Los Angeles County Immunization Program
FREE CEU INSERVICES
2012 - 2013 Influenza (*flu*) Vaccination Recommendations

COURSE OBJECTIVES:

1. List three major categories of persons who should be immunized with Influenza (Flu) vaccine.
2. State two major differences between the various types of Flu vaccines.
3. Identify the precautions associated with Flu vaccination.
4. State the dose and route of Live Attenuated Influenza Vaccine (LAIV) administration for children and adults who meet the licensure eligibility criteria.
5. Identify three primary indications for immunizing Healthcare Personnel (HCP) with flu vaccine in Los Angeles County.

DATE	TIMES	LOCATION	TOPIC	Contact Hours
9/05/12 Wednesday	9:00 am 1:30 pm	The California Endowment 1000 N. Alameda St., Mojave Room Los Angeles, CA 90012 *(No outside food, Cafe on premises)*	2012 Influenza *(flu)* Vaccination Recommendations	1.5
9/19/12 Wednesday	9:00 am 1:30 pm	Martin Luther King Jr., Center for Public Health 11833 S. Wilmington Ave., Community Engagement Room Los Angeles, CA 90059	2012 Influenza *(flu)* Vaccination Recommendations	1.5
9/25/12 Tuesday	9:00 am 1:30 pm	County of Los Angeles DPH -Ferguson Complex Conference Room 2081, 2nd floor, EMS -A 5555 Ferguson Dr., City of Commerce, CA 90022	2012 Influenza *(flu)* Vaccination Recommendations	1.5
10/02/12 Tuesday	9:00 am 1:30 pm	The California Endowment 1000 N. Alameda St., Sierra Room Los Angeles, CA 90012 *(No outside food, Cafe on premises)*	2012 Influenza *(flu)* Vaccination Recommendations	1.5
10/10/12 Wednesday	2:00 pm	Olive View-UCLA Medical Center Auditorium 14445 Olive View Dr., Sylmar, CA 91342	2012 Influenza *(flu)* Vaccination Recommendations	1.5

To register for one of the trainings available, please complete the registration information below and send to: Willie Watts-Troutman, RN, PHN, Adult Immunization Coordinator @ wwatts@ph.lacounty.gov or fax to (213) 351-2780. For more information on the inservices listed above, or to schedule a CME training sponsored by the Immunization Program please **call (213) 351-7800.**

NAME: _____ **TITLE & LICENSE#** *(RN, LVN, MA, etc.)*_____

CLINIC NAME:_____

ADDRESS: _____ **City** _____ **Zip Code**_____

PHONE: _____ **FAX#:** _____ **E-MAIL:** _____

Please indicate which 1.5 -hour training you would like to attend:

- ☐ 9/05/12 @ 9:00 am
- ☐ 9/05/12 @ 1:30 pm
- ☐ 9/19/12 @ 9:00 am
- ☐ 9/19/12 @ 1:30 pm
- ☐ 9/25/12 @ 9:00 am
- ☐ 9/25/12 @ 1:30 pm
- ☐ 10/02/12 @ 9:00 am
- ☐ 10/02/12 @ 1:30 pm
- ☐ 10/10/12 @ 2:00 pm

Voluntary Request for Reasonable Accommodation (ADA): Individuals with special needs should contact the Immunization Program @ (213) 351-7800 at least 3 working days in advance of the activity for assistance.