, GSK, and Sanofi vaccine contract programs.

"More than 80 years of experience."

Product Integrity

Henry Schein utilizes cold-chain expertise in storing and shipping vaccines and other refrigerated pharmaceuticals, and operates in full compliance with state pedigree compliance standards. All of our 6 distribution centers are VAWD certified by the National Association of Boards of Pharmacy.

Worry-Free Guarantee Influenza Program

Henry Schein is the nation's largest distributor of flu vaccine. We offer a complete flu vaccine solution for practices, the Worry-Free Guarantee Influenza Program. The program boasts a 9-year history of delivering flu vaccine on time and offers guaranteed delivery dates, extended payment terms, return privileges, flu practice marketing kits, and many other benefits.

DxRx Solutions

A staffed toll-free hotline, email box, and website with live-chat are available to provide quick answers to questions on pharmaceuticals, vaccines, and diagnostics.

- CPT and JCodes with average Medicare reimbursement
- Package inserts and MSDS sheets
- State immunization mandates for school entry
- Supply status updates for products in short supply

Ancillary Items

Henry Schein also provides everything needed for immunizations in your office—from hypodermics and refrigeration for vaccines, to inventory management systems.

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CPT Codes

ActHIB® (1 component)	90648†
ADACEL® (3 components)	90715†
Bexsero® (1 component)	90620†
BOOSTRIX® (3 components)	90715†
CERVARIX® (1 component)	90650†
COMVAX® (2 components)	90748†
DAPTACEL® (3 components)	90700†
Diphtheria and Tetanus Toxoids Adsorbed USP *(For Pediatric Use)* (2 components)	90702†
ENGERIX-B® Pediatric (1 component)	90744†
ENGERIX-B® Adult (1 component)	90746†
GARDASIL® (1 component)	90649†
GARDASIL® 9 (1 component)	90651†
Havrix® Pediatric (1 component)	90633†
Havrix® Adult (1 component)	90632†
HIBERIX® (1 component)	90648†
IMOVAX® (1 component)	90675†
INFANRIX® (3 components)	90700†
IPOL® (1 component)	90713†
IXIARO® (1 component)	90738†
KINRIX® (4 components)	90696†
Menactra® (1 component)	90734†
MenHibrix® (2 components)	90644†
Menomune® (1 component)	90733†
MENVEO® (1 component)	90734†
M-M-R® II (3 components)	90707†

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PEDIARIX® (5 components)	90723†
PedvaxHIB (1 component)	90647†
Pentacel® (5 components)	90698†
PNEUMOVAX®23 (1 component)	90732†
Prevnar 13™ (1 component)	90670†
ProQuad® (4 components)	90710†
RabAvert (1 component)	90675†
RECOMBIVAX HB® Pediatric (1 component)	90744†
RECOMBIVAX HB® Adult (1 component)	90743†
RECOMBIVAX HB® Dialysis (1 component)	90747†
Rotarix® (1 component)	90681†
RotaTeq® (1 component)	90680†
TENIVAC® (2 components)	90714†
Tetanus and Diphtheria Toxoids Adsorbed for Adult Use (2 components)	90718†
Tripedia® (3 components)	90700†
Trumenba® (1 component)	90621†
TWINRIX® (2 components)	90636†
Typhim VI® (1 component)	90691†
VAQTA® Pediatric (1 component)	90633†
VAQTA® Adult (1 component)	90632†
VARIVAX® (1 component)	90716†
Vivotif® (1 component)	90690†
YF-VAX® (1 component)	90717†
ZOSTAVAX® (1 component)	90736†

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Administering Vaccines: Dose, Route, Site, and Needle Size

Vaccine	Dose	Route
Diphtheria, Tetanus, Pertussis (DTaP, DT, Tdap, Td)	0.5 mL	IM
***Haemophilus influenzae* type b** (Hib)	0.5 mL	IM
Hepatitis A (HepA)	≤18 yrs; 0.5 mL ≥19 yrs; 1.0 mL	IM
Hepatitis B (HepB) ** Persons 11–15 yrs may be given Recombivax HB (Merck) 1.0 mL adult formulation on a 2-dose schedule.*	≤19 yrs: 0.5 mL ≥20 yrs: 1.0 mL	IM
Human papillomavirus (HPV)	0.5 mL	IM
Influenza, live attenuated (LAIV)	0.2 mL	Intranasal spray
Influenza, inactivated (IIV) **and recombinant** (RIV)	6–35 mos: 0.25 mL ≥3 yrs: 0.5 mL	IM
Influenza (IIV) **Fluzone Intradermal, for ages 18 through 64 years**	0.1 mL	ID
Measles, Mumps, Rubella (MMR)	0.5 mL	SC
Meningococcal conjugate (MCV)	0.5 mL	IM
Meningococcal polysaccharide (MPSV)	0.5 mL	SC
Pneumococcal conjugate (PCV)	0.5 mL	IM
Pneumococcal polysaccharide (PPSV)	0.5 mL	IM or SC
Polio, inactivated (IPV)	0.5 mL	IM or SC
Rotavirus (RV)	Rotarix: 1.0 mL Rotateq: 2.0 mL	Oral
Varicella (Var)	0.5 mL	SC
Zoster (Zos)	0.65 mL	SC
Combination Vaccines		
DTaP-HepB-IPV (Pediarix) DTaP-IPV/Hib (Pentacel) DTaP-IPV (Kinrix) Hib-HepB (Comvax)	0.5 mL	IM
MMRV (ProQuad)	≤12 yrs: 0.5 mL	SC
HepA-HepB (Twinrix)	≥18 yrs: 1.0 mL	IM

Injection Site and Needle Size

Subcutaneous (SC) injection

Use a 23–25 gauge needle. Choose the injection site that is appropriate to the person's age and body mass.

AGE	NEEDLE LENGTH	INJECTION SITE
Infants (1–12 mos)	5/8"	Fatty tissue over anterolateral thigh muscle
Children 12 mos or older, adolescents, and adults	5/8"	Fatty tissue over anterolateral thigh muscle or fatty tissue over triceps

Intramuscular (IM) injection

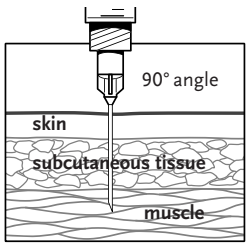
Use a 22–25 gauge needle. Choose the injection site and needle length that is appropriate to the person's age and body mass.

AGE	NEEDLE LENGTH	INJECTION SITE
Newborns (1st 28 days)	5/8"*	Anterolateral thigh muscle
Infants (1–12 months)	1"	Anterolateral thigh muscle
Toddlers (1–2 years)	1–1 1/4" 5/8–1"*	Anterolateral thigh muscle or deltoid muscle of arm
Children and teens (3–18 years)	5/8–1"* 1–1 1/4"	Deltoid muscle of arm or anterolateral thigh muscle
Adults 19 years or older		
Male or female < 130 lbs	5/8–1"*	Deltoid muscle of arm
Female 130–200 lbs Male 130–260 lbs	1–1 1/2"	Deltoid muscle of arm
Female 200+ lbs Male 260+ lbs	1 1/2"	Deltoid muscle of arm

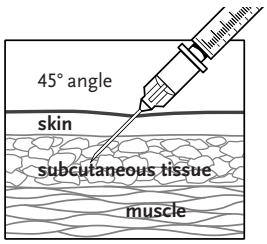
* A 5/8" needle may be used for patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle **only** if the skin stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

NOTE: Always refer to the package insert included with each biologic for complete vaccine administration information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well. Access the ACIP recommendations at www.immunize.org/acip.

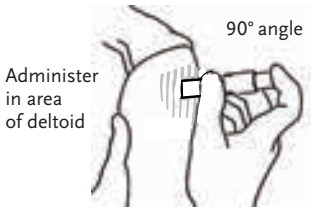
Intramuscular (IM) injection



Subcutaneous (SC) injection



Intradermal (ID) administration of Fluzone ID vaccine



Intranasal (IN) administration of Flumist (LAIV) vaccine

immunization action coalition
IAC
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www.immunize.org/catg.d/p3085.pdf • Item #P3085 (1/15)

Vaccines with Diluents: How to Use Them

Be sure to reconstitute the following vaccines correctly before administering them! Reconstitution means that the lyophilized (freeze-dried) vaccine powder or wafer in one vial must be reconstituted (mixed) with the diluent (liquid) in another.

- Only use the diluent provided by the manufacturer for that vaccine as indicated on the chart.
- ALWAYS check the expiration date on the diluent and vaccine. NEVER use expired diluent or vaccine.

Vaccine product name	Manufacturer	Lyophilized vaccine (powder)	Liquid diluent (may contain vaccine)	Time allowed between reconstitution and use, as stated in package insert*	Diluent storage environment
ActHIB (Hib)	sanofi pasteur	Hib	0.4% sodium chloride	24 hrs	Refrigerator
Hiberix (Hib)	GlaxoSmithKline	Hib	0.9% sodium chloride	24 hrs	Refrigerator or room temp
Imovax (RAB_{HDCV})	sanofi pasteur	Rabies virus	Sterile water	Immediately†	Refrigerator
M-M-R II (MMR)	Merck	MMR	Sterile water	8 hrs	Refrigerator or room temp
MenHibrix (Hib-MenCY)	GlaxoSmithKline	Hib-MenCY	0.9% sodium chloride	Immediately†	Refrigerator or room temp
Menomune (MPSV4)	sanofi pasteur	MPSV4	Distilled water	30 min (single-dose vial) 35 days (multidose vial)	Refrigerator
Menveo (MCV4)	Novartis	MenA	MenCWY	8 hrs	Refrigerator
Pentacel (DTaP-IPV/Hib)	sanofi pasteur	Hib	DTaP-IPV	Immediately†	Refrigerator
ProQuad (MMRV)	Merck	MMRV	Sterile water	30 min	Refrigerator or room temp
RabAvert (RAB_{PCECV})	Novartis	Rabies virus	Sterile water	Immediately†	Refrigerator
Rotarix (RV1)‡	GlaxoSmithKline	RV1	Sterile water, calcium carbonate, and xanthan	24 hrs	Room temp
Varivax (VAR)	Merck	VAR	Sterile water	30 min	Refrigerator or room temp
YF-VAX (YF)	sanofi pasteur	YF	0.9% sodium chloride	60 min	Refrigerator
Zostavax (HZV)	Merck	HZV	Sterile water	30 min	Refrigerator or room temp

Always refer to package inserts for detailed instructions on reconstituting specific vaccines. In general, follow the steps below.

1. For single-dose vaccine products (exception is Rotarix‡), select a syringe and needle of proper length to be used for both reconstitution and administration of the vaccine. Following reconstitution, Menomune in a multidose vial will require a new needle and syringe for each dose of vaccine to be administered. For Rotarix, see the package insert.‡
2. Before reconstituting, check labels on both the lyophilized vaccine vial and the diluent to verify that
   - they are the correct two products to mix together,
   - the diluent is the correct volume (especially for Menomune in the multidose vial), and
   - neither the vaccine nor the diluent has expired.
3. Reconstitute (i.e., mix) vaccine ***just prior to use*** by
   - removing the protective caps and wiping each stopper with an alcohol swab,
   - inserting needle of syringe into diluent vial and withdrawing entire contents, and
   - injecting diluent into lyophilized vaccine vial and rotating or agitating to thoroughly dissolve the lyophilized powder.
4. Check the appearance of the reconstituted vaccine.
   - Reconstituted vaccine may be used if the color and appearance match the description on the package insert.
   - If there is discoloration, extraneous particulate matter, obvious lack of resuspension, or the vaccine cannot be thoroughly mixed, mark the vial as "DO NOT USE," return it to proper storage conditions, and contact your state or local health department immunization program or the vaccine manufacturer.
5. If reconstituted vaccine is not used immediately or comes in a multidose vial (i.e., multi-dose Menomune), be sure to
   - clearly mark the vial with the date and time the vaccine was reconstituted,
   - maintain the product at 35°–46°F (2°–8°C); do not freeze, and
   - use only within the time indicated on chart above.

* If the reconstituted vaccine is not used within this time period, it must be discarded.
† For purposes of this guidance, IAC defines "immediately" as within 30 minutes or less.
‡ Rotarix vaccine is administered by mouth using the applicator that contains the diluent. It is not administered as an injection.

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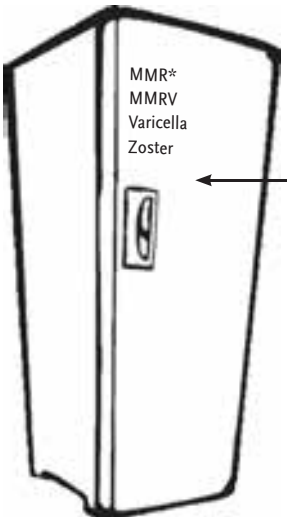
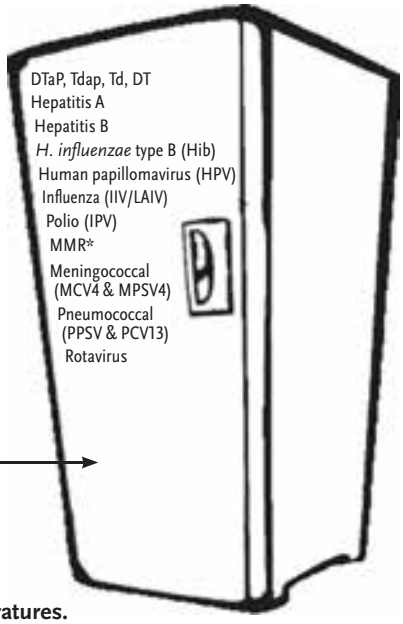
Vaccine Handling Tips– *Remember: Improperly stored or outdated vaccines won't protect your patients!*

Freezer



Maintain freezer temperature between -58°and 5°F (-50° and -15°C).

Refrigerator



Maintain refrigerator temperature between 35° and 46°F (2° and 8°C). Aim for 40°F (5°C).

Manage vaccine inventories.
Inventory your vaccine supplies at least monthly and before placing an order. Expired vaccine must never be used, and it becomes "cash in the trash!"

Always use the vaccine with the soonest expiration date first.
Move vaccine with the soonest expiration date to the front of the storage unit and mark it to be used first. These actions help ensure it will be picked up first by someone selecting vaccine from the unit.

Store vaccine appropriately.†
Place vaccines in refrigerator or freezer immediately upon receiving shipment. Keep vaccine vials in their original packaging. Place vaccine in clearly labeled wire baskets or other open containers with a 2–3" separation between baskets and 4" from wall of unit. Separate or clearly mark vaccines to distinguish those that were supplied from your state's Vaccines for Children program (or other state-funded source) from those that were privately purchased. Do not store vaccines in the door or on the floor of the unit.

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 refrigerator or freezer doors are opened frequently or are accidentally left open. Because frequent opening of either the refrigerator or freezer door can lead to temperature variations that could affect vaccine efficacy, you should not store food or beverages in the refrigerator or freezer.

Safeguard the electrical supply to the refrigerator. Make sure the refrigerator and freezer are plugged into outlets in a protected area where they cannot be disconnected accidentally. Label the refrigerator, freezer, electrical outlets, fuses, 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 interruption of power.‡ If your building has auxiliary power, use the outlet supplied by that system.

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*MMR may be stored in either the freezer or the refrigerator.

†Refer to package insert for specific instructions on the storage of each vaccine. If you have questions about the condition of the vaccine upon arrival, immediately place the vaccine in recommended storage, mark it "do not use," and then call your state health department or the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected. For other questions, call the immunization program at your state or local health department.

‡For easy help with labeling units and power supplies, see IAC signs "Do Not Unplug Refrigerator or Freezer" (www.immunize.org/catg.d/p2090.pdf) and "Do Not Stop Power to Circuit Breaker" (www.immunize.org/catg.d/p2091.pdf). For guidance on steps to take during a power interruption, see IAC's "Emergency Response Worksheet" (www.immunize.org/catg.d/p3051.pdf).

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www.immunize.org/catg.d/p3048.pdf • Item #P3048 (4/14)

Healthcare Personnel Vaccination Recommendations

VACCINES AND RECOMMENDATIONS IN BRIEF

Hepatitis B – If previously unvaccinated, give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give intramuscularly (IM). For HCP who perform tasks that may involve exposure to blood or body fluids, obtain anti-HBs serologic testing 1–2 months after dose #3.

Influenza – Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM, except when using the intradermal influenza vaccine. Live attenuated influenza vaccine (LAIV) is given intranasally.

MMR – For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give subcutaneously (SC).

Varicella (chickenpox) – For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.

Tetanus, diphtheria, pertussis – Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td boosters every 10 years thereafter. Give IM.

Meningococcal – Give 1 dose to microbiologists who are routinely exposed to isolates of *Neisseria meningitidis* and boost every 5 years if risk continues. Give MCV4 IM; if necessary to use MPSV4, give SC.

Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.

Hepatitis B

Unvaccinated healthcare personnel (HCP) and/or those who cannot document previous vaccination should receive a 3-dose series of hepatitis B vaccine at 0, 1, and 6 months. HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #3 to document immunity.

- If anti-HBs is at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection, and should receive 3 additional doses of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later. A vaccinee whose anti-HBs remains less than 10 mIU/mL after 6 doses is considered a "non-responder."

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood or blood with unknown HBsAg status. It is also possible that non-responders are people who are HBsAg positive. HBsAg testing is recommended. HCP found to be HBsAg positive should be counseled and medically evaluated.

For HCP with documentation of a complete 3-dose HepB vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): HCP who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. See references 2 and 3 for details.

Influenza

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation.

Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.
- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP should be revaccinated during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

Meningococcal

Vaccination with MCV4 is recommended for microbiologists who are routinely exposed to isolates of *N. meningitidis*.

REFERENCES

1 CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 2011; 60(RR-7).

2 CDC. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management, *MMWR*, 2013; 62(10):1–19.

3 IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at www.immunize.org/catg.d/p2108.pdf.

For additional specific ACIP recommendations, visit CDC's website at www.cdc.gov/vaccines/hcp/acip-recs/index.html or visit IAC's website at www.immunize.org/acip.

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www.immunize.org/catg.d/p2017.pdf • Item #P2017 (3/15)

Supplies You May Need at a Community Immunization Clinic

Vaccine options*

- ☐ Diphtheria, tetanus, and pertussis (DTaP)
- ☐ DTaP-HepB-IPV (Pediarix)
- ☐ DTaP-Hib (Trihibit)
- ☐ DTaP-Hib-IPV (Pentacel)
- ☐ DTaP-IPV (Kinrix)
- ☐ Haemophilus influenzae type b (Hib)
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hep B-Hib (Comvax)
- ☐ Hep A-Hep B (Twinrix)
- ☐ Human papillomavirus (HPV)
- ☐ Influenza, trivalent injectable (TIV) *(in season)*
- ☐ Measles, mumps, rubella (MMR)
- ☐ Meningococcal
- ☐ Pneumococcal conjugate (PCV)
- ☐ Pneumococcal polysaccharide (PPSV)
- ☐ Polio, inactivated (IPV)
- ☐ Rotavirus (RV)
- ☐ Tetanus-diphtheria, adult (Td)
- ☐ Tetanus, diphtheria, and pertussis (Tdap)
- ☐ Influenza, live attenuated intranasal (LAIV) *(in season)*

Frozen
- ☐ Measles, mumps, rubella, varicella (MMRV)
- ☐ Varicella
- ☐ Zoster (shingles)

Note: do not place diluent in container with dry ice.

For instructions on how to pack and transport vaccines, go to www.immunize.org/catg.d/p3049.pdf

Immunization Clinic Documentation

- ☐ Immunization clinic standing orders and protocols†
- ☐ Vaccination administration records† *(i.e., medical records)*
- ☐ Billing forms
- ☐ *Screening Questionnaire for Childhood Immunization*†
- ☐ *Screening Questionnaire for Adult Immunization*†
- ☐ *Summary of Recommendations for Childhood and Adolescent Immunization*†
- ☐ *Summary of Recommendations for Adult Immunization*†
- ☐ Immunization record cards for patients‡
- ☐ Release of information forms
- ☐ *Notification of Vaccination Letter*† (to send to primary clinic)
- ☐ Vaccine Adverse Events Reporting (VAERS) forms
- ☐ List of clinics, phone #s, and other referral sources
- ☐ *Supplies You May Need at a Community Immunization Clinic*† (i.e., this form)
- ☐ Schedules including dates and times of future clinics

Miscellaneous Office Supplies

- ☐ Calendar
- ☐ Pens, black and red
- ☐ Files
- ☐ Scissors
- ☐ Pad of paper
- ☐ Stapler/staples
- ☐ Rubber bands
- ☐ Tape
- ☐ Paper clips

Vaccine Information Statements (VISs)*

- ☐ DTaP/DT/DTP
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ HPV (Cervarix or Gardasil)
- ☐ Hib
- ☐ Influenza (TIV)
- ☐ Influenza (LAIV)
- ☐ MMR
- ☐ Meningococcal
- ☐ Polio
- ☐ PCV
- ☐ PPSV
- ☐ Rotavirus
- ☐ Td/Tdap
- ☐ Varicella
- ☐ Zoster (shingles)
- ☐ Multi-vaccine

Emergency Supplies*

- ☐ Standing orders for medical emergencies†
- ☐ Aqueous epinephrine USP (1:1000), in ampules, vials of solution, or prefilled syringes (including Epi-Pens)
- ☐ Diphenhydramine (e.g., Benadryl) injectable (50 mg/mL solution) and oral (12.5 mg/5 mL suspension) and 25 mg or 50 mg capsules or tablets
- ☐ 1 and 3 cc syringes with 1", 1½", and 2" needles for epinephrine or diphenhydramine
- ☐ Alcohol wipes ☐ Tourniquet
- ☐ Pediatric and adult airways (small, medium, and large)
- ☐ Pediatric & adult size pocket masks with one-way valve
- ☐ Oxygen (if available)
- ☐ Stethoscope
- ☐ Sphygmomanometer (child, adult & extra-large cuffs)
- ☐ Tongue depressors
- ☐ Flashlight & extra batteries *(for examination of mouth & throat)*
- ☐ Wrist watch with ability to count seconds
- ☐ Cell phone or access to an onsite phone

Vaccine Supplies*

- ☐ 1 or 2 needle disposal containers
- ☐ 1 box of 3 cc syringes
- ☐ 22–25g needles
  - ☐ ⅝"; ☐ 1"; ☐ 1½"; ☐ 2"
- ☐ 1 box of medical gloves
- ☐ Alcohol wipes
- ☐ Spot bandaids ☐ Rectangular bandaids
- ☐ 1" gauze pads or cotton balls
- ☐ Thermometers along with probe covers
- ☐ Certified calibrated thermometer for vaccine cooler
- ☐ Paper towels
- ☐ Bleach solution in spray bottle

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* Always check the expiration dates of all vaccines, medications, and medical supplies before using! In addition, be sure to check that you have the most current versions of the VISs. To learn more about VISs, visit www.immunize.org/vis.

† These materials are available at www.immunize.org/printmaterials.

‡ These materials may be purchased at www.immunize.org/shop.

Technical content reviewed by the Centers for Disease Control and Prevention, May 2010.

www.immunize.org/catg.d/p3046.pdf • Item #P3046 (5/10)

Meningococcal Vaccination Recommendations by Age and/or Risk Factors

This table summarizes the recommendations of CDC's Advisory Committee on Immunization Practices for the use of meningococcal vaccine.

MCV4 = Menactra (sanofi) and Menveo (Novartis) **MCV4-D** = Menactra
MCV4-CRM = Menveo **Hib-MenCY** = MenHibrix (GlaxoSmithKline)
MPSV = Menomune (sanofi)

Targeted group by age and/or risk factor	Primary dose(s)	Booster dose(s)
People ages 11 through 18 years	Give 1 dose of MCV4, preferably at age 11 or 12 years[1]	Give booster at age 16 years if primary dose given at age 12 years or younger
		Give booster at age 16 through 18 years if primary dose given at age 13 through 15 years[2]
People ages 19 through 21 years who are first year college students living in residence halls	Give 1 dose of MCV4[1]	Give booster if previous dose given at age younger than 16 years
Travelers to or residents of countries where meningococcal disease is hyperendemic or epidemic,[3] people present during outbreaks caused by a vaccine serogroup,[4] and other people with prolonged increased risk for exposure (e.g., microbiologists routinely working with *Neisseria meningitidis*)		
• for children age 2 through 18 months	Give MCV4-CRM at ages 2, 4, 6 and 12–15 months[5]	If risk continues, give initial booster after 3 years followed by boosters every 5 years
• for children age 7 through 23 months who have not initiated a series of MCV4-CRM or Hib-MenCY	Give 2 doses, separated by 3 months,[6] of MCV4-CRM (if age 7–23 months)[7] or MCV4-D (if age 9–23 months)	
• for age 2 through 55 years	Give 1 dose of MCV4[1]	Boost every 5 years with MCV4[8,9]
• for age 56 years and older	If no previous MCV4 dose and either short-term travel or outbreak-related, give 1 dose of MPSV; all others, give 1 dose of MCV4	Boost every 5 years with MCV4[9]
People with persistent complement component deficiencies[10]		
• for age 2 through 18 months	Give MCV4-CRM or Hib-MenCY at ages 2, 4, 6 and 12–15 months	Give MCV4 booster after 3 years followed by boosters every 5 years thereafter
• for children age 7 through 23 months who have not initiated a series of MCV4-CRM or Hib-MenCY	Give 2 doses, separated by 3 months, of MCV4-CRM (if age 7–23 months)[7] or MCV4-D (if age 9–23 months)	
• for ages 2 through 55 years	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4[8,11]
• for age 56 years and older	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4[11]
People with functional or anatomic asplenia, including sickle cell disease		
• for age 2 through 18 months	Give MCV4-CRM or Hib-MenCY at ages 2, 4, 6 and 12–15 months	Give MCV4 booster after 3 years followed by boosters every 5 years thereafter
• for children age 19 through 23 months who have not initiated a series of MCV4-CRM or Hib-MenCY	Give 2 doses of MCV4-CRM, 3 months apart	
• for ages 2 through 55 years	Give 2 doses of MCV4, 2 months apart[12]	Boost every 5 years with MCV4[8,11]
• for age 56 years and older	Give 2 doses of MCV4, 2 months apart	Boost every 5 years with MCV4[11]

FOOTNOTES

1. If the person is HIV-positive, give 2 doses, 2 months apart.
2. The minimum interval between doses of MCV4 is 8 weeks.
3. Prior receipt of Hib-MenCY is not sufficient for children traveling to the Hajj or African meningitis belt as it doesn't provide protection against serogroups A or W.
4. Seek advice of local public health authorities to determine if vaccination is recommended.
5. Children ages 2 through 18 months who are present during outbreaks caused by serogroups C or Y may be given an age-appropriate series of Hib-MenCY.
6. If a child age 7 through 23 months will enter an endemic area in less than 3 months, give doses as close as 2 months apart.
7. If using MCV4-CRM, dose 2 should be given no younger than age 12 months.
8. If primary dose(s) given when younger than age 7 years, give initial booster after 3 years, followed by boosters every 5 years.
9. Booster doses are recommended if the person remains at increased risk.
10. Persistent complement component deficiencies include C3, C5–C9, properdin, factor H, and factor D.
11. If the person received a 1-dose primary series, give booster at the earliest opportunity, then boost every 5 years.
12. Children with functional or anatomic asplenia should complete an age-appropriate series of PCV13 vaccine before vaccination with MCV4-D; MCV4-D should be given at least 4 weeks following last dose of PCV13. MCV4-CRM or Hib-MenCY may be given at any time before or after PCV13.

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION St. Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

DTaP, Tdap, & Td Catch-up Vaccination Recommendations by Prior Vaccine History & Age

This table summarizes the recommendations of CDC's Advisory Committee on Immunization Practices for the use of DTaP, Tdap, and Td in children, adolescents, and adults who are unvaccinated or who have fallen behind.

For use in infants and children through age 6 years

DTaP = Diphtheria and tetanus toxoids with acellular pertussis vaccine

DT (pediatric) = Diphtheria and tetanus toxoids (no pertussis)

For use in children age 7 years and older and adults

Tdap = Tetanus and diphtheria toxoids with acellular pertussis vaccine

Td (adult) = Tetanus and diphtheria toxoids

Current Age of Child or Adult	No. of Prior Documented Doses	Minimum Interval Between Doses of DTaP, Tdap, or Td Starting from the Most Recent Dose Given			
		DOSE 1 TO DOSE 2	DOSE 2 TO DOSE 3	DOSE 3 TO DOSE 4	DOSE 4 TO DOSE 5
4 months through 6 years	Unknown	4 weeks	4 weeks	6 months[1]	6 months[2]
	0	4 weeks	4 weeks	6 months[1]	6 months[2]
	1	4 weeks	4 weeks	6 months[1]	6 months[2]
	2		4 weeks	6 months[1]	6 months[2]
	3			6 months[1]	6 months[2]
	4				6 months[2]
7 through 18 years[3] ***or*** **Adults age 19 years and older**[4]	Unknown	4 weeks	6 months		
	0	4 weeks	6 months		
	1	4 weeks	4 weeks, if dose 1 given at younger than age 12 mos; 6 months if dose 1 given at age 12 mos or older	6 months, if dose 1 given at younger than age 12 mos	
	2		4 weeks, if dose 1 given at younger than age 12 mos; 6 months if dose 1 given at age 12 mos or older	6 months, if dose 1 given at younger than age 12 mos	
	3			6 months, if dose 1 given at younger than age 12 mos	

- Children ages 2 months through 6 years should receive DTaP; the pediatric product, DT, should only be used in children with a valid contraindication to the pertussis component.
- The routine schedule for administering DTaP to children is a 3-dose series at age 2, 4, and 6 months, followed by boosters at age 15–18 months and 4–6 years. The first booster may be given at age 12–15 months as long as there is an interval of at least 6 months from the preceding dose.
- Adults who have not completed a 3-dose primary series with Td-containing vaccine, including any doses received as children, should begin or complete a series with Tdap as the first dose administered.
- For children and adults who fall behind in completion of their vaccine series, there is no need to restart the series. Simply resume where they've left off.
- Products manufactured by different companies are interchangeable.
- All adults should receive 1 dose of Tdap, if they haven't previously received Tdap.
- Pregnant women should receive Tdap during each pregnancy, preferably between 27 and 36 weeks' gestation. Women who have never received Tdap and fail to receive it during their pregnancy should receive it immediately postpartum.
- Tdap can be given with no minimum interval since the previous tetanus toxoid-containing product (e.g., DTaP, Td).
- Patients with a history of pertussis should receive DTaP or Tdap according to routine recommendations.
- Patients needing prophylaxis against tetanus should be given DTaP, Tdap, or Td, as appropriate, rather than single antigen tetanus (i.e., TT), unless there is a contraindication to the other vaccine components.
- Adults and adolescents who have received Tdap, should be given Td as their subsequent 10-year booster doses.

FOOTNOTES

1. Infants should be no younger than age 12 months when receiving dose #4.
2. Dose 5 should be given no younger than age 4 years. Dose 5 is not necessary if dose 4 was given after age 4 years.
3. Children age 7 years or older with an incomplete history of DTaP should be given Tdap as the first dose in the catch-up series. For these children, an additional adolescent Tdap should not be given.
4. Adults of all ages who have never received Tdap as an adolescent or adult, or for whom vaccine status is unknown, should receive Tdap as their first dose, followed by Td to either complete their primary series or as their 10-year boosters.

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www.immunize.org/catg.d/p2055.pdf • Item #P2055 (8/14)

Pneumococcal Vaccination Recommendations for Children[1] & Adults by Age and Risk Factor

Routine Recommendations

for Pneumococcal Conjugate Vaccine (PCV13) and Pneumococcal Polysaccharide Vaccine (PPSV23)

For children age 2 months and older	Administer PCV13 series to all children beginning at age 2 months, followed by doses at 4 months, 6 months, and 12–15 months (booster dose).
For adults age 65 years and older	Administer 1-time dose to PCV13-naïve adults at age 65 years, followed by a dose of PPSV23 6–12 months later.

Risk-based Recommendations

People with Underlying Medical Conditions or Other Risk Factors

		PCV13			PPSV23	
Risk Group	**Underlying medical condition or other risk factor**	Administer PCV13 doses needed to complete series to children through age 71 months	Administer 1 dose to PCV13-naïve children age 6 through 18 years	Administer 1 dose to PCV13-naïve adults age 19 through 64 years	Administer 1 dose of PPSV23 at age 2 through 64 years	Administer a second dose of PPSV23 5 years after first dose if age younger than 65 years
Immuno-competent	Chronic heart disease[2]	X			X	
	Chronic lung disease[3]	X			X	
	Diabetes mellitus	X			X	
	Cerebrospinal fluid leak	X	X	X	X	
	Cochlear implant	X	X	X	X	
	Alcoholism				X	
	Chronic liver disease, cirrhosis				X	
	Cigarette smoking (≥19 yrs)				X	
Functional or anatomic asplenia	Sickle cell disease/other hemoglobinopathy	X	X	X	X	X
	Congenital or acquired asplenia	X	X	X	X	X
Immuno-compromised	Congenital or acquired immunodeficiency[4]	X	X	X	X	X
	HIV	X	X	X	X	X
	Chronic renal failure	X	X	X	X	X
	Nephrotic syndrome	X	X	X	X	X
	Leukemia	X	X	X	X	X
	Lymphoma	X	X	X	X	X
	Hodgkin disease	X	X	X	X	X
	Generalized malignancy	X	X	X	X	X
	Iatrogenic immunosuppression[5]	X	X	X	X	X
	Solid organ transplant	X	X	X	X	X
	Multiple myeloma	X	X	X	X	X

1 For PCV13 vaccination of healthy children, see "Recommendations for Pneumococcal Vaccine Use in Children" at www.immunize.org/catg.d/p2016.pdf.
2 Particularly cyanotic congenital heart disease and cardiac failure in children; excluding hypertension in adults.
3 Including asthma in children if treated with high-dose oral corticosteroid therapy; including asthma in adults.
4 Includes B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease).
5 Diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy.

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www.immunize.org/catg.d/p2019.pdf • Item #P2019 (2/15)

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Diphtheria & Tetanus Toxoids and Acellular Pertussis (DTaP)

How serious is diphtheria?

Diphtheria is a serious disease: 5%–10% of all people with diphtheria die. Up to 20% of cases lead to death in certain age groups of individuals (e.g., children younger than age 5 years and adults older than age 40 years).

How serious is tetanus?

Tetanus has a high fatality rate. In recent years, tetanus has been fatal in about 10% of reported cases.

How serious is pertussis?

Pertussis can be a very serious disease, especially for infants. Rates of hospitalization and complications increase with decreasing age. During the two-year period 2004–05, a total of 66 deaths from pertussis were reported to the CDC. Children age 3 months and younger accounted for 85% of these deaths. The breathing difficulties associated with this disease can be very distressing and frightening for the patient and his or her family. Although adults are less likely than infants to become seriously ill with pertussis, most make repeated visits for medical care and miss work, especially when pertussis is not initially considered as a reason for their long-term cough. In addition, adults with pertussis infection have been shown to be a frequent source of infection to infants with whom they have close contact. Since the 1980s, the number of reported pertussis cases has increased. These increases have been noted in both infants younger than age 1 year, particularly among infants younger than age 6 months; adolescents age 11–18 years, and adults. An increase in the number of reported deaths from pertussis among very young infants has paralleled the increase in the number of reported cases.

What's the difference between all the vaccines containing diphtheria and tetanus toxoids and pertussis vaccine?

Here is a listing of the various products:

- DTaP: Diphtheria and tetanus toxoids and acellular pertussis vaccine; given to infants and children ages 6 weeks through 6 years. In addition, four childhood combination vaccines include DTaP as a component.
- DT: Diphtheria and tetanus toxoids, without the pertussis component; given to infants and children ages 6 weeks through 6 years who have a contraindication to the pertussis component.
- Tdap: Tetanus and diphtheria toxoids with acellular pertussis vaccine; given as a one-time dose to adolescents and adults.
- Td: Tetanus and diphtheria toxoids; given to children and adults ages 7 years and older.
  Note the small "d" which indicates a much smaller quanity of diphtheria toxoid than in the pediatric DTaP formulation.

Source: http://www.immunize.org/askexperts/experts_per.asp

CPT CODES

CPT & Reimbursement Information

Admin. CPT Code w/out physician counseling	90471†, 90472†, 90473† or 90474†
Admin. CPT Code w/physician counseling	90460† or 90461†
DAPTACEL®	90700†
INFANRIX®	90700†
KINRIX®	90696†
PEDIARIX®	90723†
Pentacel®	90698†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Diphtheria & Tetanus Toxoids and Acellular Pertussis (DTaP)

DAPTACEL®
Diphtheria and Tetanus Toxoids and Acellular Pertussis (DTaP) Vaccine (Adsorbed), Thimerosal-Free
0.5-mL SDV, Pediatric
(546-1136).....10/pkg
CPT® Code: 90700†
Item stored under refrigeration. May be shipped separately.

Indications & Usage
DAPTACEL® is a vaccine indicated for active immunization against diphtheria, tetanus and pertussis as a five dose series in infants and children 6 weeks through 6 years of age (prior to 7th birthday).

The five dose immunization series consists of a 0.5 mL intramuscular injection administered at 2, 4, 6 and 15-20 months of age, and at 4-6 years of age.

INFANRIX®
Diphtheria and Tetanus Toxoids and Acellular Pertussis (DTaP) Vaccine (Adsorbed), Thimerosal-Free
0.5-mL SDV
(254-0020) 10/pkg
0.5-mL Prefilled Syringe
(124-0010) 10/pkg
CPT® Code: 90700†
Item stored under refrigeration. May be shipped separately.

Indications & Usage
INFANRIX® is a vaccine indicated for active immunization against diphtheria, tetanus, and pertussis as a 5-dose series in infants and children 6 weeks to 7 years of age.

A 0.5-mL intramuscular injection given as a 5-dose series:
- One dose each at 2, 4, and 6 months of age.
- One booster dose at 15 to 20 months of age and another booster dose at 4 to 6 years of age.

KINRIX™
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed & Inactivated Poliovirus Vaccine
0.5-mL SDV
(254-4511) 10/pkg
CPT Code: 90696†
Kinrix® is indicated for the 5th DTaP and 4th IPV dose in 4 to 6 year olds whose previous DTaP doses have been with Infanrix and/or Pediarix.

Indications & Usage
KINRIX® is indicated for active immunization against diphtheria,tetanus, pertussis, and poliomyelitis as the fifth dose in the diphtheria, tetanus, and acellular pertussis (DTaP) vaccine series and the fourth dose in the inactivated poliovirus vaccine (IPV) series in children 4 through 6 years of age whose previous DTaP vaccine doses have been with INFANRIX®and/or PEDIARIX® for the first three doses and INFANRIX® for the fourth dose.

PEDIARIX®
Diphtheria and Tetanus Toxoids and Acellular Pertussis (DTaP) (Adsorbed), Hepatitis B (Recombinant), and Inactivated Poliovirus Vaccine (Combined)
0.5-mL Tip-Lok® Prefilled Syringe
(254-0028).....10/pkg
CPT® Code: 90723†
Item stored under refrigeration. May be shipped separately.

Indications & Usage
PEDIARIX® is a vaccine indicated for active immunization against diphtheria, tetanus, pertussis, infection caused by all known subtypes of hepatitis B virus, and poliomyelitis.PEDIARIX® is approved for use as a three-dose series in infants born of hepatitis B surface antigen (HBsAg)-negative mothers. PEDIARIX® may be given as early as 6 weeks of age through 6 years of age (prior to the 7th birthday). Three doses (0.5 mL each) by intramuscular injection at 2, 4, and 6 months of age.

Pentacel®
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine
0.5-mL SDV
(112-3585).....5/pkg
CPT® Code: 90698†
Should be stored at 2°C to 8°C (35°F–46°F). Do not freeze. Product that has been exposed to freezing should not be used. Pentacel vaccine should be used immediately after reconstitution.

Indications & Usage
Pentacel® is a vaccine indicated for active immunization against diphtheria, tetanus, pertussis, poliomyelitis and invasive disease due to Haemophilus influenzae type b. Pentacel® vaccine is approved for use as a four dose series in children 6 weeks through 4 years of age (prior to 5th birthday). The four dose immunization series consists of a 0.5-mL intramuscular injection, after reconstruction, administered at 2, 4, 6 and 15-18 months of age.

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

15MS3111

Haemophilus Influenzae Type B (Hib)

How causes Hib disease?

Hib disease is caused by a bacterium, Haemophilus influenzae type b. There are six different types of these bacteria (a through f). Type b organisms account for 95% of all strains that cause invasive disease, and this is the type against which the Hib vaccine protects.

How serious is Hib disease?

Hib disease can be very serious. The most common type of invasive Hib disease is meningitis, an infection of the membranes covering the brain (50%–65% of cases). Symptoms of Hib meningitis, include fever, decreased mental status, and stiff neck. The mortality rate is 2%–5%. In addition, 15%–30% of survivors suffer some permanent neurologic damage, including blindness, deafness, and mental retardation.

Another 17% of invasive Hib cases results in epiglottitis, an infection and swelling in the throat that can lead to life-threatening airway blockage. Other forms of invasive Hib disease include joint infection (8%), skin infection (6%), pneumonia (15%), and bone infection (2%).

Two tragic incidents showing the seriousness of Hib were reported from both Minnesota and Pennsylvania in early 2009. Minnesota reported a total of five cases of invasive Hib disease in children younger than 5 years from 2008, the largest number since 1992. Three of the children had not been vaccinated because of parent/guardian deferral or refusal. One of these children died. In Pennsylvania, seven cases were reported for the six-month period from October 2008–March 2009. Only one child had received any vaccine (1 dose) and 3 of the children died.

How many doses of Hib vaccine are required for the childhood series?

Children who begin their vaccination series in infancy need three to four doses, depending on the brand of Hib vaccine used. Children should get Hib vaccine at age two months, four months, six months (depending on the brand of vaccine), and 12–15 months of age. Hib vaccine should never be given to a child younger than six weeks of age, as this might reduce his/her ability to respond to subsequent doses.

Source: http://www.immunize.org/catg.d/p4206.pdf

CPT CODES

CPT & Reimbursement Information

Admin. CPT Code w/out physician counseling	90471†, 90472†, 90473† or 90474†
Admin. CPT Code w/physician counseling	90460† or 90461†
ActHIB®	90648†
HIBERIX®	90648†
PedvaxHIB®	90647†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Haemophilus Influenzae Type B (Hib)

SANOFI PASTEUR

ActHIB®

Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine, Thimerosal-Free

0.5-mL SDV with Diluent

(546-4250) 5/pkg

CPT® Code: 90648†
Item stored under refrigeration. May be shipped separately.

Indications & Usage

ActHIB® vaccine is indicated for the active immunization of infants and children 2 through 18 months of age for the prevention of invasive disease caused by H Influenza Type B and/or Diphtheria, tetanus and pertussis.

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Hiberix®

Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate) Lyophilized Vaccine Vials and Prefilled Syringes with Diluent

0.5 mL SDV

(124-8350) 10/box

CPT® Code: 90648†
Item stored under refrigeration.

Indications & Usage

HIBERIX® is a vaccine indicated for active immunization as a booster dose for the prevention of invasive disease caused by Haemophilus influenzae type B. HIBERIX® is approved for use in children 15 months through 4 years of age (prior to fifth birthday).

MERCK

PedvaxHIB®

Haemophilus b Conjugate (Meningococcal Protein Conjugate) Liquid Vaccine

0.5-mL SDV

(558-3778) 10/pkg

CPT® Code: 90647†
Items stored under refrigeration. May be shipped separately.
All vaccines include Federal Excise Tax [FET].
PedvaxHIB® is a registered trademark of Merck & Co., Inc.

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Hepatitis A

What causes Hepatitis A?

Hepatitis A is a liver disease caused by Hepatitis A virus (HAV).

How serious is Hepatitis A?

Hepatitis A can be quite serious. Among reported cases of Hepatitis A (CDC, 2009) nearly 40% required hospitalization. Many days of work are missed due to Hepatitis A, as well. Older people and people with chronic liver disease, such as those infected with Hepatitis C virus, are more likely to be seriously ill and die from Hepatitis A.

Who should get Hepatitis A vaccine?

Many people are recommended to receive Hepatitis A vaccine, including people at increased risk for exposure to Hepatitis A virus infection and people who are more likely to get seriously ill if infected with the virus. According to CDC recommendations, people who should be vaccinated include:

- All children starting at age 1 year (12–23 months)
- People age 12 months or older who are traveling to or working in an area of the world except the United States, Canada, Western Europe, Japan, New Zealand, and Australia
- Men who have sex with men
- Users of illicit drugs, injectable or noninjectable
- People who anticipate having close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days following the adoptee's arrival in the United States
- People who have blood clotting disorders
- People who work with HAV-infected primates or with Hepatitis A virus in a research laboratory setting (no other groups have been shown to be at increased risk for HAV infection because of occupational exposure)
- People with chronic liver disease
- Any person who wishes to be protected from Hepatitis A virus infection

Hepatitis A vaccine is not routinely recommended for healthcare workers, sewage workers, or daycare providers. Children who are not vaccinated by age two should be vaccinated as soon as possible.

How many doses of Hepatitis A vaccine are recommended for full protection?

Two doses are recommended. The second dose is given no sooner than six months after the first dose.

Source: http://www.immunize.org/catg.d/p4204.pdf

CPT CODES

CPT & Reimbursement Information

Admin. CPT Code w/out physician counseling 90471†, 90472†, 90473† or 90474†

Admin. CPT Code w/physician counseling 90460† or 90461†

HAVRIX® 90632† (Adult) 90633† (Pediatric)

VAQTA® 90632† (Adult) 90633† (Pediatric)

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

HAVRIX®–Adult
Hepatitis A (Inactivated) Vaccines, Thimerosal-Free, 1440 ELU/mL
1-mL SDV
(115-5404) 10/pkg
1440 ELU/mL, 1-mL Tip-Lok® Prefilled Syringe
(124-0016) 10/pkg
CPT® Code: 90633†

HAVRIX®–Pediatric/Adolescent
Hepatitis A (Inactivated) Vaccine, Thimerosal-Free
720 ELU, 0.5-mL SDV
(254-0582) 10/pkg
CPT® Code: 90633†

HAVRIX®–Pediatric/Adolescent
Hepatitis A (Inactivated) Vaccine, Thimerosal-Free, 720 ELU/0.5 mL
Tip-Lok®, Latex-Free 0.5-mL Syringe
(254-0023) 10/pkg

VAQTA®–Adult
Hepatitis A (Inactivated) Vaccine, Thimerosal-Free
50 U/1 mL, 1-mL SDV
(558-0567) .....ea
(558-4454) 10/pkg
50 U/1 mL Prefilled Luer-lock Syringe Without Safety Needle
(122-2081) 10/pkg
CPT® Code: 90632†
Items stored under refrigeration. May be shipped separately.
VAQTA is a Registered Trademark of Merck & Co., Inc.
All vaccines include Federal Excise Tax (FET).

VAQTA®–Pediatric/Adolescent
Hepatitis A (Inactivated) Vaccine, Thimerosal-Free, 25 U
0.5-mL SDV
(558-4255) 10/pkg
0.5-mL Prefilled Luer-lock Syringe Without Safety Needle
(122-2080) 10/pkg
CPT® Code: 90633†
All vaccines include Federal Excise Tax (FET).
VAQTA® is a registered trademark of Merck & Co., Inc.

Indications & Usage

HAVRIX is a vaccine indicated for active immunization against disease caused by hepatitis A virus (HAV). HAVRIX is approved for use in persons 12 months of age or older. Primary immunization should be administered at least 2 weeks prior to expected exposure to HAV.

Adults: A single 1-mL dose and a 1-mL booster dose administered between 6 to 12 months later.

Indications & Usage

HAVRIX is a vaccine indicated for active immunization against disease caused by hepatitis A virus (HAV). HAVRIX is approved for use in persons 12 months of age or older. Primary immunization should be administered at least 2 weeks prior to expected exposure to HAV.

Children and adolescents: A single 0.5-mL dose and a 0.5-mL booster dose administered between 6 to 12 months later.

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Hepatitis B

What causes Hepatitis B?

Hepatitis B is a liver disease caused by the hepatitis B virus (HBV).

How serious is Hepatitis B?

Hepatitis B can be very serious. Infection with this virus can cause chronic infection that can lead to cirrhosis and liver cancer. Many people in the United States die every year from hepatitis B related liver disease. Fortunately, there is a vaccine to prevent acute (recently acquired) hepatitis B.

Who should get Hepatitis B vaccine?

Hepatitis B vaccine, usually a three-dose series, is recommended for all children 0 through 18 years of age. It is recommended for infants beginning at birth in the hospital. All older children who did not get all the recommended doses of hepatitis B vaccine as an infant should complete their vaccine series as soon as possible. Most states require hepatitis B vaccine for school entry. Adolescents who are just starting their series will need two or three doses, depending on their age and the brand of vaccine used. Adults at increased risk of acquiring hepatitis B infection should also be vaccinated. In addition, the vaccine can be given to any person who desires protection from hepatitis B.

Who is at increased risk of hepatitis B infection?

- Healthcare workers and public safety workers with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids
- People with diabetes
- Men who have sex with men
- People with HIV infection
- Sexually active people who are not in long-term, mutually monogamous relationships
- People seeking evaluation or treatment for a sexually transmitted disease
- Current or recent injection drug users
- Inmates of long-term correctional facilities
- People with end-stage kidney disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients
- People with chronic liver disease
- Staff and residents of institutional group homes for the developmentally challenged
- Household members and sex partners of people with chronic hepatitis B virus infection
- Susceptable (non-infected and non-vaccinated) people from United States populations known to previously or currently have high rates of childhood hepatitis B infection, including Alaska Natives, Pacific Islanders, and immigrants or refugees from countries with intermediate or high rates of chronic hepatitis B virus infection; (see a map of these countries at wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseases-relatedto-travel/hepatitis-b)
- Travelers to regions with high or intermediate rates of hepatitis virus infection; (see a map of these countries at wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseasesrelatedto-travel/hepatitis-b)

Source: http://www.immunize.org/catg.d/p4205.pdf

CPT & Reimbursement Information

CPT CODES

Admin. CPT Code w/out physician counseling 90471†, 90472†, 90473† or 90474†

Admin. CPT Code w/physician counseling 90460† or 90461†

ENGERIX-B® 90746† (Adult) 90744† (Pediatric)

RECOMBIVAX HB® 90743† or 90746† (Adult) 90744† (Pediatric)

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Engerix-B®–Adult
Hepatitis B (Recombinant) Vaccine, Preservative-Free
20 µg/mL, 1-mL SDV
(254-8254).....10/pkg
CPT® Code: 90744†
Item stored under refrigeration. May be shipped separately.

20 µg/mL, 1-mL Tip Lok™ Syringe without Needle
(254-0029).....10/pkg
CPT® Code: 90746†

Engerix-B®–Pediatric/Adolescent
Hepatitis B Recombinant Vaccine
10 µg, 0.5-mL SDV
(254-0632).....10/pkg
10 µg, 0.5-mL Syringe
(254-0026).....10/pkg
CPT® Code: 90744†
Item stored under refrigeration. May be shipped separately.

MERCK
RECOMBIVAX HB®–Adult
Hepatitis B (Recombinant) Vaccines, Thimerosal-Free
10 µg/mL, 1-mL SDV
(558-3753).....ea
(558-0737).....10/pkg
CPT® Code: 90746†. When 2 doses are given to an adolescent, CPT Code: 90743†.

RECOMBIVAX HB®–Adult
1-mL Prefilled Luer Lock Syringe without Safety Needle
(122-2086).....10/pkg
CPT® Code: 90746†
RECOMBIVAX HB® is a registered trademark of Merck & Co., Inc.

Indications & Usage
ENGERIX-B is a vaccine indicated for immunization against infection caused by all known subtypes of hepatitis B virus.

Persons 20 years of age and older: A series of 3 doses (1 mL each) given on a 0-, 1-, 6-month schedule.

Adults on hemodialysis: A series of 4 doses (2 mL each) given as a single 2-mL dose or as two 1-mL doses on a 0-, 1-, 2-, 6-month schedule.

Indications & Usage
ENGERIX-B is a vaccine indicated for immunization against infection caused by all known subtypes of hepatitis virus.

Persons from birth through 19 years of age: A series of 3 doses (0.5 mL each) given on a 0-, 1-, 6-month schedule.

MERCK
RECOMBIVAX HB®, Dialysis Formulation
Hepatitis B (Recombinant) Vaccine, Thimerosal-Free
40 µg/mL, 1-mL SDV
(558-1428).....ea
Item stored under refrigeration. May be shipped separately. RECOMBIVAX HB® is a Registered Trademark of Merck & Co., Inc. CPT® Code: 90740†

MERCK
RECOMBIVAX HB®–Pediatric/Adolescent
Hepatitis B Vaccine, Thimerosal-Free
5 µg/mL, 0.5-mL SDV
(558-6254).....10/pkg
0.5-mL Prefilled Luer-Lock Syringe without Safety Needle

(122-2084).....10/pkg
CPT® Code: 90744†
Item stored under refrigeration. May be shipped separately.
RECOMBIVAX HB® is a registered trademark of Merck & Co., Inc.

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Hepatitis A & B

What causes hepatitis A?

Hepatitis A is a liver disease caused by Hepatitis A virus (HAV).

What causes hepatitis B?

Hepatitis B is a liver disease caused by the hepatitis B virus (HBV).

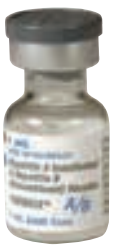
How serious is hepatitis A?

Hepatitis A can be quite serious. Among reported cases of hepatitis A (CDC, 2007 data), 35% required hospitalization, with people age 60 and older more likely to be hospitalized. Many days of work are missed due to hepatitis A, as well. Certain people, such as people with chronic hepatitis C, can get very sick and die from hepatitis A. Death from hepatitis A is fairly rare in healthy young people but more common in people age 60 years and older.

How serious is infection with hpatitis B?

Hepatitis B can be very serious. Infection with HBV can cause life-long (chronic) infection that can lead to cirrhosis and liver cancer. Many people in the United States die every year from hepatitis B-related liver disease. Fortunately, there is a vaccine to prevent this disease.

Sources: http://www.immunize.org/catg.d/p4205.pdf
http://www.immunize.org/catg.d/p4204.pdf



TWINRIX®–Adult
Hepatitis A (Inactivated) and Hepatitis B (Recombinant) Vaccine
1-mL SDV
(254-3353) 10/pkg
1-mL Tip-Lok® Prefilled Syringe without Needle
(254-0030) 10/pkg
CPT® Code: 90636†

Indications & Usage

TWINRIX® is a vaccine indicated for activate immunization against disease caused by hepatitis A virus and infection by all known subtypes of hepatitis B virus. TWINRIX® is approved for use in persons 18 years of age or older.

Standard Dosing: A series of 3 doses (1 mL each) given on a 0-, 1-, and 6-month schedule.

Accelerated Dosing: A series of 4 doses (1 mL each) given on days 0, 7, and 21 to 30 followed by a booster dose at month 12.

CPT & Reimbursement Information

CPT CODES

Admin. CPT Code w/out physician counseling 90471†, 90472†, 90473† or 90474†

Admin. CPT Code w/physician counseling 90460† or 90461†

TWINRIX® 90636†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Human Papillomavirus (HPV)

What is HPV?

Human papillomavirus (HPV) is the name of a group of viruses that includes more than 100 different types. More than 40 of these viruses infect the genital area, including the skin of the penis, vulva, or anus, and the lining of the vagina, cervix, or rectum. Some of these viruses are called "high-risk" types; they may cause abnormal Pap tests and can also lead to cancer of the cervix, vulva, vagina, anus, or penis. Others are called "low-risk" types; they may cause mild Pap test abnormalities or genital warts.

How serious is HPV?

Most HPV infections don't cause any symptoms and eventually go away, as the body's own defense system clears the virus. Women with short-term HPV infections may develop mild Pap test abnormalities that go away with time. About 10% of women infected with HPV develop persistent HPV infection. Women with persistent high-risk HPV infections are at greatest risk for developing cervical cancer precursor lesions (abnormal cells on the lining of the cervix) and cervical cancer.

How common is HPV in the United States?

HPV is the most common sexually-transmitted infection in the United States. Approximately 20 million people are currently infected with HPV. At least 50% of sexually active men and women acquire genital HPV infection at some point in their lives. By age 50, at least 80% of women will have acquired genital HPV infection. An estimated 22,000 HPV 16- and 18-associated cancers occur annually in the U.S., including an estimated 7,000 HPV 16- and 18-associated cancers in males. About 6.2 million Americans get a new genital HPV infection each year

Source: http://www.immunize.org/catg.d/p4207.pdf

MERCK

GARDASIL®
Human Papillomavirus (HPV) Quadrivalent (Types 6, 11, 16 and 18) Recombinant Vaccines
0.5-mL SDVs
(558-3890) .....ea
(558-3149) 10/pkg
0.5-mL Prefilled Luer-Lock Syringe without Safety Needle
(122-2079) 10/pkg
CPT® Code: 90649†
Gardasil® is a registered trademark of Merck & Co., Inc.

MERCK

Gardasil® 9 Human Papillomavirus 9-Valent Vaccine, Recombinant
0.5-mL SDVs
(558-0043) 10/pkg
0.5-mL Prefilled Luer-lock Syringe
(558-0044) 10/pkg
CPT® Code: 90651†
Gardasil® 9 is a registered trademark of Merck & Co., Inc.

Cervarix®
Human Papillomavirus Bivalent (Types 16 and 18) Vaccine, Recombinant
0.5-mL Tip-Lok® Syringe
(124-0023) 10/pkg
CPT® Code: 90649†

CPT CODES

CPT & Reimbursement Information

Admin. CPT Code w/out physician counseling	90471†, 90472†, 90473† or 90474†
Admin. CPT Code w/physician counseling	90460† or 90461†
GARDASIL®	90649†
CERVARIX®	90650†
GARDASIL®	90651†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Influenza

How serious is Influenza?

Although many people think of influenza as just a common cold, it is really a specific and serious respiratory infection that can result in hospitalization and death. In the United States, the number of influenza-associated deaths has increased since 1990. This increase is due in part to the substantial increase in the number of people age 65 years or older who are at increased risk for death from influenza complications. The Centers for Disease Control and Prevention (CDC) estimates that from the 1976–77 influenza season to the 2006–07 season, influenza associated deaths ranged from a low of about 3,000 to a high of about 49,000 each year. It is estimated that approximately 43–89 million people became ill with 2009 pandemic H1N1 in the U.S. from April 2009 to April 2010. Influenza disease can occur among people of all ages; however, the risks for complications, hospitalizations, and deaths are higher among people age 65 years or older, young children, and people of any age who have certain medical conditions. Pregnancy also increases the risk for serious medical complications from influenza. During an outbreak in a long-term-care facility, up to 60% of residents may become infected, with up to a 30% fatality rate in the infected people. Risk for influenza-associated death is highest among the oldest of the elderly: people age 85 years and older are 16 times more likely to die from an influenza associated illness than people age 65–69 years. Hospitalization from influenza-related complications is also high among children age 24 months and younger—comparable to rates for people age 65 and older. There were 107 laboratory-confirmed influenza-related pediatric deaths reported during the 2013-2014 influenza season. During the H1N1 pandemic (April 2009 through September 2010), 348 influenza-related deaths in children were reported.

Who should get the Influenza Vaccine?

Annual influenza vaccination is recommended for all people ages 6 months and older who do not have a contraindication to the vaccine.

Source: http://www.immunize.org/catg.d/p4208.pdf

CPT CODES

CPT & Reimbursement Information

Admin. CPT Code w/out physician counseling	90471†, 90472†, 90473† or 90474†
Admin. CPT Code w/physician counseling	90460† or 90461†
Afluria Triv w/Preserv, 9 yrs+	90658†
Afluria Triv Pres. Free, 9 yrs+	90656†
Fluvirin Triv w/Preserv., 4 yrs+	90658†
Fluvirin Triv Pres. Free, 4 yrs+	90656†
Flucelvax Triv Pres. Free, 18 yrs+	90661†
Fluzone Quad, Pres. Free, 6-35 mos	90685†
Fluzone Quad w/Preserv, 6-35 mos	90687†
Fluzone Quad, Pres. Free, 3 yrs+	90686†
Fluzone Quad w/Preserv, 6 mos+	90688†
Fluzone Triv, Pres. Free, 4 yrs+	90656†
Fluzone Triv w/Preserv, 6-35 mos	90657†
Fluzone Triv Pres. Free, 36 mos+	90656†
Fluzone Triv w/Preserv, 36 mos+	90658†
Fluzone High-Dose	90662†
Fluzone Intradermal	90654†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Henry Schein's Worry-Free Guarantee Flu Vaccine Program

WELCOME TO
the
HENRY SCHEIN® MEDICAL
WORRY-FREE GUARANTEE FLU VACCINE PROGRAM

This program provides many unique benefits to our physician customers and takes the worry out of flu vaccine ordering and delivery.

Henry Schein is celebrating our 9th year of offering this program to our loyal customers.

Henry Schein has faithfully delivered our Worry-Free Guarantee influenza vaccine commitments for the past 8 years.

We offer **Novartis Fluvirin®**, **Novartis Flucelvax®**, bio**CSL Afluria®**, **Protein Sciences Flublok®**, **Sanofi Fluzone®** and **Quad** vaccines as part of the Worry-Free Guarantee Program.

Worry-Free Guarantee Program Benefits

Payment Terms	Yes
Guaranteed Delivery	Yes
Discount Penalty if we do not deliver on time	Yes
Return Privilege	Yes
Option to increase quantity at time of order or later in the season, subject to availability*	Yes
Complimentary Flu Practice Marketing Kit in English and Spanish	Yes
Exclusive Discounts on ancillary items during flu season	Yes

NOVARTIS VACCINES · bioCSL™ · SANOFI PASTEUR · Protein Sciences CORPORATION

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

15MS3111

Japanese Encephalitis

What is Japanese encephalitis?

Japanese encephalitis(JE) is a serious infection caused by a virus. It occurs mainly in rural parts of Asia. JE virus spreads through the bite of infected mosquitoes. It cannot spread directly from person to person. The risk of JE is very low for most travelers, but it is higher for people living or traveling for long periods in areas where the disease is common. Most people infected with JE virus don't have any symptoms at all. For others, JE virus infection can cause illness ranging from fever and headache to severe encephalitis (brain infection). Symptoms of encephalitis are fever, neck stiffness, seizures, changes in consciousness, or coma. About 1 person in 4 with encephalitis dies. Of those who don't die, up to half may suffer permanent brain damage. There is some evidence that an infection in a pregnant woman can harm her unborn baby.

Who should get Japanese encephalitis vaccine?

Japanese encephalitis vaccine is recommended for travelers to Asia who:

- plan to spend at least a month in areas where JE occurs,
- are traveling to these areas for less than a month but plan to visit rural areas or engage in outdoor activities,
- go to areas where there is a JE outbreak, or
- are not sure of their travel plans.

Laboratory workers at risk for exposure to JE virus should also get JE vaccine.

Source: http://www.immunize.org/vis/je_ixiaro.pdf

NOVARTIS VACCINES

IXIARO®
Japanese Encephalitis (JE) Vaccine, Inactivated, Adsorbed
6 mcg, 0.5-mL Single-Dose Syringe
(201-0543).....ea
CPT® Code: 90738†

Indications & Usage

IXIARO® is a vaccine indicated for active immunization for the prevention of disease caused by Japanese encephalitis virus (JEV) in persons 17 years of age and older.

Immunization consists of 2 doses administered 28 days apart. Immunization series should be completed at least 1 week prior to potential exposure to JEV.

CPT CODES

CPT & Reimbursement Information

Admin. CPT Code w/out physician counseling 90471†, 90472†, 90473† or 90474†

Admin. CPT Code w/physician counseling 90460† or 90461†

IXIARO® 90738†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

How serious is measles?

Measles can be a serious disease, with 30% of reported cases experiencing one or more complications. Death from measles occurred in approximately 2 per 1,000 reported cases in the United States from 1985 through 1992. Complications from measles are more common among very young children (younger than five years) and adults (older than 20 years).

How serious is mumps?

In children, mumps is usually a mild disease. Adults may have a more serious disease and more complications

How serious is rubella?

Rubella is usually a mild disease in children; adults tend to have more complications. The main concern with rubella disease, however, is the effect it has on an infected pregnant woman. Rubella infection in the first trimester of pregnancy can lead to fetal death, premature delivery, and serious birth defects.

When did vaccines for measles, mumps, and rubella become available?

The first measles vaccines (an inactivated and a live virus product) became available in 1963, both of which were largely replaced by a further attenuated live virus vaccine that was licensed in 1968. The mumps vaccine first became available in 1967, followed by the rubella vaccine in 1969. These three vaccines were combined in 1971 to form the measles-mumps-rubella (MMR) vaccine. A single antigen mumps vaccine was available until 1975. A vaccine that combines both MMR and varicella (chickenpox) vaccines, known as MMRV, became available in 2005. Single antigen measles, mumps, and rubella vaccines are no longer available in the U.S.

Source: http://www.immunize.org/catg.d/p4209.pdf

MERCK

M-M-R® II
Measles, Mumps, and Rubella Vaccine
0.5-mL SDV with Diluent
(558-0110) 10/pkg

CPT® Code: 90707†
Items stored under refrigeration. May be shipped separately.
All vaccines include Federal Excise Tax (FET).
M-M-R® II is a registered trademark of Merck & Co., Inc.

MERCK

ProQuad®
Measles, Mumps, Rubella, and Varicella Virus Vaccine Live,
0.5-mL SDV
(558-2977) 10/pkg

CPT CODES

CPT & Reimbursement Information

Admin. CPT Code w/out physician counseling 90471†, 90472†, 90473† or 90474†

Admin. CPT Code w/physician counseling 90460† or 90461†

M-M-R®II 90707†

ProQuad® 90710†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Meningococcal A/C/Y/W-135

What causes meningococcal disease?

Meningococcal disease is caused by the bacterium Neisseria meningitis. This bacterium has at least 13 different serogroups. Five of these serogroups, A, B, C, Y, and W-135, cause almost all invasive disease. The relative importance of these five serogroups depends on geographic location and other factors.

How serious is meningococcal disease?

Meningococcal disease is very serious. About 10 to 15% of people with meningococcal disease die even with appropriate antibiotic treatment. Of those who recover, up to 20% suffer from some serious after effects, such as permanent hearing loss, limb loss, or brain damage.

How common is meningococcal disease in the United States?

Fewer than 1000 cases of meningococcal disease are reported each year in the United States. An estimated 100 deaths from meningococcal disease occurred in the United States in 2011. The disease is most common in children younger than 5 years (particularly children younger than age 1 year), people age 16–21 years, and people age 65 years and older.

Who should get the meningococcal vaccine?

MCV4 is recommended for all children and teens, ages 11 through 18 years of age. Vaccination is recommended for other people at increased risk of meningococcal disease; this includes:

- People younger than 22 years of age if they are or will be a first-year college student living in a residential hall.
- People age 2 months and older who have persistent complement component deficiency (an immune system disorder), or are at risk during an outbreak caused by a vaccine serogroup
- People age 2 months and older who have a damaged or missing spleen.
- People working with meningococcus bacteria in laboratories.
- People age 2 months and older who reside in or travel to certain countries in sub-Saharan Africa as well as to other countries for which meningococcal vaccine is recommended (e.g., travel to Mecca, Saudi Arabia, for the annual Hajj).
- U.S. military recruits.

Source: http://www.immunize.org/catg.d/p4210.pdf

CPT CODES

CPT & Reimbursement Information

Admin. CPT Code w/out physician counseling	90471†, 90472†, 90473† or 90474†
Admin. CPT Code w/physician counseling	90460† or 90461†
Menactra®	90734†
MENVEO®	90734†
Menomune®	90733†
MENHIBRIX®	90644†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Meningococcal A/C/Y/W-135

Menactra®
Meningococcal (Groups A, C, Y, and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine, Thimerosal-Free
0.5-mL SDV
(546-5976).....5/pkg
CPT® Code: 90734†
Vaccine price includes FET.

Indications & Usage
Menactra® vaccine is given to people 9 months through 55 years of age to help prevent meningococcal disease (including meningitis) caused by certain strains of meningococcal bacteria. Menactra® vaccine is not indicated for the prevention of meningitis caused by meningococcal strains not contained in the vaccine.

Children 9 through 23 months of age: Two doses, three months apart.
Individuals 2 through 55 years of age: A single dose.
Booster Vaccination: A single booster dose may be given to individuals 15 through 55 years of age at continued risk for meningococcal disease, if at least 4 years have elapsed since the prior dose.

MENVEO®
[Meningococcal (Groups A, C, Y and W-135) Oligosaccharide Diphtheria CRM197 Conjugate Vaccine Solution for Intramuscular Injection
0.5-mL SDV
(258-0092).....5/pkg
CPT® Code: 90734†
Do not freeze. Store refrigerated, away from the freezer compartment, at 36°F to 46°F (2°C to 8°C). Protect from light. Do not use after the expiration date.

Indications & Usage
Menveo® is a vaccine indicated for active immunization to prevent invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y, and W-135. Menveo® is approved for use in persons 2 to 55 years of age. Menveo® does not prevent N. meningitidis serogroup B infections
In children initiating vaccination at 2 months of age. Menveo® is to be administered as a four-dose series at 2, 4, 6, and 12 months of age.

In children initiating vaccination at 7 months through 23 months of age, Menveo® is to be administered as a two dose series with the second dose administered in the second year of life and at least three months after the first dose.

Individuals 2 through 55 years of age: A single dose. Booster Vaccination: A single booster dose may be given to individuals 15 through 55 years of age at continued risk for meningococcal disease, if at least 4 years have elapsed since the prior dose.

Menomune® A/C/Y/W-135
Meningococcal Polysaccharide Vaccine, Groups A, C, Y, and W-135 Combined
- Single-dose vial and diluent for reconstitution
- Store freeze-dried vaccine and reconstituted vaccine, when not in use, between 2° and 8°C (35° to 46°F)

1-mL SDV
(546-6149) .....ea
CPT® Code: 90733†

Indications & Usage
Menomune® – A/C/Y/W-135 vaccine is a vaccine indicated for active immunization against invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y, and W-135. Menomune® –A/C/Y/W-135 vaccine is approved for use in persons 2 years of age and older.

Menhibrix®
Meningococcal groups C and Y and Haemophilus B tetanus toxoid conjugate vaccine.
0.5-mL SDV
(124-0027).....10/pkg
CPT® Code: 90644†

Indications & Usage
MENHIBRIX® is a vaccine indicated for active immunization to prevent invasive disease caused by *Neisseria meningitidis* serogroups C and Y and Haemophilus influenzae type B. MENHIBRIX® is approved for use in children 6 weeks of age through 18 months of age

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Meningococcal B

What meningococcal B vaccines are available in the United States?

Serogroup B causes about one third of all meningococcal disease in the United States. About 60% of meningococcal disease in infants age one year or younger are caused by serogroup B. Three serogroups, or strains, of meningococcal bacteria (serogroups, B, C, and Y) circulate and cause disease in the United States. In certain outbreaks, vaccination against meningococcal disease is recommended to help stop the disease from spreading. However, until recently, there were no serogroup B meningococcal vaccines licensed for use in the United States.

On October 29, 2014, the Food and Drug Administration (FDA) licensed the first serogroup B meningococcal vaccine (Trumenba®). The FDA approved this vaccine for use in people 10-25 years of age as a 3-dose series. On January 23, 2015, the FDA licensed a second serogroup B meningococcal vaccine (Bexsero®). The FDA approved this vaccine for use in people 10-25 years of age as a 2-dose series. While there is no routine recommendation for serogroup B meningococcal vaccines at this time, physicians can use these vaccines for people 10-25 years of age consistent with the labeled indication.

Source: http://www.immunize.org/catg.d/p4210.pdf

TRUMENBA®
(248-0649) 0.5mL PFS 5/Pk
(248-0648) 0.5mL PFS 10/Pk

Indications & Usage

Trumenba® is a vaccine indicated for individuals 10 through 25 years of age for active immunization to prevent invasive disease caused by *Neisseria meningitidis* group B.

BEXSERO®
(123-8481) 0.5mL PFS Each
(123-8482) 0.5mL PFS 10/Pk

Indications & Usage

BEXSERO® is a vaccine indicated for active immunization to prevent invasive disease caused by *Neisseria meningitidis* serogroup B. BEXSERO® is approved for use in individuals 10 years through 25 years of age.

CPT & Reimbursement Information

CPT CODES

Admin. CPT Code w/out physician counseling 90471†, 90472†, 90473† or 90474†

Admin. CPT Code w/physician counseling 90460 †or 90461†

Trumenba® 90621†

BEXSERO® 90621†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

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***Source: Datamonitor*

Call: 1.866.772.1580
Visit: www.hsrxss.com

HENRY SCHEIN Rx SAMPLES SERVICE

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Pneumococcal

What causes pneumococcal disease?

Pneumococcal disease is caused by *Streptococcus pneumoniae*, a bacterium that has more than 90 serotypes. Most serotypes cause disease, but only a few produce the majority of invasive pneumococcal disease. The 10 most common types cause 62% of invasive disease worldwide.

How serious is pneumococcal disease in the U.S.?

Pneumococcal disease is a serious disease that causes much sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined.

An estimated 36,850 cases and 4,250 deaths from invasive pneumococcal diseases (IPD-bacteremia and -meningitis) occurred in the United States in 2011. In 2013, an estimated 13,500 cases of IPD occurred among adults age 65 years and older. Young children and the elderly (younger than age five years and older than 65) have the highest incidence of serious disease.

Case-fatality rates are highest for pneumococcal meningitis and bacteremia, and the highest mortality occurs among the elderly and patients who have underlying medical conditions. Despite appropriate antimicrobial therapy and intensive medical care, the overall case-fatality rate for pneumococcal bacteremia is about 15% among adults. Among elderly patients, this rate may be as high as 60%.

Which adults are now recommended to receive a dose of PCV13?

According to the ACIP recommendations published in September 2014, both pneumococcal conjugate vaccine (PCV13) and pneumococcal polysaccharide vaccine (PPSV23) should be administered routinely in a series to all adults age 65 years and older. The two vaccines should not be given at the same visit.

In addition to adults age 65 years and older, adults age 19 through 64 years who have the conditions specified below and who have not previously received PCV13 should receive a PCV13 dose during their next vaccination opportunity.

- Immunocompromising conditions (e.g., congenital or acquired immunodeficiency, HIV, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, generalized malignancy, immunosuppression by corticosteroids or chemotherapy, solid organ transplant, and multiple myeloma)
- Functional or anatomic asplenia (e.g., sickle cell disease and other hemoglobinopathies and congenital and acquired asplenia)
- Cerebrospinal fluid (CSF) leak
- Cochlear implant

Source: http://www.immunize.org/askexperts/experts_pneumococcal_vaccines.asp

CPT CODES

CPT & Reimbursement Information

Admin. CPT Code w/out physician counseling 90471†, 90472†, 90473† or 90474†

Admin. CPT Code w/physician counseling 90460† or 90461†

PNEUMOVAX®23 90732†

Prevnar 13® 90670†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Prevnar 13®
Pneumococcal 13-Valent Conjugate Vaccine (Diphtheria CRM197 Protein)
• Store refrigerated at 2°C to 8°C (36°F to 46°F)
• Do not freeze
• Discard if vaccine has been frozen

0.5-mL Prefilled Syringe
(119-7939) .....ea
(546-0015) 10/pkg
CPT® Code: 90670†

Pneumovax® 23
Pneumococcal Vaccines (Polyvalent)
0.5-mL Prefilled Syringe
(122-2087) 10/pkg
0.5-mL SDV
(558-4195) 10/pkg
CPT® Code: 90732†
Item stored under refrigeration. May be shipped separately.
All vaccines include Federal Excise Tax (FET).
Pneumovax® 23 is a registered trademark of Merck & Co., Inc.

Indications & Usage

In children 6 weeks through 5 years of age (prior to 6th birthday), Prevnar 13® is a vaccine indicated for:

- Active immunization for the prevention of invasive disease caused by 13 strains of *Streptococcus pneumoniae* (1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, and 23F)
- Active immunization for the prevention of otitis media (ear infection) caused by 7 strains of Streptococcus pneumoniae (4, 6B, 9V, 14, 18C, 19F, and 23F). No efficacy data for ear infections are available for other strains included in the vaccine (1, 3, 5, 6A, 7F, and 19A).

In children 6 years through 17 years of age (prior to the 18th birthday), Prevnar 13 is indicated for:

- Active immunization for the prevention of invasive disease caused by S. pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F

In adults 50 years of age and older, Prevnar 13® is a vaccine indicated for:

- Active immunization for the prevention of pneumonia and invasive disease caused by S. pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F. This indication is based on immune responses elicited by Prevnar 13. There have been no controlled trials in adults demonstrating a decrease in pneumococcal pneumonia or invasive disease after vaccination with Prevnar 13.

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Polio

How serious is polio?

Although most cases of polio are mild, the 1% of cases resulting in flaccid paralysis have made polio a feared disease for hundreds of years. Of people with paralytic polio, about 2%–5% of children die and up to 15%–30% of adults die.

How common is polio in the U.S.?

Before a polio vaccine was developed, polio epidemics were common in the United States. For example, in the immediate pre-vaccine era (i.e., early 1950s), between 13,000 and 20,000 paralytic cases were reported each year. After the development of the inactivated (Salk) injectable vaccine in 1955 and the live (Sabin) oral vaccine in 1961, the number of polio cases dropped dramatically. In 1960, there were 2,525 paralytic cases reported, but by 1965 this number had fallen to 61.

Due to a concentrated effort to eradicate polio from the world, there have been no cases of "wild" (i.e., natural) polio acquired in the United States since 1979, and no cases of wild polio acquired in the entire Western Hemisphere since 1991.

Who should get this vaccine?

All infants should get this vaccine unless they have a medical reason not to. A primary series of IPV consists of three properly spaced doses, usually given at two months, four months, and 6–18 months. A booster dose is given at 4–6 years (before or at school entry), unless the primary series was given so late that the third dose was given on or after the fourth birthday.

Source: http://www.immunize.org/catg.d/p4215.pdf

SANOFI PASTEUR

IPOL®
Poliovirus (Salk) (Inactivated) Vaccine
5-mL, 10-Dose Vial
(546-7189) .....ea

CPT® Code: 90713†
Item stored under refrigeration. May be shipped separately.
Nonreturnable product: No credit will be given for return of this product.

Indications & Usage

IPOL® vaccine is indicated for active immunization of infants (as young as 6 weeks of age), children and adults for the prevention of poliomyelitis caused by poliovirus Types 1, 2, and 3.

It is recommended that all infants (as young as 6 weeks of age), unimmunized children and adolescents not previously immunized be vaccinated routinely against paralytic poliomyelitis. All children should receive four doses of IPV at ages 2, 4, 6 to 18 months and 4 to 6 years. Oral Polio vaccine is no longer available in the US and is not recommended for routine immunization.

CPT & Reimbursement Information

CPT CODES

Admin. CPT Code w/out physician counseling	90471†, 90472†, 90473† or 90474†
Admin. CPT Code w/physician counseling	90460† or 90461†
IPOL®	90713†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

How serious is rabies?

Rabies is an extremely painful and deadly disease. If prompt and appropriate post-exposure treatment is not received, the disease is fatal. Each year rabies kills more than 55,000 people around the world. Deaths from rabies are rare in the United States because of the wide availability of rabies vaccine and rabies immune globulin.

How common is rabies in the United States?

In 2010, 48 states and Puerto Rico reported 6,153 cases of rabies in animals and 2 human cases to CDC (Hawaii is the only state that is rabies free). The total number of reported cases decreased by approximately 8.0% from those reported in 2009 (6,690 rabid animals and 4 human cases).

In the last 100 years, the number of human deaths from rabies in the United States has fallen from 100 or more per year to an average of 2 or 3 per year. This decline is due to both the improved control and vaccination of domestic animals and to the development of effective post-exposure treatment and vaccines. Although human deaths from rabies are now rare in the United States, approximately 16,000 to 39,000 people come in contact with potentially rabid animals and receive post-exposure prophylaxis each year

Who should get this vaccine?

Rabies vaccine is recommended for

- Persons in high-risk occupational groups, such as veterinarians and their staff, animal handlers, rabies researchers, and certain laboratory workers
- Persons whose activities bring them in frequent contact with rabies virus or potentially rabid bats, raccoons, skunks, cats, dogs, or other species at risk for having rabies
- International travelers who are likely to come in contact with animals in areas where dog rabies is common, especially if they will have limited access to appropriate medical care

Source: http://www.immunize.org/catg.d/p4216.pdf

NOVARTIS

RabAvert® IM
Rabies Vaccine, Pre-exposure/Post-exposure, Freeze-Dried
1-mL SDV
(258-0180) .....ea
CPT® Code: 90675†

SANOFI PASTEUR

IMOVAX® Rabies IM
1-mL SDV with 1-mL Diluent Syringe
(728-5691) .....ea
CPT® Code: 90675†
Item stored under refrigeration. May be shipped separately. Nonreturnable product: No credit will be given for return of this product. (All vaccines include Federal Excise Tax [FET].)

Indications & Usage

RabAvert® and IMOVAX® are indicated for pre-exposure vaccination, in both primary series and booster dose, and for post-exposure prophylaxis against rabies in all age groups.

Pre-exposure vaccination consists of three doses, one each on days 0, 7, and 21 or 28.

A complete course of post-exposure immunization consists of a total of 5 injections of 1 mL each: one injection each of days 0, 3, 7, 14 and 28 in conjunction with the administration of HRIG on day 0.

CPT & Reimbursement Information

CPT CODES

Admin. CPT Code w/out physician counseling	90471†, 90472†, 90473† or 90474†
Admin. CPT Code w/physician counseling	90460† or 90461†
RabAvert®	90675†
IMOVAX®	90675†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Rotavirus

How does rotavirus spread?

The rotavirus enters the body through the mouth and then infects the lining of the intestines. Rotavirus is very contagious, spreading easily from children who are already infected to other children and sometimes adults. Large amounts of rotavirus are shed in the stool of infected people and the virus can be easily spread via contaminated hands and objects, such as toys. Children can spread rotavirus both before and after they become sick with diarrhea. Rotavirus is very stable and may remain viable in the environment for months if not disinfected.

How serious is rotavirus?

All three symptoms of rotavirus disease (fever, vomiting, and diarrhea) cause children to lose fluids. Vomiting is especially dangerous because it's difficult to replace fluids in children who are vomiting persistently.

Prior to the availability of rotavirus vaccine, rotavirus infection was responsible for more than 400,000 doctor visits, more than 200,000 emergency room visits, 55,000 to 70,000 hospitalizations, and 20 to 60 deaths in the United States each year. In the first five years of life, four of five children in the United States would develop rotavirus gastroenteritis, one in seven would require a clinic or emergency room visit, one in 70 would be hospitalized, and one in 200,000 would die from this disease.

In developing countries, rotavirus causes more than 500,000 deaths each year in children younger than age five years.

Source: http://www.immunize.org/catg.d/p4217.pdf

MERCK

RotaTeq®
Rotavirus Vaccine (Live), Oral, Pentavalent, 2-mL Single-Dose Tube
(558-8763) 10/pkg
(558-0009) 25/pkg
CPT® Code: 90680†
RotaTeq® is a registered trademark of Merck & Co., Inc.

gsk

ROTARIX® Injectable
Rotavirus Vaccine, Live, Oral
1-mL SDV with Oral Applicator
(254-0033).....10/pkg
CPT® Code: 90681†

Indications & Usage

ROTARIX® is a vaccine indicated for the prevention of rotavirus gastroenteritis caused by G1 and non-G1 types (G3, G4, and G9). ROTARIX® is approved for use in infants 6 weeks to 24 weeks of age. Administer first dose to infants beginning at 6 weeks of age. Administer second dose after an interval of at least 4 weeks and prior to 24 weeks of age.

CPT & Reimbursement Information

CPT CODES

Admin. CPT Code w/out physician counseling 90471†, 90472†, 90473† or 90474†
Admin. CPT Code w/physician counseling 90460† or 90461†
RotaTeq® 90680†
ROTARIX® 90681†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Tetanus and (Reduced) Diphtheria Toxoids Adsorbed

What causes tetanus?

Tetanus is caused by a toxin (poison) produced by the bacterium *Clostridium tetani*. The C. tetani bacteria cannot grow in the presence of oxygen. They produce spores that are very difficult to kill as they are resistant to heat and many chemical agents.

How serious is tetanus?

Tetanus has a high fatality rate. In recent years, tetanus has been fatal in about 10% of reported cases.

How common is tetanus in the United States?

Tetanus first became a reportable disease in the late 1940s. At that time, there were 500–600 cases reported per year. After the introduction of the tetanus vaccine in the mid-1940s, reported cases of tetanus dropped steadily. From 2000 through 2007 an average of 31 cases were reported per year. Almost all cases of tetanus are in people who have never been vaccinated, or who completed their childhood series, but did not have a booster dose in the preceding 10 years.

Who should get this vaccine?

For people who were never vaccinated or who may have started but not completed a series of shots, a 3-dose series of Td should be given with 1 to 2 months between dose #1 and #2, and 6 to 12 months between dose #2 and #3. Because immunity to diphtheria and tetanus wanes with time, boosters of Td are needed every ten years.

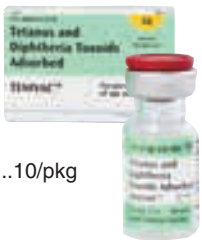
Source: http://www.immunize.org/catg.d/p4220.pdf

AKORN

Td Vaccine
Tetanus and Diphtheria Toxoids, Adsorbed
7+ Years, Latex-free and Preservative-Free
0.5 mL SDV
(784-0000) 10/pkg
CPT® Code: 90714†

SANOFI PASTEUR

Tenivac™ (Tetanus and Diphtheria Toxoids Adsorbed)
0.5-mL Single Dose Vial
(546-0016) 10/pkg
CPT® Code: 90714†
0.5-mL Prefilled Syringe
(546-0017) 10/pkg
CPT® Code: 90714†



Indications & Usage

MassBiologics' Td is a vaccine indicated for active immunization for the prevention of tetanus and diphtheria. This vaccine is approved for use in persons 7 years of age and older.

Indications & Usage

TENIVAC® vaccine is indicated for active immunization for prevention of tetanus and diphtheria. TENIVAC® vaccine is approved for use in persons 7 years of age and older.

CPT CODES

CPT & Reimbursement Information

Admin. CPT Code w/out physician counseling 90471†, 90472†, 90473† or 90474†
Admin. CPT Code w/physician counseling 90460† or 90461†
Tetanus & Diphtheria Toxoids Adsorbed for Adult Use 90718†
TENIVAC® 90714†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Tetanus & (Reduced) Diphtheria Toxoids and Acellular Pertussis (Tdap)

How serious is tetanus?

Tetanus has a high fatality rate. In recent years, tetanus has been fatal in about 10% of reported cases.

How serious is diphtheria?

Diphtheria is a serious disease: 5%–10% of all people with diphtheria die. Up to 20% of cases lead to death in certain age groups of individuals (e.g., children younger than age 5 years and adults older than age 40 years).

How serious is pertussis?

Although adults are less likely than infants to become seriously ill with pertussis, most make repeated visits for medical care and miss work, especially when pertussis is not initially considered as a reason for their long-term cough. In addition, adults with pertussis infection have been shown to be a frequent source of infection to infants with whom they have close contact.

What are the recommendations for use of Tdap in children and adults ages 7 and older?

In response to an increased incidence of pertussis in the U.S., ACIP has issued several new recommendations for the use of Tdap vaccine. The complete recommendations follow.

- Tdap can be given regardless of the interval since the last Td was given. There is NO need to wait 2–5 years to administer Tdap following a dose of Td.
- Adolescents should receive a single dose of Tdap (instead of Td) at the 11–12-year-old visit.
- Adolescents and adults who have not received a dose of Tdap, or for whom vaccine status is unknown, should receive a single dose of Tdap as soon as feasible. As stated above, Tdap can be administered regardless of interval since the previous Td dose.
- Children ages 7 through 10 years who are not fully immunized against pertussis (i.e., did not complete a series of pertussis-containing vaccine before their seventh birthday) should receive a single dose of Tdap. If needed, they should complete their series with Td.
- All healthcare workers, regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since the last dose of Td.
- Pregnant teens and women should receive Tdap during each pregnancy, preferably between 27 and 36 weeks' gestation. Women who have never received Tdap and who do not receive it during pregnancy should receive it immediately postpartum. To obtain the recommendations, go to www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm.

Source: http://www.immunize.org/askexperts/experts_per.asp

CPT CODES

CPT & Reimbursement Information

Admin. CPT Code w/out physician counseling	90471†, 90472†, 90473† or 90474†
Admin. CPT Code w/physician counseling	90460† or 90461†
Adacel®	90715†
BOOSTRIX®	90715†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Tetanus & (Reduced) Diphtheria Toxoids and Acellular Pertussis (Tdap)

Adacel®
Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine Adsorbed
0.5-mL SDV
(546-7789) 10/pkg
0.5-mL Prefilled Syringe without Needle
(546-4958) 5/pkg
CPT® Code: 90715†

Indications & Usage

Adacel® is a vaccine indicated for active booster immunization against tetanus, diphtheria and pertussis. Adacel® is approved for use as a single dose in persons 10 through 64 years of age.

BOOSTRIX®
Tetanus Toxoid, Reduced Diphtheria, and Acellular Pertussis Adsorbed Vaccine
0.5-mL SDV
Call for availability.
(254-6475) 10/pkg
0.5-mL Tip-Lok® Prefilled Syringe
(254-0031) 10/pkg
CPT® Code: 90715†

Indications & Usage

BOOSTRIX® is a vaccine indicated for active booster immunization against tetanus, diphtheria, and pertusis. BOOSTRIX® is approved for use as a single dose in individuals 10 years of age and older.

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Typhoid

What is typhoid?

Typhoid (typhoid fever) is a serious disease. It is caused by bacteria called *Salmonella Typhi*. Typhoid causes a high fever, weakness, stomach pains, headache, loss of appetite, and sometimes a rash. If it is not treated, it can kill up to 30% of people who get it. Some people who get typhoid become "carriers," who can spread the disease to others. Generally, people get typhoid from contaminated food or water. Typhoid is not common in the U.S., and most U.S. citizens who get the disease get it while traveling. Typhoid strikes about 21 million people a year around the world and kills about 200,000.

Who should get the typhoid vaccine?

Routine typhoid vaccination is not recommended in the United States, but typhoid vaccine is recommended for:

- Travelers to parts of the world where typhoid is common. (NOTE: typhoid vaccine is not 100% effective and is not a substitute for being careful about what you eat or drink.)
- People in close contact with a typhoid carrier.
- Laboratory workers who work with Salmonella Typhi bacteria.

What types of typhoid vaccines are there?

There are two vaccines to prevent typhoid. One is an inactivated (killed) vaccine given as a shot, and the other is live, attenuated (weakened) vaccine which is taken orally (by mouth).

Crucell

Vivotif® Enteric-Coated Capsules
Typhoid Vaccine, (Live) Oral Ty21a
(546-7546).....4/pkg
CPT® Code: 90690†

Indications & Usage

Vivotif® (typhoid vaccine live oral Ty21a) is indicated for immunization of adults and children greater than 6 years of age against disease caused by Salmonella typhi.

SANOFI PASTEUR

TYPHIM Vi®
Typhoid Polysaccharide Vaccine
0.5-mL Single-Dose Prefilled Syringe
(546-3216) .....ea
10-mL MDV
(546-0969) .....ea
CPT® Code: 90691†
Item stored under refrigeration. May be shipped separately.

Indications & Usage

Typhim Vi® vaccine is indicated for active immunization against typhoid fever for persons two years of age or older. Immunization with Typhim Vi® vaccine should occur at least two weeks prior to expected exposure to S. typhi.

CPT & Reimbursement Information

CPT CODES

Admin. CPT Code w/out physician counseling	90471†, 90472†, 90473† or 90474†
Admin. CPT Code w/physician counseling	90460† or 90461†
Vivotif®	90690†
Typhim Vi®	90691†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

What causes chickenpox?

Chickenpox is caused by a virus, the varicella-zoster virus.

Hos serious is chickenpox?

Many cases of chickenpox are mild, but deaths from this disease can occur. Before the development of a vaccine, about 100 people died every year in the United States from chickenpox. Most of these people were previously healthy. Chickenpox also accounted for about 11,000 hospitalizations each year. Even children with average cases of chickenpox are uncomfortable and need to be kept out of day care or school for a week or more.

Who should get chickenpox vaccine?

Chickenpox vaccine is recommended for the following:

- All children younger than age 13 years (one dose at 12–15 months and a second dose at age 4–6 years);
- Everyone age 13 years and older who has never had chickenpox (two doses, given 4–8 weeks apart);

Anyone missing a dose at the recommended times should get the shot at their next visit to their doctor or clinic.

MERCK

VARIVAX®
Varicella (Chicken Pox) Virus (Live) Vaccine, Thimerosal-Free, Lyophilized
0.5-mL SDVs
(558-1592).....10/box

CPT® Code: 90716†
Item stored frozen. May be shipped separately.
Nonreturnable product: No credit will be given for any return of this product.
All vaccines include Federal Excise Tax (FET).
VARIVAX® is a registered trademark of Merck & Co., Inc.

CPT & Reimbursement Information

CPT CODES

Admin. CPT Code w/out physician counseling 90471†, 90472†, 90473† or 90474†

Admin. CPT Code w/physician counseling 90460† or 90461†

VARIVAX® 90716†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Zoster (Shingles)

What causes shingles?

Both chickenpox and shingles are caused by the same virus, the varicella zoster virus (VZU). After a person has had chickenpox, the virus rests in the body's nerves permanently. Approximately 30% of all people who have been infected with chickenpox will later develop herpes zoster, commonly known as zoster or shingles.

How common is shingles in the United States?

It is estimated that one million cases of shingles occur annually.

Who should get the shingles vaccine?

The Advisory Committee on Immunization Practices recommends that all adults age 60 years and older receive one dose of zoster vaccine, including persons who have already had an episode of shingles. Vaccination can be done during a routine healthcare visit. In 2011, the Food and Drug Administration (FDA) approved the use of the zoster vaccine for the prevention of shingles in individuals 50 to 59 years of age. ACIP does not recommend routine zoster vaccination of people age 50 through 59 years, but a clinician may give it to people in this age group if desired.

Why do some people develop shingles and others don't?

Shingles occurs when VZV reactivatess and causes recurrent disease. It is not well understood why this happens in some people and not others. The risk of getting shingles increases as a person gets older. People who have medical conditions that keep the immune system from working properly, or people who receive immunosuppressive drugs are also at greater risk to get shingles .

Is the cost of shingles vaccine covered by Medicare?

All Medicare Part D plans cover the shingles vaccine, meaning that a pharmacy can bill Medicare for the cost of the vaccine. Your share of payment varies by plan. Medicare Part B does not cover the shingles vaccine. If you have private insurance, your plan may or may not cover the vaccine; contact your insurer to find out .

Source: http://www.immunize.org/catg.d/p4221.pdf

MERCK

ZOSTAVAX®
Zoster (Shingles) Vaccine, Live
0.65-mL SDV
(558-2363).....ea
(558-2895).....10/pkg
Item stored frozen. May be shipped separately.
ZOSTAVAX® is a registered trademark of Merck & Co., Inc.

CPT CODES

CPT & Reimbursement Information

Admin. CPT Code w/out physician counseling	90471†, 90472†, 90473† or 90474†
Admin. CPT Code w/physician counseling	90460† or 90461†
ZOSTAVAX®	90736†

†For informational purposes only. Source: ReimbursementCodes.com and/or www.cms.gov. Customer is responsible for verification of billing/coding in accordance with applicable specific circumstances.

Panasonic

Life Science

Medical Grade Refrigerators and Freezers

Contact your HENRY SCHEIN® representative for more information.

- Superior temperature control and uniformity
- Door-mounted microprocessor controller
- Remote alarm contacts
- Key lock for added security
- Ergonomic, space-efficient design

PANASONIC MODEL	HENRY SCHEIN MODEL	DESCRIPTION
MPR-215F-PA	116-1537	7.6 cu.ft. Ref/Freezer Combo
MPR-414F-PA	110-4388	14.9 cu.ft. Ref/Freezer Combo
SR-L6111W-PA	118-5334	6.1 cu.ft. U/C Refrigerator
SF-L6111W-PA	106-6584	5.4 cu.ft. U/C Freezer

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