

**NEVADA STATE BOARD OF
PHARMACY**

**IMMUNIZATION
REPORT**

April 1, 2011 – March 31, 2012

NEVADA STATE BOARD OF PHARMACY
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INTRODUCTION

A copy of this report is available from the Board of Pharmacy on request.

This report, mandated by Nevada Revised Statute (NRS) 639.065, will look at Nevada's immunization levels compared to national levels and review current administrative code changes to improve the health of the people of Nevada by improving access to pharmacists who provide immunizations and by expanding the role of pharmacists in administering immunizations under physician protocol.

NRS 639.065 Annual report concerning immunizations administered by pharmacists.

The Board shall prepare an annual report concerning immunizations administered by pharmacists that includes, without limitation, the number of immunizations which were administered by pharmacists during the previous year, any problems or complaints reported to the Board concerning immunizations administered by pharmacists and any other information that the Board determines would be useful in determining whether pharmacists should continue to administer immunizations in the State. The report must be available for public inspection during regular business hours at the office of the Board. (Added to NRS by 1999, 2722)

Nevada remains one of the least immunized states in the nation. In the interest of better serving the people of Nevada, NRS 454.213 (18) regulated through the Nevada State Board of Pharmacy, authorizes pharmacists with the proper training to administer vaccinations to patients.

NRS 454.213 addresses a pharmacist's authority to possess and administer dangerous drug. [Effective January 1, 2008.]

18. In accordance with applicable regulations of the Board, a registered pharmacist who:
 - (a) Is trained in and certified to carry out standards and practices for immunization programs;
 - (b) Is authorized to administer immunizations pursuant to written protocols from a physician; and
 - (c) Administers immunizations in compliance with the "Standards of Immunization Practices" recommended and approved by the United States Public Health Service Advisory Committee on Immunization Practices.

THE STATE OF IMMUNIZATIONS IN THE STATE OF NEVADA

National Vaccination Coverage among Children Aged 19--35 Months Nevada and United States, 2010

TABLE 3. Estimated vaccination coverage for vaccination series (modified)* and selected individual vaccines among children aged 19--35 months, National Immunization Survey, Nevada and United States, 2010†												
	MMR (≥1 dose)		PCV (≥4 doses)		HepB (birth)§		HepA (≥2 doses)¶		Rotavirus**		Vaccine series (modified)*	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
United States	91.5	(±0.7)††	83.3	(±1.0)††	64.1	(±1.3)††	49.7	(±1.4)††	59.2	(±1.4)††	72.7	(±1.2)††
Nevada	87.0	(±5.2)	70.8	(±6.8)	66.6	(±6.9)	54.8	(±7.3)	49.4	(±7.2)††	61.3	(±7.2)

Abbreviations: MMR = measles, mumps, and rubella vaccine; PCV = pneumococcal conjugate vaccine; HepB = hepatitis B vaccine; HepA = hepatitis A vaccine; CI = confidence interval.

* Includes ≥4 doses DTP/DT/DTaP vaccine (diphtheria, tetanus toxoids, and pertussis vaccine; diphtheria and tetanus toxoids vaccine; and diphtheria, tetanus toxoids, and acellular pertussis vaccine), ≥3 doses of poliovirus vaccine, ≥1 dose of any measles-containing vaccine, ≥3 doses of HepB, ≥1 dose of varicella vaccine, and ≥4 doses of PCV. Haemophilus influenzae type b vaccine is excluded.

† Children in the 2010 National Immunization Survey were born during January 2007--July 2009.

§ ≥1 dose of HepB administered between birth and age 3 days.

¶ ≥2 doses HepA and measured among children aged 19--35 months.

** ≥2 or ≥3 doses of rotavirus vaccine, depending on product type received (≥2 doses for Rotarix [RV1] and ≥3 doses for RotaTeq [RV5]).

†† Statistically significant increase in coverage compared with 2009 (p<0.05).

§§ Statistically significant decrease in coverage compared with 2009 (p<0.05).

National Vaccination Coverage among Children Aged 19--35 Months
United States, 2010

TABLE 1. Estimated vaccination coverage among children aged 19--35 months, by selected vaccines and dosages --- National Immunization Survey, United States, 2006--2010*										
Vaccine	2006		2007		2008		2009		2010	
	%	(95% CI)								
DTP/DT/DTaP										
≥3 doses	95.8	(±0.5)	95.5	(±0.5)	96.2	(±0.5)	95.0	(±0.6)	95.0	(±0.6)
≥4 doses	85.2	(±0.9)	84.5	(±0.7)	84.6	(±1.0)	83.9	(±1.0)	84.4	(±1.0)
Poliovirus	92.8	(±0.6)	92.6	(±0.9)	93.6	(±0.6)	92.8	(±0.7)	93.3	(±0.7)
MMR ≥1 dose	92.3	(±0.6)	92.3	(±0.9)	92.1	(±0.7)	90.0	(±0.8)	91.5	(±0.7)†
Hib§										
≥3 doses	93.4	(±0.6)	92.9	(±0.7)	90.9	(±0.7)	83.6	(±1.0)	90.4	(±0.9)†
Primary series	N/A		N/A		N/A		92.1	(±0.8)	92.2	(±0.8)
Full series	N/A		N/A		N/A		54.8	(±1.4)	66.8	(±1.3)†
HepB										
≥3 doses	93.3	(±0.6)	92.7	(±0.7)	93.5	(±0.7)	92.4	(±0.7)	91.8	(±0.7)
1 dose by 3 days (birth)¶	50.1	(±1.1)	53.2	(±1.3)	55.3	(±1.3)	60.8	(±1.3)	64.1	(±1.3)†
Varicella ≥1 dose	89.2	(±0.7)	90.0	(±0.7)	90.7	(±0.7)	89.6	(±0.8)	90.4	(±0.8)
PCV										
≥3 doses	86.9	(±0.8)	90.0	(±1.0)	92.8	(±0.6)	92.6	(±0.7)	92.6	(±0.8)
≥4 doses	68.4	(±1.1)	75.3	(±1.3)	80.1	(±1.1)	80.4	(±1.2)	83.3	(±1.0)†
HepA (≥2 doses)**	N/A		N/A		40.4	(±1.2)	46.6	(±1.4)	49.7	(±1.4)†
Rotavirus††	N/A		N/A		N/A		43.9	(±1.4)	59.2	(±1.4)†
Combined series										
4:3:1:3:3:1§§	76.9	(±1.0)	77.4	(±1.1)	76.1	(±1.1)	69.9	(±1.2)	74.9	(±1.2)†
4:3:1:3:3:1 with Hib excluded	77.6	(±1.0)	78.3	(±1.1)	78.7	(±1.1)	77.5	(±1.1)	77.8	(±1.1)
4:3:1:3:3:1:4¶¶	60.1	(±1.2)	66.5	(±1.3)	68.4	(±1.2)	63.6	(±1.2)	70.2	(±1.3)†
4:3:1:3:3:1:4 with Hib excluded	60.4	(±1.2)	67.0	(±1.3)	70.6	(±1.2)	70.5	(±1.2)	72.7	(±1.2)†
Children who received no vaccinations	0.4	(±0.1)	0.6	(±0.1)	0.6	(±0.2)	0.6	(±0.1)	0.7	(±0.2)

Abbreviations: CI = confidence interval; DTP/DT/DTaP = diphtheria, tetanus toxoids, and pertussis vaccine; diphtheria and tetanus toxoids vaccine; and diphtheria, tetanus toxoids, and acellular pertussis vaccine; MMR = measles, mumps, and rubella vaccine; Hib = Haemophilus influenzae type b vaccine; HepB = hepatitis B vaccine; HepA = hepatitis A vaccine; N/A = not available; PCV = pneumococcal conjugate vaccine.

* For 2006, includes children born during January 2003--June 2005; for 2007, children born during January 2004--July 2006; for 2008, children born during January 2005--June 2007; for 2009, children born during January 2006--July 2008; and for 2010, children born during January 2007--July 2009.

† Statistically significant increase in coverage compared with 2009 ($p < 0.05$).

§ Primary series: receipt of ≥ 2 or ≥ 3 doses, depending on product type received. Full series: receipt of ≥ 3 or ≥ 4 doses, depending on product type received (primary series and booster dose). Hib coverage for primary or full series not available until 2009.

¶ HepB administered between birth and age 3 days.

** HepA coverage not available before 2008.

†† Rotavirus vaccine includes ≥ 2 or ≥ 3 doses, depending on the product type received (≥ 2 doses for Rotarix [RV1] and ≥ 3 doses for RotaTeq [RV5]). Estimates of rotavirus vaccination coverage not available before 2009.

§§ 4:3:1:3:3:1 series, referred to as routine, includes ≥ 4 doses of DTP/DT/DTaP, ≥ 3 doses of poliovirus vaccine, ≥ 1 dose of measles-containing vaccine, ≥ 3 doses of Hib, ≥ 3 doses of HepB, and ≥ 1 dose of varicella vaccine.

4:3:1:3:3:1:4 series, referred to as routine, includes ≥ 4 doses of DTP/DT/DTaP, ≥ 3 doses of poliovirus vaccine, ≥ 1 doses of measles-containing vaccine, ≥ 3 doses of Hib vaccine, ≥ 3 doses of HepB, ≥ 1 dose of varicella vaccine, and ≥ 4 doses of PCV. Beginning in 2011, in accordance with the Healthy People 2020 objectives, the routine series will replace ≥ 3 doses of Hib vaccine with the full series of Hib vaccine (receipt of ≥ 3 or ≥ 4 doses, depending on product type).

TABLE 2. Estimated vaccination coverage among children aged 19--35 months, by selected vaccines and dosages, race/ethnicity,* and poverty level† --- National Immunization Survey, United States, 2010§

Vaccine	Race/Ethnicity												Poverty level			
	White, non-Hispanic		Black, non-Hispanic		Hispanic		American Indian/Alaska Native		Asian		Multiracial, non-Hispanic		Below		At or above	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
DTP/DT/DTaP																
≥3 doses	95.1	(±0.8)	95.3	(±1.6)	95.1	(±1.4)	97.3	(±2.2)	95.7	(±2.9)	92.4	(±3.5)	93.5	(±1.4)	95.7	(±0.7)
≥4 doses	84.5	(±1.3)	83.7	(±2.7)	84.4	(±2.5)	81.8	(±7.5)	88.3	(±4.0)	82.8	(±4.8)	80.8	(±2.2)	86.1	(±1.2)
Poliovirus	93.2	(±0.8)	94.0	(±1.6)	93.8	(±1.6)	94.6	(±3.5)	92.8	(±3.5)	90.2	(±3.9)	92.4	(±1.5)	93.6	(±0.8)
MMR ≥1 dose	90.6	(±0.9)	92.1	(±1.9)	92.9	(±1.6)**	93.4	(±6.3)	91.7	(±3.6)	89.7	(±3.8)	91.3	(±1.6)	91.4	(±0.8)
Hib††																
≥3 doses	90.3	(±1.2)	89.4	(±2.3)	92.0	(±1.7)	93.9	(±3.0)**	85.7	(±5.7)	87.3	(±4.4)	88.1	(±1.8)	91.4	(±1.0)
Primary series	92.3	(±1.1)	90.9	(±2.2)	93.3	(±1.5)	95.7	(±2.7)**	89.0	(±5.3)	90.4	(±3.8)	89.8	(±1.7)	93.4	(±0.9)
Full series	67.5	(±1.6)	65.4	(±3.4)	64.8	(±3.1)	77.1	(±7.4)**	69.5	(±6.8)	70.1	(±5.8)	61.3	(±2.7)	69.7	(±1.5)
HepB																
≥3 doses	91.4	(±0.9)	92.1	(±1.8)	92.5	(±1.7)	97.2	(±2.3)**	91.7	(±3.5)	89.9	(±3.8)	91.5	(±1.5)	92.0	(±0.8)
1 dose by 3 days (birth)§§	63.2	(±1.6)	64.1	(±3.6)	65.5	(±3.1)	71.9	(±9.6)	62.6	(±7.2)	64.4	(±6.4)	67.2	(±2.7)	62.8	(±1.6)
Varicella ≥1 dose	88.9	(±1.1)	91.5	(±2.0)**	92.3	(±1.8)**	95.7	(±2.7)**	92.5	(±3.4)**	88.9	(±3.9)	89.6	(±1.8)	90.6	(±0.9)
PCV																
≥3 doses	92.8	(±0.9)	92.6	(±2.0)	93.4	(±1.8)	94.5	(±3.0)	87.8	(±5.4)	90.6	(±3.8)	91.1	(±1.6)	93.5	(±0.9)
≥4 doses	84.2	(±1.2)	79.7	(±3.0)**	83.9	(±2.3)	85.3	(±5.0)	78.9	(±6.0)	83.0	(±4.7)	78.7	(±2.2)	85.6	(±1.1)
HepA (≥2 doses)	45.8	(±1.6)	48.6	(±3.7)	57.0	(±3.1)**	NA¶¶		50.8	(±7.5)	49.8	(±6.6)	51.0	(±2.7)	49.1	(±1.6)
Rotavirus**	60.	(±1.	52.	(±3.6)	60.	(±3.2)	NA		62.	(±7.0)	57.	(±6.	51.	(±2.7)	62.	(±1.

*	2	7)	7	**	5		¶¶		6		7	5)	5)¶	9	6)
Combined series																
4:3:1:3:3:1† ††	73. 6	(±1. 5)	74. 5	(±3.1)	77. 2	(±2.7) **	77.2	(±7.8)	74. 4	(±6.3)	75. 8	(±5. 3)	73. 5	(±2.4)	75. 5	(±1. 4)
4:3:1:3:3:1 with Hib excluded	76. 7	(±1. 4)	77. 4	(±3.0)	79. 4	(±2.7)	78.7	(±7.7)	81. 4	(±4.8)	78. 4	(±5. 1)	76. 2	(±2.3)	78. 5	(±1. 3)
4:3:1:3:3:1: 4§§§	69. 9	(±1. 6)	66. 9	(±3.4)	72. 0	(±2.9)	73.1	(±8.1)	67. 3	(±6.7)	73. 0	(±5. 4)	67. 2	(±2.5)¶	71. 6	(±1. 5)
4:3:1:3:3:1: 4 with Hib excluded	72. 7	(±1. 5)	69. 3	(±3.4)	74. 1	(±2.8)	74.5	(±8.1)	70. 2	(±6.5)	75. 6	(±5. 2)	69. 5	(±2.5)¶	74. 3	(±1. 4)

Abbreviations: CI = confidence interval; DTP/DT/DTaP = diphtheria, tetanus toxoids, and pertussis vaccine; diphtheria and tetanus toxoids vaccine; and diphtheria, tetanus toxoids, and acellular pertussis vaccine; MMR = measles, mumps, and rubella vaccine; Hib = Haemophilus influenzae type b vaccine; HepB = hepatitis B vaccine; HepA = hepatitis A vaccine; N/A = not available; PCV = pneumococcal conjugate vaccine.

* Native Hawaiian or other Pacific Islanders were not included because of small sample sizes.

† Poverty level was determined for all children. Children were classified as below poverty if their total family income was less than the poverty threshold specified for the applicable family size and number of children aged <18 years. All others were classified as at or above poverty. Poverty thresholds reflect yearly changes in the Consumer Price Index. Thresholds and guidelines available at <http://www.census.gov/hhes/www/poverty.html>.

§ Children in the 2010 National Immunization Survey were born during January 2007--July 2009.

¶ Estimates are statistically significant at $p < 0.05$. Children living at or above poverty were the reference group.

** Estimates are statistically significant at $p < 0.05$. Non-Hispanic white children were the reference group.

†† Primary series: receipt of ≥ 2 or ≥ 3 doses, depending on product type received; full series: primary series and booster dose includes receipt of ≥ 3 or ≥ 4 doses depending on product type received.

§§ HepB administered between birth and age 3 days.

¶¶ Estimate not available if the unweighted sample size for the denominator was < 30 or CI half width / estimate > 0.588 of CI half width > 10 .

*** Includes ≥ 2 or ≥ 3 doses, depending on product type received (≥ 2 doses for Rotarix [RV1] and ≥ 3 doses for RotaTeq [RV5]).

††† 4:3:1:3:3:1 series includes ≥4 doses of DTP/DT/DTaP, ≥3 doses of poliovirus vaccine, ≥1 dose of measles-containing vaccine, ≥3 doses of Hib, ≥3 doses of HepB, and ≥1 dose of varicella vaccine.

§§§ 4:3:1:3:3:1:4 series includes ≥4 doses of DTP/DT/DTaP, ≥3 doses of poliovirus vaccine, ≥1 dose of measles-containing vaccine, ≥3 doses of Hib, ≥3 doses of HepB, ≥1 dose of varicella.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to MMWR readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites. URL addresses listed in MMWR were current as of the date of publication.

Table data can be found at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6034a2.htm?s_cid=mm6034a2_w

Vaccine-Preventable Diseases, May 2009
ACIP: Advisory Committee on Immunization Practices

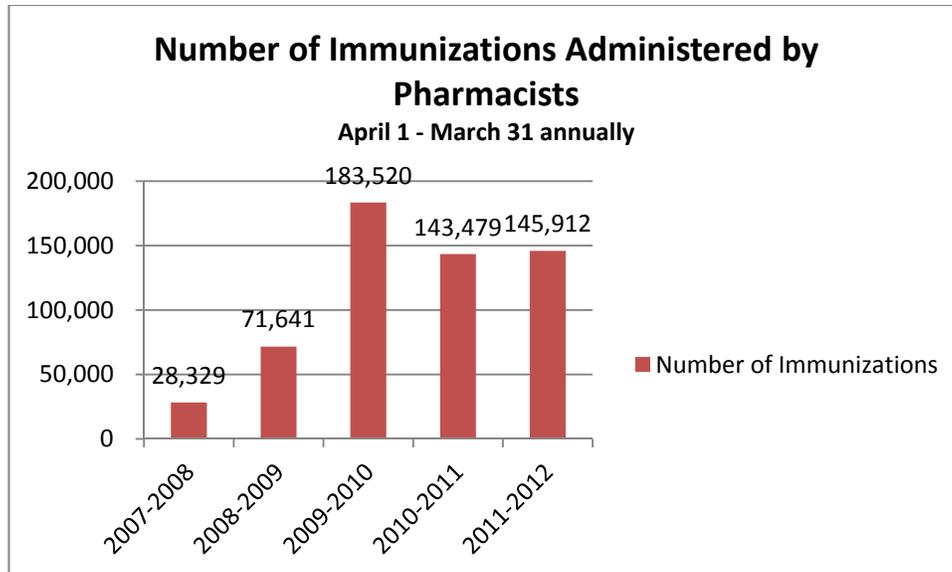
Anthrax	Lyme Disease	Rotavirus
Cervical Cancer (Human Papillomavirus)	Measles	Rubella (German Measles)
Diphtheria	Meningococcal	Shingles (Herpes Zoster)
Hepatitis A	Monkeypox (Smallpox vaccine used)	Smallpox
Hepatitis B	Mumps	Tetanus (Lockjaw)
<i>Haemophilus influenzae</i> type b (Hib)	Pertussis (Whooping Cough)	Typhoid
Human Papillomavirus (HPV)	Pneumococcal	Tuberculosis (TB)
Influenza (Flu) / H1N1 swine flu	Poliomyelitis (Polio)	Varicella (Chickenpox)
Japanese encephalitis (JE)	Rabies	Yellow Fever

Table Data can be found at: <http://www.cdc.gov/vaccines/vpd-vac/default.htm>

PHARMACIST ADMINISTERED IMMUNIZATIONS

The following table is the most accurate data available on immunizations administered by pharmacists in the time frame of this report (April 1, 2011– March 31, 2012).

Vaccines	
Diphtheria	3
Hepatitis A	120
Hepatitis B	126
[Hepatitis A Inactivated & Hepatitis B (Recombinant) Vaccine] TWINRIX [®]	38
Herpes Zoster (shingles)	8,585
HIB (Haemophilus influenza type b)	
HPV (Human Papillomavirus)	163
Influenza(includes nasal)	133,182
Japanese encephalitis (JE)	
Measles Mumps Rubella (MMR)	67
Meningococcal diseases	61
Pneumococcal diseases	1,465
Polio	
Rabies	
Rotavirus	
Rubella	
Smallpox	
Tetanus	78
Tetanus/Diphtheria Td	1
Tetanus-Diphtheria-Pertussis Tdap	1,899
Typhoid (oral)	51
Varicella (chickenpox)	42
Yellow Fever	
Other	31
Total doses administered	145,912



Note: In the 2009-2010 flu season the H1N1 vaccine was a separate vaccine from the seasonal influenza vaccine.

ADVERSE DRUG REACTIONS

Less than a dozen adverse reactions were reported. The adverse reactions reported were normal reactions associated with a local injection. These included soreness at the site of injection.

CENTRALIZED RECORDKEEPING

LCB file R115-08 adopted by the Board made changes to reporting requirements under NAC 639.2976. These changes simplified the reporting requirements, requiring only reporting to the Immunization Information System established by the Department of Health and Human Services.

This data may be entered electronically directly into WebIZ or manually through the use of a written form. In addition to mandatory reporting as of July 1, 2009, all providers must give both children and adults a form that explains the purpose of the registry and allows them to opt-out of inclusion in the registry.

NRS 439.265: Reporting vaccinations to Nevada WebIZ

Effective January 28, 2010 all ACIP recommended vaccinations administered to children and adults must be recorded in Nevada WebIZ. This means that patients of all ages who receive a vaccination must be entered in Nevada WebIZ. Some providers have thought that the law only applies to VFC (Vaccines for Children) vaccines. The law requires entry for all vaccines, regardless of purchase method.

Individuals may “opt-out” by completing the Participation Form and the provider must mail or fax the form to the WebIZ program.

Go to the “Reports/Forms” page in Nevada WebIZ to download and study the new regulations, forms & instructions.

http://health.nv.gov/Immunization_WebIZ_Policies_Forms.htm

The text of the regulation (R094-09A) can also be found at:

http://leg.state.nv.us/register/indexes/2009_NAC_REGISTER_NUMERICAL.htm

WebIZ contact information

http://health.nv.gov/Immunization_ContactUs.htm#WebIZContact

IMMUNIZATION CHANGES/RECOMMENDATIONS

- Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010 (August 6, 2010).
- Who should get vaccinated?
 - All persons aged ≥ 6 months should be vaccinated annually.
 - • Protection of persons at higher risk for influenza-related complications should continue to be a focus of vaccination efforts as providers and programs transition to routine vaccination of all persons aged ≥ 6 months.
 - • When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
 - – are aged 6 months–4 years (59 months);
 - – are aged ≥ 50 years;
 - – have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
 - – are immuno-suppressed (including immuno-suppression caused by medications or by human immunodeficiency virus);
 - – are or will be pregnant during the influenza season;
 - – are aged 6 months–18 years and receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye syndrome after influenza virus infection;
 - – are residents of nursing homes and other chronic-care facilities;
 - – are American Indians/Alaska Natives;

- – are morbidly obese (body-mass index ≥ 40);
- – are health-care personnel;
- – are household contacts and caregivers of children aged <5 years and adults aged ≥ 50 years, with particular emphasis on vaccinating contacts of children aged <6 months; and
- – are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.
- This represents an expansion of the previous recommendations for annual vaccination of all adults aged 19—49 years and is supported by evidence that annual influenza vaccination is a safe and effective preventive health action with potential benefit in all age groups.
- By 2009, annual vaccination was already recommended for an estimated 85% of the U.S. population, on the basis of risk factors for influenza-related complications or having close contact with a person at higher risk for influenza-related complications. The only group remaining that was not recommended for routine vaccination was healthy non-pregnant adults aged 18–49 years who did not have an occupational risk for infection and who were not close contacts of persons at higher risk for influenza-related complications.

Advisory Committee for Immunization Practices (ACIP) updated recommendations can be found at: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

Nevada State Health Division Technical Bulletin

Summary of Nevada Immunization Requirements for Public and Private School

Attendance Bureau/Program: Bureau of Child, Family and Community

Wellness/Immunization Program

Bulletin #: BCFCW-IZ-03-11

Date: June 1, 2011

To: Immunization Providers, School Nurses, County Health Officers, School District Administrators, Boards of Trustees of School Districts, and Private School Officials

Contact: Erin Seward (775) 684-3209

The new immunization requirements will go into effect for all K-12 students new to the school districts beginning with the 2011-2012 school year.

Changes going into effect are:

- ☑ Polio Vaccine - 1 dose of Polio Vaccine is required after the child's 4th birthday. If a 4th dose is provided prior to the 4th birthday, it is invalid.
- ☑ Varicella Vaccine - Second dose of Varicella is required.
- ☑ These new requirements are for children new to a school district. This includes children enrolling in school for the first time (kindergarten) and children who have moved from a different school district (within Nevada and to Nevada).
- ☑ ACIP's recommended ages and intervals between doses of routinely recommended vaccines are required for school entry.

- ☒ Utilize ACIP’s recommended minimum age and intervals when a child is behind on required immunizations.
 - ☒ Doses are only valid if they follow the ACIP’s recommended ages and intervals (for “on time” or “behind” children).
 - ☒ A medical exemption requires a contraindication or precaution to the receipt of a given vaccine.
- Prior to administering any vaccine, review and understand the complete manufacturer literature.

CONCLUSION

In addition to increasing accessibility and with the changing recommendations increasing the number of individuals who should be immunized, the burden on other healthcare professionals is reduced by allowing and encouraging pharmacists to participate in immunization administration. As changes are made to NRS 439.265 and NAC 639.297, healthcare providers administering immunizations must be aware of new or updated recordkeeping requirements as well as changes with regards to the current recommended age and other requirements for vaccines the healthcare provider administers.

Website Information:

CDC :

Immunization schedules

<http://www.cdc.gov/vaccines/recs/schedules/default.htm>

Advisory Committee for Immunization Practices (ACIP) Recommendations

<http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

Nevada State Health Division:

WebIZ contact information

http://health.nv.gov/Immunization_ContactUs.htm#WebIZContact

Nevada Immunization Coalition

<http://www.immunizenevada.com>