

**NEVADA STATE BOARD OF
PHARMACY**

**IMMUNIZATION
REPORT**

April 1, 2017 – March 31, 2018

**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 drugs. [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

Nevada Immunization % by vaccine type, coverage among children 19-35 months by State, HHS Region, and the United States, National Immunization Survey-Child (NIS-Child), 2016

To compare to other states, go to:

<https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/>

- Diphtheria toxoid, Tetanus toxoid, acellular Pertussis (DTaP) vaccination coverage 81.1%
- Polio vaccination coverage among children 19-35 months 80%
- Childhood Measles, Mumps, and Rubella (MMR) Vaccination Coverage 90.5%
- Haemophilus influenzae type b (Hib) vaccination coverage 80.1%
- Childhood Hepatitis B (HepB) Vaccination Coverage 92.4%
- Varicella vaccination coverage among children 88.5%
- Results for Childhood Pneumococcal Conjugate Vaccine (PCV) Coverage 80.5%
- Childhood Hepatitis A (HepA) Vaccination Coverage Report 86.2%
- Rotavirus Vaccination coverage 75.8%
- Combined 3-vaccine Series Vaccination 82%
- Combined 4-vaccine Series Vaccination coverage 77.2%
- Combined 5-vaccine Series Vaccination 73.2%
- Combined 6-vaccine Series Vaccination 72%
- Combined 7-vaccine Series Vaccination 71.9%

2016 Childhood Sociodemographic Characteristics Report

<https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/socio-demographics/reports/2016.html>

Percent of children aged 19-35 months receiving vaccinations (US):

- Diphtheria, Tetanus, Pertussis (4+ doses DTP, DT, or DTaP): 84.6%
- Polio (3+ doses): 93.7%
- Measles, Mumps, Rubella (MMR) (1+ doses): 91.9%
- *Haemophilus influenzae* type b (Hib) (primary series + booster dose): 82.7%
- Hepatitis B (Hep B) (3+ doses): 92.6%
- Chickenpox (Varicella) (1+ doses): 91.8%
- Pneumococcal conjugate vaccine (PCV) (4+ doses): 84.1%
- Combined 7-vaccine series: 72.2%

Immunization schedules

<https://www.cdc.gov/vaccines/schedules/>

Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

<https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>

Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States 2018

<https://www.cdc.gov/vaccines/schedules/hcp/adult.html>

Recommended Vaccines by Disease

<https://www.cdc.gov/vaccines/vpd/index.html>

Vaccines are available for these 17 dangerous or deadly diseases. Over the years, these vaccines have prevented countless cases of disease and saved millions of lives. Infants, children, adolescents, teens and adults need different vaccinations, depending on their age, location, job, lifestyle, travel schedule, health conditions or previous vaccinations.

Control click or right click and select open hyperlink on a disease name to learn more about the diseases and the vaccines that prevent them.

[Chickenpox \(Varicella\)](#)

[Diphtheria](#)

[Flu \(Influenza\)](#)

[Hepatitis A](#)

[Hepatitis B](#)

[Hib \(Haemophilus influenzae type b\)](#)

[HPV \(Human Papillomavirus\)](#)

[Measles](#)

[Meningococcal](#)

[Mumps](#)

[Pneumococcal](#)

[Polio \(Poliomyelitis\)](#)

[Rotavirus](#)

[Rubella \(German Measles\)](#)

[Shingles \(Herpes Zoster\)](#)

[Tetanus \(Lockjaw\)](#)

[Whooping Cough \(Pertussis\)](#)

Non-routine Vaccines by Disease

People in certain research jobs and travel situations may be exposed to dangerous or deadly diseases that are no longer common in the U.S. due to the increased risk of disease exposure in these instances, these 7 non-routine vaccines are available, listed below by disease. These are considered non-routine vaccines because they are not part of the recommended immunization schedules for children, adolescents and adults.

[Anthrax](#)

[Japanese Encephalitis \(JE\)](#)

[Rabies](#)

[Smallpox](#)

[Tuberculosis](#)

[Typhoid Fever](#)

[Yellow Fever](#)

<https://www.cdc.gov/vaccines/vpd/vaccines-diseases.html>

Recommended Vaccines by Age

<https://www.cdc.gov/vaccines/vpd/vaccines-age.html>

Advisory Committee for Immunization Practices (ACIP)Vaccine-Specific ACIP Recommendations

[Anthrax](#)

[BCG](#)

[Cholera](#)

[DTaP](#)

[Hepatitis A](#)

[Hepatitis B UPDATED](#)

[Hib](#)

[HPV](#)

[Influenza](#)

[Japanese Encephalitis](#)

[Measles, Mumps and Rubella UPDATED](#)

[MMRV](#)

[Meningococcal](#)

[Pneumococcal](#)

[Polio](#)

[Rabies](#)

[Rotavirus](#)

[Smallpox \(Vaccinia\)](#)

[Tdap/Td](#)

[Typhoid](#)

[Varicella \(Chickenpox\)](#)

[Yellow Fever](#)

[Zoster \(Shingles\) UPDATED](#)

<http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

Prevention and Control of Seasonal Influenza with Vaccines, 2017-18

<http://www.cdc.gov/flu/professionals/acip/>

Vaccines Licensed for Immunization and Distribution in the US with Supporting Documents

Vaccines Licensed for Use in the United States

Product Name	Trade Name
Adenovirus Type 4 and Type 7 Vaccine, Live, Oral	No Trade Name
Anthrax Vaccine Adsorbed	Biothrax
BCG Live	BCG Vaccine
BCG Live	TICE BCG
Cholera Vaccine Live Oral	Vaxchora
Diphtheria & Tetanus Toxoids Adsorbed	No Trade Name
Diphtheria & Tetanus Toxoids & Acellular Pertussis Vaccine Adsorbed	Infanrix
Diphtheria & Tetanus Toxoids & Acellular Pertussis Vaccine Adsorbed	DAPTACEL
Diphtheria & Tetanus Toxoids & Acellular Pertussis Vaccine Adsorbed, Hepatitis B (recombinant) and Inactivated Poliovirus Vaccine Combined	Pediarix
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine	KINRIX
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine	Quadracel
Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine	Pentacel
Haemophilus b Conjugate Vaccine (Meningococcal Protein Conjugate)	PedvaxHIB
Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate)	ActHIB
Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate)	Hiberix
Hepatitis A Vaccine, Inactivated	Havrix
Hepatitis A Vaccine, Inactivated	VAQTA
Hepatitis A Inactivated and Hepatitis B (Recombinant) Vaccine	Twinrix
Hepatitis B Vaccine (Recombinant)	Recombivax HB
Hepatitis B Vaccine (Recombinant)	Engerix-B
Hepatitis B Vaccine (Recombinant), Adjuvanted	HEPLISAV-B
Human Papillomavirus Quadrivalent (Types 6, 11, 16, 18) Vaccine, Recombinant	Gardasil
Human Papillomavirus 9-valent Vaccine, Recombinant	Gardasil 9
Human Papillomavirus Bivalent (Types 16, 18) Vaccine, Recombinant	Cervarix

Product Name	Trade Name
Influenza A (H1N1) 2009 Monovalent Vaccine	No Trade Name
Influenza A (H1N1) 2009 Monovalent Vaccine	No Trade Name
Influenza A (H1N1) 2009 Monovalent Vaccine	No Trade Name
Influenza A (H1N1) 2009 Monovalent Vaccine	No Trade Name
Influenza A (H1N1) 2009 Monovalent Vaccine	No Trade Name
Influenza Virus Vaccine, H5N1 (for National Stockpile)	No Trade Name
Influenza A (H5N1) Virus Monovalent Vaccine, Adjuvanted	No Trade Name
Influenza Vaccine, Adjuvanted	FLUAD
Influenza Vaccine	AFLURIA QUADRIVALENT
Influenza Vaccine	Flucelvax Quadrivalent
Influenza Virus Vaccine (Trivalent, Types A and B)	Afluria
Influenza Virus Vaccine (Trivalent, Types A and B)	FluLaval
Influenza Vaccine, Live, Intranasal (Trivalent, Types A and B)	FluMist
Influenza Virus Vaccine (Trivalent, Types A and B)	Fluarix
Influenza Virus Vaccine (Trivalent, Types A and B)	Fluvirin
Influenza Virus Vaccine (Trivalent, Types A and B)	Agriflu
Influenza Virus Vaccine (Trivalent, Types A and B)	Fluzone, Fluzone High-Dose and Fluzone Intradermal
Influenza Virus Vaccine (Trivalent, Types A and B)	Flucelvax
Influenza Vaccine (Trivalent)	Flublok
Influenza Vaccine (Quadrivalent)	Flublok Quadrivalent
Influenza Vaccine, Live, Intranasal (Quadrivalent, Types A and Types B)	FluMist Quadrivalent
Influenza Virus Vaccine (Quadrivalent, Types A and Types B)	Fluarix Quadrivalent
Influenza Virus Vaccine (Quadrivalent, Types A and Types B)	Fluzone Quadrivalent
Influenza Virus Vaccine (Quadrivalent, Types A and Types B)	FluLaval Quadrivalent
Japanese Encephalitis Virus Vaccine, Inactivated, Adsorbed	Ixiaro
Japanese Encephalitis Virus Vaccine Inactivated	JE-Vax
Measles and Mumps Virus Vaccine, Live	M-M-Vax
Measles, Mumps, and Rubella Virus Vaccine, Live	M-M-R II
Measles, Mumps, Rubella and Varicella Virus Vaccine Live	ProQuad

Product Name	Trade Name
Meningococcal (Groups A, C, Y, and W-135) Oligosaccharide Diphtheria CRM197 Conjugate Vaccine	Menveo
Meningococcal Groups C and Y and Haemophilus b Tetanus Toxoid Conjugate Vaccine	MenHibrix
Meningococcal (Groups A, C, Y and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine	Menactra
Meningococcal Group B Vaccine	BEXSERO
Meningococcal Group B Vaccine	TRUMENBA
Meningococcal Polysaccharide Vaccine, Groups A, C, Y and W-135 Combined	Menomune-A/C/Y/W-135
Plague Vaccine	No trade name
Pneumococcal Vaccine, Polyvalent	Pneumovax 23
Pneumococcal 13-valent Conjugate Vaccine (Diphtheria CRM₁₉₇ Protein)	Prevnar 13
Poliovirus Vaccine Inactivated (Human Diploid Cell)	Poliovax
Poliovirus Vaccine Inactivated (Monkey Kidney Cell)	IPOL
Rabies Vaccine	Imovax
Rabies Vaccine	RabAvert
Rabies Vaccine Adsorbed	No Trade Name
Rotavirus Vaccine, Live, Oral	ROTARIX
Rotavirus Vaccine, Live, Oral, Pentavalent	RotaTeq
Smallpox (Vaccinia) Vaccine, Live	ACAM2000
Tetanus & Diphtheria Toxoids Adsorbed for Adult Use	No Trade Name
Tetanus & Diphtheria Toxoids Adsorbed for Adult Use	TENIVAC
Tetanus Toxoid Adsorbed	No Trade Name
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed	Adacel
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed	Boostrix
Typhoid Vaccine Live Oral Ty21a	Vivotif
Typhoid Vi Polysaccharide Vaccine	TYPHIM Vi
Varicella Virus Vaccine Live	Varivax
Yellow Fever Vaccine	YF-Vax
Zoster Vaccine, Live, (Oka/Merck)	Zostavax
Zoster Vaccine Recombinant, Adjuvanted	SHINGRIX

Contact FDA (800) 835-4709 (240) 402-010
ocod@fda.hhs.gov
 Consumer Affairs Branch (CBER)
 Division of Communication and Consumer
 Affairs

Office of Communication, Outreach and
 Development
 Food and Drug Administration
 10903 New Hampshire Avenue
 Building 71 Room 3103 Silver Spring, MD
 20993-0002

Related Information

- [Vaccine Safety & Availability](#)

Vaccines & Immunizations

https://www.vaccines.gov/more_info/approvals/index.html

<https://www.cdc.gov/vaccines/index.html>

Traveler's: <https://wwwnc.cdc.gov/travel/destinations/list>

People with Specific Diseases: <https://www.cdc.gov/vaccines/spec-grps.html#conditions>

Racial and Ethnic Populations: <https://www.cdc.gov/vaccines/spec-grps.html#randepop>

Refugees and Immigrants: <https://www.cdc.gov/vaccines/adults/rec-vac/immigrants-refugees.html>

Spanish Speaking: <https://www.cdc.gov/vaccines/spec-grps.html#spanish>

Vaccine Safety: <https://www.cdc.gov/vaccinesafety/index.html>

Immunization Education and Training: <https://www.cdc.gov/vaccines/ed/index.html>

Nevada Pharmacist Administered Immunizations

The following table is the most accurate data available on immunizations administered by pharmacists in the time frame of this report.

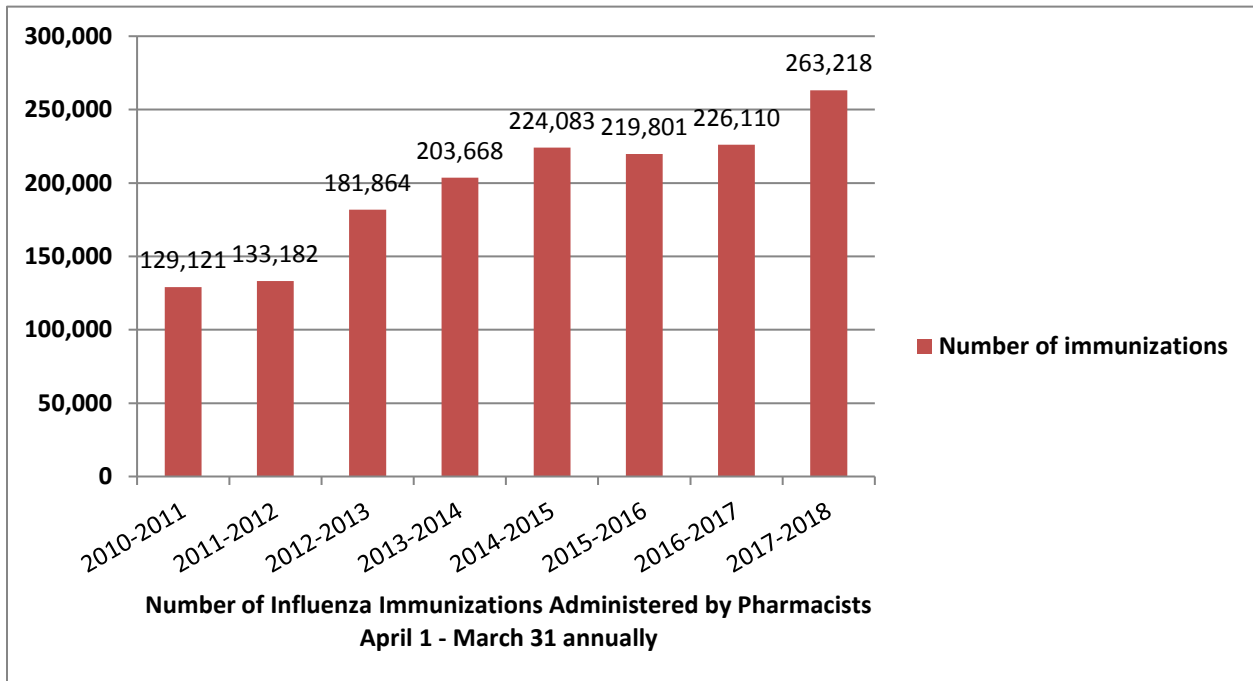
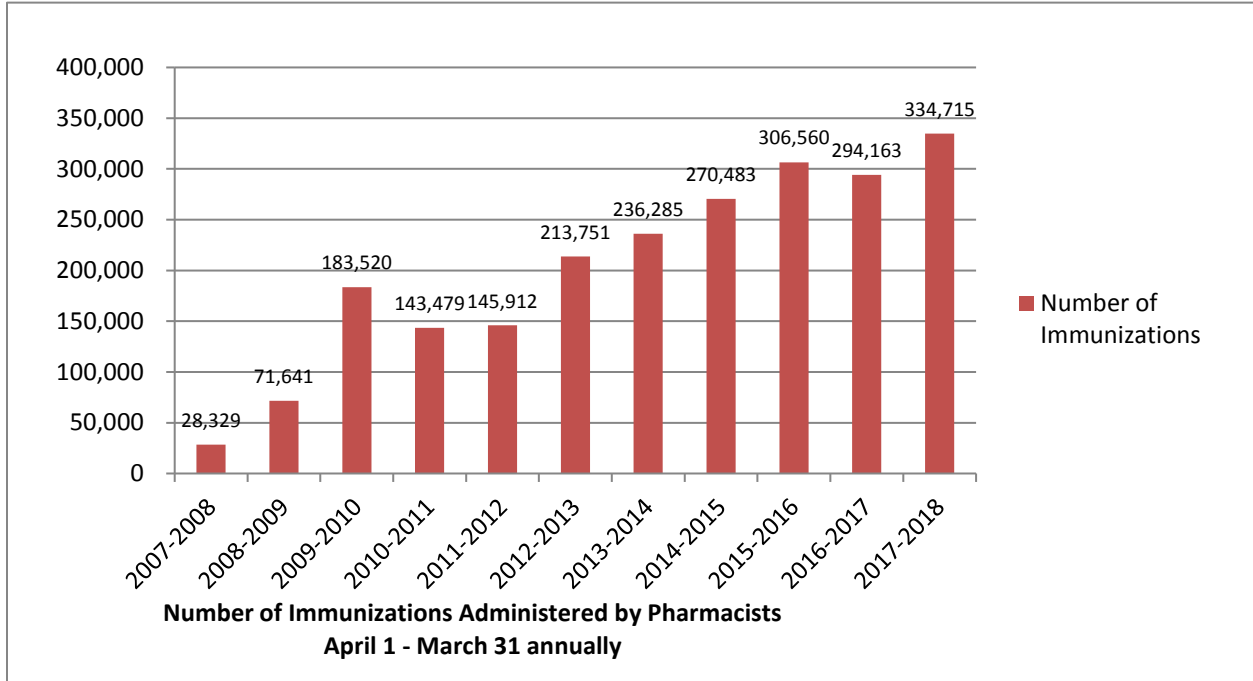
(The source of the following data is WebIZ)

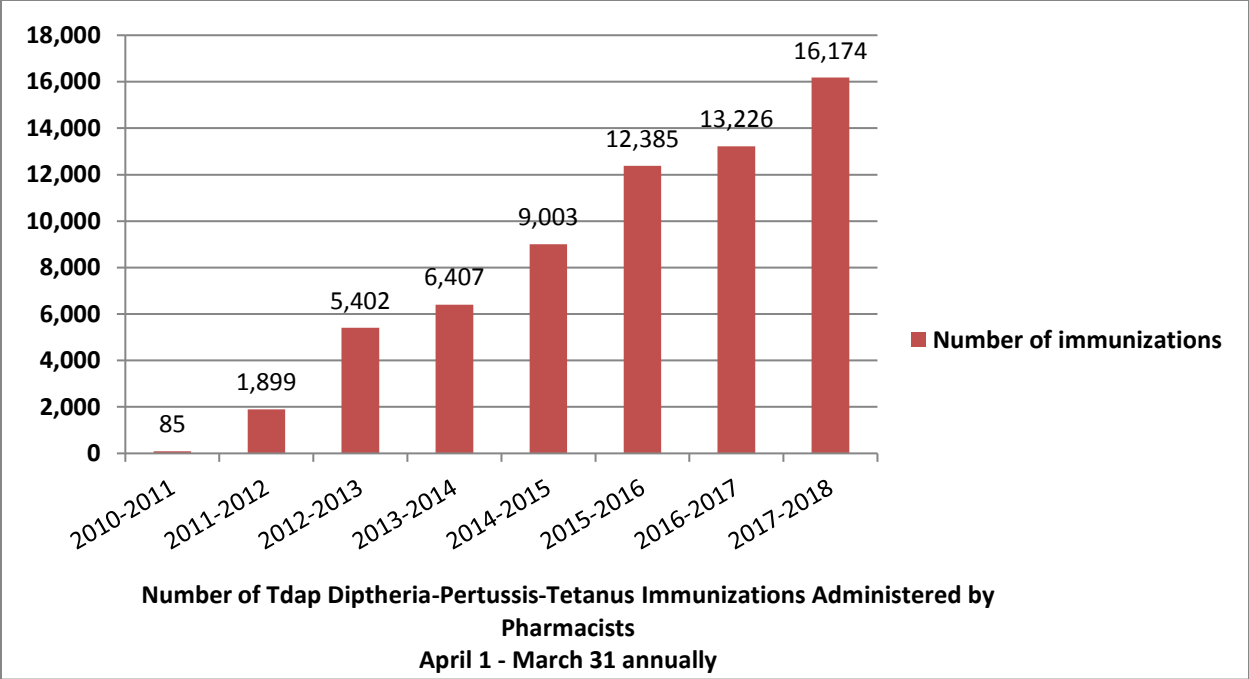
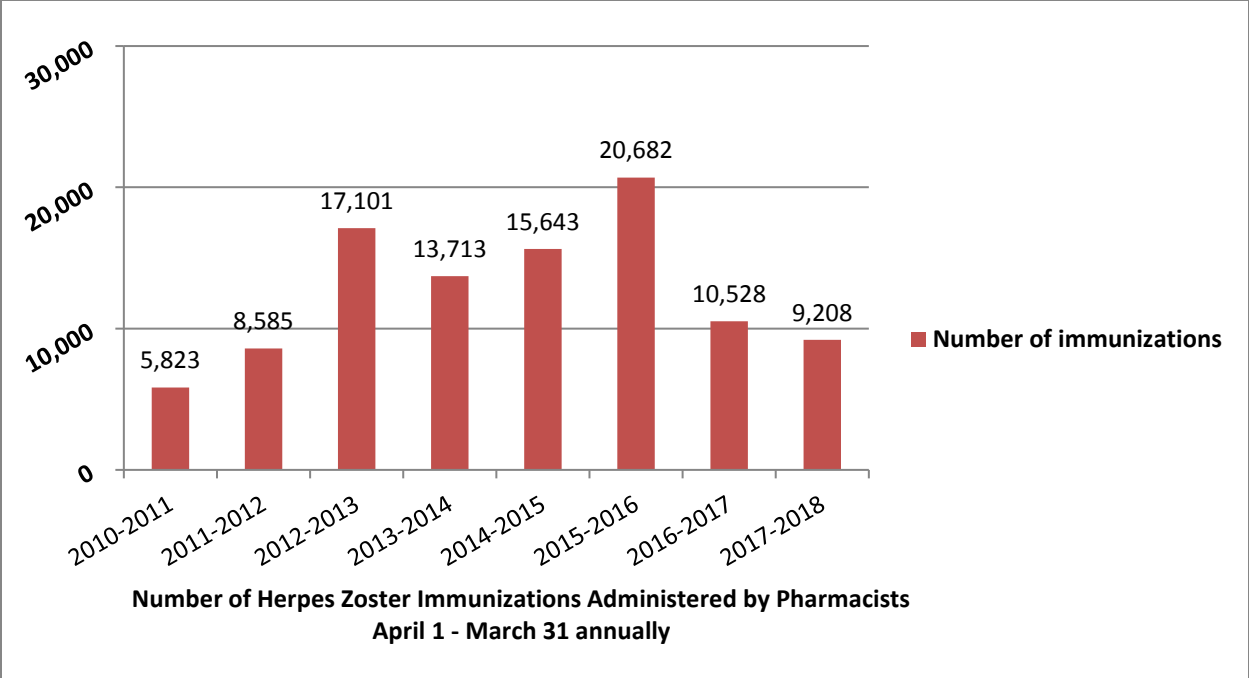
(April 1, 2017– March 31, 2018)

Vaccines	
Cholera, live attenuated	1
Haemophilus influenza B, PRP_OMP con	1
Hepatitis A	1,366
Hepatitis A & Hepatitis B	1,831
Hepatitis B	1,866
Herpes Zoster (shingles)	9,208
HPV (Human Papillomavirus)	970
Influenza (includes nasal/HD)	263,218
Japanese Encephalitis Vaccine	36
Measles Mumps Rubella (MMR)	1,276
Meningococcal diseases	2,705
Pertussis (Whooping Cough)	0
Pneumococcal diseases	34,727
Polio (inactivated)	73
Rabies	29
Tdap (Diphtheria, tetanus toxoids and acellular pertussis)	16,174
Tetanus and Diphtheria	95
DTaP (hepatitis B and poliovirus)	2
Typhoid	531
Varicella (chicken pox)	577
Yellow Fever	29
Total	334,715

Specific immunizations administered by Nevada Pharmacists

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





Adverse Drug Reactions/Administration Errors

These adverse reactions reported are based on patient reporting to the pharmacy, not from health care practitioners who may have seen the patient after administration of the vaccine.

Tetanus, Diphtheria, Pertussis vaccine (Tdap)

1. Outside of FDA approved age range
2. Immunization recommended by patient's primary care provider. Administered by protocol, patient outside recommended age range.
3. Insurance company called pharmacy to verify quantity on the prescription. Upon review the pharmacist discovered prescription was billed for 1 mL, but it should have been 0.5 ml.

Hepatitis B vaccine

1. Prescription was processed for the pediatric dose when it should have been for the adult dose of Engerix B. However, the adult dose was correctly dispensed and administered.
2. Patient got Engerix-B 10mcg/0.5ml vaccine. Pharmacist confirmed the VAR -informed consent for vaccination with the mother that he has never had a reaction after an immunization including fainting or feeling dizzy and he has not had a seizure disorder or other nervous system problem. He had a seizure about 10 minutes after receiving the vaccine. We let him sit down on the chair and called 911 for paramedic. They came to take care of him. I followed up the next day and spoke to his mother, he has no seizure, fever or any reaction from vaccine.
3. Patient should have been given the adult dose 20mcg. Patient returned and got adult dose per protocol.
4. Patient requested a Hepatitis B shot and filled out appropriate paperwork. Patient was processed for a pediatric Hepatitis B dose but given the correct adult dose.
5. Administered the wrong strength of Hepatitis B to a patient. According to the VAR it was initially processed for the adult dose but was sold for the pediatric dose. It is unsure if the pharmacist administered the adult or pediatric dose.
6. Patient came to receive vaccinations before travel. This strength of Engerix is only approved for 20 years and older. Patient is 18 years old. Attempted to call patient twice with no answer - left voicemail.

Influenza vaccine

1. 39 year old male received Flud immunization for 65 and above.

2. 60 year old patient requested a flu vaccine and a shingles vaccine. He was given Flud which is only approved for age 65 and older.
3. 64 year old patient improperly processed for a high dose flu vaccine. Was not caught at verification or administration.
4. 63 year old was given Flud instead of Flucelvax.
5. Outside of FDA approved age range.
6. Flud was entered incorrectly, but patient was given Flucelvax Quad. The correct vaccine was then billed.
7. Flud was given to a 60 year old instead of Flucelvax.
8. Flud was processed but was given Fluarix instead.
9. Gave Flud vaccine to patient under 65.
10. Gave Flud vaccine to patient under 65.
11. The flu vaccine administered was outside of the FDA approved age range.
12. Outside of FDA approved age range.
13. Outside of FDA approved age range.
14. Outside of FDA approved age range.
15. Pharmacist gave high dose flu shot outside of FDA approved age range.
16. Patient age is 62 years old was given Flud injection outside of FDA approved age range.
17. The patient received the Flud vaccine outside of FDA approved age range.
18. Outside of FDA approved age range.
19. Outside of FDA approved age range.
20. Flud was given to a patient under the recommended age of 65.
21. Pharmacist selected the wrong vaccine (Flucelvax) from the refrigerator and administered to the patient.
22. Outside of FDA approved age range.
23. The patient was given the high dose immunization but does not meet the age requirement for that vaccine. The patient was mistakenly administered Flud instead of the appropriate flu vaccine for their age. I spoke with the patient about the mistake.
24. A patient of 32 years of age received a flu shot intended for patients over the age or 65.
25. The patient incorrectly received Fluvirin PFS.
26. Outside of FDA approved age range.
27. Outside of FDA approved age range.
28. Outside of FDA approved age range.
29. Outside of FDA approved age range.
30. Patient received Fluzone HD.
31. While depressing plunger of syringe, with needle inserted in deltoid muscle, the vaccine liquid leaked out of patient's skin and needle, resulting in most of the vaccine not administered. I explained the circumstance to the patient at which point I decided to re-administer a full dose in the opposite arm.
32. The pharmacist administered the flu shot subcutaneously instead of intramuscularly.
33. Patient developed a rash on her lower back shortly after receiving the flu vaccine.
34. After receiving flu shot patient experienced wheezing, shortness of breath and difficulty breathing. Pharmacist called 911. Emergency medical services arrived and took over patient care.

35. The pharmacist administered Fluvirin instead of Fluzone HD, which patient was expecting.
36. Outside of FDA approved age range.
37. Outside of FDA approved age range.
38. Outside of FDA approved age range.
39. Outside of FDA approved age range. No adverse reaction reported.
40. Pharmacist injected flu vaccine instead of Boostrix, and then injected Boostrix. Therefore, patient received an extra flu shot (Fluzone and Flucelvax). No adverse reaction reported.
41. Outside of FDA approved age range.
42. Outside of FDA approved age range.
43. Outside of FDA approved age range.
44. Outside of FDA approved age range.

Hepatitis A vaccine

1. Pediatric strength of 720unit/0.5ml was administered instead of the adult strength.
2. Prescription entered for Havrix 1440 units but administered correctly with the pediatric dose of 720 units.
3. Outside of FDA approved age range.
4. Pediatric dose administered to the patient instead of the adult dose.
5. Immunization entered for pediatric dose. Immunization was administered correctly for adult dose.

Rabies Vaccine

1. After administering the vaccine, the pharmacy noticed that the product was expired. The manufacturer was contacted, and we were instructed to immediately repeat the vaccination. The vaccination was re-administered the following day. No adverse reaction reported and patient's primary care provider was notified.

Meningococcal Vaccine

1. Pharmacist only injected liquid vial, did not mix vaccine with powder vial. The patient's parent was contacted and came back for revaccination.
2. Outside of FDA approved age range.
3. The vaccine was stored in the freezer instead of the refrigerator. We called the manufacturer and inquired about the efficacy of the vaccine. The manufacturer's quality control personnel advised that the patient be revaccinated.

M-M-R vaccine

1. After administering the vaccine, it was noticed that the product was expired. The manufacturer was contacted, and they stated that potency was not guaranteed.

Pneumococcal

1. Patient contacted the pharmacy to report she was having pain and limited mobility in the arm that she received the vaccine.
2. Pevnar was administered instead of Pneumovax. The patient was called and reported no adverse reaction. The patient came back to receive Pneumovax.
2. Pevnar was administered instead of Pneumovax. The patient was called and reported no adverse reaction.
3. Patient called to report painful left arm, difficult to raise and move after receiving the Pevnar injection. Patient applied ice and heat compress and took Tylenol but no relief. Patient was advised see her primary care physician.
4. Patient reported a red patch and a bruise after receiving Pevnar vaccine.

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.

Immunizations

<http://dpbh.nv.gov/Programs/Immunizations/>

WebIZ

Go to the WebIZ home page to download and study the new regulations, forms and instructions.

NEVADA STATE HEALTH DIVISION: WEBIZ CONTACT INFORMATION

<http://dpbh.nv.gov/Programs/WebIZ/WebIZ - Home/>

Public Access Portal

<https://izrecord.nv.gov/>

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:

Mobile Apps (TravWell, Can I Eat This? and 2018 Yellow Book)

<http://wwwnc.cdc.gov/travel/page/apps-about>

Disease Directory (Information for travelers about specific diseases which can affect them while traveling).

<http://wwwnc.cdc.gov/travel/diseases>

Influenza Vaccines — United States, 2017–18 Influenza Season

<http://www.cdc.gov/flu/protect/vaccine/vaccines.htm>

Vaccine-Preventable Diseases

<http://www.cdc.gov/vaccines/vpd-vac/default.htm> (Vaccines and Immunizations)

NEVADA IMMUNIZATION COALITION

<http://www.immunizenevada.com>