Management of Vaccination Programs for OB-GYN Practices

The American College of Obstetricians and Gynecologists (ACOG)

95% of board-certified ob-gyns are members of ACOG
(a total of 58,000 members)

Webinar Guidelines

- 1 hour presentation including a Q&A discussion period at the end.
- Send your questions at any time during the presentation via the chat box on your screen.

Webinar Guidelines

- This webinar will be recorded and available 'on demand' for future viewing at www.vaccinateny.org
- Turn on your computer speakers for sound:
- Handouts are available to download: www.vaccinateny.org – click through to today’s webinar

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Non-Conflict of Interest Statement

- The planners, moderators, and presenters for this webinar series do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this presentation.
- Funding for this program is provided by the New York State Department of Health.
- No commercial funding has been accepted for this activity.

Learning Objectives

By the end of the webinar participants will be able to:

- Describe the role and responsibilities of a vaccine champion.
- Identify vaccine storage and handling best practices.
- Discuss the use of Tdap and Influenza vaccines in ob-gyn practices.
- Recognize strategies for vaccination coding/billing procedures.
2009-2010 H1N1 Pandemic Impact on Pregnant Women

- Morbidity and mortality was 6 times greater among pregnant women than non-pregnant adult population
- Increased hospitalization rates
- Triage vaccine dissemination among pregnant women given shortages e.g. prioritize pregnant women with risk factors
- Continued concern about vaccinating pregnant women by patients and some providers
- ACOG’s 1st issuance of clinical email blasts and on-line only clinical guidance and patient info

Led to an ACOG Presidential Initiative and strong support for immunizations by ACOG leadership

Immunization Department Launched in 2010

- Maternal IZ rates increased from 15% to 50% during H1N1 pandemic
- Desire to continue momentum of maternal IZ importance, increased IZ rates from H1N1 pandemic, and further enhance the role of ob-gyns as vaccinators
- ACOG’s leadership obtained seed money to launch new IZ dep’t
- Numerous grant funds obtained by ACOG to support national IZ efforts
- Several new IZ resources developed as ACOG publications and widely distributed/promoted with grant funds
- Immunization website, ImmunizationforWomen.org launched in 2011
- New standing ID member on ACOG’s OB and GYN Practice Committees

Lessons learned from H1N1 Pandemic

- Ob-gyns go to ACOG 1st for clinical guidance.
- Needed rapid mass communication system(s) to ob-gyn members.
- Needed “different” and expedited development of H1N1 specific Ob clinical guidelines.
- Established close direct communication with CDC in developing Ob clinical guidance quickly.
- Collaborated extensively with other professional organizations.
- Increased comfort level of immunizing pregnant women for influenza among ob-gyns and pregnant patients

ACOG’s Immunization Expert Work Group (IEWG)

- IEWG serves in advisory and leadership capacity to all ACOG’s IZ, ID and Emergency Preparedness (e.g. Zika, Ebola) resources, activities, and programs.
- IEWG are volunteer members, comprised of 13 ob-gyns and 1 pediatrician who are experts in ID, IZ, coding, practice management and emergency response and do most work virtually.
- Chair is 1st ob-gyn appointed as voting member on ACIP
- Vice chair is co-chair of NVAC’s Maternal IZ Work Group
- Members are liaisons on numerous federal and professional groups e.g. ACIP, AIM, ASCO, IAC, ECBT, NFID, USPSTF, VAMPSS, Families Fighting Flu
IEWG Guides/Leads ACOG on Emergency Preparedness Response

ACOG Research: Findings on Reimbursement Issues

- Of ob-gyns who administer vaccines, most offer HPV
- Majority of ob-gyns assess need to offer HPV vaccine during gyn practice
- 20% of respondents only offer HPV vaccine so see special relevance of HPV for patient population
- Most were knowledgeable about HPV vaccine benefits
- Financial concerns may limit widespread immunization

ACOG Research: Findings on Reimbursement Issues
Changes in and current status of obstetrician-gynecologists’ knowledge, attitudes, and practice regarding immunization Obstetrical & Gynecological Survey. December 2009

- Most ob-gyns offer vaccines
- Most ob-gyns view screening for ID within their scope
- Several barriers especially financial (reimbursement, cost of vaccines)
- Majority find immunization training in medical school inadequate
- Many felt their immunization practice would benefit from CME courses

ACOG Research: Findings on Reimbursement Issues

- Increased # of MI ob-gyns assessing patients’ needs for vaccines
- Ob-gyns knowledgeable regarding vaccine recommendations
- Some barriers decreased (available vaccines, awareness of vaccine rect)
- Financial concerns continued to be deterrent from adopting immunization into routine practice

ACOG Research: Findings on Reimbursement Issues

- Majority (98%, 86%) of ob-gyns offer flu and H1N1 vaccine to pregnant patients; 42% and 13% refer
- Reasons to not offer vaccination: inadequate reimbursement, storage limitations, should be given by other providers
- Reasons to vaccinate: consider primary care within role, seen adverse effects of flu in pregnant women, personally received flu/H1N1 shot, group practice
- Solo practitioners less likely to vaccinate
ACOG Research: Findings on Reimbursement Issues

Obstetrician-gynecologists’ practices and perceived knowledge regarding immunization

- 80% of ob-gyns stock and administer at least some vaccines
- 50% stock HPV, 69% flu
- Majority of ob-gyns agree financial factors (inadequate reimbursement) barriers to vaccine administration
- Most aware of safe vaccines during pregnancy
- Majority think medical school immunization training inadequate and benefit from CME courses

ACOG Annual Focus Groups of Members

- Annual Focus Groups at ACOG’s Annual Meeting of ob-gyn “vaccinators” and “nonvaccinators”
- Got feedback on ACOG’s 12 resources and efforts
- 2016 Focus Groups focused on reimbursement problems with pre-survey of office managers on actual reimbursement issues and examples
- Findings:
  - Prefer paper resources for patients
  - Prefer online resources for ob-gyns.
  - Reimbursement and time are major barriers to providing vaccines
  - Proper ICD coding is major issue.

ACOG Annual Focus Groups: comments regarding reimbursement

2015 Focus Groups:
- “I think it is the main reason among those I know who are not currently providing immunizations in their practices.”
- “too many barriers for a lot of ob-gyns to address to just break even.”
- “Insurance companies need to realize that immunizations are preventive services that should be covered regardless of meeting deductibles.”
- Most participants said that providing immunizations in their practice is at least somewhat driven by reimbursement

2014 Focus Groups:
- Reimbursement is a huge barrier.
- Participants made decision to provide immunizations in their practice even if they lose money as they believe it is the right thing to do.
- A few refer out but monitor to make sure their patients do get the vaccines elsewhere.

Ob-gyn practice seeking help with HPV vaccine reimbursement:

What went wrong and how can this be fixed?
- They were paying nearly $40 per dose above the manufacturer’s own list price.
- They lost money on the purchase price of the vaccine. If they had purchased from the manufacturer, they would have made a margin on the vaccine product alone.
- This is a very common, local problem that is unfortunately seen all the time, where practices either marginally cover or do not cover all the cost of the product.
- As for not being paid for the 3rd dose, it is possible that they were using the wrong CPT code.
- Bottom line, it boils down to buying the product at a price which is at or lower than the CDC vaccine price list and negotiating contracts with insurance companies.

Ob-gyn practice seeking help with HPV vaccine reimbursement:

- Our cost per Gardasil injection $183.95
- Reimbursement for injection $167.00
- Reimbursement for Inj Fee $11.00
- Some insurances would only pay for 2 injections and wouldn’t pay for the 3rd. I can’t give you specifics as to which insurance this was applicable to. We haven’t given injections since 2013. Some of the other issues are applicable to our office only. Fee Ticket not getting marked with the injection so we lost the entire cost. Not sure this would be any better now, even though doctors are doing their own billing.”

The Ob-Gyn’s Role in Immunization

- Studies continue to show that a provider recommendation is the most influential factor in a patient’s decision to receive an immunization
- Ob-gyns have a long-standing role of providing primary and preventive care to women and are a major source of ambulatory care for women, accounting for 44% of preventive care visits for women over age 18
- Pregnant women see their ob-gyn regularly throughout the course of their prenatal and postpartum care allowing for multiple opportunities to vaccinate.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4754593/
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a3.htm#fig1
Vaccination Opportunities for Obstetrician-Gynecologists

Vaccination should be made part of routine care:

- Pre-conception planning
- Prenatal care
  - Two patients to protect, mother and child
- Post-partum care
- Well-woman care
- Pre-op planning

Once a practice has decided to begin offering vaccinations, what considerations are important?

- Need for a "Vaccine Champion"
- Office culture of Immunization
- Centralized control of all processes
- Storage issues for vaccine stock
- Specific usage criteria and methods
- Recall systems to insure completion of vaccine series

Vaccine Champion

- Ideally a clinician
- Ensure all clinicians and office staff are on board and consistent with vaccination efforts and goals
- Knowledge resource for others in practice
- Up-to-date information on vaccine indications, recommendations, schedules
- Coordinates inventory, ordering, billing with the vaccination manager.
- Subscribes to CDC.gov website/email alerts for vaccine updates

Creating Culture of Immunization

- Educate and empower nursing/MA/front desk staff to advocate for vaccines
- If use interpreters, or case workers, educate them also
- Use Electronic prompts/sticky notes in chart to help remember
- Vaccinate Office Staff

Creating Culture of Immunization (cont.)

- Patient vaccine records are kept up to date
- Use Standing Orders
- Tie immunization to a routine practice
  - Example: Tdap and glucola on same visit
- Place signs at the front desk during Flu season about immunization, and also about Tdap being given to all pregnant women

Creating Culture of Immunization (cont.)

- If you do not have the immunization in your office, know where she can get it
- Consider having a written list with addresses/names of local pharmacies
- Ask patient to bring documentation of immunization so you can put it in your chart
- Consider starting to deliver the vaccine
  - especially the common ones
  - can positively showcase your practice
**Vaccine Manager**

- Responsible for stock and inventory—at least weekly
- Monitor and log temperature of storage units to maintain appropriate conditions for vaccines
- More information available from CDC website (http://www.cdc.gov/VACCINES/RECS/storage/default.htm)
- Maintain current VIS forms—available from CDC website
- Staff education
- Ordering authority
- Inventory control
  - EHR—running inventory can be "live"
  - Process to insure all doses ordered and given are entered in EHR
  - Paper—Accurate charge process is critical
  - Develop stock quantities based on usage and cushion

**Use of Vaccines**

- Determine who is to be vaccinated, and when
- Do not miss opportunities
- Vaccine logic in EHR—may not reflect ob-gyn needs
- Immune titers not appropriate for all vaccines—varicella (maybe, if positive), rubella, measles, hepatitis.
- Patient flow
- Specific order vs. standing order
- VIS forms
- Recording—in chart. State IIS—requirements vary by state
- Report all vaccines administered to your state vaccine registry. Useful for verifying immunization history where vaccines may have been administered in other settings and avoiding unnecessary duplication of vaccines. Contact state/local health department.
- State Registry Contacts:
  - http://www.cdc.gov/vaccines/programs/is/contacts-registry-staff.html

**Ensure completion of multi-dose vaccine series**

- Review vaccine record at every visit
- HPV vaccine is three-dose series
- Influenza vaccine is needed yearly, ideally in fall
- Tdap with EVERY pregnancy at 27-36 weeks
- Recall system is key
  - Automated in EHR
  - Paper—reminder postcards filled out by patient
  - Calendar
    - Verify incomplete immunization records on your state registry and update your records as needed.

**Maternal Immunization: Benefit to the Fetus/Newborn**

- Flu Vaccine and Tdap
- To boost maternal levels of pathogen-specific antibodies
- To provide the young infant with sufficient concentrations of antibodies
- To protect against infections occurring during a period of increased vulnerability, until able to adequately respond to active immunization or infectious challenge

**ACOG Committee Opinion 608: Influenza Vaccination During Pregnancy**

- Influenza vaccination is an essential part of prenatal and pre-conception care
- Pregnant women have increased morbidity and mortality from influenza
- Neonates also have increased morbidity and mortality from influenza and cannot be vaccinated until 6 months
- Keeping mom healthy during pregnancy protects fetus from early delivery

**Influenza vaccination coverage in pregnant and nonpregnant women by influenza season**

-cdc.gov/vaccines/hcp/acip-recs/index.html

*Influenza Vaccination Coverage in Pregnant Women, 2014-15 Flu Season*
Pertussis and Pregnancy

• Pertussis can cause serious and sometimes life-threatening complications in infants, especially within the first 6 months of life.
• In infants younger than 1 year of age who get pertussis, about half are hospitalized. The younger the infant, the more likely treatment in the hospital will be needed.

ACOG Committee Opinion 566: Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination

• A dose of Tdap vaccine should be given to all pregnant women preferably between 27-36 weeks gestation during every pregnancy.
• Co-administration of indicated inactivated vaccines during pregnancy (i.e. Tdap and influenza) is also acceptable, safe, and may optimize effectiveness of immunization efforts.

Online Resources: Immunization for Women website- Practice Management

• Up to date immunization recommendations
• Specific immunization information for pregnant and breastfeeding women
• Information on how to set up and expand an office-based immunization program
• Latest immunization news and updates
• Features separate provider and patient sections

Online Resources: Immunization for Women website- Coding section

• Immunization Resources for Ob-Gyns: A Comprehensive Tool Kit
• Immunizations and Routine Obstetric-Gynecologic Care is manual on reimbursement, standing orders, coding, vax stocking etc.
• Immunization Coding for Obstetricians-Gynecologists 2016 (ICD-10 updates)
• Available in ACOG’s Bookstore and electronically on the Immunization for Women website
Immunizations and Routine Ob-gyn Care Guide

Many obstetricians-gynecologists and other health care providers perceive a lack of reimbursement as a major barrier to including immunization in their practices. However, with proper coding, reimbursement for immunization can be maximized. A common question from obstetricians-gynecologists is: "What are the immunizations part of the global fee for prenatal care?" Immunizations are not bundled into payments for obstetric care. Reimbursement will depend on the specific payer because not all payers follow the CPT and ICD-10 guidelines for the global obstetric package. An additional factor to consider is whether the patient's plan has coverage for the service.

A 25-year-old nulligravid patient is receiving prenatal care 12 weeks gestation, she requests an influenza vaccine.

Coding and Reimbursement Resources: Immunization Coding Guide

- Immunization Coding for Obstetrician-Gynecologists 2016 provides common IZ codes as part of ACOG’s comprehensive Immunization Resources.
- Updated to ICD-10 Codes
- Proper IZ coding is major issue.
- Available electronically on the Immunization for Women website at Immunizationforwomen.org/coding

Immunization Toolkits Available at Immunizationforwomen.org/toolkits

ACOG Survey* of Efforts to Improve IZ Coverage in Pregnancy among Ob-Gyns published January 2016

- ACOG’s Research department and IZ staff conducted a prospective, longitudinal study to determine ACOG’s efforts to increase ob-gyn use of ACOG IZ toolkits and IZ administration were effective.
- Pre-and post-intervention surveys to random sample 4,000 ACOG members between August 2012 and July 2013. ACOG distributed IZ toolkits (Tdap, flu IZ) between August 2012 and March 2013 to 30,000 active practice ob-gyn members.
- 88% of survey ob-gyns reviewed the IZ toolkits.
- Large majority reported that they offered or planned to offer flu and Tdap IZ to patients.
- Postintervention respondents significantly more likely to use standing orders, had increased access to patient records and decreased cost as a barrier to IZ.
- Ob-gyns in group practice more likely to offer Tdap, flu and have standing orders than solo practice or academic.

ACOG Research: Efforts to Improve Immunization Coverage during Pregnancy among Ob-Gyns

| Barrier | Overall % of ob-gyns who agreed | Prevalence Postvention | p-value
|---------|---------------------------------|-----------------------|--------
| Training | 14.6 | 14.4 | .996
| Lack of knowledge | 26.9 | 26.3 | .743
| Lack of skill | 26.9 | 26.4 | .996
| Lack of energy for patient visits | 19.4 | 19.2 | .958

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88% of respondents from pre and post surveys reviewed ACOG toolkits

ACOG Survey: Efforts to Increase Immunization Coverage during Pregnancy among Ob-Gyns

Data from: ACOG Research: Efforts to Improve Immunization Coverage during Pregnancy among Ob-Gyns

*Supported by CDC Cooperative Agreement 200H0452

8
Other ACOG Resources & Efforts

- Maintenance of Certification, ABOG
  ACOG IZ program regularly suggests new IZ articles for ABOG to include in MOC
- Part 2 Articles—ACOG clinical IZ recs for required reading
- Part 4 QI Project on chart review for prenatal Tdap immunization
- SCOPE: Safety Certification in Outpatient Practice Excellence for women's health
  SCOPE is voluntary patient safety review program for ob-gyn practices
  SCOPE practice certification reviews immunization practices e.g. vaccine storage, records

ACOG’s Immunization Department

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Correct Vaccine Coding

- Select the CPT code for the vaccine product—BE SPECIFIC!
- Correctly link an ICD-10 code for the vaccine
- Always add the appropriate vaccine administration code considering age, counseling by the physician, and route of administration

Correct Vaccine Coding

- Add the Code for any E/M services or other services (lab, xray etc)
- Consider a modifier -25 for outpatient office E/M services
- Frequently check your remittance advice (EOB) for payments

Immunization Administration

- 90460 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care provider; first vaccine/toxoid component — (Used for each vaccine given)
  +90461 each additional vaccine/toxoid component
  — (Used for all additional components contained within a vaccine e.g. Tdap)
Immunization Administration

• 90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
  – (Used once per visit)
  + 90472 each additional vaccine (single or combination vaccine/toxoid)

Immunization Administration

• 90473 Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
  – (Do not use if any injection is given)
  + 90474 each additional vaccine (single or combination vaccine/toxoid)

Diagnosis coding ICD-9-CM

• Link appropriate diagnosis code to services (CPT code) rendered
• “V” Codes
• V03 Series-bacterial diseases
• V04 Series-viral diseases
• V05 Series-single diseases
• V06 Series-combination diseases

Diagnosis coding ICD-10-CM

• Z23 Encounter for immunization

Diagnosis coding ICD-9-CM

• V03.7 Tetanus toxoid alone
• V04.3 Rubella alone
• V04.81 Influenza
• V04.89 Other viral diseases (HPV)
• V05.3 Viral hepatitis
• V05.4 Varicella
• V06.4 Measles-mumps-rubella (MMR)

Immunization Coding

Nurse Visits and Vaccine Administration
Immunization Coding: CPT 99211

Yes! - if the E/M service the nurse provides is:
1. Medically necessary
2. Separate from the vaccine admin. (use different ICD code)
3. Significant (but only 5 minutes is typical time in CPT)

Coding Examples

A fifteen year old new patient is brought to your office by her mother. The patient and her mother want to talk about a variety of topics including reproductive health, birth control options, and vaccinations. The patient is not sexually active. The appropriate history is obtained.

Coding Examples

A physical examination limited to the head, chest, abdomen, and extremities is performed. Questions are answered and the appropriate counseling is given. An influenza vaccine and the first of the series of three HPV vaccines are administered.

Code It!

99384-25 Initial preventive medicine (12-17)
Z00.00 Routine general medical exam
90649 HPV vaccine (quadrivalent)
90460 Vaccine administration
Z23 Need for proph. vaccine-other
90658 Influenza vaccine
90460 Vaccine administration
Z23 Encounter for immunization

Coding Examples

A 34 year old established patient requests assistance in obtaining her hepatitis B vaccine. Her insurance plan requires her to obtain her vaccine product from her local pharmacy. She brings the appropriately stored vaccine to the office with her. The office nurse sees the patient, checks her blood pressure, obtains informed consent documents, and administers the vaccine.

Code It!

90471 Vaccine administration
Z23 Encounter for immunization
A 23 year old established patient presents for her wellness examination. She has questions about the HPV vaccine. In addition to the usual age appropriate history, counseling, and comprehensive physical examination and PAP, the patient is given information regarding the requested vaccine. Her questions are answered and she requests that the first of the series of three vaccinations be given.

Code It!
- 99395-25 Periodic preventive med. (18-39)
- Z01.419 GYN exam with PAP
- 90649 HPV vaccine (quadrivalent)
- 90471 Vaccine administration
- Z23 Encounter for immunization

Coding Examples

The 23 year old patient mentioned in the previous example returns to the clinic in two months for the second of her series of three HPV vaccines. She also complains of dysuria. The office nurse checks her blood pressure, completes the informed consent documents, and orders a urinalysis. The urinalysis is normal.

Code It!
- 99211-25 Office outpatient visit (nurse)
- R30.0 Dysuria
- 81000 Urinalysis
- R30.0 Dysuria
- 90649 HPV vaccine (quadrivalent)
- 90471 Vaccine administration
- Z23 Encounter for immunization

Coding Examples

The nurse administers the HPV vaccine, documents the encounter in the medical record, and asks the patient to make a follow-up appointment with her physician to further assess her complaint of dysuria.

A 28 year old new patient presents with a complaint of severe dysmenorrhea. She also requests an influenza vaccine. A detailed history is taken and a detailed physical examination is performed. The medical decision making is of low complexity. The patient is given information regarding the influenza vaccine and the vaccine is administered by the office nurse.

Coding Examples
### Code It!

- **99203-25**: Office outpatient visit-new patient
- **N94.4**: Primary dysmenorrhea
- **90658**: Influenza vaccine
- **90471**: Vaccine administration
- **Z23**: Encounter for immunization

### Coding Examples

A 27 year old G1P0 patient at 27 weeks gestation presents for a routine antenatal visit. In addition to the usual vital signs, laboratory tests, and physical examination, a Tdap vaccine is administered.

### VACCINES RESOURCES

- **CDC**: [www.cdc.gov/nip](http://www.cdc.gov/nip)
- **AAP**: [www.aap.org](http://www.aap.org)
- **ACOG**: [www.immunizationforwomen.org](http://www.immunizationforwomen.org)
- **Immunization Action Coalition**: [www.immunize.org](http://www.immunize.org)

### Questions?

Send your questions via the chat box on your screen

### Public Health Live! Webcast

**The Importance of Maternal Immunization**

- Originally presented on July 21, 2016
- Watch this webcast on demand: [www.vaccinateny.org](http://www.vaccinateny.org)
- Continuing Education Credits are available
Continuing Education Credits & Evaluation

You can earn CNE, CME, or CHES credits for this webinar.

Complete the post test and evaluation here: https://www.ualbanyphp.org/eval/3PHeval.cfm?ID=308

Even if you are not earning continuing education credits, we would really appreciate it if you would fill out the evaluation. We value your feedback!

Upcoming Immunization Webinar

Tdap Immunization in Pregnancy:
Overcoming the Barriers
Speaker: Jeanne S. Sheffield, MD
November 28, 2016 – 12pm – 1pm

This program will discuss the importance of Tdap vaccination in pregnancy, the perceived barriers and methods to overcome these barriers.

Register Online: www.vaccinateny.org

Prenatal Care Provider Survey

If you are a prenatal care provider, we invite you to take this short 15-minute survey. Your responses will be used to develop additional training on this topic and are confidential.

Click here https://goo.gl/HKNZBi to take the survey, or visit www.vaccinateny.org.

More immunization training resources at: www.vaccinateny.org