

Los Angeles County Immunization Program

Willie Watts-Troutman, Presenter

FREE CEU INSERVICES

2013 - 2014 Influenza (flu) Vaccination Recommendations

COURSE OBJECTIVES:

1. State the importance of annual flu vaccination for Healthcare Personnel (HCP) in Los Angeles County.
2. List the nonspecific systemic symptoms some people may experience after the flu vaccination.
3. Identify the new flu vaccine available for persons with a history of egg allergy.
4. List two reasons pregnant women are recommended to receive the **flu shot** annually.
5. State three major categories of persons who should be immunized with flu vaccine.
6. Identify the precautions associated with flu vaccination.



DATE	TIMES	LOCATION	TOPIC	Contact Hours
9/12/13 Thursday	9:00 am & 1:30 pm	The California Endowment 1000 N. Alameda St., Los Angeles, CA 90012 (No outside food permitted, Cafe on premises)	2013-14 Influenza (flu) Vaccination Recommendations	1.5
9/30/13 Monday	9:00 am & 1:30 pm	The California Endowment 1000 N. Alameda St., Los Angeles, CA 90012 (No outside food permitted, Cafe on premises)	2013-14 Influenza (flu) Vaccination Recommendations	1.5
10/15/13 Tuesday	2:00 pm	Olive View-UCLA Medical Center 14445 Olive View Dr., Sylmar, CA 91342 Auditorium	2013-14 Influenza (flu) Vaccination Recommendations	1.5
10/17/13 Thursday	9:00 am & 1:30 pm	County of Los Angeles DPH -Ferguson Complex Conference Room, 210-04, 2 nd Floor 5555 Ferguson Dr., City of Commerce, CA 90022	2013-14 Influenza (flu) Vaccination Recommendations	1.5
10/31/13 Thursday	9:00 am & 1:30 pm	County of Los Angeles DPH -Ferguson Complex Conference Room, 210-04, 2 nd Floor 5555 Ferguson Dr., City of Commerce, CA 90022	2013-14 Influenza (flu) Vaccination Recommendations	1.5

To register for one of the trainings, please complete the registration form below and send to: Theresa Calhoun at tcalhoun@ph.lacounty.gov or fax to (213) 351-2780. For more information on the trainings listed above, or to schedule a CME training sponsored by the Immunization Program, please visit our website publichealth.lacounty.gov/ip/trainconf.htm or call (213) 351-7800.

NAME: _____ LICENSE#/TITLE: _____

(RN, NP, LVN, etc.)

CLINIC NAME: _____

ADDRESS: _____ PHONE: _____

E-MAIL: _____

Please indicate which training you would like to attend:

- | | | |
|---------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> 9/12/13 @ 9:00 am | <input type="checkbox"/> 9/12/13 @ 1:30 pm | <input type="checkbox"/> 9/30/13 @ 9:00 am |
| <input type="checkbox"/> 9/30/13 @ 1:30 pm | <input type="checkbox"/> 10/15/13 @ 2:00 pm | <input type="checkbox"/> 10/17/13 @ 9:00 am |
| <input type="checkbox"/> 10/17/13 @ 1:30 pm | <input type="checkbox"/> 10/31/13 @ 9:00 am | <input type="checkbox"/> 10/31/13 @ 1:30 pm |

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

