targeted population groups. The training program contains pediatric information because pharmacists need to educate parents/grandparents about immunization needs of kids, too. This also allows pharmacists the opportunity to assist with pediatric pockets of need, working in conjunction with local health departments and pediatricians.
Guide to Promotional Activities

The heart of this kit contains ideas that can be used during American Pharmacists Month and throughout the year to promote the need to immunize adults and children. It is designed to help encourage, organize and coordinate Operation Immunization promotional efforts. Information on publicity and promotion includes how to reach media through print, radio, and television. Many of the techniques discussed here can be applied when trying to promote pharmacy services, especially those that involve Medication Therapy Management like patient counseling sessions that could be included in immunization events.

The guide includes a news article for newsletters, magazines and journals; a news release for the press; a letter to the editor; and a media advisory which can be tailored to fit your individual needs. It also contains a large section of resources for obtaining additional materials and a list of groups that can help you organize and promote Operation Immunization activities. Enlisting their help now can lead to the formation of a solid network for future efforts.

Promotional Materials

Camera-Ready Fact Sheets:

You can use the information in these fact sheets in press releases and articles, or reproduce them for handouts. You may wish to customize a local fact sheet on the adult immunization problem in your local community. Don’t reinvent the wheel. Several fact sheets on immunizations have been provided by the National Coalition for Adult Immunization (NCAI) and the Immunization Action Coalition, are included in the Immunization Resources Section of this manual. In addition, fact sheets on adolescent and childhood immunizations have been added, if you wish to broaden your activities to include this population.

The materials provided in this guide for promotion and distribution to patients can be reproduced for use on the chapter level. However, reproduction of these materials in large quantities can be costly. To reduce costs, an order sheet for materials from the NCAI has been included in the Immunization Resources section of this guide. Many of the materials can be ordered from NCAI for free without the costs of reproduction, so you may want to keep this in mind when choosing which materials to distribute during your campaign. Also, many of the documents for distribution can be found on the web site of the organization responsible for producing the resource.

Camera-Ready Immunization Schedules:

We have included adolescent, childhood, and adult immunization schedules for your campaign. You can distribute these schedules anywhere, especially at clinics or health fairs.

Adult and Child Immunization Record Cards:

This record card should be distributed to patients receiving immunizations. These cards may also be distributed to local medical clinics, public health nurses, and the public. Also, available for use are adult and child immunization record cards made available by your local state health department. There is a list of state health departments included in this manual.

Immunization Information and Operation Immunization Posters:

Hang these in local hospitals, senior citizen homes, medical clinics, pharmacies, grocery stores, and other public places to promote the importance of immunizations and where your chapter will be providing immunizations. Be
sure to ask permission before posting information in these areas.

Immunization Information Brochure:

The brochure can be used at health fairs, clinics and in hospital waiting rooms.

Immunization Information Bag Stuffer:

Have pharmacists distribute these in prescription bags, or have a doctor or other healthcare provider distribute these when patients leave the provider’s offices or health clinics.

Flyer Template/Logo Sheets:

These are promotional materials that can be used in marketing Operation Immunization to the public.

Publicity and Promotion

You can promote Operation Immunization during American Pharmacists Month in a variety of ways. Use your imagination! You might consider any of the following:

- Issue your own press release announcing a community activity or reviewing the problems of vaccine-preventable diseases in your locale. A sample news release is provided in this notebook. Write an opinion-editorial (op-ed) piece for your local newspaper, or send a “Letter to the Editor.” A sample is provided.
- Organize a press conference. Arrange for a well-known local figure/official to receive his/her immunization(s), and publicize the event in the media. Have the event take place at a local pharmacy or at a special flu clinic. This attention can lead to increased awareness of immunization activities throughout the community. Once plans have been finalized for the press conference, you should send out what is called a “media advisory” to your local newspapers, radio and TV stations about a week before the date to let reporters, news directors or editors know specific information. A sample media advisory is provided for you. Be sure to print the advisory on your own letterhead.
- Hold a health fair or operate an adult immunization booth at an existing fair. Distribute the enclosed camera ready adolescent and adult immunization schedules at the clinic or health fair. You can also distribute copies of the fact sheets and the immunization information brochure and/or bag stuffer.
- Publicize American Pharmacists Month and Operation Immunization in your campus newsletters, magazines and state pharmacy journals using the sample article and camera-ready ads provided.
- Hang the posters and flyers in local hospitals, medical clinics, senior citizen homes, pharmacies, grocery stores, and other public places.
- Schedule your spokesperson (a key pharmacist in the community who will be the public speaker about immunizations) to appear on a radio or TV talk show. A section on broadcast media is provided.
- Ask public service directors at radio and TV stations to help raise awareness by producing or airing public service announcements (PSAs). Assist them in every way possible. Samples of 15-and 30-second PSAs are enclosed.
- Publicize Operation Immunization in community newsletters, school newspapers, church bulletins, etc.

Know Your Media Contacts

The mass media can be an integral part of your immunization education program: don’t be afraid to contact them. With the media’s help, the message about the importance of immunizations can reach a larger audience. Also keep in mind that the mass media outlets may be interested in doing more than just providing publicity. Many
large-scale, community based health programs have been cosponsored by a local newspaper or magazine, radio station or television station.

Most of the activities in this guide involve working with the media. If you don’t know any media contacts, begin by scanning newspapers and monitoring radio and TV shows to learn the names of reporters who cover health topics. Also learn the names of public affairs directors of radio and TV stations. Write down their names, phone and FAX numbers on cards that are easily accessible. When you call or visit the people on your media list, ask about deadlines, special interests and informational needs. Add this information to your list.

Whenever you can, arrange to meet face to face with reporters, editors and producers. Bring your article, news release, public service announcements, or any other materials you want them to use. Bring background information if you are asking them to cover an event. Be sure to leave your business card or phone number.

Print Media Guide

Daily newspapers are a good source of publicity, but they are not the only outlets. Other sources that should not be overlooked include weekly newspapers; local or regional magazines; newsletters of Chambers of Commerce, fraternal groups, health maintenance organizations, hospitals and clinics, senior citizens centers, medical organizations; local high school or college publications; church and synagogue bulletins and newsletters; billboards; and public and private transportation.

Print Story Ideas

Consider a variety of approaches and ideas beyond the prepared article you have given to an editor or reporter. Make sure they are notified of local events (i.e., health fairs, immunization clinics) and offer to arrange interviews with members of your group or local experts. Be creative in suggesting story ideas. News items are not the only avenue; feature stories or stories with a business angle are also possibilities.

Some suggested topics include:

- Why adults and children are not being vaccinated.
- The low cost of preventive health care (immunization) vs. the high cost of hospitalization.
- The CDC Morbidity and Mortality Weekly Report on cases of vaccine preventable-diseases.
- A science piece on how vaccines are made.
- A story on needless deaths from infectious diseases using celebrities such as Jim Henson (death from complications of Group A streptococcal pneumonia) or some well-known person from your local area.
- Personal stories on the impact of vaccine-preventable diseases.

For print story placement, remember to:

- Determine whether the publication’s staff prefers to write stories themselves, or whether they will accept your copy. Offer your article to the publication. It can be used as background if the staff wants to write the press article. Put the reporters in contact with experts who can give them additional information.
- Send a query letter with specific story ideas for a particular media outlet. This is something reporters and editors can use to follow up possible story ideas.
- Send a news or press release when making a specific announcement (e.g., new time and location of an after-hours clinic, an outbreak of influenza in the community). It should have a strong lead paragraph containing the important information such as who, what, when, where, and why. Limit the release to two double-spaced pages.
- For specific events such as an immunization clinic or a news conference, send a media advisory inviting
both print and broadcast media to cover it.

- Always follow up by a phone call a couple of days after sending a query letter, news release or media advisory. Ask the reporter or editors if they received the material or have any questions, and thank them for their time.

- As stated under “Know Your Media Contacts,” find out which reporter is likely to cover immunization issues (usually it’s the health reporter). Call and attempt to speak to him/her personally. BEWARE of contacting a reporter who is on deadline (usually in the late afternoon for a daily paper and Monday afternoon for a weekly paper published on Thursday); he/she will not be receptive.

- Provide the reporter with a press briefing packet giving background on your organization and the subject matter. Starting with a simple pocket folder (with your organization’s logo or a state seal affixed to it, if possible) the packet could include the following:
  - letter of introduction listing the materials included in the packet
  - the enclosed fact sheets on each vaccine-preventable disease as well as the general adult immunization question and answer sheet and fact sheets on adolescent, childhood, and adult immunization (you may wish to develop a local fact sheet on the immunization problem in your local community)
  - adolescent, childhood, and adult immunization schedules
  - source list containing the names and phone numbers of people who are willing to talk with reporters about the story being promoted
  - calendar of upcoming events
  - business card(s) of media relations coordinator or spokesperson in your chapter
  - past informative articles or editorials a reporter could use for background information
  - brochures and flyers
  - charts or graphs of immunization rates in your state
  - logo of sponsoring organization and Operation Immunization for possible inclusion with an article

- Identify local pharmacists and experts for the reporter to interview, and provide their names and phone numbers. These spokespersons must be knowledgeable, able to stay focused on the message, and be available for media phone calls. It is helpful to have a range of people on this source list; for example, a high-ranking public health department official, a health care provider, a supportive elected official. Make sure that you have spoken with these contacts and mentioned the tight deadlines and time constraints of reporters. Phone calls must be taken when the reporter calls, or the contact must respond to the reporter as soon as possible. If they can’t work in this time frame, find another contact for the media.

- Develop a question and answer document for your spokesperson that anticipates the questions a reporter may ask and suggested responses. This will enable those taking calls to be better prepared to handle media inquiries. (This is an internal document that should not be distributed to reporters.)

- Be aware of information presented to reporters. Everything said is “on the record” and can be quoted.

- Make yourself or the organization’s designated media relations coordinator available as a point of contact. Respond to inquiries and informational requests from reporters as quickly as possible. Do not wait to return calls; reporters have to meet deadlines. If deadlines are missed, the intended message will not be included in stories.

- Be sure to call and thank the reporter after an article is written. A thank you note would also be appropriate. This will put the organization’s name in front of them one additional time and re-emphasize the issue.

- Maintain contact with editors and reporter but only when the issue is newsworthy, local and important to report. Do not “wear out your welcome.”

- A picture is worth a thousand words! Photographs with lively captions often have a good chance of being used. Topics that might sound uninteresting to an editor literally take on life when accompanied by a photo. Photos make great follow-up releases, too. Use a short caption identifying the activity and people pictured.
Tips for Assuring a Successful Operation Immunization Campaign

To ensure the success of Operation Immunization it is imperative that communications between all participating organizations and individuals are open and complete. Below are tips on how to form partnerships with professional organizations, pharmacies, interdisciplinary organizations, health departments, etc.

Forming Partnerships with Professional Organizations

1. In the beginning of this campaign a meeting should be held with chapter officers and advisors of the APhA-ASP chapter to discuss the plan and implementation of Operation Immunization.

2. Take time to meet with the dean of your school or college of pharmacy and explain Operation Immunization to gain his or her support of this campaign.

3. An Operation Immunization committee will need to be formed with co-chairs, from APhA-ASP and any other participating organization. Try to form an interdisciplinary partnership with nursing or medical students, or partner with another pharmacy organization on your campus.

4. Contact your local or state pharmaceutical association to ask for their support. Your state pharmacy association will also receive an Operation Immunization planning guide and promotional materials.

Forming Partnerships with Interdisciplinary Organizations and Health Departments

1. If pharmacists cannot legally administer vaccines in your state, partnerships with local nursing or medical schools and public health departments can aide in advancing your campaign.

2. Enclosed in this manual is the contact information for the health departments in each state. If you are in a state, where pharmacists cannot administer vaccines, a public health department would be a great resource for immunization services. State health departments can provide you with contacts for nurses that will immunize in pharmacies and dates that the health department administers immunizations.

3. You may want to contact your local state health department for additional adult and child immunization record cards, as a collaborative effort. Operation Immunization is a great way to get involved with the other health care professionals in your community. By working together, thousands of people can be immunized and educated about the importance of immunization, which is the goal of this public health care initiative.

Forming Partnerships with Pharmacies

The Operation Immunization Committee will need to start contacting local pharmacies to identify sites that can provide immunization services for the campaign.

1. Contact local pharmacies to make arrangements for a meeting where you can explain Operation Immunization and the benefits that this campaign will have for their pharmacy.

2. If the pharmacy agrees to participate in Operation Immunization, designate a specific person on the committee to be a contact person for that pharmacy. This person has an important role to ensure there is continuous communication between the pharmacy and the committee. This component will ensure a successful campaign.

3. In states where a pharmacist can not administer immunizations or are not trained to do so, contact a school of nursing or the state or local health department and see if arrangements can be made to have nurses or nursing students administer vaccines at a local pharmacy.
How to Get Publicity

What Is News?

Reporters and editors are concerned with informing their public of events and issues that affect their media outlets target audiences. For something to have news value, it must, in the eyes of the news media, have impact on the general community. If it is important to the public, it is important to the media.

The essential elements of news value are timeliness, local appeal, and interesting subject matter. Ask yourself these questions about your subject matter:

- What is the significance of your pharmacy’s services or special events to the general public?
- When health news breaks, is there an angle related to your pharmacy or to the profession in general? Are you an expert in that area? (For example, if new research on asthma treatment is publicized, does your pharmacy specialize in counseling or providing additional services for the asthmatic patient?)
- How does your expertise, special event, or unique service help the community?
- Are trends in society reflected in your pharmacy? (For example, has your pharmacy started providing a new level of pharmaceutical care, such as immunizations or hyperlipidemia monitoring?)

There are several kinds of coverage: **News**—usually noting conflict or change; **Features**—usually stories of human interest or news that is not time limited; **Editorials**—usually coverage by the media that takes a stand on an issue of relevance to the general public or to a particular constituency; and **Op-Eds**—also opinion oriented, but generated by people not associated with the media.

Where Do I Begin?

Pharmacists play a role in the delivery of health care to almost every American. Even though health care is one of the hottest topics covered by the media these days, pharmacy does not always factor into the media’s coverage. Reporters and editors are constantly covering the pharmaceutical industry and physicians, but many times overlook the contributions of the pharmacist, who is an integral part of the health care system. In the minds of some reporters and consumers, the pharmacist is secondary to the medications—simply a dispenser.

Every pharmacist has a big job to do to change that perception. Americans take for granted the services provided by the pharmacist because they have always received the advice and care of their pharmacist without an appointment or a bill, unlike the care provided by a physician. The media can be an important player in establishing the expertise of the pharmacist, but only when a pharmacy is offering the level of service and quality care that makes a difference in their patients’ health care.

Get started by reading the publications that you would like to cover your issues, by watching and listening to news broadcasts, and by becoming familiar with the reporters covering health care. After doing this, you will easily be able to develop a list of media targets. Cut the job down to your size. If you have only one day a month to work on your public relations program, you need to set your sights for a small-scale result. If your stories are local, concentrate only on local media. If your story warrants regional or national coverage, be prepared to give your campaign quite a bit more time.

How Do I Develop a Media List?

If you are concentrating your public relations program in a small local area, you should be able to develop a media list by calling the newspapers, television, and radio stations in the community and inquiring about the reporters who cover the health “beat.”
If you are initiating a regional or national media campaign, you should consult a media directory. One easy way to decide which directory is right for you is to look at the ones available in your local library. Sometimes local organizations, the chamber of commerce, or the convention bureau have developed a media directory. You can find out if your area has one by calling a local public relations firm and asking them to recommend one.

Whether you order a national directory or use a local one, you will have to check all contact names before sending information or making a call to pitch a story. Editors and reporters change “beats” frequently, and a news release sent to the wrong reporter usually ends up in the trash. Simply call the media outlet and ask who is covering your issue area. For pharmacy, the typical issue area is health, but your issue could apply to the metro or business sections.

Remember that there are many more news outlets at your disposal than you might think. Do not overlook these important sources:

- Television stations have local news programs, editorial opinions and “talk back” opportunities, public affairs programs, one-on-one interview shows, and public affairs “specials.”
- Community cable stations can offer local news programming, community access channels, and public affairs programming.
- Public television stations provide local news programming as well as a diverse mix of locally produced public affairs programming.
- Radio formats include all-news stations, radio talk shows, public affairs programming, and editorial comment.
- Newspapers have numerous “beat” reporters covering specialized issues for the main news section, editorial page editors, op-ed opinion pieces, letters to the editor, the business section, consumer reporters, and “style” sections offering soft news.

**Basic Media Tools**

**News Releases**

A news release is an up-to-the-minute summary of the importance of your news. Include who, what, when, and details of why and how. A news release is used to announce news, e.g., a major new community health project or a special event—and can be distributed with a media kit of background materials. Often when your news is not pressing or significant enough to warrant a news conference or media briefing, you should still send out a news release.

Keep in mind, however, that the newsrooms of America are inundated with news releases. The average editor may receive several hundred news releases in a typical week. Although no precise data have been collected, general opinion and observation indicate that only 10 to 20 percent of news releases submitted to the media are used in some way. If the news release is to survive as a conveyer of information, it must be issued with discretion—only if the information is really news. Your news release must be written as skillfully as possible and directed to the appropriate person.

**Guidelines for preparing a news release:**

- News releases should be typed on one side of a standard 8 1/2 x 11-inch letterhead. Double spacing is advised.
- Make your release easy to read. Use black ink and standard typefaces.
- Leave ample margins and leave sufficient space at the top and bottom for editors to make notes.
- At the top right side of the first page, supply the name and phone number of the contact person who can
offer more detailed information.

- Use a headline (in bold typeface) to summarize the story and grab the attention of the editor.
- Identify the city and date of origin of your release at the beginning of the release in caps: e.g., WASHINGTON, DC.
- Releases should be only one page, if possible. For a longer release, place -more- at the bottom center of each page.
- At the top of continuing pages, write, for example, Page 2 – Operation Immunization
- To end the release, use the symbols ### centered at the bottom of the page.
- Write in a succinct and straightforward manner. Avoid slang, jargon, or superlatives. Let the story speak for itself.
- Use quotations when they are relevant to the story.
- Be accurate. Attribute all sources. Spell all names correctly.

Public Service Announcements (PSAs)

PSAs are brief messages that provide helpful information to the public, solicit support for a particular cause, and/or offer an organization’s free services. Unlike paid advertising, PSAs are carried free of charge by publications, radio, and television stations in an effort to educate an audience and to encourage people to do something such as participate, call, write, or contribute.

Included are print PSAs which you can send to your local newspapers or magazines. Also included are radio PSAs which can be sent to your local radio stations. Before attempting to place a PSA, determine whom you want to reach with your message. Then identify the publications and radio stations in your area that service that particular audience. Once you have determined the media outlets you want to target, contact the head of their community development or public service department to find out the proper procedures for submitting PSAs.

Media Advisory (or Media Alert)

A media advisory/alert is useful to draw the attention of the media to an event that you want them to attend. It usually begins with a simple who, what, when, where format, with details of how and why in the body of the advisory. Media advisories can be used very effectively in combination with news releases and/or pitch letters. A media advisory is often sent or faxed to the media the day before or the day of an event.

If you are holding an event that you would like the media to attend, do not provide all the details, such as through a news release, prior to the event. A media advisory should provide enough information to entice reporters to your event—in conjunction with a telephone call. Provide the news release on-site, possibly as part of a media kit, with enough details to help them write the story.

Guidelines for Placing Op-Eds

Many newspapers provide a forum for opinions opposite the editorial page ("Op-Ed") that addresses issues of concern to your community. Pitch letters can be effective tools to propose an op-ed column to a publication. When your local pharmacy association is involved and has a point to make on a major, newsworthy issue (such as trends in health care), the op-ed page provides you with the chance to illustrate the value of the profession. Papers will occasionally publish a philosophical piece that may comment on a continuing problem, such as medication misuse or an observation on society.

Send your pitch letter first to a handful of editors with the op-ed outline and then follow-up with a call. In a pitch letter, you should indicate the subject matter and proposed author. Although you could simply send out the op-ed piece to all the editors on your media list with a pitch letter, it is better to approach them first so you can tailor the
piece to a specific publication’s needs.

Here are five general steps to follow when preparing an op-ed:

1. **Find opportunities.** Review all publications in your region to determine which accept op-eds and which formats are preferred. Are they generally about current social issues? Are they in a pro/con format?
2. **Decide on a topic.** In general, try to relate your topic to a current issue. Samples include the role of the pharmacist in the health care system and the reasons why pharmacy services have to be an important part of the health care agenda.
3. **Approach editors.** Send a pitch letter to appropriate editors outlining the proposed topic and author. If you have established a relationship with a particular editor, make a call instead of writing. Keep in mind that the person whose name appears on the op-ed need not be the person who wrote it. The byline should be that of a person prominent in your association, community, or with a recognized expertise or specialty.
4. **Prepare a draft.** Op-eds require a good deal of work to make a comment or to state a view on a current issue convincingly and should not be undertaken unless there is some indication that there is interest. With a positive or encouraging reply, it then can be worthwhile to undertake and submit a draft op-ed. The average op-ed should run about 750 words (approximately three double-spaced, typed pages), and the byline should include the author’s current professional position. In addition, be certain to identify the author as a pharmacist, if appropriate.
5. **Submit a draft.** Adhere to deadlines. If you promise an editor you will have a draft by a certain date, do so. Remember, an interest in reviewing an op-ed does not necessarily mean the publication will use the piece, even if it is particularly well written. You may have to adapt the op-ed to the editor’s wishes or to provide back up for points you make in the piece. If the editor ultimately declines the piece, try reworking it and begin the entire process again. Persistence is the key. Keep in mind that some large newspapers may ask that an op-ed piece be on an exclusive basis, meaning no other publication can simultaneously print the piece. Smaller papers generally accept multiple submissions, as long as competing papers in the same city do not run the same pieces. Check each publication’s particular policy.

Media Pitch Letters

A pitch letter is used to introduce you to an editor or producer and to suggest story ideas or op-eds for publication. A pitch letter can be used instead of a news release and may suggest more than one story idea to a reporter for consideration.

Media Kits

Media kits are important tools when dealing with the media. If compiled correctly, they can be used to package an issue—complete with accompanying graphics, sidebars, and other background materials. They are essential at a news conference or special event. Media kits are also easy and inexpensive to prepare. Include items in the kit that reinforce your story, such as other news clips about the project, photos, pertinent news releases, fact sheets (with statistics on the implications of medication misuse, for example), brochures, and documented statistics. Place these items in a folder with pockets. These folders should identify your local association, pharmacy, hospital, or business. You can choose to have folders printed or to use stickers with your name and logo. Include your business card.
Broadcast Media Guide: Pitching your Spokesperson to Radio/TV Talk Shows

Arrange a radio or television interview using the following steps:

- Make your “pitch” in writing at least one month before you would like the interview to air. Identify radio and television talk show producers or the person responsible for booking a show’s guests. Call to follow up.
- Be prepared to “sell” your program idea. Choose an interesting angle—why would your spokesperson interest listeners or viewers? Describe him/her as someone with an absorbing message to tell. Give an indication of his/her availability.
- Develop a media briefing packet, including a brief biography of the spokesperson, suggestions for “on-the-air” questions, a list of relevant upcoming events, the general adult immunization question and answer sheet and fact sheet and any other relevant information. Send the packet to the contact person with a cover letter indicating that you will be calling to confirm an interview time and date. You may want to consider identifying a pharmacist participating in the project to be on the show with a student spokesperson(s).
- Make a follow-up phone call to arrange a booking.
- Once the booking is confirmed, inform the spokesperson of the details of the engagement: date, time, location, contact person, host of the show, and correct attire (i.e.; white coat standing in clinic, dark business suit or dress, contemporary tie). Give him/her a copy of the media briefing packet and work to familiarize him/her with the proposed questions. Brief him/her on American Pharmacists Month, Operation Immunization and adult immunizations at least twice. Also brief him/her on local activities.
- After the interview is aired, send thank you notes to station personnel. Leave the lines of communication open for future opportunities.
Sample News Release

Customize and retype this sample release on your organization’s letterhead. Double space the copy and type on only one side of the letterhead. Try to keep it to one page only, but no longer than two pages. “-30-” means end of the new release. Make sure your facts and statistics are up to date.

FOR IMMEDIATE RELEASE Contact: (Your contact person)
(Date of Release) (Your phone number)

(ACTIVITY) PLANNED FOR (DATE)

NAME OF STATE/CITY, Date—(Who, your organization) will conduct a (what, community immunization clinic, health fair, news conference, etc.) on (day, date, time) at (where) as part of a national effort to increase the number of adults and children vaccinated against preventable diseases. In conjunction with American Pharmacists Month October 2008, the American Pharmacists Association Academy of Student Pharmacists (APhA-ASP) is conducting Operation Immunization. Operation Immunization is an immunization awareness campaign designed to increase the public’s knowledge of immunizations while increasing the number of adults receiving immunizations.

(Give a brief description of the chapter event, including any prominent spokesperson who will be available for interviews and/or immunizations). “(Name of Activity) is to increase our community’s (or name of community) awareness of the need to vaccinate our adult population just as much as our children,” says (spokesperson). “Each year in the United States, as many as 50,000 to 70,000 adults die needlessly from vaccine-preventable disease or their complications.”

Immunizations are readily available for such common adult illnesses as influenza (flu), pneumococcal disease and hepatitis B. Vaccinations against measles, mumps, rubella (German measles), hepatitis A, tetanus, diphtheria, and chicken pox (varicella) are also needed by children and some adults.

In (state/city/county, obtain Medicare flu vaccinations rates for your area from the regional flu coordinators at the Health Care Financing Administration). We must push this number even higher and take proper care of our loved ones,” says (spokesperson).

“Vaccines have been proven to be safe and effective and provide the best protection against infectious disease,” (he/she) continued. “Of utmost importance is the fact that the benefits of vaccinations far outweigh the risks and problems associated with natural infections and your pharmacist can play an important role in providing you information about vaccine-preventable illnesses”

For more information about the (name of activity) or immunizations, call (phone number).

-30-
Sample Media Advisory

Your Coverage Is Invited

Contact: (Name)
(Date-1 week before event)
(Phone Number)

ADULT IMMUNIZATION ALERT

- (Your Organization) Kicks Off American Pharmacists Month with Operation Immunization
- (Your Organization) Sponsors Operation Immunization-

WHAT: (Describe the activity, whether it is a news conference or immunization service at a local pharmacy) to:
1. support efforts to increase the number of adults and children being immunized against vaccine-preventable disease, especially during National Pharmacists Month;
2. urge all adults—especially high-risk groups—to update their immunizations, particularly for influenza, pneumococcal disease and hepatitis B;
3. immunize those adults in need
4. urge all adults to update their child’s immunizations, to make sure they are up-to-date on vaccines

WHO:
∙ (Name of local spokesperson and his/her affiliation)
∙ Invited local celebrity (to be announced) who will urge people of all ages to be vaccinated (and may receive an immunization)

WHEN: (day, date, time)

WHERE: (Location)

WHY:
∙ An estimated 10 percent to 20 percent of the United States population contracts influenza annually.
∙ As many as 55,000 to 80,000 adult Americans die needlessly from vaccine-preventable diseases (VPD) or their complications. Influenza and pneumococcal pneumonia together are the sixth leading cause of death in the United States.
∙ Today in the U.S. at least 100 times as many adults as children die each year from VPDs.
∙ The annual direct medical costs of treating influenza are estimated at up to $4.6 billion. Severe epidemics cost at least $12 billion annually.
∙ Only 67% of the nation’s children are fully immunized by the age of two.
Sample Letter to the Editor

A letter to the editor, which is less than 300 words, is signed by an individual from the community who usually represents an organization. A letter is normally written in response to an event or article in the newspaper in which it will appear. It should express an opinion, clarify a point or emphasize a message. Send it to the editorial page editor or editor-in-chief. Sometimes TV, cable and public access stations present editorials on important local issues. Send your letter to their editorial writer or general manager. “-30-” means end of letter.

The public and many health care providers may not realize that more Americans die of influenza and pneumococcal disease than from breast cancer and AIDS combined, each year. They may not know that hepatitis B virus is 100 times more infectious than the virus that causes AIDS, or that the hepatitis B virus infects 100,000-140,000 Americans annually.

Immunizations are readily available for such common adult illnesses as influenza (flu), pneumococcal disease and hepatitis B. Vaccinations against measles, mumps, rubella (German measles), hepatitis A, tetanus, diphtheria, and chickenpox (varicella) are also needed by children and some adults.

During American Pharmacists Month, October 2008, (who, your organization) will conduct a (what, community immunization clinic, health fair, news conference, etc.) as part of an effort to increase the number of adults and children vaccinated against preventable diseases. The (name of activity) is to increase our community’s (or name of community) awareness of the need to vaccinate our adult population just as much as our children. Each year in the United States, as many as 55,000 to 80,000 adults die needlessly from vaccine-preventable diseases or their complications.

Vaccines have been proven to be safe and effective and provide the best protection against infectious disease. Of utmost importance is the fact that the benefits of vaccinations far outweigh the risks and problems associated with natural infections.

Money can be saved, the quality of life improved and the mortality rate from these diseases lowered by a simple approach to medicine—immunizations. Support Operation Immunization: Student Pharmacists and Practitioners Protecting the Public Health.
Sample Radio Public Service Announcements (PSAs)

People love the radio. They have it on at home, in their cars and when they are exercising. Public service announcements (PSAs) are one means of directly reaching the public with information on adult immunizations. Below are some samples of PSAs, but use your imagination and write your own targeted directly to your audience. Don’t forget the classical radio stations, college radio and talk radio stations. Also send them to your local TV stations; they may use them during a public service program.

FOR IMMEDIATE RELEASE
(Date of Release)

CONTACT: (Your contact person)
(Your phone number)

RUN DATE: (From date to date)

15-Second Spots

1. From September to December is the best time each year for adults to get vaccinated against the flu. Call your doctor, pharmacist or clinic today.
2. There are 3.9 million cases of chicken pox in the U.S. each year, with most occurring between the ages of 6–10. Get your children vaccinated today.
3. Adolescents are among three groups at special risk for contracting measles, along with college students and health care workers. Get vaccinated today.
4. Hepatitis B virus is 100 times more infectious than the virus that causes AIDS, and complications of Hepatitis B kill 3,000 to 4,000 Americans annually. Get vaccinated today.

30-Second Spots

1. The flu is a major killer of persons aged 65 years and older, particularly those who are frail or have heart or lung conditions. An estimated 20,000 Americans die each year from flu-related illness. Yet there is a vaccine which can prevent it, and Medicare will pay for those who are eligible. Don’t let your parents or grandparents become a statistic. Have them call their pharmacist or other healthcare provider today.
2. Most people believe that when they hear about a measles outbreak, it involves only children. Yet many outbreaks today occur in young adults, especially those on college campuses. College students are at special risk because many live in close quarters which increase the chances for spreading the highly contagious virus. If you were born after 1956, you may need a second dose of measles, mumps, and rubella (MMR) vaccine. Call your doctor, pharmacist or clinic today.
3. Did you know that more Americans die of flu and pneumococcal disease than either breast cancer or AIDS each year, or that the hepatitis B virus is 100 times more infectious than the virus that causes AIDS? Shots are available for these common adult illnesses. Some adults may need to be immunized against measles, mumps, rubella, hepatitis A, tetanus, diphtheria, and chickenpox. Call your doctor, pharmacist or clinic today.
Sample Public Service Announcements (PSAs)

FOR IMMEDIATE RELEASE
(Date of Release)
RUN DATE: (From date to date)

CONTACT: (Your contact person)
(Your phone number)

15-Second Spots

1. College students between the ages of eighteen and twenty-four and living in dormitories are at the highest risk of developing bacterial meningitis, a potentially life-threatening infection. If you are at high risk, consider being immunized today.

2. Bacterial meningitis is a potentially life-threatening infection that is preventable by immunization. Talk to your pharmacist or other health care provider today about receiving the meningococcal vaccine or additional information.

30-Second Spots

1. Bacterial meningitis is a potentially life-threatening infection that is preventable by immunization. College students between the ages of eighteen and twenty-four who are living in residence halls have the highest risk. The American College Health Association (ACHA) recommends that all college students should consider vaccination to reduce their risk of bacterial meningitis. Talk to your pharmacist or other healthcare provider today if you are at high risk for bacterial meningitis and wish to consider vaccination or receive more information.

2. Bacterial meningitis is a potentially life-threatening infection that is preventable by immunization. College students between the ages of eighteen and twenty-four who are living in residence halls have the highest risk. Immunization may be considered by:
   · Students entering college who wish to reduce their risk of developing bacterial meningitis and are not pregnant.
   · Students whose immunity is compromised due to a medical condition.
   · Students traveling to areas of the world with widespread bacterial meningitis.

Talk to your pharmacist or other healthcare provider today if you are at high risk for bacterial meningitis and wish to consider vaccination or receive more information.
Sample Public Service Announcements (PSAs)

FOR IMMEDIATE RELEASE
Date of Release

CONTACT: (Your contact person)
(Your phone number)

RUN DATE: (From date to date)

15-Second Spots
1. Pneumonia and influenza together are the sixth leading cause of death in the U.S., and the fifth-leading cause among older adults. Both of these infections can be prevented by vaccination. Get vaccinated today!
2. Each year in the United States, pneumococcal disease accounts for an estimated 500,000 cases of pneumonia, 50,000 cases of a blood stream infection, and 3,000 cases of meningitis. Don’t become a statistic – get vaccinated!
3. Pneumococcal pneumonia accounts for up to 25% to 35% of all adult pneumonias leading to hospitalization, and it is the most common cause of pneumonia. Get vaccinated today!
4. Pneumococcal disease is to blame for up to 40,000 deaths each year in the United States. Approximately 50% of these deaths can be prevented through use of the pneumococcal vaccine. Ask your health care provider about vaccination today.
5. A single dose of pneumococcal vaccine is recommended for most people age sixty-five or older. Some people who were younger than sixty-five when they received the pneumococcal vaccine may need one booster dose after five years.

30-Second Spots
1. Pneumococcal disease is an infection that causes the most common kind of bacterial pneumonia, and this infection can spread into the bloodstream and be potentially fatal. Pneumococcal disease can be prevented with a safe, effective vaccine. People age sixty-five or older, people with chronic illnesses such as heart or lung disease, and people with a weakened immune system should be vaccinated. Estimates find that less than half of older adults and only 10% of adults in high-risk groups have received the vaccine. Don’t become a statistic!
Sample Public Service Announcements (PSAs)

FOR IMMEDIATE RELEASE

(Date of Release)

CONTACT: (Your contact person)

(Your phone number)

RUN DATE: (From date to date)

15-Second Spots

1. Influenza can be prevented with a safe, effective vaccine. You cannot get influenza from the vaccine.
2. An average of 200,000 hospitalizations and 36,000 deaths occur each year in America related to influenza. These numbers rise to 300,000 hospitalizations and 40,000 deaths during severe flu seasons. Be sure to get vaccinated each fall.
3. The influenza vaccine can prevent up to 50% to 60% of hospitalizations and 90% of deaths from influenza-related complications in the elderly.
4. Influenza can worsen chronic heart disease, lung disease and diabetes, and can lead to bacterial or viral pneumonia. It can also lead to hospitalization and death, especially among the elderly. Make sure to get vaccinated this fall.
5. The influenza virus changes each year, so it is necessary to receive an annual influenza shot each fall.
6. The peak of flu season occurs each year in the United States from late December to early March. Get your flu shot each fall to protect yourself against influenza.
7. If you are a person in regular contact with individuals at high risk of complications from influenza, you should consider an annual flu shot. Health care workers, employees of nursing homes or assisted living communities, caregivers, and household members of high-risk individuals should all be vaccinated against the flu each fall.

30-Second Spots

If you are included in one of the following groups, you need to receive a flu shot each year:

\• People age 50 years or older
\• Residents of nursing homes
\• Adults and children who have chronic illnesses such as heart or lung disease, and especially if the illness required medical attention or hospitalization during the previous year
\• Children and teenagers receiving long-term aspirin therapy
\• Women who will be in the second or third trimester of pregnancy during the flu season
Sample Media Pitch Letter

Date

Name of journalist
Name of publication
Street address
City, State, Zip code

Dear Mr./Ms. [Last name]:

With the growing concern throughout the country with health care, I am writing for your help in publicizing several events that will benefit your readers’/viewers’ health. The [School name] chapter of the American Pharmacists Association Academy of Student Pharmacists (APhA-ASP) is participating in a campaign called Operation Immunization: Student Pharmacists and Practitioners Protecting the Public Health. The project is an immunization awareness campaign designed to increase the public’s knowledge about immunizations while increasing the number of adults receiving immunizations.

Each year in the United States, as many as 55,000 to 80,000 adults die needlessly from vaccine-preventable diseases or their complications. For this reason, the [School name] chapter of APhA-ASP is holding a [what, immunization clinic, health fair, etc.] to [why, directly administer immunizations, educate the public about the importance of receiving immunizations, etc.].

The following is a list of the different events of our campaign:

[List dates, times, and places for each event]

I will be following up by telephone soon to see if you are interested in additional information about our Operation Immunization campaign. In the meantime, please feel free to contact me (phone #) if I can be of assistance.

Sincerely,

Name
Title
Sample Solicitation Letter

Dear __________,

On behalf of the APhA-ASP chapter at the University of __________, I would like to take this opportunity to inform you about Operation Immunization: Student Pharmacists and Practitioners Protecting the Public Health. In cooperation with the American Pharmacists Association Academy of Student Pharmacists (APhA-ASP), our school will be launching a campaign to increase immunization awareness among the public and to increase the number of people receiving immunizations.

The goal of Operation Immunization is to increase the public’s knowledge of immunizations while increasing the number of adults receiving immunizations. Since the launching of this campaign in 1997, student pharmacists and practitioners have provided over 750,000 immunizations nationwide!

Participants include the 101 APhA-ASP chapters with the help of trained practitioners and other healthcare professionals trained and certified to give immunizations. Pharmacists, in the 46 states allowing pharmacists to immunize patients, are encouraged by APhA-ASP chapters to provide immunization services at their pharmacy. In states where pharmacists are not authorized to administer immunizations, chapters create partnerships with physicians, nurses and other healthcare professionals to administer immunizations in a pharmacy.

Because you have been trained to administer immunizations and have demonstrated your desire to encourage preventative healthcare measures, we would like to assist you in your efforts.

We can provide you with promotional materials, such as camera read fact sheets about vaccinations, immunization schedules, posters, and bag stuffers to help you motivate your patients to become immunized.

If you are currently staffing an immunization clinic, we are eager to volunteer our efforts to help screen patients, to provide vaccine information, and to counsel on side effects.

If you are interested in working with us, please contact me at:

Sincerely,

Name
Title
Sample Fact Sheet

FACT SHEET CONTACT: (Your contact person)
(Your phone number)

FACTS ABOUT PHARMACISTS AND IMMUNIZATIONS

∙ Pharmacists are the most accessible health care professionals, with the equivalent of the entire U.S. population walking into pharmacies each week.
∙ Pharmacies are open long hours, weekends, and some holidays, all of which allow the public to have access to pharmacists at the times most convenient to them.
∙ Pharmacists can administer immunizations in 49 states, and pharmacists can serve as vaccine advocates or facilitators in other states by creating partnerships with other health care professionals to have the immunizations administered in a pharmacy.
∙ Pharmacy immunization campaigns can target adults or children in need of vaccination, and vaccines can be administered year-round or seasonally.

IMPORTANCE OF CONSUMER EDUCATION

∙ Influenza has the ability to cause many health complications in elderly patients. Even though influenza vaccination rates have reached an all-time high, 40% of elderly still remain unimmunized, and this percentage is even higher in African-American and Hispanic populations.
∙ The influenza vaccine can prevent up to 50% to 60% of hospitalizations and 90% of deaths from influenza-related complications in the elderly.
∙ Pneumococcal disease, one cause of pneumonia, is to blame for up to 40,000 deaths each year in the United States. Approximately 50% of these deaths can be prevented through the use of the pneumococcal vaccine.
Sample Op-Ed Article

This can be used for a longer newsletter or magazine piece, or select paragraphs that are most appropriate for your community. Double space the copy. “30-” means end of article.

Entertainer Natalie Cole was scheduled to sing the theme song from the movie, “A Mirror Has Two Faces,” at an Academy Awards presentation, but canceled because of influenza or “the flu.” Tennis stars Pete Sampras and Boris Becker have lost major tennis matches when they contracted the flu. Jim Nabors, television’s Gomer Pyle, had to have a liver transplant because of hepatitis B. One of the Baltimore Orioles’ top players, Brady Anderson, missed crucial games because of the chickenpox. (You may wish to use some local examples.)

All should have rolled up their sleeves and been vaccinated for these preventable diseases. Immunizations are readily available for such common adult illnesses as influenza (flu), pneumococcal disease and hepatitis B. Vaccinations against measles, mumps, rubella (German measles), hepatitis A, tetanus, diphtheria, and chickenpox are also needed by children and some adults.

October 2008 is American Pharmacists Month. The American Pharmacists Association Academy of Pharmacy Practice and Management (APhA-APP), the American Pharmacists Association Academy of Student Pharmacists (APhA-ASP) are conducting a week long campaign called, Operation Immunization: Student Pharmacists and Practitioners Protecting the Public Health. The campaign’s message is to inform adults of the importance of obtaining protection through immunizations against 10 potentially fatal or debilitating illnesses and that pharmacists and pharmacy students are important healthcare resources. This campaign extends the programming conducted during National Adult Immunization Awareness Week, September 21-27, 2008.

People have a profound misperception of what influenza or “the flu” is, according to Gregory A. Poland, MD, chair of the National Coalition for Adult Immunizations and Professor of Medicine at the Mayo Clinic. “People call fever, muscle aches, vomiting, and diarrhea, ‘the flu.’ Those symptoms aren’t the flu. True influenza is a disease that causes high fevers and profound bone and muscle aches that may put you in bed for several days.”

Five percent to 20 percent of the nation’s population contract influenza annually. On average, more than 36,000 Americans die each year from flu-related illnesses. Thirty years ago the Hong Kong flu led to 34,000 deaths in the U.S. And who hasn’t read in history books about the 1918 Spanish flu outbreak which killed 500,000 people here and over 20 million worldwide?

Most vulnerable to influenza are persons 65 years of age and older, according to the Centers for Disease Control and Prevention (CDC). Others at risk include nursing home residents, people with diabetes or chronic disorders of the lungs or heart, and some healthcare workers. Anyone who wishes to reduce their chance of catching influenza should consider being vaccinated, particularly those who provide essential community services. Since the influenza virus changes from year to year, an annual flu shot is necessary during the fall.

The elderly are one of the major groups who are at risk of suffering most from pneumococcal disease. More than 40,000 cases and more than 4,400 deaths from invasive pneumococcal disease (bacteremia and meningitis) are estimated to have occurred in the United States in 2005. Ironically, drastic improvements in these statistics through immunization are easy and affordable. The pneumococcal vaccine, often called a “pneumonia shot,” provides protection for most people indefinitely. Some at high risk may need revaccination after five years.

“The public and many health care providers may not realize that more Americans die of flu and pneumococcal disease than either breast cancer or AIDS each year,” says Dr. Poland. Both the flu and pneumococcal vaccines are covered under Medicare and can be given at the same time.
Sources of Immunization Information

Vaccine Recommendation Sources

The most influential vaccine recommendations are written by the CDC’s Advisory Committee on Immunization Practices (ACIP) and by the Committee on Infectious Diseases of the American Academy of Pediatrics (AAP). Other major policy-setting groups include the American College of Physicians and the American Academy of Family Practitioners.13, 17, 57-61

ACIP recommendations are published periodically in the Morbidity & Mortality Weekly Report (MMWR), which is accessed by traditional subscription, at medical libraries, or through the Internet at www.cdc.gov/mmwr. Short recommendations are included in the main publication; detailed recommendations are printed as supplements to the MMWR Reports and Recommendations (RR) series.

Electronic Resources

Resources are also available in electronic form. Important Internet sites offering valuable information are listed in Table 2. “The Immunization Gateway: Your Vaccine Fact-Finder” (www.immunofacts.com) consists of a set of direct links to the most up-to-date immunization resources on the Internet, including on-line ACIP statements, full-text travel vaccine resources, and many other resources from Canada, the World Health Organization (WHO), and others. A remarkable variety of resources is offered free by the Immunization Action Coalition and the National Coalition for Adult Immunization.

APhA has developed a list-serve for immunizing pharmacists to receive updates related to immunizations. Interested individuals may subscribe by sending an e-mail to apha-immpharm-subscribe@egroups.com. The Immunization Action Coalition (IAC) provides a free e-mail news service to inform subscribers of news involving immunizations. You may sign up for IAC Express by sending a message to express@immunize.org. In the subject line of the message, type the word SUBSCRIBE. IAC also publishes the “Needle Tips” and “Vaccinate Adults!” newsletters in both print and at their website at www.immunize.org. IAC’s telephone number is (651) 647-9009. The full text or just the table of contents of the CDC’s Morbidity and Mortality Weekly Report (MMWR) is also available free via e-mail. You may subscribe by sending a message to listserv@listserv.cdc.gov. To receive the full publication as an attachment in PDF format, the body of the message should read SUBSCRIBE mmwr. For full text in ASCII format, enter SUBSCRIBE mmwr-asc. To receive just the table of contents, enter SUBSCRIBE mmwr-toc. CDC has other excellent resources including ACIP statements, videos, posters, and brochures. For a list of what you can order, fax your request for the “CDC/NIP Resource Request List” to (404) 639-8828. The list will be mailed to you.

The Society of Teachers of Family Medicine has developed an app for smartphones entitled Shots. This app, updated annually, allows the user to download the ACIP approved immunization schedule. It can be downloaded free of charge at www.immunizationed.org.

Print Material

The 29th edition of the AAP’s Report of the Committee on Infectious Diseases was published in 2012.61 The American College of Physicians published the fourth edition of Guide for Adult Immunization in
Facts and Comparisons updates its major reference book, *ImmuNoFacts: Vaccines & Immunologic Drugs*, quarterly. They also publish the *Booster Shots* newsletter and other books about immunizations. Organizations offering immunization information are listed in Table 3.

The CDC publishes *Epidemiology & Prevention of Vaccine-Preventable Diseases* for purchase (also known as the Pink Book). The chapters can also be downloaded free of charge from [http://www.cdc.gov/vaccines/pubs/textbs-manuals-guides.htm](http://www.cdc.gov/vaccines/pubs/textbs-manuals-guides.htm). This resource gives healthcare providers comprehensive information about vaccine-preventable diseases.

**Video Resources**

- The CDC also has a variety of podcasts in different topics related to vaccines. Most of the podcasts are less than 5 minutes and can provide good information for patients and providers. The CDC’s podcast page for immunization can be found at [http://www.cdc.gov/vaccines/ed/podcasts.htm](http://www.cdc.gov/vaccines/ed/podcasts.htm).

**Websites Related to Immunizations**

- **American Pharmacists Association**
  - [www.pharmacist.com](http://www.pharmacist.com)
- **Centers for Disease Control and Prevention**
  - [www.cdc.gov](http://www.cdc.gov)
- **Immunization Action Coalition**
  - [www.immunize.org](http://www.immunize.org)
- **Immunization Action Coalition: State Immunization Program website**
  - [www.immunize.org/states/index.htm](http://www.immunize.org/states/index.htm)
- **Immunization Gateway: Your Vaccine Fact-Finder**
- **National Immunization Program**
  - [http://www.cdc.gov/vaccines/](http://www.cdc.gov/vaccines/)
- **National Network for Immunization Information**
  - [www.immunizationinfo.org](http://www.immunizationinfo.org)
- **National Vaccine Program Office**
  - [www.hhs.gov/nvpo](http://www.hhs.gov/nvpo)
- **Recommendation to Immunize Healthcare Workers**
  - [http://www.acponline.org/college/pressroom/hcw.htm](http://www.acponline.org/college/pressroom/hcw.htm)
The following section is a special supplement written by Jean-Venable “Kelly” R. Goode, PharmD. Dr. Goode is an Associate Professor for the Department of Pharmacy at the Virginia Commonwealth University (VCU) School of Pharmacy. She is the Director of the VCU Community Pharmacy Practice Program and the VCU Community Pharmacy Practice Residency Program. She has worked for the past 10 years with Ukrop’s Pharmacy to develop enhanced patient care programs. Currently, Ukrop’s provides patient care programs in the areas of medication therapy management, wellness, immunization, pre-travel health, diabetes, osteoporosis, and smoking cessation.

This section will provide details on how your APhA-ASP Chapter can combine your Operation Immunization initiatives with Medication Therapy Management Services. APhA-ASP would like to thank to thank Dr. Goode for her contribution to the Operation Immunization planning guide and for her continued support of student pharmacists and their activities.

**Incorporating Immunization Activities into Medication Therapy Management Services**

While the focus of *Operation Immunization* activities is largely on advocacy and administration, student pharmacists have opportunities to design immunization projects that are integrated with other patient care services. An ideal way to accomplish this is to incorporate immunization advocacy and administration with Medication Therapy Management Services (MTMS).

**What is MTM?**

Medication therapy management is a partnership between the pharmacist, the patient or their caregiver, and other health professionals which promotes the safe and effective use of medications by helping patients achieve the targeted outcomes from their medication therapy. Even though MTM is defined as a benefit in the Medicare Modernization Act of 2003, it is important to note that MTM is not just for patients with the Medicare benefit.

Medication Therapy Management (MTM) is defined by the profession of pharmacy as including but not limited to the following:¹

- Performing or obtaining necessary assessments of the patient’s health status.
- Formulating a medication treatment plan.
- Selecting, initiating, modifying, or administering medication therapy.
- Monitoring and evaluating the patient’s response to therapy, including safety and effectiveness.
- Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events.
- Documenting the care delivered and communicating essential information to the patient’s other primary care providers.
- Providing verbal education and training designed to enhance patient understanding and appropriate use of his/her medications.
- Providing information, support serviced, and resources designed to enhance patient adherence with his/her therapeutic regimens.
- Coordinating and integrating medication therapy management services within the broader health-care management services being provided to the patient.
The American Pharmacists Association (APhA) and the National Association of Chain Drug Stores (NACDS) Foundation developed a model for basic MTM services in pharmacy practice, *Medication Therapy Management in Pharmacy Practice – Core Elements if an MTM Service Model.* The model is to be used for all patients who may benefit from pharmacist-provided MTM services in any type of practice setting. The five core elements in the model are:

- Medication therapy review (MTR)
- Personal medication record (PMR)
- Medication action plan (MAP)
- Intervention and/or referral
- Documentation and follow-up

Immunization advocacy and administration can easily be incorporated into this service model. This section will describe each component of the model including ways to add immunization activities into the MTM Core Elements.

**Medication Therapy Review (MTR)**

The MTR represents the foundation of the model. It is the process of gathering patient-specific information and assessing the information to identify any medication-related problems. If medication-related problems are detected then a plan is developed to resolve the problems. The two types of MTRs are comprehensive or targeted to an actual or potential medication-related problem. Both the comprehensive and targeted MTR provide an excellent opportunity for immunization advocacy and administration. During a comprehensive MTR the pharmacist gathers information to assess the patient’s overall health and reviews all of the patient’s medications (prescription, nonprescription, herbal and other dietary supplements). At this time, the pharmacist could also assess the patient’s immunization status by taking an immunization history. An immunization history is very similar to a medication history. Information is gathered and documented about previous immunizations. If the patient has an up-to-date immunization record the process is usually easier. During a comprehensive MTR, the pharmacist may also gather information that assesses the patient’s values, cultural issues, education level, language or literacy barriers, preferences, quality of life, and goals of therapy. This information will be helpful when identifying patients who maybe at high risk for vaccine-preventable diseases because of potential barriers to immunization such as health beliefs, or access problems.

### Table 1. Barriers to Immunization

<table>
<thead>
<tr>
<th>Patient Barriers</th>
<th>Provider Barriers</th>
<th>System Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of knowledge about immunizations</td>
<td>Identification of patients</td>
<td>Distribution of vaccines</td>
</tr>
<tr>
<td>Fears about vaccine safety or uncertainty of efficacy</td>
<td>Missed opportunities</td>
<td>Communication</td>
</tr>
<tr>
<td>Logistical problems that limit access including cost</td>
<td>Compensation</td>
<td>Documentation</td>
</tr>
<tr>
<td>Lack of recommendation from healthcare provider</td>
<td>Health beliefs</td>
<td></td>
</tr>
<tr>
<td>Health beliefs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Patients may also be at high risk because of chronic conditions, age or immune status. Other risk factors include:

- Heart disease
- Lung disease
- Diabetes
- Kidney disease
- Liver disease
- Occupation
- Household contact or caregiver for someone at risk

If a patient has an indication for an immunization or is not up-to-date with his/her immunizations, these are medication-related problems and should be included as part of the plan for resolving medication-related problems.

Targeted medication therapy reviews can be conducted to assess and address immunization-related medication problems. The targeted MTR could be conducted when a patient presents with a new prescription that may indicate a need for an immunization. Table 2 provides an example of medications/and or medication classes that maybe an indication for an immunization.

Table 2. Examples of Medications and Immunization Indications

<table>
<thead>
<tr>
<th>Medication or Medication Class</th>
<th>Immunization Indication*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal vitamins</td>
<td>Tdap (2nd half of pregnancy)</td>
</tr>
<tr>
<td>Insulin, oral hypoglycemics</td>
<td>PPSV, HepB</td>
</tr>
<tr>
<td>Digoxin, warfarin, nitrates</td>
<td>PPSV</td>
</tr>
<tr>
<td>Inhaled steroids, inhaled beta-agonists, leukotriene modifiers</td>
<td>PPSV</td>
</tr>
<tr>
<td>Inhaled beta-agonists, anticholinergic bronchodilator</td>
<td>PPSV</td>
</tr>
<tr>
<td>Chemotherapeutic agents</td>
<td>PPSV</td>
</tr>
</tbody>
</table>

*In general, patients taking the medication or a medication from the class should receive the immunization, however, the patient should be assessed for previous immunizations, contraindications and precautions.

PPSV – pneumococcal, HepB – hepatitis B, Tdap – tetanus, diphtheria, acellular pertussis

Personal Medication Record (PMR)

The PMR is intended for use by patients and is a comprehensive record of a patient’s medications including prescription and nonprescription medications, herbals, and dietary supplements. Ideally, this record could also include a record of the patient’s immunizations. Or an immunization record card could be created separately and attached to the PMR. If the patient does not have a record card, the
A pharmacist could start an immunization record card for the patient and encourage the patient to carry it with their personal medication record (PMR).

**Medication-Related Action Plan (MAP)**

The MAP is developed specifically for patients to use in tracking progress for self-management. The MAP could include specific immunization-related actions including the need for an immunization (if the pharmacist is unable to administer the immunization) or the need for a follow-up immunization such as a booster.

**Intervention and/or Referral**

Interventions are used to resolve the medication-related problems. If a pharmacist is unable to resolve the medication-related problem then a patient may referred to another healthcare provider with expertise to resolve the problem. For immunization-related problems, many pharmacists are able to administer immunizations; however, some patients may need to be referred to another healthcare provider.

**Documentation and Follow-up**

Documentation is an important component of MTM services. Medication therapy management services are documented by the pharmacist in order to evaluate patient progress and for billing purposes. Immunization-related documentation includes the following:

- Patient name
- Vaccination date
- Name, address, and title of practitioner administering the vaccine
- Trade or generic name of the vaccine, manufacturer, and lot number
- Signed consent form, if required, but maybe prudent regardless
- Date of Vaccine Information Statement provided to patient

It is recommended that documentation of vaccination be provided to the patient’s primary care physician and/or other pertinent healthcare provider.

In addition, pharmacists should consider contributing vaccine information to the state run immunization information system. These central registries are typically accessible by a variety of healthcare providers and can aid in the sharing of vital immunization information. A list of each state’s registry can be found at [http://www.cdc.gov/vaccines/programs/iis/contacts-registry-staff.html](http://www.cdc.gov/vaccines/programs/iis/contacts-registry-staff.html)

**Student Pharmacist Activities**

Several opportunities exist for student pharmacists to become involved with immunization-related medication therapy management services. Student pharmacists will be completing school-related activities: Introductory Pharmacy Practice Experiences (IPPE) and Advanced Pharmacy Practice Experiences (APPE) in many different types of practice settings. Your APhA-ASP Chapter could develop *Operation Immunization* projects that include activities for students completing these school-related
practtice experiences. These activities will also facilitate building a year round *Operation Immunization* program.

As you conduct MTM sessions during your Introductory and Advanced Pharmacy Practice Experiences, be sure to incorporate an immunization history as part of the patient’s comprehensive medication review. This will help you identify patients who may be at high risk for vaccine-preventable diseases and educate them on the need for vaccines. Many of the patients you will encounter are in the age group of 65 years and older and are considered to be a high risk for vaccine-preventable diseases including influenza, pneumococcal disease, herpes zoster, and tetanus-diphtheria-pertussis. After gathering an immunization history, you can assess any immunization-related problems and intervene to correct them. If the practice setting does not administer immunizations, you can educate the patient on the immunizations they need and refer the patient to another healthcare provider.

Your APhA-ASP Chapter’s other healthcare events and projects, such as *Operation Diabetes*, provide additional opportunities to incorporate targeted MTM immunization-related activities. By offering immunization education during these events, your chapter can accomplish the following:
- Advocate for the appropriate vaccine
- Assess the patient’s actual need and whether any contraindications or precautions exist
- Administer the appropriate vaccine or refer the patient to another healthcare provider
- Follow-up with the patient to administer any needed booster immunizations

At the end of this supplement, you will find examples of a documentation form for immunization advocacy and administration to be used by student pharmacists completing pharmacy practice experiences.

Brown bag sessions also provide another opportunity for student pharmacists to be involved with immunization-related medication therapy management services. Student pharmacists may conduct these during various community outreach events. The process is almost identical to a medication therapy review. Your chapters could conduct a brown bag session and include immunization-related activities such as taking an immunization history when evaluating the patient’s medications. You can provide written information about vaccines at these sessions as well as use the Centers for Disease Control and Prevention Adult Vaccine Quiz available at [http://www2.cdc.gov/nip/adultImmSched/](http://www2.cdc.gov/nip/adultImmSched/) to identify immunization needs for patients.

Always consider immunization-related issues when providing care to patients including medication therapy management services, and you will improve immunization awareness and vaccine administration.

**References**

HHS Health Care Personnel Initiative to Improve Influenza Vaccination

Influenza is a contagious respiratory illness that can be easily spread through person to person contact. Influenza can cause mild to severe illness and in some cases may lead to death. Annually, between 5 percent and 20 percent of the population become ill with influenza, and on average more than 200,000 persons are hospitalized and 36,000 people die. Many professional agencies and organizations, including the Centers for Disease Control and Prevention (CDC), the National Foundation for Infectious Diseases (NFID), the Infectious Disease Society of America, and the Joint Commission on Accreditation of Health Care Organizations (JCAHCO) recommend annual influenza vaccinations for health care personnel (HCP) because of their increased risk of contracting and transmitting influenza. By being vaccinated, HCP decrease their likelihood of contracting influenza and decrease the chance of infecting others. It is imperative for HCP to set an example for the patients they serve by being vaccinated and also by being informed with the most current influenza information in order to properly educate them.

The Department of Health and Human Services (HHS) wants to improve vaccination rates amongst HCP with the goal of reaching the Healthy People 2010 objective of 60 percent vaccination rate. In 2006, vaccination rates were less than 50 percent for HCP. This objective can be achieved by partnering with other organizations to promote influenza vaccination. Therefore, this toolkit was designed to provide numerous resources for health care organizations, health care professional schools, professional health associations, and HCP leaders to gain valuable information about influenza and pass it on to their colleagues and employees. The toolkit is comprised of links to several Web sites (CDC, Food and Drug Administration, NFID, American College of Physicians, and the State of Massachusetts), posters, journal articles, fact sheets, and a presentation to be used for promotion and education about influenza vaccination. The Internet links were all chosen because of their proven success and novel approaches to prevention and education about influenza and influenza vaccination.

For more information about the initiative, please email: healthcare.personnel@hhs.gov.

Basic Toolkit Contents:
1. Memo from the Assistant Secretary for Health
2. Summary Presentation for leaders to present to health care personnel on rationale for influenza vaccination
3. Publications
   - Influenza vaccination of health-care personnel: Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm).
4. Posters promoting HCP vaccination (Two attached, others to be developed by CDC)
5. CDC Vaccine Information Statements (available at http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu)
6. Vaccine safety and effectiveness fact sheet, and questions and answers (CDC)
7. Common Questions (and Answers) for Health Care Personnel About Flu Vaccine (CDC)
8. Definition of Health Care Personnel
but I did find this quote on http://www.myfluvaccine.com/assets/Article04.html?section=news

Links to other sites for more information on providing immunizations to Health Care Personnel and ideas for getting your APhA-ASP chapter involved:

CDC’s influenza site (www.cdc.gov/flu)

FDA’s influenza sites (http://www.fda.gov/cber/flu/flu.htm)

American College of Physicians recommendation that annual influenza vaccine should be required for every healthcare worker with direct patient activities
http://www.acponline.org/pressroom/hcw.htm
Medical Management of Vaccine Reactions in Adult Patients

All vaccines have the potential to cause an adverse reaction. In order to minimize adverse reactions, patients should be carefully screened for precautions and contraindications before vaccine is administered. Even with careful screening, reactions may occur. These reactions can vary from trivial and inconvenient (e.g., soreness, itching) to severe and life threatening (e.g., anaphylaxis). If reactions occur, staff should be prepared with procedures for their management. The table below describes procedures to follow for various reactions that may occur.

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Symptoms</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Localized</td>
<td>Soreness, redness, itching, or swelling at the injection site</td>
<td>Apply a cold compress to the injection site. Consider giving an analgesic or antipruritic medication.</td>
</tr>
<tr>
<td></td>
<td>Slight bleeding</td>
<td>Apply an adhesive compress over the injection site.</td>
</tr>
<tr>
<td></td>
<td>Continuous bleeding</td>
<td>Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient’s heart.</td>
</tr>
<tr>
<td>Psychological fright and syncope (fainting)</td>
<td>Fright before injection is given</td>
<td>Have patient sit or lie down for the vaccination.</td>
</tr>
<tr>
<td></td>
<td>Extreme paleness, sweating, coldness of the hands and feet, nausea, light-headedness, dizziness, weakness, or visual disturbances</td>
<td>Have patient lie flat or sit with head between knees for several minutes. Loosen any tight clothing and maintain an open airway. Apply cool, damp cloths to face and neck.</td>
</tr>
<tr>
<td></td>
<td>Fall, without loss of consciousness</td>
<td>Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.</td>
</tr>
<tr>
<td></td>
<td>Loss of consciousness</td>
<td>Check the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.</td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>Sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face, or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.</td>
<td>See “Emergency Medical Protocol for Management of Anaphylactic Reactions in Adults” on the next page for detailed steps to follow in treating anaphylaxis.</td>
</tr>
</tbody>
</table>

(see information on page 2)
Emergency Medical Protocol for Management of Anaphylactic Reactions in Adults

Supplies Needed

- Aqueous epinephrine USP, 1:1000, in ampules, prefilled syringes, vials of solution, or an Epi-Pen. If an Epi-Pen is to be stocked, at least three adult Epi-Pens (delivering a single dose of 0.3 mg/0.3 mL) should be available whenever adult immunizations are given.
- Diphenhydramine (Benadryl) injectable (50 mg/mL solution) and oral in 25 or 50 mg tablets
- Syringes: 1–3 cc, 22–25g, 1"-1½"-2" needles for epinephrine and diphenhydramine (Benadryl)
- Adult airways (small, medium, and large)
- Sphygmonanometer (adult and extra-large cuffs) and stethoscope
- Adult size pocket mask with one-way valve
- Alcohol swabs
- Tourniquet
- Tongue depressors
- Flashlight with extra batteries (for evaluating the mouth and throat)

Signs and Symptoms of Anaphylactic Reaction
Sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face, or throat); bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.

Treatment in Adults

a. If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.

b. If symptoms are generalized, activate the emergency medical system (EMS; e.g., call 911) and notify the on-call physician. This should be done by a second person, while the primary nurse evaluates and manages the patient.

c. Administer (1:1000) aqueous epinephrine IM, 0.01 mL/kg/dose, 0.3 to 0.5 mL (maximum single dose is 0.5 mL)

d. In addition, for systemic anaphylaxis, administer diphenhydramine 50–100 mg orally or 50–100 mg IM (1–2 mg/kg, 100 mg maximum single dose).

e. Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in supine position unless he or she is having breathing difficulty. If breathing is difficult, patient’s head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes.

f. If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 10–20 minutes for up to 3 doses, depending on patient’s response.

h. Notify the patient’s primary care physician.

American Pharmacists Association, Grabenstein, JD, Pharmacy-Based Immunization Delivery, 2002.

These standing orders for the medical management of vaccine reactions in adult patients shall remain in effect for patients of the ___________________ until rescinded or until ____________.

name of clinic date

Medical Director’s signature Effective date
Reliable Sources of Immunization Information:
Where to go to find answers!

### Websites

**Allied Vaccine Group**
www.vaccine.org
The Allied Vaccine Group is composed of select organizations dedicated to presenting valid scientific information about vaccines.

**CDC’s Division of Viral Hepatitis**
www.cdc.gov/hepatitis
The Division of Viral Hepatitis is part of the Centers for Disease Control and Prevention. This website provides a substantial amount of information on the prevention of viral hepatitis.

**CDC’s National Immunization Program**
www.cdc.gov/nip
The National Immunization Program provides leadership for the planning, coordination, and implementation of immunization activities nationwide.

**Childhood Immunization Support Program (CISP)**
www.cispimmunize.org
Created by the American Academy of Pediatrics, this is an immunization website for parents and health professionals.

**Immunization Action Coalition (IAC)**
www.immunize.org & www.vaccineinformation.org
IAC is a nonprofit organization that promotes immunization for all people against vaccine-preventable diseases. These websites offer educational pieces, photos, and video clips for parents, health professionals, the media, and the public.

**Nat’l Network for Immunization Information (NNii)**
www.immunizationinfo.org
NNii provides current, science-based, extensively reviewed information to health professionals, the media, policy makers, and the public.

**Nat’l Vaccine Program Office (NVPO)**
www.hhs.gov/nvpo
NVPO is a federal program that provides pertinent information about childhood, adolescent, and adult immunization policy.

**Vaccine Education Center at Children’s Hospital of Philadelphia (CHOP)**
www.vaccine.chop.edu
The goal of the Vaccine Education Center (VEC) is to accurately communicate the facts about each childhood vaccine. The website includes a link to VEC’s “Parent PACK,” a program for parents interested in vaccines.

### Phone Numbers

**CDC-INFO Contact Center**
A toll-free number for consumers and health professionals who have questions about public health, including questions about vaccine-preventable diseases. For more information, contact 800-CDC-INFO or (800) 232-4636. This operates 24/7 in English & Spanish. TTY: (888) 232-6348.

**CDC’s Hepatitis Hotline**
A toll-free number for consumers and health professionals about viral hepatitis. Get information by recording, fax, or voice in English or Spanish. (888) 443-7232 (888-4HEPCDC)

### Books for Parents

**Vaccines: What you should know, 3rd edition**
By Paul Offit, MD, and Louis Bell, MD, John Wiley & Sons, Inc., 2003. To purchase, visit your local bookstore, call John Wiley & Sons, Inc. at (877) 762-2974, or visit www.wiley.com.

**Vaccinating Your Child: Questions and Answers for the Concerned Parent, 2nd edition**

**Parents Guide to Childhood Immunization**
A 94-page booklet from CDC’s National Immunization Program at www.cdc.gov/nip/publications/Parents-Guide. Call (800) 232-4636 or complete the online order form at www.cdc.gov/nip/publications.

**“Vaccines and Your Baby” and “Vaccines: Separating Fact from Fear”**
These videos answer the questions of new parents, and are available in English and Spanish. All are available at a nominal charge from the Vaccine Education Center. To order, call (215) 590-9990 or order online at www.chop.edu/consumer/sp/division/generic.jsp?pid=75981.
FACT SHEET

Vaccination Information for Health Care Workers

Influenza (Flu)
The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death.

Every year in the United States, on average:
- 5% to 20% of the population gets the flu;
- More than 200,000 are hospitalized from flu complications, and;
- 36,000 people die from flu.

Some people are at high risk for serious flu complications, such as older people, young children, pregnant women and people with certain health conditions.

Spread of Flu
The flu is thought to spread mainly in respiratory droplets caused by coughing and sneezing, but may also be spread by touching objects with influenza virus on it and then touching ones nose, mouth or eyes.

Adults can shed virus 1 day before getting symptoms and up to 5 days after getting sick. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.

Vaccination for Health Care Workers
- Health care workers and people working in health care settings should get a flu vaccine each year.
- This is recommended by the Centers for Disease Control and Prevention, the Infectious Disease Society of America, The National Foundation for Infectious Disease, American College of Physicians and the Joint Commission on Accreditation of Health Care Organizations.
- Vaccinating health care workers protects them from getting sick and prevents them from giving influenza to their patients, their families and other contacts.

Which Vaccine Should You Take?
There are two types of flu vaccine: the “flu shot” - a vaccine with killed virus given by needle injection - and the nasal-spray vaccine (Live Attenuated Influenza Vaccine or LAIV) - a vaccine with weakened live viruses.
- The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions.
- LAIV is approved for use in healthy people 2 years to 49 years of age. But because of a theoretical risk of passing the weakened live virus in LAIV to patients with severely weakened immune systems (for example, people with hematopoietic stem cell transplants), the flu shot is preferred for vaccinating health care workers in close contact with severely immunocompromised patients when that patient is being cared for in a protective environment. These health care workers may still get LAIV, but they must avoid contact with such patients for 7 days after getting vaccinated.
Influenza (Flu)

For more information, visit www.cdc.gov/flu, or call the National Immunization Hotline at (800) 232-2522 (English), (800) 232-0233 (español), or (800) 243-7889 (TTY).
Operation Immunization Reporting Guidelines

The APhA Academy of Student Pharmacists (APhA-ASP) will recognize each chapter that implements an Operation Immunization program in their community. Events may be conducted at any time throughout the reporting cycle (June 1, 2012 – May 31, 2013). Chapters must use the following reporting guidelines to participate in this award program. These guidelines outline how your chapter should write its report on the project(s) that were implemented as part of the Operation Immunization campaign. It is also encouraged to include photographs, examples of unique supporting materials, and videos from your projects and events. Remember to answer all questions with honesty and integrity. The Operation Immunization Awards Selection Committee will review the report, and may ask for supporting documentation or further clarification to aid in its decision.

Please complete and submit the following sections of the APhA-ASP Operation Immunization report that outline your Chapter’s activities during the reporting cycle:

- **Section I:** Chapter Contact Information
- **Section II:** Essay
- **Section III:** Chronological List
- **Section IV:** Executive Summary (See PDF)
- **Section V:** Report Submission Confirmation and Advisor Signature (CAA Report Appendix F)

*Please note that the reports for all APhA-ASP National Patient Care Projects are separate of the “patient care” section of the Chapter Achievement Awards (CAA) Report, and the award selection processes are independent. For information on the CAA, visit pharmacist.com/students.*

**CRITERIA FOR AWARD SELECTION**

**Collaboration (20 points):**
What is the extent and type of collaboration with other organizations? (e.g. state and local pharmacy organizations, health departments, health systems, community pharmacies, grocery stores, senior citizens groups, nursing agencies, physicians, student health organizations, etc.)

**Participation (20 points):**
How many student pharmacists, college of pharmacy faculty and staff, new practitioners, and additional pharmacists were involved in planning or implementation?

**Originality (25 points):**
How creative, innovative, and original were projects and programs related to Operation Immunization?

**Outcome (35 points):**
What effect did the project have in your community? How many patients were screened and educated through this project?
NATURE OF THE AWARDS

The Operation Immunization Awards Selection Committee may include 5 to 7 individuals representing the following:

- APhA-ASP Awards Standing Committee
- APhA-ASP Education Standing Committee
- APhA-ASP National Executive Committee
- Safeway Representative
- Immunization Clinical Pharmacy Specialist

The following recognition will be given:

- Eight regional APhA-ASP Chapter winners will receive a laminate certificate and $250.
- One national winner will receive a crystal trophy and $500.
- All winning chapters will be recognized in Student Pharmacist magazine and during the APhA Annual Meeting & Exposition at the APhA-ASP Opening General Session.

All decisions made by the Operation Immunization Awards Selection Committee are final.

ENTRY REQUIREMENTS

Report Submission

- Reports must be submitted by 11:59pm PST on July 15.
- Reports, photographs, forms, supporting materials, and videos will only be accepted electronically via each chapter’s Dropbox folder. (See instructions below.)
- Patient Care Project reports are submitted in conjunction with the CAA Report. Please review the CAA Reporting Guidelines for more details and to avoid sending duplicate report submission confirmation forms and video submission forms.

Formatting & Style

- Reports may only be submitted as a Word document or PDF.
- Reports should be double-spaced using a 10-point, Arial font, with 1” margins (top, bottom, left and right).
- The header of each report must contain your Chapter’s Name (first line) and the Report Name (second line).
- The end of the report essay must contain word count.
- The footer of each page must contain Page X of Y.
- Files must be labeled as “Chapter Name Operation Immunization Report.doc or .pdf”.

SUPPORTING MATERIALS

Photographs

Photographs may be submitted electronically through the Dropbox folder and must be labeled “Chapter Name OI Pic #.jpg” (i.e. “U Arizona OI Pic 1.jpg” or “SDSU OI Pic 2.jpg”). Photographs should be submitted separately of the text document of the report. Once photographs have been submitted electronically to APhA, the Association reserves the right to use these photographs in APhA publications, marketing materials, and during APhA meetings.

Up to 10 photographs may be submitted.
Original Documents and Supporting Materials
Additional supporting materials developed by your chapter (original documents/materials only) may be included to illustrate the activities described in your essay. All supporting materials must be scanned as a PDF and submitted electronically through the Dropbox folder. Files must be labeled “Chapter Name SM #.pdf” (i.e. “U Arizona OD SI 1.pdf” or “SDSU OD SI 4.pdf”).

Up to 10 supporting materials may be submitted.

Videos
Due to the large size of video files, only the URL, title, and 35 word synopsis of the video on the official APhA-ASP Video Submission Form (Appendix L of the CAA Report Guidelines) will be accepted. APhA Student Development Staff may request the original file. Once videos have been submitted electronically to APhA, the Association reserves the right to use or link these videos in APhA resources, marketing, and during APhA meetings. Only one copy of this form should be submitted per chapter.

Up to 5 videos may be submitted with the report.

CHAPTER DROPBOX FOLDERS

In an effort to improve file transmission, security, and ease of uploading CAA Reports and Patient Care Project Reports, APhA-ASP will only accept reports, forms, photographs, supporting materials, and videos via each chapter’s Dropbox Folder. Dropbox is a Web-based file hosting service that uses networked storage to enable users to store and share files and folders with others across the Internet using file synchronization.

1. In May 2012, each Chapter President and Chapter Advisor will receive an email invitation from the APhA-ASP@APhAnet.org Account to join a Dropbox Folder with the Chapter’s Name (example: University of Arkansas for Medical Sciences – Chapter Reports).

2. To share the folder with current leaders, the Chapter President and/or Chapter Advisor would need to:
   - Send an email invitation to the appropriate Chapter Co-Advisor, and/or Chapter Student Leader who would be placed in charge of the Chapter Folder; and/or
   - Share the Chapter Folder with the necessary Chapter Executive Committee Members and Chapter Patient Care Project Chairs.

3. Each Chapter is responsible for all of the files, forms, photographs, and supporting materials uploaded to the Dropbox folder. Please only use this as a method to transmit your files to APhA, and not as your folder to store all of the original files. On July 16, APhA staff will begin to move all from the Dropbox Folder to APhA’s server. Therefore, please keep your original files stored elsewhere.

4. Create the following folders (if applicable) for the Chapter Achievement Awards and Patient Care Projects in the main folder (please see the following screen shot for further information):
   - Chapter Achievement Awards
   - Heartburn Awareness Challenge
   - Operation Diabetes
   - Operation Heart
   - Operation Immunization
5. Please note that there should only be two forms in the main folder: Award Submission Confirmation Form and the Video Submission Form. All other forms should be listed in their respective folders.

6. Once completed, one copy of the completed Award Submission Confirmation Form should be sent via email to APhA-ASP@APhAnet.org, with the subject line “Chapter Name - CAA and PCP Reports”, notifying the Awards Selection Committee and APhA Staff that you have uploaded your report(s), forms, photographs, and supporting materials to your Chapter’s Dropbox folder. Only one form per chapter should be submitted. The deadline for submitting this form via email is July 15.

7. Do not create sub-folders under the Chapter Achievement Awards or Patient Care Project Folders. The APhA-ASP Awards Standing Committee and APhA Student Development Staff have found that multiple folders (while it may assist you with organizing the file) leads to reports, forms, photographs, supporting materials, and videos either not being submitted, missed, or not copied over to APhA’s server correctly. Please see the screen shot included in the CAA Reporting Guidelines as an example of how reports, forms, photographs, supporting materials, and videos should be listed. The same procedure will be used for the Operation Immunization folder as well.

8. If you need assistance, have questions, or need more information, please contact Crystal Atwell, Director of Student Development by phone (800) 237-APhA ext. 7586, or via email at CAtwell@APhAnet.org.

As a reminder, all reports must be received via the Chapter’s Dropbox Folder by 11:59pm (PST) on July 15. Dropbox provides a time/date stamp on each file. Files with a time/date stamp after the deadline will not be accepted.
SECTION I: CHAPTER CONTACT INFORMATION

School or College of Pharmacy Name: ____________________________________________

APhA-ASP Chapter President Name: ______________________________________________

APhA-ASP Chapter President Email Address: ________________________________________

APhA-ASP Chapter Advisor Name: ________________________________________________

APhA-ASP Chapter Advisor Email Address: _________________________________________

Student Project Coordinator: ____________________________________________________

Student Project Coordinator Email Address: ________________________________________

By signing this agreement, I attest that the following hold true to the best of my knowledge:

- I understand the laws of my state and am confident that participation in Operation Immunization is within the guidelines of the law and has not violated any laws of my state.

- I have ensured that all students participating in Operation Immunization are properly trained with the knowledge of immunizations required for community events and education.

- I have followed the guidelines of Operation Immunization and will submit all necessary documentation when needed. I understand that data submitted may be included for publication in aggregate with data collected from other APhA-ASP Chapters’ projects as well.

- I hereby state that the following materials are the work of our chapter’s members and the activities represented in this report are an accurate portrayal of the work our chapter has completed.

Signature of Student Coordinator ________________________________ Date ____________

DEADLINE: All Entries must be submitted electronically via the Chapter’s Dropbox Folder by no later than 11:59pm PST on July 15.
SECTION II: ESSAY

Please describe the planning, implementation, and outcomes of your chapter’s Operation Immunization activities, specifically highlighting the significance of your accomplishments and how they affected your chapter members, community, and/or the profession of pharmacy. Please do not list dates of events, activities, and programming, as this is already addressed by the chronological list.

Information provided in the essay may include, but is not limited to:

• Planning
  o Committee structure indicating chair, vice chair
  o Chapter member recruitment and participant training
  o Details of Operation Immunization planning sessions
  o Your Chapter’s Goals and Objectives for the Operation Immunization campaign

• Implementation
  o Promotion of the campaign, including media coverage and materials unique to your campaign
  o Education and screenings provided to the public
  o Collaboration with the community and other professional health care organizations for your Operation Immunization campaign
  o Innovative or unique aspects of your Operation Immunization campaign
  o Explanation of your project sites and settings

• Outcomes
  o How your campaign met the goals and objectives of Operation Immunization
  o Describe the impact your Operation Immunization campaign had on student pharmacists, the profession of pharmacy, and most importantly the public you served
  o Describe how your chapter achieved its goals and any possible improvements that could be made for next year

Report Essays may not exceed 2000 words. If your essay exceeds 2000 words, only the first 2000 will be submitted to the Awards Selection Committee. A final word count is required at the end of the report essay.
S E C T I O N  I I I :  C H R O N O L O G I C A L  L I S T

Please include a chronological list of all Operation Immunization activities that occurred during the reporting cycle (June 1, 2011 – May 31, 2012). The list should not be lengthy, but a brief record of all chapter projects, community programs, meetings, and activities related to Operation Immunization. Activities may include, but are not limited to, health fairs, patient screenings, education programs, chapter meetings, committee meetings, executive committee meetings, fundraisers, legislative or policy events, community service projects, professionalism programming, American Pharmacists Month programming, social events, etc.

There is no word limit (except for the brief synopsis – less than 50 words) or page limit for the Chronological List. The following template must be used for the Chronological List:

- Activity/Event/Meeting/Project(s):
- Date(s):
- Location(s):
- Promotional Materials:
- Target Audience:
- Faculty Present:
- Additional Pharmacists (non-faculty) Present:
- Chapter Members Present:
- Patients Attended Event(s):
- Patients Immunized (Immunizations directly administered by an APhA-ASP Chapter member):
- Patients Received Health & Wellness/Clinical Services for:
- Patients Reached Through Public Relations:
- Event Held in Collaboration with:
- Event Type (New or Continuing/Annual Initiative):
- Synopsis (less than 50 words for each activity listed):

Please see Chapter Achievement Awards Reporting Guidelines (Appendix A) for additional information/examples on creating the chronological list. The guidelines provide examples of how to list an individual event, month long program, and reoccurring events. The guidelines can be found online in the Awards and Scholarships section of pharmacist.com/students.
SECTION IV: EXECUTIVE SUMMARY

Please see the PDF Form to complete your Chapter’s Executive Summary. The following questions will be asked on the form based upon the data in your Chapter’s Chronological List:

- **Total number of patients immunized.** (Immunizations directly administered by an APhA-ASP member.)

- **Total number of patients who received Health & Wellness/Clinical Services.**

- **Total number of patients reached through public relations initiatives.**

- **Total number of student pharmacists involved in all projects.**

- **Total number of faculty and staff involved in all projects.**

- **Total number of pharmacists (non-faculty) involved in all projects.**

- **Total number of events/projects conducted.**
SECTION V: SUBMISSION CONFIRMATION FORM

Please refer to Appendix F of the CAA Reporting Guidelines for complete information on the required submission confirmation form. Only one submission form per chapter should be submitted. The guidelines can be found online in the Awards and Scholarships section of pharmacist.com/students.