Immunization Service Provider Call

May 2025

Please place your name, and provider in the chat.

OKLAHOMA
State Department of Health

Agenda

- OSIIS Missing Shot Survey – Martin Lansdale
- Vaccine Adverse Event Reporting System – Lauren Speer
- Perinatal Hep B Prevention: Safeguarding Mothers and Babies - Rebekah Baker
- Guest Speaker

  Dr. Savannah Stumph, DO FAAP

  Regional Medical Director, Merck Vaccines

  Scientific Insights Related to Measles, Mumps and Rubella
- Looking Forward

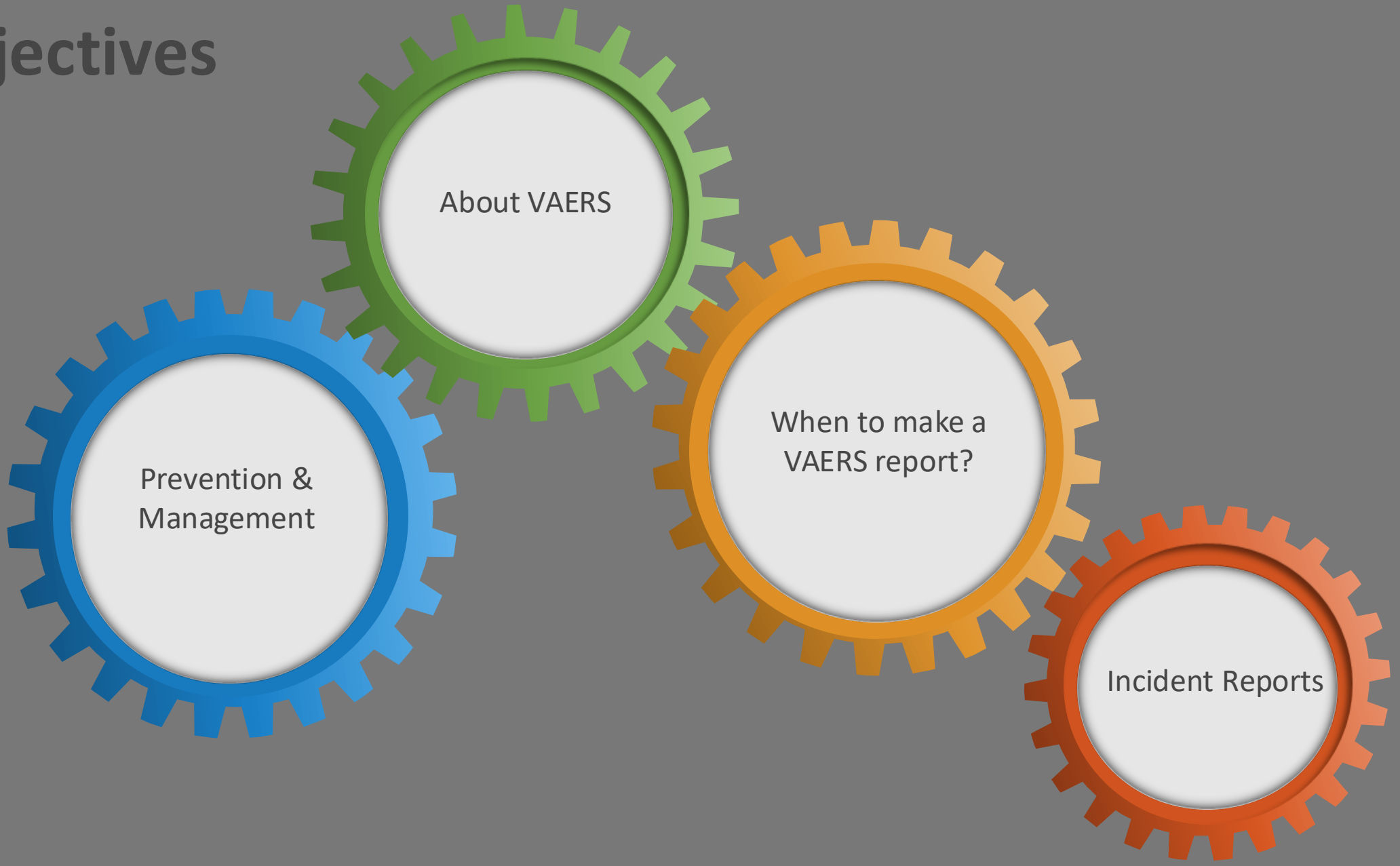
OSIIS Missing Shot Survey

Martin Lansdale

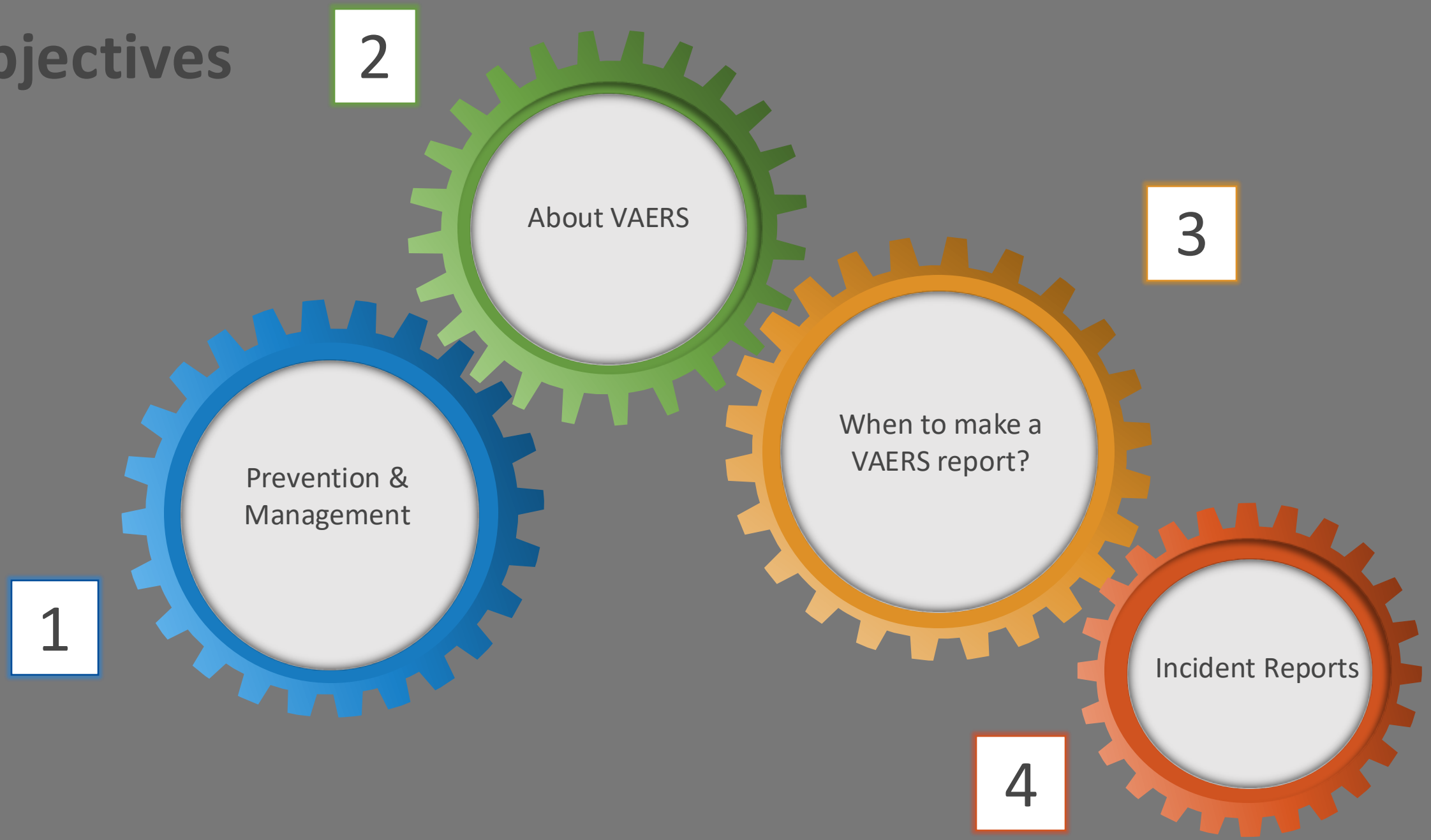
Vaccine Adverse Event Reporting System: Prevention and management

Lauren Speer, MSN, RN
Immunization & Communicable Disease Nurse Consultant

Objectives


About VAERS
When to make a VAERS report?
Incident Reports
Prevention & Management

Objectives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About VAERS
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When to make a VAERS report?
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Incident Reports
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Preventing and Managing Adverse Reactions

Preventing adverse reactions

The best practice to prevent allergic reactions is to identify individuals at increased risk by obtaining a history of allergy to previous vaccinations and vaccine components that might indicate an underlying sensitivity.

Classification of Adverse Reactions

Classified:

1) Local – least severe, most frequent (pain, redness, swelling at the injection site)
2) Systemic – can be complicated, more common in adolescents and young adults (syncope with secondary injuries)
3) Allergic – rare, rate of 1 per million doses (wheezing or swelling of throat, hypotension, hives, shock)

Managing Acute Reactions

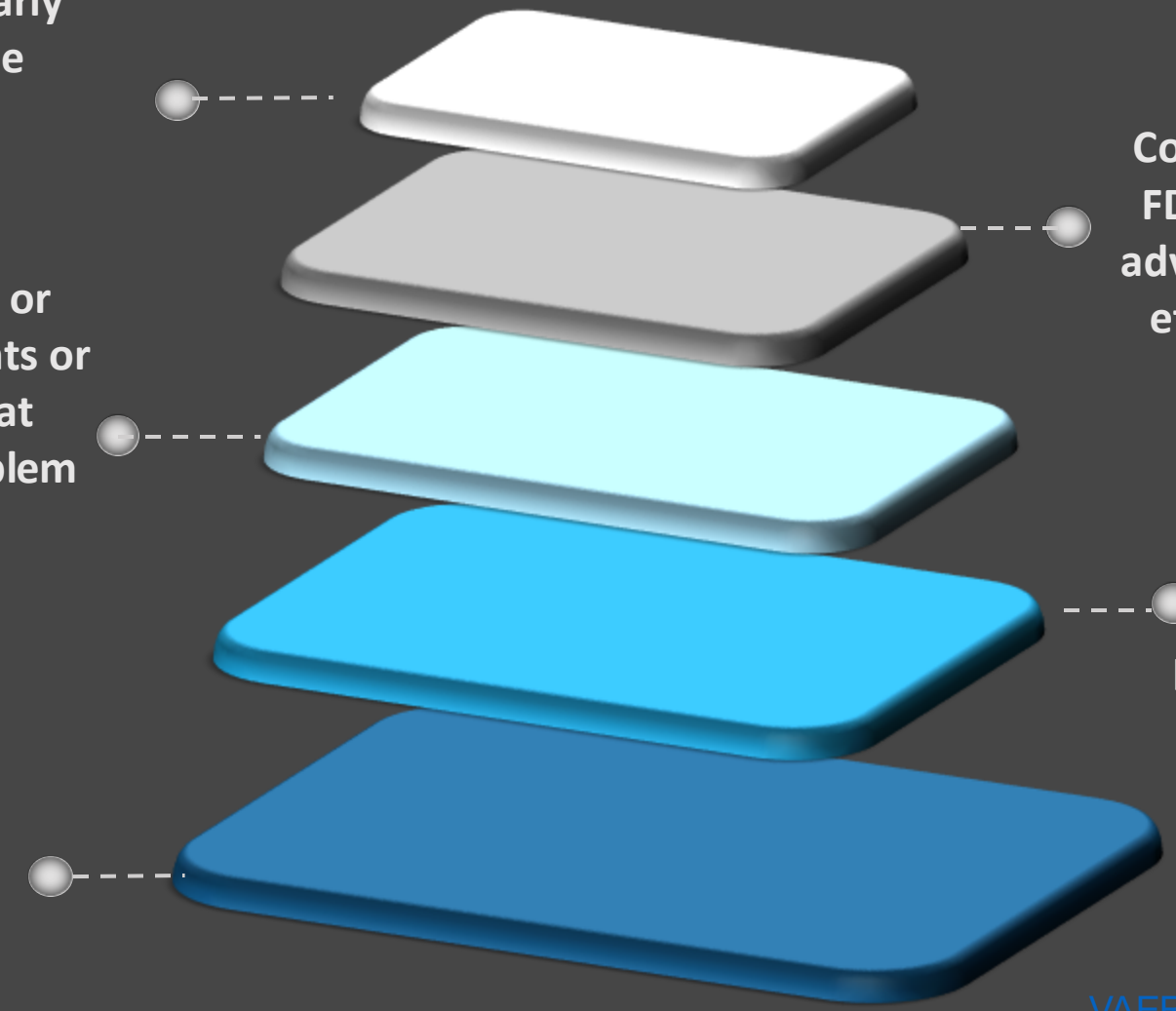
- ✓ Rapid recognition
- ✓ Be familiar and follow the protocol for anaphylaxis treatment as rapid recognition and treatment will possibly reduce the progression of the reaction
- ✓ Be familiar with where your emergency kit is located and ensure supplies are not expired
- ✓ Follow reporting guidelines for VAERS and

About Vaccine Adverse Event Reporting System (VAERS)

Established in 1990 as a national early warning system to detect possible safety problems in US licensed vaccines.

It is designed for detecting unusual or unexpected patterns of adverse events or administration errors reporting that might indicate a possible safety problem with a vaccine.

Provide a national safety monitoring system that extends to the entire general population for response to public health emergencies, such as a large-scale pandemic influenza vaccination program.



Co-managed by CDC and US FDA and accepts reports of adverse events (possible side effects) after a person has received a vaccination.

This system can determine and address possible reporting clusters such as lots/product/batch specific.

VAERS - Report an Adverse Event

When to make a VAERS report?

- Healthcare providers are required by law to report to VAERS:
  - Any adverse event listed in the VAERS Table of Reportable Events Following Vaccination that occurs within the specified time period after vaccinations
  - An adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine
  - Healthcare providers are strongly encouraged to report to VAERS:
  - Any adverse event that occurs after the administration of a vaccine licensed in the United States, whether it is or is not clear that a vaccine caused the adverse event
  - Vaccine administration errors
- Vaccine manufacturers are required to report to VAERS all adverse events that come to their attention.
- VAERS accepts all reports, including reports of vaccination errors. Guidance on reporting vaccination errors is available if you have additional questions.
- Knowingly filing a false VAERS report is a violation of Federal law (18 U.S. Code § 1001) punishable by fine and imprisonment.

How to report a VAERS

Go to the VAERS HHS Home Page, then choose one of two ways to report to VAERS
Refer to the VAERS Checklist of Information Needed to complete the VAERS form.

- **Option 1: Report Online using the following link: VAERS Online Reporting (preferred method)**
  - The report must be addressed and submitted in one sitting and cannot be saved and returned to at a later time.
  - Your information will be erased if you are inactive for 20 minutes; you will receive a warning after 15 minutes.
- **Option 2: Report using a Writable PDF Form**
  - Download the Writable PDF Form and save it to your computer.
  - Complete the VAERS report offline electronically on your own time.
    - Use Acrobat 5.0 (or later) to open the file and fill in the information.
  - Save your completed form.
    - Use a computer to securely save a document containing protected health information, personal identifiers, or other sensitive personal or patient information.
  - Upload the Completed Writable PDF Form here.
    - Verify that you are using the latest form version (updated Feb. 2025).
    - Enter your name and email address and select “Browse” to locate the completed form saved to your computer to upload.
    - Verify that you want to upload the file by clicking “Upload the Writable PDF Form.”
    - You will be provided an E-number for your reference on successful submission.

If you need further assistance with reporting to VAERS, please email info@VAERS.org or call 1-800-822-7967.

STATE OF OKLAHOMA
DEPARTMENT OF HEALTH
INCIDENT REPORT

Instructions: See page 2 for instructions in completing this form and definitions of terms marked with an asterisk (*).

1. DATE OF EVENT	2. TIME OF EVENT	3. LOCATION OF EVENT

4. This incident was a/an: *(Check one)* ☐ Actual Event/Incident* ☐ Near Miss/Close Call*

5. This incident involved harm or potential for harm to an individual. ☐ Yes ☐ No

6. This incident involved the following individuals: *(Check all that apply)*
☐ Client ☐ Employee ☐ Visitor ☐ Volunteer ☐ Other

7. Type of Event. *(Check all that apply) NOTE: Items marked with ** require additional action- see reverse for further detail.*

☐	Adverse Drug Reaction	☐	Equipment/Supply Problem	☐	Medication Related
☐	Amputation	☐	Exposure to Blood/Body Fluids**	☐	Needle Stick/SHARP
☐	Animal/Insect	☐	Facility	☐	Property Damaged
☐	Assault (physical, verbal, emotional)	☐	Faint	☐	Property Lost/Stolen
☐	Automobile	☐	Fall	☐	Strain/Sprain
☐	Bruise, Abrasion	☐	Fracture	☐	Workplace Violence
☐	Burn	☐	Infant Abduction	☐	Other (Specify)
☐	Cut, Puncture or Laceration	☐	Laboratory Related		

8. Effect of this Incident in the Individuals(s) Involved. *(Explain Block 11.)*
☐ No Harm Sustained* ☐ Harm Sustained

9. Witness(es) who may be able to provide additional detail concerning this incident.

a. Name	b. Telephone Number

10. Service Area(s) involved in this Incident. (Check all that apply)

☐	Chief of Staff	☐	Internal Audit	Name of Department/Program:
☐	Chief Operating Officer	☐	Legal	
☐	Commissioner's Office	☐	Office of Accountability	
☐	Community Health Services	☐	Regulation, Prevention & Preparedness	

11. Description of Incident. *(Provide concise, factual, objective details.)*

12. What actions, if any, taken to prevent this incident from occurring?

13. Client, Employee, Visitor or Volunteer Name Address, and Telephone Number	14. Name , Title of Individual Submitting Form	
	15. Signature	16. Date of Report
	FOR ADMINISTRATIVE USE ONLY Incident Log Number _____ Is additional event analysis required? ☐ YES ☐ NO	

1. **PURPOSE**. To provide an effective method of documenting events which may have quality assurance/risk management implications involving clients, employees, visitors or others. The reported data helps to monitor, evaluate, and improve functional processes, the environment of care, as well as the quality and safety of agency services. Based on the nature of the incident, other documentation (e.g., Occupational Health & Safety, Risk Management. etc.) may be required in accordance with federal, state and or agency policies.

2. **RESPONSIBILITY**. The staff member who discovers the event or incident will initiate this document. Report all incidents as soon after discovery to a manager and/or supervisor.

3. **DIRECTIONS FOR COMPLETION OF FORM.**
   a. Block 1-16. Fill in numbered blocks. If "Not Applicable" or "None", so state. If "Other" is marked for any response, please explain in the blank space provided, or in Block 11. Description of Incident.
   b. Block 5. For those incidents involving harm, or the potential for harm to a client, employee, visitor, volunteer or other. Additional documentation requirements may be required.
   c. Block 6. A client, employee, visitor, volunteer or other may be involved in an incident that is not classified as a safety event i.e. personal harm or the risk of harm was not present. Examples include but not limited to loss of valuables, a verbal altercation etc.
   d. Block 7. For exposure to blood or body fluids, follow facility's Exposure Control Plan.
   e. Block 8. Indicate the initial effect or injury (physical or psychological) sustained by those involved in the incident reported. Refer injured individual immediately for medical attention.
   f. Block 9. List any witnesses to the event for additional verbal or written information.
   g. Block 10. Note the service area involved with this incident.
   h. Block 11. Provide a brief but concise explanation of what occurred. Avoid speculation related to the cause of the incident.
   i. Block 12. Note corrective action to prevent reoccurrence. (If appropriate)
   j. Block 13. Name of individual/employee involved in the incident.

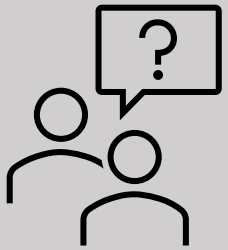
4. **ROUTING OF FORM.** Forward this document to IncidentReport@health.ok.gov no later than 48 hours after the event.

5. **DEFINITION OF TERMS.**
   a. Actual Event/Incident- A situation that did occur either with or without harm or injury to the individual(s) involved
   b. Harm- Personal injury or damage of a physical or a psychological nature as a result of an incident
   c. Near Miss/Close Call - An event or situation that could have resulted in harm or injury to the individual(s) involved but did not, either by chance or through timely intervention. The event was resolved before reaching the individual(s) involved.

6. **ADDITIONAL COMMENTS/DATA**

[Nursing Service - 09 Incident Reporting 2023.pdf - All Documents]

Questions?



May 2, 2025

Perinatal Hepatitis B Prevention: Safeguarding Mothers and Infants

Rebekah Baker, Perinatal Hepatitis B Prevention Program Coordinator

Objectives

- Why Perinatal Hepatitis B Prevention Matters
- Know Your Role in the Perinatal Hepatitis B Prevention Program
  - Healthcare Providers
  - Birthing Hospitals
  - Pediatricians
- Key Considerations and Recommendations

Why Perinatal Hepatitis B Prevention Matters

- Hepatitis B is viral infections that attacks the liver
- It is vaccine-preventable
- 80%-90% of infants who are infected with HBV become chronically infected
- About 25% of individuals chronically infected will develop cirrhosis, or liver cancer, and die prematurely
- HBV infected infants are usually asymptomatic

MMWR, January 12, 2018

Hepatitis B Perinatal Transmission*

*in the absence of postexposure prophylaxis

HBsAg+ &
HBeAg+

70%-90%
infected

HBsAg+
only

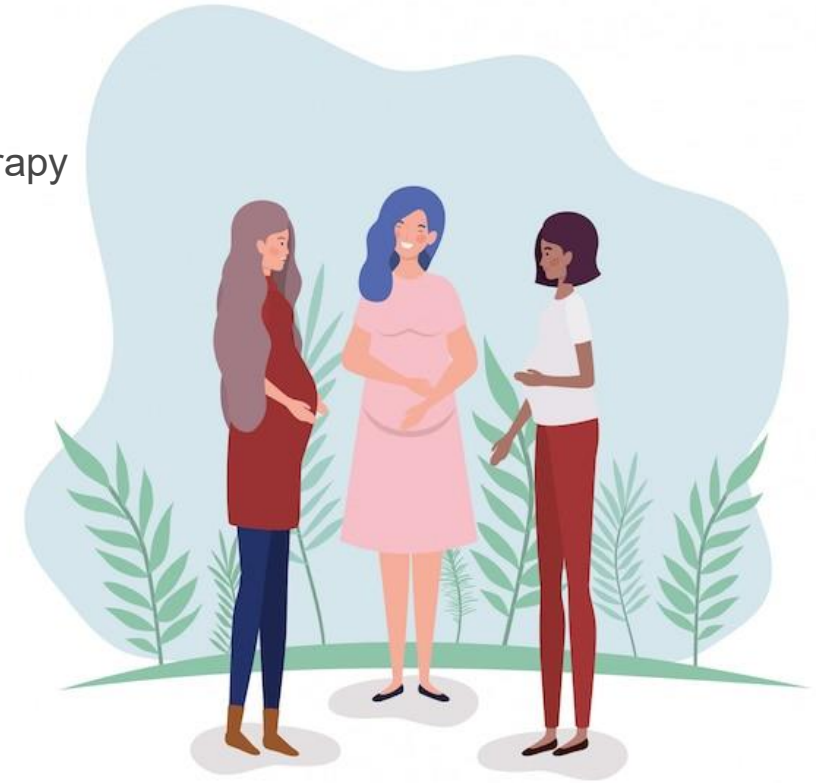
10% infected

Up to **90%** of infected infants become **chronically infected & up to 25 % may die prematurely**

Slide credit with modifications CEB/ISD/NCIRD/CDC 2021

PHBPP Recommendations for Providers

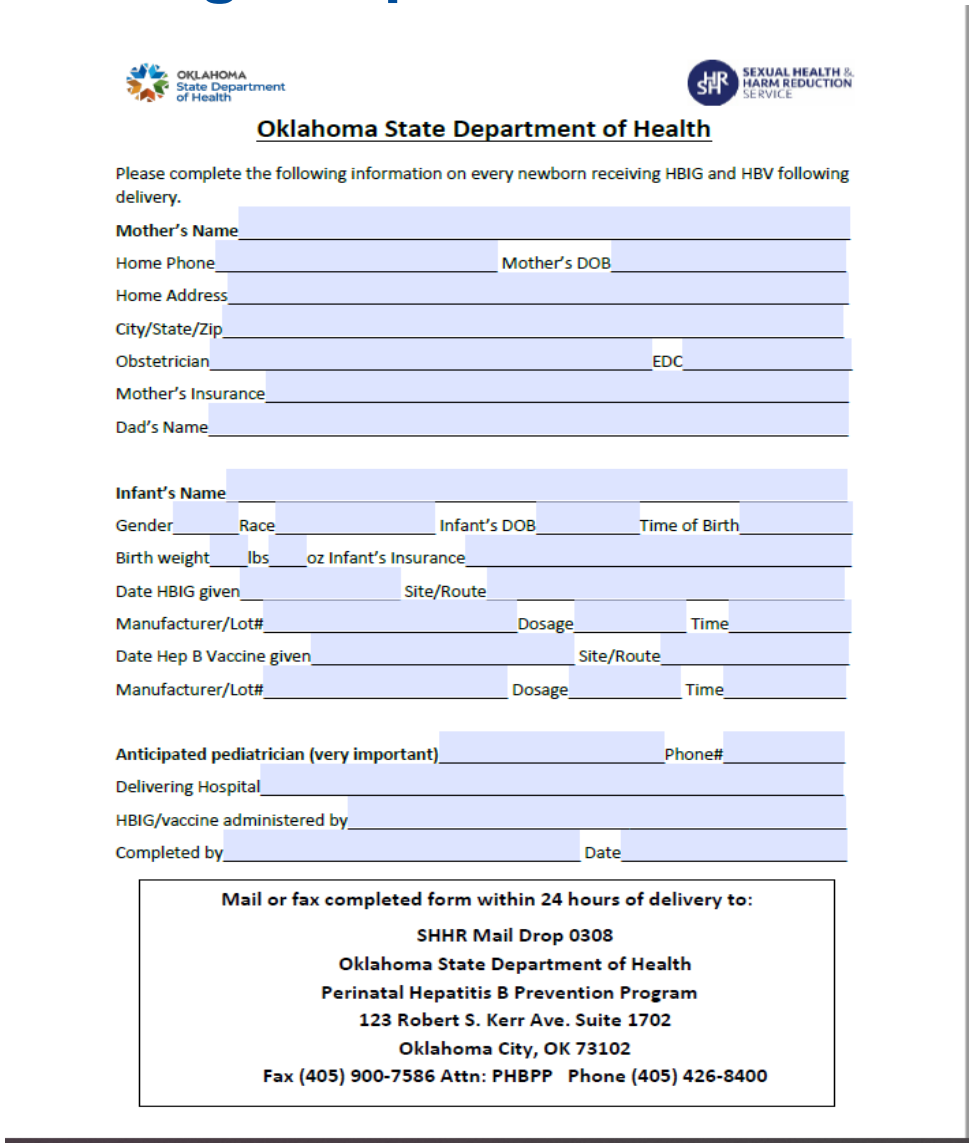
- Test all pregnant women early in each pregnancy for HBsAg
- Report all HBsAg-positive pregnant women to the OSDH with 24 hours (even if they were previously reported)
- All HBsAg-positive women should be tested for HBV DNA
  - American Association for Study for Liver Disease (AASLD) suggest antiviral therapy when DNA > 200,000 IU/mL in 3rd trimester
- Test at the time of admission to Labor & Delivery if
  - Pregnant woman is HBsAg-negative and has high-risk behaviors
  - A pregnant woman presents with an unknown HBsAg status
  - If test is HBsAg-positive, report to the OSDH with 24 hours (even if they were previously reported).



MMWR, January 12, 2018

PHBPP Recommendations for Birthing Hospitals

- Give all infants born to HBsAg-positive women single-antigen hepB vaccine and HBIG withing 12 hours of birth
- Record all HBsAg-positive women's status in Vital Records
- Report all HBsAg-positive women and the administration of HBIG and hepB vaccine to the PHBPP (if you were not contacted prior to delivery, the PHBPP may not be aware of the mom's HBsAg-positive status).
- Record HBIG in OSIIS.



OKLAHOMA State Department of Health

SEXUAL HEALTH & HARM REDUCTION SERVICE

Oklahoma State Department of Health

Please complete the following information on every newborn receiving HBIG and HBV following delivery.

Mother's Name_____

Home Phone_____ Mother's DOB_____

Home Address_____

City/State/Zip_____

Obstetrician_____ EDC_____

Mother's Insurance_____

Dad's Name_____

Infant's Name_____

Gender_____ Race_____ Infant's DOB_____ Time of Birth_____

Birth weight____ lbs____ oz Infant's Insurance_____

Date HBIG given_____ Site/Route_____

Manufacturer/Lot#_____ Dosage_____ Time_____

Date Hep B Vaccine given_____ Site/Route_____

Manufacturer/Lot#_____ Dosage_____ Time_____

Anticipated pediatrician (very important)_____ Phone#_____

Delivering Hospital_____

HBIG/vaccine administered by_____

Completed by_____ Date_____

Mail or fax completed form within 24 hours of delivery to:

SHHR Mail Drop 0308
Oklahoma State Department of Health
Perinatal Hepatitis B Prevention Program
123 Robert S. Kerr Ave. Suite 1702
Oklahoma City, OK 73102
Fax (405) 900-7586 Attn: PHBPP Phone (405) 426-8400

PHBPP Recommendations for Pediatricians

Vaccine Completion	PVST Information	Lab Interpretation		Next Steps
Complete Hepatitis B vaccine series per ACIP recommendations	Complete PVST when infant is 9-12 months OR 1-2 months after vaccine completion	HBsAg (-)	HBsAb (+)	No further steps needed. Child is immune
	ONLY order **HBsAg** and **anti-HBs** (HBsAb)	HBsAg (-)	HBsAb (-)	Administer a hepb booster OR completed a 2nd round of the hepb vaccine series then retest 1-2 months after last vaccine
		HBsAg (+)	HBsAb (-)	Counsel parent(s) and refer child to appropriate care

Key Considerations and Recommendations:

Routine Pregnancy Testing

Conduct routine pregnancy test, even if pregnancy is not the primary concern

Universal Screening

Implement routine screening for hepatitis B surface antigen (HBsAg) during 1st trimester regardless of vacation status

Vaccination

Per CDC (2023) an HBV triple panel (**HBsAg, Anti-HBs, and Total anti-HBc)** is recommended to link a patient to care or vaccinate as needed

Questions

Scientific Insights Related to Measles, Mumps and Rubella

Dr. Savannah Stumph, DO FAAP

Regional Medical Director, Merck Vaccines

Sanofi Vaccines

Questions/Suggestions

Looking Forward:
Discuss a topic that interests you
Next Call:
July 4th, 2025
at 12pm