**Section 1220.403 Dentists Administering Flu Vaccines**

A licensed dentist seeking to administer influenza (inactivated influenza vaccine and live attenuated influenza intranasal vaccine) shall be required to complete an additional training course and must comply with all provisions in this Section and Section 54.3 of the Act.

a) Vaccinations shall be limited to patients 18 years of age and older who consent to administration of the vaccine and shall be administered pursuant to a valid prescription or standing order by a physician who, in the course of professional practice, administers vaccines to patients.

b) Prior to being administered a vaccine, those receiving immunizations shall be provided with the relevant vaccine information statements (VIS) that are required to be disseminated by federal law, which may contain information on circumstances in which a vaccine should not be administered.

c) The additional training course shall be given by continuing education providers approved pursuant to Section 1220.440(b)(2).

d) Any course must contain, at a minimum, four hours of training and include:

1) The recognition of contraindications, as well as how to handle adverse reactions;

2) The appropriate methods of storage, handling and disposal of vaccines and all used supplies or contaminated equipment; and

3) Proper administration and maintenance of written policies and procedures that are required by this Section.

e) Reporting Requirements

1) Any adverse events are required to be reported to the Vaccine Adverse Events Reporting System (VAERS) and to the primary care provider named by the patient.

2) Any dentist who administers the influenza vaccine shall enter all patient level data on the vaccines in the immunization data registry (I-Care) maintained by the Department of Public Health.

3) Within 30 days after administration of a vaccine, the dentist must report to the patient's primary care provider that the vaccine has been administered.

4) Additional information, including precautions and contraindications for vaccination, is available from CDC's Vaccines and Immunization online site or by telephone at 800-CDC-INFO or (800-232-4636).

f) Patient records must include:

1) The date of administration and site of injection of the vaccine;

2) The name, dose, manufacturer, lot number and beyond use date of the vaccine;

3) The name and address of the patient's primary health care provider named by the patient;

4) A notation that the patient was presented with the appropriate vaccine information statement (VIS) prior to the administration of each vaccine; and

5) Any adverse event that followed vaccination.

g) Certification of completion of the required course on the administration of the influenza vaccines must be kept on file by the dentist for review by the Department upon request.

(Source: Added at 40 Ill. Reg. 12553, effective September 2, 2016)