

NEEDLE TIPS

from the Immunization Action Coalition — www.immunize.org

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HPV Vaccination: How Can We Do Better?

Recently released data on vaccination coverage of teen girls and boys age 13–17 shows the rate of HPV vaccination lags way behind rates of Tdap and meningococcal conjugate (MCV4) vaccination. Since 2006–07, when the Centers for Disease Control and Prevention (CDC) recommended the three vaccines for use in adolescents, coverage with Tdap and MCV4 has increased steadily. But HPV coverage has plateaued. Vaccination coverage of teens in 2011 for the three vaccines follows:

- Coverage with 1 or more doses of Tdap vaccine was 78.2%.
- Coverage with 1 or more doses of MCV4 was 70.5%.
- Coverage with 1 or more doses of HPV among teenage girls was 53.0%, and coverage with 3 or more doses was 34.8%.

Cervical Cancer Prevention

Annually in the United States, 12,000 new cases of cervical cancer are diagnosed and 4000 cervical cancer deaths occur. HPV vaccine, which prevents infections that cause about 70% of cervical cancers, holds the prospect of being an incredible cancer-prevention tool for an entire generation of women. Tragically, that prospect is not now being fully realized—but healthcare professionals have the opportunity to turn the tide.

An article in the September 2012 issue of *AAP News* states that a “pediatrician’s strong recommendation is the key to helping parents with their decision” to vaccinate their child with HPV vaccine and that “if a dose of HPV vaccine were

administered each time a clinician gave Tdap or MCV4, coverage could jump to more than 80%.”

In a recent letter addressed to CDC grantees and partners, Dr. Anne Schuchat, director, CDC’s National Center for Immunization and Respiratory Diseases, outlines a call to action that involves promoting HPV vaccination to physician audiences, immunization providers, and parents of preteen and teen girls and boys. To that end, CDC has developed several new HPV resources, as have other respected partner organizations. A selection of them follows.

HPV Resources

- CDC’s HPV web section: www.cdc.gov/hpv
- 19-minute Medscape video, “HPV Vaccine: A Shot of Cancer Prevention,” Anne Schuchat, MD; Lauri E. Markowitz, MD; Mona Saraiya, MD, MPH. Released: 08/10/2012; valid for credit through 08/10/2013: www.medscape.org/viewarticle/768633
- CDC parent education sheet: www.cdc.gov/vaccines/vpd-vac/hpv/downloads/dis-HPV-color-office.pdf
- IAC’s HPV web section: www.immunize.org/resources/dis_hpv.asp
- IAC’s HPV video collection: www.immunize.org/votw/hpv-videos.asp
- Four videos for parents on Children’s Hospital of Philadelphia’s HPV web section: www.chop.edu/service/vaccine-education-center/prevent-hpv/index.html
- Heather’s story: www.youtube.com/user/immunizationaction

Ask the Experts

IAC extends thanks to our experts, medical epidemiologist Andrew T. Kroger, MD, MPH; nurse educator Donna L. Weaver, RN, MN; and medical officer Iyabode Akinsanya-Beyssolow, MD, MPH. All are with the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).

Immunization questions?

- Call the CDC-INFO Contact Center at (800) 232-4636 or (800) CDC-INFO
- Email nipinfo@cdc.gov
- Call your state health dept. (phone numbers at www.immunize.org/coordinators)

Influenza vaccine

Which children younger than age 9 years will need 2 doses of influenza vaccine in the 2012–13 influenza season?

Children age 6 months through 8 years should receive a second dose 4 weeks or more after the first dose if they (1) are receiving influenza vaccine for the first time or (2) did not get at least 2 doses of seasonal influenza vaccine since July 1, 2010.

CDC has developed the following alternative approach that healthcare providers can use for children who have well-documented histories (e.g., maintained in electronic registries) of influenza vaccination. Children age 6 months through 8 years need only 1 dose of vaccine in 2012–13 if they have received any of the following: (1) 2 or more doses of seasonal influenza vaccine since July 1, 2010; (2) at least 2 doses of seasonal vaccine before July 1, 2010, and at least 1 dose of monovalent 2009

(continued on page 5)



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Needle Tips is a publication of the Immunization Action Coalition (IAC) written for health professionals. Content is reviewed by the Centers for Disease Control and Prevention (CDC) for technical accuracy. This publication is supported in part by CDC Grant No. U38IP000589. The content is solely the responsibility of IAC and does not necessarily represent the official views of CDC. ISSN 1944-2017.

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IAC publishes a free email news service (*IAC Express*) and two free periodicals (*Needle Tips* and *Vaccinate Adults*). To subscribe, go to www.immunize.org/subscribe.

IAC, a 501(c)(3) charitable organization, publishes practical immunization information for health professionals to help increase immunization rates and prevent disease.

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Peek at the Redesign of IAC's Website for the Public, www.vaccineinformation.org

Before the end of 2012, the Immunization Action Coalition (IAC) will be launching a major redesign of its website for the public, www.vaccineinformation.org. Offering information about vaccination for the entire lifespan, the newly designed website will be organized by age group—Infants & Children, Preteens, Teens, and Adults. It will offer your patients accurate information and valuable resources from trusted organizations.

SNEAK PEEK AT THE CONTENT

• Schedules

Detailed information about the immunization schedules broken down by age group—infants and children, preteens, teens, and adults

• Personal Testimonies

Stories of suffering and loss from vaccine-preventable diseases

• Videos

Collection of hundreds of videos and public service announcements about vaccine-preventable diseases and the importance of vaccination

• Resources

Frequently updated listing of helpful resources for people in all age groups who seek information about vaccines

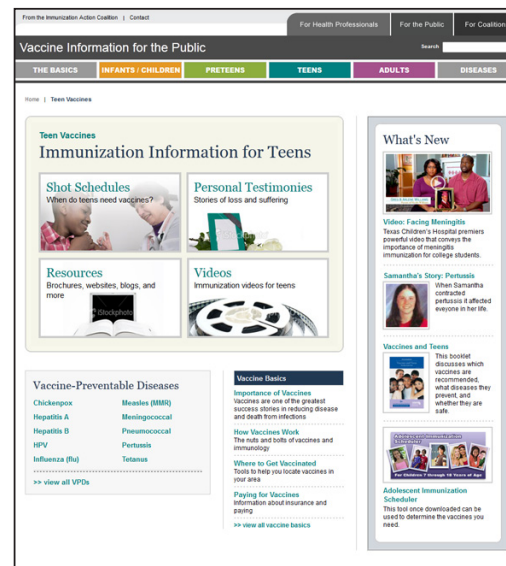
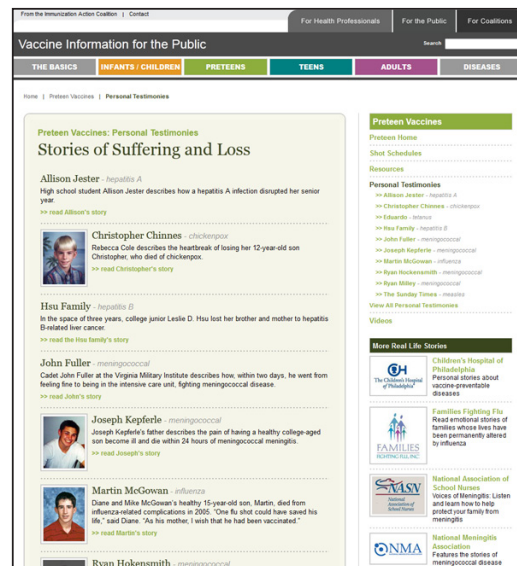
• Vaccine-Preventable Diseases

Information and resources for all vaccine-preventable diseases, including those associated with international travel

• The Basics

Basic and helpful information on vaccines, ranging from "How to Pay for Vaccines" to "How Vaccines Work"

IAC will announce the launch of the redesigned vaccineinformation.org, in *IAC Express*, our free weekly email news service. If you would like to start receiving weekly email announcements about important developments related to immunization, as well as the future notification of the redesign launch, we urge you to complete the sign-up form at www.immunize.org/subscribe.



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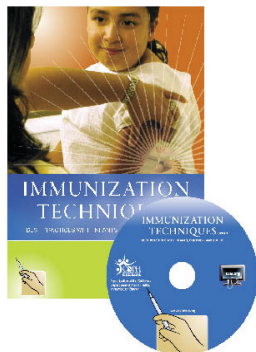
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To receive sample cards, contact us: admininfo@immunize.org

"Immunization Techniques — Best Practices with Infants, Children, and Adults"



The California Department of Public Health, Immunization Branch, updated its award-winning training video, "Immunization Techniques: Best Practices with Infants, Children, and Adults." The 25-minute DVD can be used to train new employees and to refresh the skills of experienced staff on administering injectable, oral, and nasal-spray vaccines to children, teens, and adults. Make sure your healthcare setting has the 2010 edition!

The cost is \$17 each for 1–9 copies; \$10.25 each for 10–24 copies; \$7 each for 25–49 copies; \$5.75 each for 50–99 copies.

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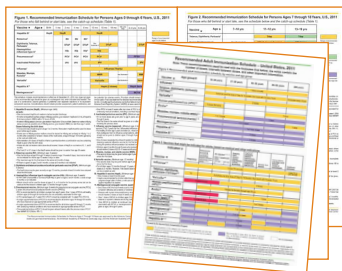
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For healthcare settings in California, contact your local health department immunization program for a free copy.

2012

Laminated child and adult immunization schedules Order one of each for every exam room

Here are the ACIP/AAP/AAPF-approved immunization schedule for people ages 0 through 18 years and the ACIP/AAPF/ACOG/ACNM-approved schedule for adults. Both are laminated and washable for heavy-duty use, complete with essential footnotes, and printed in color for easy reading. The cost is \$7.50 for each schedule and only \$5.50 each for five or more copies.



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Vaccine Highlights

Recommendations, schedules, and more

Editor's note: The information in Vaccine Highlights is current as of October 12, 2012.

The next ACIP meetings

A committee of 15 national experts, the Advisory Committee on Immunization Practices (ACIP) advises CDC on the appropriate use of vaccines. ACIP meets three times a year in Atlanta; meetings are open to the public. The next two meetings will be held on Oct. 24–25, 2012, and Feb. 20–21, 2013. For more information, visit www.cdc.gov/vaccines/acip/index.html.

ACIP periodically issues recommendations on the use of vaccines. Clinicians who vaccinate should have a current set for reference. Published in the *Morbidity and Mortality Weekly Report (MMWR)*, ACIP recommendations are easily available. Here are sources:

- Download them from links on IAC's website: www.immunize.org/acip.
- Download them from CDC's website: www.cdc.gov/vaccines/pubs/acip-list.htm.

Influenza news

On August 17, CDC published ACIP's 2012 influenza recommendations, "Prevention and Control of Influenza with Vaccines—United States, 2012–13 Influenza Season." The recommendations discuss the vaccination schedule for children age 6 months through 8 years; febrile seizures associated with administration of influenza and 13-valent pneumococcal conjugate (PCV-13) vaccines; and vaccination recommendations for people with a history of egg allergy. For a copy, see pages 613–618 of www.cdc.gov/mmwr/pdf/wk/mm6132.pdf.

On Sept. 10, the American Academy of Pediatrics published "Policy Statement—Recommendations for Prevention and Control of Influenza in Children, 2012–2013" in the online early edition of *Pediatrics*. To read the statement, go to <http://pediatrics.aappublications.org/content/early/2012/09/04/peds.2012-2308.full.pdf+html>.

On August 3, CDC's Health Alert Network (HAN) issued an official CDC Health Advisory titled "Increase in Influenza A H3N2v Virus Infections in Three U.S. States." The HAN document reports between July 12 and August 3, 2012, 16 cases of H3N2v were reported and confirmed by CDC. Each of the 16 cases involved contact with swine prior to illness onset. The advisory includes interim recommendations for the public and health-care providers, and access to resources. To access the HAN document, go to www.bt.cdc.gov/HAN/han00325.asp.

Pneumococcal vaccine news

On Oct. 12, CDC published ACIP recommendations titled "Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine for Adults with Immunocompromising Conditions." ACIP recommends routine use of 13-valent pneumococcal conjugate vaccine (PCV13; Prevnar 13; Pfizer) for adults 19 years and older with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid (CSF) leaks, or cochlear implants. PCV13 should be administered to eligible adults in addition to the 23-valent pneumococcal polysaccharide vaccine (PPSV23; Pneumovax 23; Merck), the vaccine also recommended for these groups of adults. For access to information about the recommended intervals between doses of PCV13 and PPSV23, and to a useful table that specifies the medical conditions and other indications for administration of PCV13 and/or PPSV 23, see the newly published guidance in *MMWR*, pages 816–819, at www.cdc.gov/mmwr/pdf/wk/mm6140.pdf.

Vaccine coverage 2011–2012

On Sept. 7, CDC published "National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months—United States, 2011." The National Immunization Survey (NIS) provides vaccination coverage estimates for children age 19–35 months for each of the 50 states, the District of Columbia, eight selected local areas, and the U.S. Virgin Islands. Access the NIS report on pages 689–696 of www.cdc.gov/mmwr/pdf/wk/mm6135.pdf or go to www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a1.htm.

On Aug. 31, CDC published "National and State Vaccination Coverage Among Adolescents Aged 13–17 Years—United States, 2011." The National Immunization Survey-Teen (NIS-Teen) provides vaccination coverage estimates for teens age 13–17 years in the 50 states, District of Columbia, seven selected local areas, and U.S. Virgin Islands. Access NIS-Teen on pages 671–677 of www.cdc.gov/mmwr/pdf/wk/mm6134.pdf or go to www.cdc.gov/mmwr/preview/mmwrhtml/mm6134a3.htm.

On Aug. 24, CDC published "Vaccination Coverage Among Children in Kindergarten—United States, 2011–12 School Year." The report states that statewide levels of vaccination coverage are at or very near target levels. However, clusters of unvaccinated children and low levels of vaccination coverage in some local areas pose a potential threat for extremely transmissible diseases like measles. CDC urges parents to give their children the best protection from vaccine-preventable diseases like

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measles by ensuring that their children are vaccinated according to the recommended immunization schedule before starting school this fall. Access the report on pages 647–652 of www.cdc.gov/mmwr/pdf/wk/mm6133.pdf or go to www.cdc.gov/mmwr/preview/mmwrhtml/mm6133a2.htm.

New and updated VISs

The use of most Vaccine Information Statements (VISs) is mandated by federal law. Listed below are the dates of the most current VISs. Check your stock of VISs against this list. If you have outdated VISs, print current ones from IAC's website at www.immunize.org/vis. You'll find VISs in more than 30 languages.

DTaP/DT/DTP....	5/17/07	MMRV	5/21/10
Hepatitis A	10/25/11	PCV13	4/16/10
Hepatitis B	2/2/12	PPSV	10/6/09
Hib	12/16/98	Polio	11/8/11
HPV (Cervarix)	5/3/11	Rabies	10/6/09
HPV (Gardasil)	2/22/12	Rotavirus	12/6/10
Influenza (LAIV)	7/2/12	Shingles	10/6/09
Influenza (TIV)	7/2/12	Td/Tdap	1/24/12
Japan. enceph.	12/7/11	Typhoid	5/29/12
Meningococcal.	10/14/11	Varicella	3/13/08
MMR	4/20/12	Yellow fever	3/30/11

Multi-vaccine VIS 9/18/08
(for 6 vaccines given to infants/children:
DTaP, IPV, Hib, HepB, PCV, RV)

For a ready-to-print version of this table for posting in your practice, go to www.immunize.org/catg.d/p2029.pdf.

H1N1 vaccine; or (3) at least 1 dose of seasonal vaccine before July 1, 2010, and at least 1 dose of seasonal vaccine since July 1, 2010.

For more details about the recommendations for which children need 2 doses, see “Guides for determining the number of doses of influenza vaccine to give to children ages 6 months through 8 years during the 2012–2013 influenza season” on page 10 of this issue of *Needle Tips* or find it online at www.immunize.org/catg.d/p3093.pdf. You can also consult “Prevention and Control of Influenza with Vaccines: Recommendations of the ACIP—U.S., 2012–13 Influenza Season” at www.cdc.gov/mmwr/pdf/wk/mm6132.pdf (pages 613–614).

What is the latest CDC guidance on influenza vaccination and egg allergy?

People who have experienced a serious systemic or anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs should consult a specialist for appropriate evaluation to help determine if vaccine should be administered.

A previous severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to future receipt of the vaccine.

People who have documented immunoglobulin E (IgE)-mediated hypersensitivity to eggs, including those who have had occupational asthma or other allergic responses to egg protein, might also be at increased risk for allergic reactions to influenza vaccine. Protocols have been published for safely administering influenza vaccine to people with egg allergies.

Some people who report allergy to egg might not be egg allergic. If a person can eat lightly cooked eggs (e.g., scrambled eggs), they are unlikely to have an egg allergy. However, people who can tolerate egg in baked products (e.g., cake) might still have an egg allergy. If the person develops hives only after ingesting eggs, CDC recommends (1) they receive TIV (not LAIV), (2) the vaccine be administered by a healthcare provider familiar with the potential manifestations of egg allergy, and (3) the vaccine recipient be observed for at least 30 minutes after receipt of the vaccine for signs of a reaction.

For more details about giving influenza vaccine to people with a history of egg allergy, see “Influenza Vaccination of People with a History of Egg Allergy” on page 18 of this issue of *Needle Tips* or visit www.immunize.org/catg.d/p3094.pdf. You can also consult pages 616–617 of “Prevention and Control of Influenza with Vaccines: Recommenda-

tions of the ACIP—U.S., 2012–13 Influenza Season” at www.cdc.gov/mmwr/pdf/wk/mm6132.pdf.

Which formulations of influenza vaccines (i.e., nasal spray, intradermal, injectable high-dose, and injectable standard-dose) are recommended for various age groups?

Six manufacturers are producing influenza vaccines for the U.S. market for the 2012–13 season. Page 11 of this issue of *Needle Tips* has a table titled “Influenza Vaccine Products for the 2012–2013 Influenza Season.” It summarizes the vaccine products and age groups for which they are licensed.

Can a clinic vaccinate children younger than age 3 years with a 0.25 mL dose of influenza vaccine taken from a multi-dose vial of Fluzone (TIV; sanofi)? The multi-dose vial contains thimerosal as a preservative.

Yes. Fluzone is the only inactivated influenza vaccine licensed for use in children younger than age 3 years. It is available in single-dose and multi-dose vials. Multi-dose vials of Fluzone contain a small amount of thimerosal to prevent bacterial growth in the vials. Thimerosal-containing vaccines are safe to use in children. No scientific evidence indicates that thimerosal in vaccines causes adverse events unless the patient has a severe allergy to thimerosal.

However, a few states have enacted legislation that restricts the use of thimerosal-containing vaccines in children. To find out if your state has such restrictions, check with your state immunization program.

In recommending influenza vaccination for people age 65 and older, does CDC prefer that healthcare professionals administer high-dose influenza vaccine or standard-dose influenza vaccine?

CDC has no preference. CDC stresses that vaccination is the first and most important step in protecting against influenza.

(continued on page 19)

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IAC Welcomes Dr. William Atkinson as Associate Director for Immunization Education

William L. Atkinson, MD, MPH, recently joined the Immunization Action Coalition as associate director for immunization education. In July, Dr. Atkinson retired from the Centers for Disease Control and Prevention (CDC) after 25 years of service. At the time of his retirement, he was medical epidemiologist and training team lead, Immunization Services Division, National Center for Immunization and Respiratory Diseases (NCIRD), a position he held for 17 years. In that role, he pioneered the use of satellite and broadcast technology to bring immunization education to thousands of immunization providers simultaneously. During his tenure at CDC, he produced, wrote, and/or appeared in more than 100 broadcasts and webcasts that were viewed by more than 300,000 healthcare providers. He also gave more than 600 invited lectures and taught more than 100 two-day training courses across the United States, addressing more than 150,000 attendees.



William L. Atkinson, MD, MPH

Dr. Atkinson’s skill as a communicator is not limited to his speaking prowess. He excels as a writer, as well. In 1995, he conceived, developed, and took the lead in writing one of CDC’s most widely sought-after books, *Epidemiology and*

Prevention of Vaccine-Preventable Diseases (aka the Pink Book). The book is now in its twelfth edition, and more than 400,000 copies have been distributed. He is the author or coauthor of 52 publications and book chapters primarily relating to measles and other vaccine-preventable diseases. He contributed to several editions of the American Academy of Pediatrics *Red Book* and to *Vaccines*, the highly regarded textbook edited by Stanley A. Plotkin, MD, Walter A. Orenstein, MD, and Paul A. Offit, MD.

Since 1989, he has been a member of multiple work groups for the Advisory Committee on Immunization Practices (ACIP), and is currently a member of work groups responsible for developing CDC’s harmonized child and adolescent immunization schedule, general immunization recommendations, meningococcal recommendations, and pertussis recommendations.

Dr. Atkinson was the first recipient of CDC’s highest immunization honor, the Phil Horne Award. He was also the 2001 recipient of the Bill Watson Medal of Excellence, the highest award given to a CDC employee, and the 2003 Excellence in Distance Training Award of the United States Distance Learning Association. He was a recipient of the IAC Superhero Award in 2001.

Dr. Atkinson’s photograph has been added to IAC’s staff web page at www.immunize.org/aboutus/iacstaff.asp.

Needle Tips correction policy

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Protect Your Baby from Serious Diseases



Flu and whooping cough are very serious diseases, especially in infants. Many babies are too young to get certain vaccines. Vaccinate people around these babies to protect them from disease. People who should get flu and whooping cough vaccines are:

- ☀ Pregnant women (protection is passed on from mother to baby)
- ☀ Parents, grandparents, and household members including brothers and sisters
- ☀ Babysitters and out-of-home caregivers including daycare workers
- ☀ Health care personnel in hospitals and clinics
- ☀ Any loved ones who visit your baby

Cocooning Protects Babies

Everyone in a baby's life needs to get vaccinated against whooping cough and flu!

What is cocooning?

Babies younger than 6 months old are more likely to develop certain infectious diseases than older children are. Cocooning is a way to protect babies from catching diseases from the people around them – people like their parents, siblings, grandparents, friends, child-care providers, babysitters, and healthcare providers. Once these people are vaccinated, they are less likely to spread these contagious diseases to the baby. They surround the baby with a cocoon of protection against disease until he or she is old enough to get all the doses of vaccine needed to be fully protected.

Why is cocooning important?

Babies less than 6 months old are too young to have received all the doses of vaccine that are needed to protect them from whooping cough (pertussis), flu (influenza), and other dangerous diseases. To be fully protected, babies need to get **all** the vaccine doses in a series – not just the first dose.

Unvaccinated adults and family members, including parents, are often the ones who unknowingly spread dangerous diseases to babies.

Currently, towns and cities across the nation have had whooping cough outbreaks. Influenza outbreaks happen every year.

How can we protect babies?

Everyone has the opportunity to protect babies by getting vaccinated themselves. Cocooning is an easy and effective way that people can work together to prevent the spread of whooping cough and flu to babies.



How can we protect babies against whooping cough?

- All children should be vaccinated on schedule with DTaP (the childhood whooping cough vaccine).
- All teenagers and adults need a one-time dose of Tdap vaccine (the teen and adult whooping cough vaccine).
- Unvaccinated women who might become pregnant should receive a Tdap vaccination.
- Pregnant women who haven't been vaccinated with Tdap should receive a dose in the 2nd or 3rd trimester of pregnancy. This will protect the pregnant woman as well as her baby!

How can we protect babies against flu?

Everyone age 6 months and older needs to receive flu vaccine every year.

INFORMATION FROM TRUSTED SOURCES

- ▶ **Video: Surround Your Baby with Protection**
(about whooping cough)
www.preventpertussis.org/consumer/video.html
From the Texas Department of State Health Services
- ▶ **Diseases and the Vaccines That Prevent Them**
www.cdc.gov/vaccines/spec-grps/hcp/provider-resources-factsheets.html
From the Centers for Disease Control and Prevention
- ▶ **Vaccine Educational Materials for Parents**
www.chop.edu/service/vaccine-education-center/order-educational-materials
From the Vaccine Education Center, Children's Hospital of Philadelphia
- ▶ **Vaccine Information Website**
www.vaccineinformation.org
From the Immunization Action Coalition
- ▶ **Cocooning and Tdap Vaccination Web Section**
(cocooning information about whooping cough)
www.immunize.org/cocooning
From the Immunization Action Coalition

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION 1573 Selby Avenue • St. Paul, MN 55104 • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4039.pdf • Item #P4039 (10/12)

First Do No Harm: Mandatory Influenza Vaccination Policies for Healthcare Personnel (HCP) Help Protect Patients

Refer to the position statements of the leading medical organizations listed below to help you develop and implement a mandatory influenza vaccination policy at your healthcare institution or medical setting. Policy titles, publication dates, links, and excerpts follow.

American Academy of Family Physicians (AAFP)

AAFP Mandatory Influenza Vaccination of Health Care Personnel (6/11)
www.aafp.org/online/en/home/clinical/immunizationres/influenza/mandatoryinfluenza.html

"The AAFP supports annual mandatory influenza immunization for health care personnel (HCP) except for religious or medical reasons (not personal preferences). If HCP are not vaccinated, policies to adjust practice activities during flu season are appropriate (e.g. wear masks, refrain from direct patient care)."

American Academy of Pediatrics (AAP)

Policy Statement—Recommendation for Mandatory Influenza Immunization of All Health Care Personnel (10/1/10)

<http://pediatrics.aappublications.org/cgi/content/abstract/peds.2010-2376v1>
"The implementation of mandatory annual influenza immunization programs for HCP nationwide is long overdue. For the prevention and control of influenza, now is the time to put the health and safety of the patient first."

American College of Physicians (ACP)

ACP Policy on Influenza Vaccination of Health Care Workers (9/1/10)
www.acponline.org/clinical_information/resources/adult_immunization/flu_hcw.pdf
"Vaccinating HCWs [healthcare workers] against influenza represents a duty of care, and a standard of quality care, so it should be reasonable that this duty should supersede HCW personal preference."

American Hospital Association (AHA)

AHA Endorses Patient Safety Policies Requiring Influenza Vaccination of Health Care Workers (7/22/11)
www.aha.org/advocacy-issues/tools-resources/advisory/2011/110722-quality-adv.pdf

"To protect the lives and welfare of patients and employees, AHA supports mandatory patient safety policies that require either influenza vaccination or wearing a mask in the presence of patients across healthcare settings during flu season. The aim is to achieve the highest possible level of protection."

American Medical Directors Association (AMDA)

Mandatory Immunization for Long Term Care Workers (3/11)
www.amda.com/governance/resolutions/J11.cfm
"Therefore be it resolved, AMDA - Dedicated to Long-Term Care Medicine supports a mandatory annual influenza vaccination for every long-term health care worker who has direct patient contact unless a medical contraindication or religious objection exists."

American Pharmacists Association (APhA)

Requiring Influenza Vaccination for All Pharmacy Personnel (4/11)
www.pharmacist.com/sites/default/files/files/2011ActionsoftheAPhAHoD-Public.pdf
"APhA supports an annual influenza vaccination as a condition of employment, training, or volunteering, within an organization that provides pharmacy services or operates a pharmacy or pharmacy department (unless a valid medical or religious reason precludes vaccination)."

American Public Health Association (APHA)

Annual Influenza Vaccination Requirements for Health Workers (11/9/10)
www.apha.org/advocacy/policy/policysearch/default.htm?id=1410

"Encourages institutional, employer, and public health policy to require influenza vaccination of all health workers as a precondition of employment and thereafter on an annual basis, unless a medical contraindication recognized in national guidelines is documented in the worker's health record."

Association for Professionals in Infection Control and Epidemiology (APIC)

Influenza Vaccination Should Be a Condition of Employment for Healthcare Personnel, Unless Medically Contraindicated (2/1/11)
www.apic.org/Resource/_TinyMceFileManager/Advocacy-PDFs/APIC_Influenza_Immunization_of_HCP_12711.PDF
"As a profession that relies on evidence to guide our decisions and actions, we can no longer afford to ignore the compelling evidence that supports requiring influenza vaccine for HCP. This is not only a patient safety imperative, but is a moral and ethical obligation to those who place their trust in our care."

Infectious Diseases Society of America (IDSA)

IDSA Policy on Mandatory Immunization of Health Care Workers Against Seasonal and Pandemic Influenza (rev. 7/28/10)
www.idsociety.org/HCW_Policy
"Physicians and other health care providers must have two special objectives in view when treating patients, namely, 'to do good or to do no harm' (Hippocratic Corpus in Epidemics: Bk. I, Sect. 5, trans. Adams), and have an ethical and moral obligation to prevent transmission of infectious diseases to their patients."

National Business Group on Health (NBGH)

Hospitals Should Require Flu Vaccination for all Personnel to Protect Patients' Health and Their Own Health (10/18/11)
<http://businessgrouphealth.org/healthpolicy/statements.cfm>
"Hospitals should require flu vaccination for all personnel to protect patients' health and their own health."

National Foundation for Infectious Diseases (NFID)

Immunizing Healthcare Professionals Against Influenza (9/23/10) www.nfid.org/idinfo/influenza/influenza-info-hcps/hcp-immunization
"NFID supports the public statements supporting mandatory healthcare worker influenza vaccination policies from AAP, IDSA and SHEA. Meaningful increases in healthcare worker immunization rates are essential to patient safety, a hallmark of our healthcare system."

National Patient Safety Foundation (NPSF)

NPSF Supports Mandatory Flu Vaccinations for Healthcare Workers (11/18/09)
www.npsf.org/updates-news-press/press/media-alert-npsf-supports-mandatory-flu-vaccinations-for-healthcare-workers
"NPSF recognizes vaccine-preventable diseases as a matter of patient safety and supports mandatory influenza vaccination of health care workers to protect the health of patients, health care workers, and the community."

Society for Healthcare Epidemiology of America (SHEA)

Influenza Vaccination of Healthcare Personnel (rev. 8/31/10)
www.journals.uchicago.edu/doi/full/10.1086/656558
"SHEA views influenza vaccination of HCP as a core patient and HCP safety practice with which noncompliance should not be tolerated."

continued on next page

Practical Resources for Vaccinating HCP Against Influenza

American Nurses Association (ANA)

- *Unite to Fight the Flu!* tool kit provides a listing of links for staff and patient educational materials, posters, recommendations, and PSAs: www.anaimmunize.org/flutoolkit
- *Nurse-to-Nurse Influenza Vaccination* video uses principles of risk communication to address the concerns of a nurse hesitant to receive influenza vaccine: www.anaimmunize.org/flu-video

Association for Professionals in Infection Control and Epidemiology (APIC)

Protect Your Patients. Protect Yourself tool kit features a variety of helpful resource materials for healthcare institutions to implement or expand their healthcare worker immunization programs: http://utility.apic.org/Content/NavigationMenu/PracticeGuidance/Topics/Influenza/toolkit_contents.htm

Centers for Disease Control and Prevention (CDC)

- Read the joint HICPAC/ACIP Recommendations *Influenza Vaccination of Health-Care Personnel* (MMWR, 2/24/06): www.cdc.gov/mmwr/PDF/rr/rr5502.pdf
- For more recent guidance from CDC, see *Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices* (MMWR, 11/25/11): www.cdc.gov/mmwr/PDF/rr/rr6007.pdf
- Visit CDC's Influenza web section: www.cdc.gov/flu

Department of Health and Human Services (HHS) See HHS's *Influenza Vaccination of Healthcare Personnel: Disease, vaccine, beliefs, barriers, and recommended strategies to improve vaccination*: www.hhs.gov/ash/initiatives/vac/toolkit/presentation.html

Immunization Action Coalition of Washington Tool Kit

Make the Case toolkit promotes influenza and Tdap immunization among healthcare providers: www.immunizewa.org/healthcare_worker_toolkit

The Joint Commission

Providing a Safer Environment for Health Care Personnel and Patients Through Influenza Vaccination monograph helps healthcare organizations of all types improve seasonal influenza vaccination rates in healthcare personnel: www.jointcommission.org/assets/1/18/Flu_Monograph.pdf

National Influenza Vaccine Summit (NIVS)

Co-sponsored by the American Medical Association and CDC. Visit the summit website: www.preventinfluenza.org



Video Commentary

Why Hospital Workers Should Be Forced to Get Flu Shots by Arthur L. Caplan, PhD, New York University: www.medscape.com/viewarticle/770383 (log-in required)

Immunization Action Coalition (IAC)



Visit the Immunization Action Coalition's *Honor Roll for Patient Safety* to view stellar examples of influenza vaccination mandates in healthcare settings: www.immunize.org/honor-roll

Get these IAC print materials online:

- Access Influenza Vaccine Information Statements (VISs) in more than 35 languages: www.immunize.org/vis
- *How to Administer Intramuscular, Intradermal, and Intranasal Influenza Vaccines*: www.immunize.org/catg.d/p2024.pdf
- *Influenza Vaccine Products for the 2012–13 Influenza Season*: www.immunize.org/catg.d/p4072.pdf

Manufacturer	Trade Name	Formulation	Age Group	Product Code
Novartis	Flucelvax	0.5 mL, 0.25 mL	6 years & older	0001
Novartis	Flucelvax	0.5 mL, 0.25 mL	2 years & older	0002
Novartis	Flucelvax	0.5 mL, 0.25 mL	6 years & older	0003
Novartis	Flucelvax	0.5 mL, 0.25 mL	2 years & older	0004
Novartis	Flucelvax	0.5 mL, 0.25 mL	6 years & older	0005
Novartis	Flucelvax	0.5 mL, 0.25 mL	2 years & older	0006
Novartis	Flucelvax	0.5 mL, 0.25 mL	6 years & older	0007
Novartis	Flucelvax	0.5 mL, 0.25 mL	2 years & older	0008
Novartis	Flucelvax	0.5 mL, 0.25 mL	6 years & older	0009
Novartis	Flucelvax	0.5 mL, 0.25 mL	2 years & older	0010

- *Standing Orders for Administering Influenza Vaccine to Adults*: www.immunize.org/catg.d/p3074.pdf
- *Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination*: www.immunize.org/catg.d/p4066.pdf
- *Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination*: www.immunize.org/catg.d/p4067.pdf
- *Influenza Vaccination of People with a History of Egg Allergy*: www.immunize.org/catg.d/p3094.pdf
- *Declination of Influenza Vaccination* (for healthcare worker refusal): www.immunize.org/catg.d/p4068.pdf

Visit IAC's Influenza web section: www.immunize.org/influenza



Free! Order bulk quantities of Influenza Vaccine Pocket Guides for distribution to healthcare professionals: www.immunize.org/pocketguides

Guides for determining the number of doses of influenza vaccine to give to children ages 6 months through 8 years during the 2012–2013 influenza season

ALGORITHM GUIDE

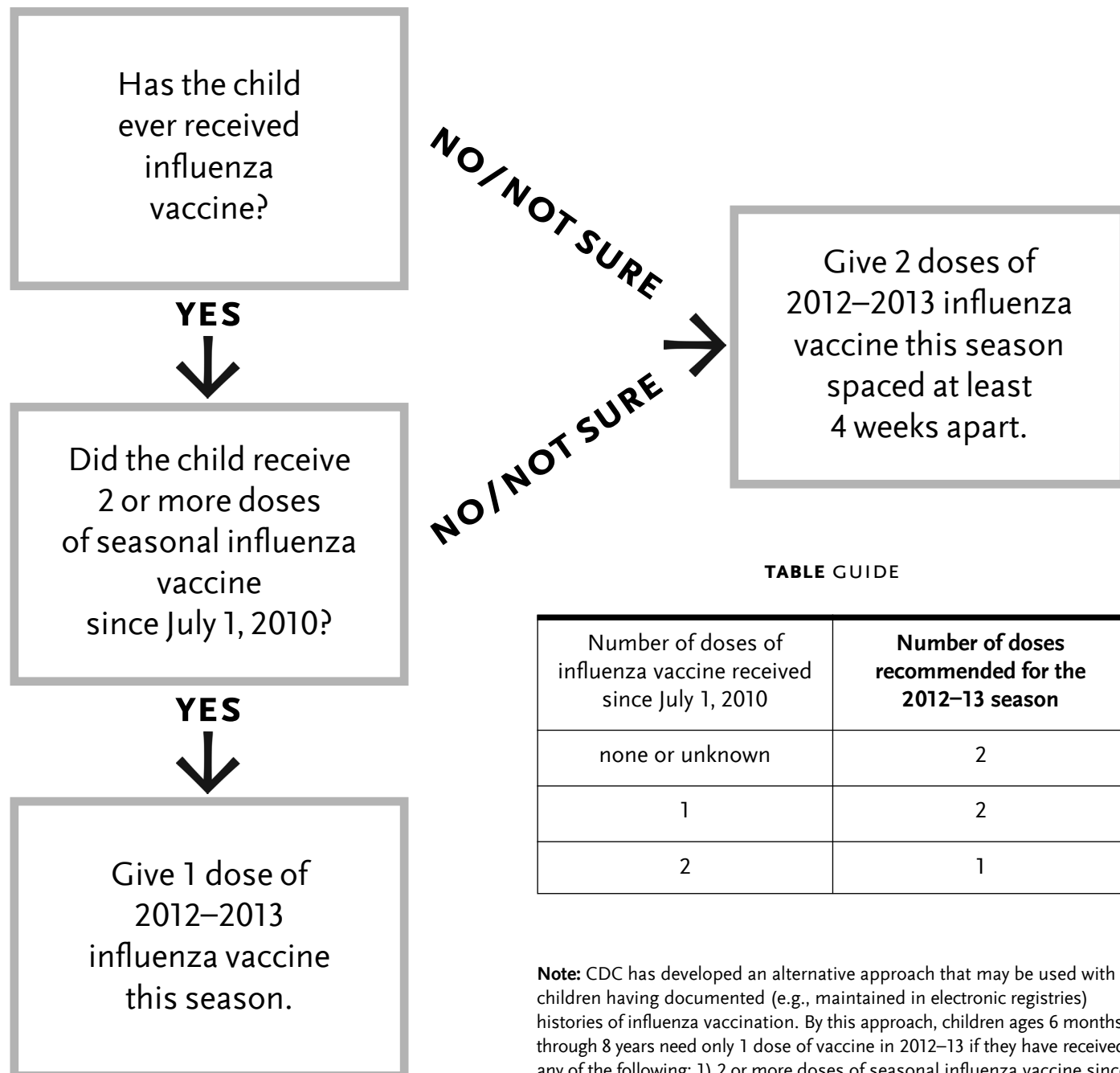


TABLE GUIDE

Number of doses of influenza vaccine received since July 1, 2010	Number of doses recommended for the 2012–13 season
none or unknown	2
1	2
2	1

Note: CDC has developed an alternative approach that may be used with children having documented (e.g., maintained in electronic registries) histories of influenza vaccination. By this approach, children ages 6 months through 8 years need only 1 dose of vaccine in 2012–13 if they have received any of the following: 1) 2 or more doses of seasonal influenza vaccine since July 1, 2010; 2) at least 2 doses of seasonal vaccine given before July 1, 2010 and at least 1 dose of monovalent 2009 H1N1 vaccine; or 3) at least 1 dose of seasonal vaccine given before July 1, 2010 and at least 1 dose of seasonal vaccine since July 1, 2010.

Technical content reviewed by the Centers for Disease Control and Prevention

Influenza Vaccine Products for the 2012–2013 Influenza Season

Information about influenza vaccine products

Manufacturer	Trade Name	How Supplied	Mercury Content (µg Hg/0.5mL)	Age Group	Product Code ¹
CSL Biotherapies	Afluria (TIV) ²	0.5 mL (single-dose syringe)	0	9 years & older ³	90656
		5.0 mL (multi-dose vial)	24.5		90658 Q2035 (Medicare)
GlaxoSmithKline	Fluarix (TIV)	0.5 mL (single-dose syringe)	0	3 years & older	90656
ID Biomedical Corp of Quebec, a subsidiary of GlaxoSmithKline	FluLaval (TIV)	5.0 mL (multi-dose vial)	<25	18 years & older	90658 Q2036 (Medicare)
MedImmune	FluMist (LAIV) ²	0.2 mL (single-use nasal spray)	0	2 through 49 years	90660
Novartis Vaccines	Fluvirin (TIV)	0.5 mL (single-dose syringe)	≤1	4 years & older	90656
		5.0 mL (multi-dose vial)	25		90658 Q2037 (Medicare)
sanofi pasteur	Agriflu (TIV)	0.5 mL (single-dose syringe)	0	18 years & older	90658 Q2034 (Medicare)
	Fluzone (TIV)	0.25 mL (single-dose syringe)	0	6 through 35 months	90655
		5.0 mL (multi-dose vial)	25	6 through 35 months	90657
		0.5 mL (single-dose syringe)	0	3 years & older	90656
		0.5 mL (single-dose vial)	0	3 years & older	90656
		5.0 mL (multi-dose vial)	25	3 years & older	90658 Q2038 (Medicare)
	Fluzone High-Dose (TIV)	0.5 mL (single-dose syringe)	0	65 years & older	90662
	Fluzone Intradermal (TIV)	0.1 mL (single-dose microinjection system)	0	18 through 64 years	90654

FOOTNOTES

1. Effective for claims with dates of service on or after 1/1/2011, CPT (Current Procedural Terminology) code 90658 is no longer payable for Medicare; rather, HCPCS (Healthcare Common Procedure Coding System) Q codes, as indicated above, should be submitted for Medicare payment purposes.
2. TIV is the abbreviation for trivalent inactivated influenza vaccine (injectable); LAIV is the abbreviation for live attenuated influenza vaccine (nasal spray).
3. On August 6, 2010, ACIP recommended that Afluria not be used in children younger than age 9 years. If no other age-appropriate TIV is available, Afluria may be considered for a child age 5 through 8 years at high risk for influenza complications, after risks and benefits have been discussed with the parent or guardian. Afluria should not be used in children younger than age 5 years. This recommendation continues for the 2012–2013 influenza season.

Influenza Education Materials for Patients & Staff

Free and CDC-reviewed, they're ready for you to download, copy, and use!

The collage displays various educational materials for influenza vaccination:

- Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination**
- Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination**
- Standing Orders for Administering Influenza Vaccines to Children and Adolescents**
- Standing Orders for Administering Influenza Vaccine to Adults**
- Guides for determining the number of doses of influenza vaccine to give to children ages 6 months through 8 years during the**
- Influenza Vaccination of People with a History of Egg Allergy** (Includes a note: "Prevention and Control of Influenza with Vaccines: Recommendations of the ACIP—U.S., 2012–13 Influenza Season." MMWR, August 17, 2012/Vol 61/No 32)
- First Do No Harm: Mandatory influenza vaccination policies for healthcare personnel (HCP) help protect patients**
- How to administer intramuscular, intradermal, and intranasal influenza vaccines** (Includes diagrams for intramuscular, intradermal, and intranasal administration)
- Declination of Influenza Vaccination**
- INACTIVATED INFLUENZA VACCINE**
- LIVE, INTRANASAL INFLUENZA VACCINE**
- Don't take chances with your family's health—make sure you all** (Includes a cartoon illustration of a family)
- Seek emergency medical care if you or a family member shows the signs** (Includes a diagram of a person with a red 'X' over their head)
- Keep your kids safe—get them vaccinated every fall or winter!**
- Influenza Vaccine Products for the 2012–2013 Influenza Season** (Includes a table of vaccine products)

For 8-1/2" x 11" copies of the pieces above, visit IAC's website: www.immunize.org

1. Screening checklist for contraindications to inactivated injectable influenza vaccination: www.immunize.org/catg.d/p4066.pdf
2. Screening checklist for contraindications to live attenuated intranasal influenza vaccination: www.immunize.org/catg.d/p4067.pdf
3. Standing orders for administering influenza vaccines to children and adolescents: www.immunize.org/catg.d/p3074a.pdf
4. Standing orders for administering influenza vaccine to adults: www.immunize.org/catg.d/p3074.pdf
5. Guides for determining number of doses of influenza vaccine for children 6 months through 8 years: www.immunize.org/catg.d/p3093.pdf
6. Influenza vaccination of people with a history of egg allergy: www.immunize.org/catg.d/p3094.pdf
7. First do no harm: Mandatory influenza vaccination policies for HCP help protect patients: www.immunize.org/catg.d/p2014.pdf
8. How to administer intramuscular, intradermal, and intranasal influenza vaccines: www.immunize.org/catg.d/p2024.pdf
9. Declination of influenza vaccination (for healthcare personnel refusal): www.immunize.org/catg.d/p4068.pdf
10. Federally required Vaccine Information Statements in English and other languages: www.immunize.org/vis
 - Inactivated Influenza Vaccine: www.immunize.org/vis/flu_inactive.pdf
 - Live, Intranasal Influenza Vaccine: www.immunize.org/vis/flu_live.pdf
11. Don't take chances with your family's health—make sure you all get vaccinated against influenza: www.immunize.org/catg.d/p4069.pdf
12. Seek emergency medical care if you or a family member shows the signs below: www.immunize.org/catg.d/p4073.pdf
13. Keep your kids safe—get them vaccinated every fall or winter! www.immunize.org/catg.d/p4070.pdf
14. Influenza vaccine products for the 2012–13 influenza season: www.immunize.org/catg.d/p4072.pdf

Screening for Influenza Vaccine Contraindications

Save time — have patients fill these out while waiting to be seen

Patient name: _____ Date of birth: ____/____/____
(mo.) (day) (yr.)

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

Don't

1. Is the person to be vaccinated sick today?
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?

Form completed by: _____

Form reviewed by: _____

Technical content reviewed by the Centers for Disease Control and Prevention

Immunization Action Coalition • 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • www.immunize.org

These checklists will help you quickly identify contraindications — screen every time you vaccinate!

Patient name: _____ Date of birth: ____/____/____
(mo.) (day) (yr.)

Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

For use with people ages 2 through 49 years: The following questions will help us determine if there is any reason we should not give you or your child live attenuated intranasal influenza vaccine (FluMist) today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to intranasal influenza vaccine (FluMist) in the past?	☐	☐	☐
4. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?	☐	☐	☐
5. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider ever told you that he or she had wheezing or asthma?	☐	☐	☐
6. Does the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem; or, in the past 3 months, have they taken medications that weaken the immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; or have they had radiation treatments?	☐	☐	☐
7. Is the person to be vaccinated receiving antiviral medications?	☐	☐	☐
8. Is the child or teen to be vaccinated receiving aspirin therapy or aspirin-containing therapy?	☐	☐	☐
9. Is the person to be vaccinated pregnant or could she become pregnant within the next month?	☐	☐	☐
10. Has the person to be vaccinated ever had Guillain-Barré syndrome?	☐	☐	☐
11. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?	☐	☐	☐
12. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?	☐	☐	☐

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p4067.pdf • Item #P4067 (10/12)

Immunization Action Coalition • 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • www.immunize.org • www.vaccineinformation.org

Screening checklist for contraindications to injectable influenza vaccination: www.immunize.org/catg.d/p4066.pdf

Screening checklist for contraindications to intranasal influenza vaccination: www.immunize.org/catg.d/p4067.pdf

Standing Orders for Administering Influenza Vaccines

These documents are ready for you to download, copy, and use!

Standing Orders for Administering Influenza Vaccines to Children and Adolescents

Purpose: To reduce morbidity and mortality from influenza by vaccinating all children and adolescents who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate children and adolescents who meet any of the criteria below.

Procedure:

1. Identify children and adolescents ages 6 months and older who have not completed their influenza vaccination(s) for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
 - a. **Contraindications:** a serious systemic or anaphylactic reaction to a prior dose of the vaccine or any of its components. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to people with either an anaphylactic or non-anaphylactic history of hypersensitivity to eggs; pregnant adolescents; children younger than age 2 yrs; children age 2 through 4 yrs who have experienced wheezing or asthma within the past 12 mos, based on a healthcare provider's statement; or children or adolescents with chronic pulmonary (including asthma), cardiovascular (excluding neuromuscular, hematologic, or metabolic (e.g., diabetes) disorders; immunosuppression or HIV; long-term aspirin therapy (applies to a child or adolescent age 6 mos through 17 yrs); or history of a previous influenza vaccination; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination.
 - b. **Other considerations:** onset of hives only after ingesting eggs; healthcare providers familiar with the potential manifestations of egg allergy should administer TIV and observe patient for 30 minutes after receipt of the vaccine for signs of a reaction.
3. Provide all patients (or, in the case of a minor, their parent or legal representative) with a copy of the Vaccine Information Statement (VIS). You must document in the patient's medical record the date it was given to the patient (parent/legal representative). Provide a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Administer injectable trivalent inactivated vaccine (TIV) intramuscularly in the deltoid muscle (for toddlers, children, and teens), appropriate to the child's age and body mass: infants 6 through 11 mos: 1"; 1 thru 5 yrs: 0.25 mL to children 6–35 mos and 0.5 mL to all others age 3 yrs and older. For adults weighing less than 130 lbs [<60kg] for injection in the deltoid muscle *only* if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.) Alternatively, healthy children age 2 yrs and older may receive LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position. For adults age 18 through 64 years, give 0.1 mL TIV-ID intradermally by inserting the needle of the microinjection system at a 90 degree angle in the deltoid muscle. d) For adults age 65 years and older, give 0.5 mL of high-dose TIV-ID intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Document each patient's vaccine administration information and follow up in the following places:
 - a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reasons(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
6. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date).

Medical Director's signature: _____ Effective date: _____

Technical content reviewed by the Centers for Disease Control and Prevention

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Download these influenza standing orders and use them “as is” or modify them to suit your work setting.

Standing Orders for Administering Influenza Vaccine to Adults

Purpose: To reduce morbidity and mortality from influenza by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate patients who meet any of the criteria below.

Procedure:

1. Identify adults with no history of influenza vaccination for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
 - a. **Contraindications:** a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a person who has a history of either an anaphylactic or non-anaphylactic hypersensitivity to eggs; who is pregnant, is age 50 years or older, or who has chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression, including that caused by medications or HIV.
 - b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination.
 - c. **Other considerations:** onset of hives only after ingesting eggs; healthcare providers familiar with the potential manifestations of egg allergy should administer TIV and observe patient for 30 minutes after receipt of the vaccine for signs of a reaction.
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Administer influenza vaccine as follows: a) For adults of all ages, give 0.5 mL of injectable trivalent inactivated influenza vaccine (TIV-IM) intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. (Note: A ½" needle may be used for adults weighing less than 130 lbs [<60 kg] for injection in the deltoid muscle *only* if the subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.) b) For healthy adults younger than age 50 years, give 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position. c) For adults age 18 through 64 years, give 0.1 mL TIV-ID intradermally by inserting the needle of the microinjection system at a 90 degree angle in the deltoid muscle. d) For adults age 65 years and older, give 0.5 mL of high-dose TIV-ID intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Document each patient's vaccine administration information and follow up in the following places:
 - a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reasons(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
6. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date).

Medical Director's signature: _____ Effective date: _____

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Additional sets of standing orders for all routinely recommended vaccines are available at www.immunize.org/standing-orders

Influenza vaccination standing orders for children: www.immunize.org/catg.d/p3074a.pdf
Influenza vaccination standing orders for adults: www.immunize.org/catg.d/p3074.pdf

Standing Orders for Administering Pneumococcal (PPSV23 and PCV13) Vaccine to Adults

Purpose: To reduce morbidity and mortality from pneumococcal disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate adults who meet any of the criteria below.

Procedure

1. Identify adults in need of vaccination with pneumococcal polysaccharide vaccine (PPSV23) based on the following criteria:
 - a. Age 65 years or older with no or unknown history of prior receipt of PPSV
 - b. Age 64 years or younger with no or unknown history of prior receipt of PPSV and any of the following conditions:
 - i. cigarette smoker
 - ii. chronic cardiovascular disease (e.g., congestive heart failure, cardiomyopathies)
 - iii. chronic pulmonary disease (e.g., chronic obstructive pulmonary disease, emphysema, asthma)
 - iv. diabetes mellitus, alcoholism or chronic liver disease (cirrhosis),
 - v. candidate for or recipient of cochlear implant; cerebrospinal fluid leak
 - vi. functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
 - vii. immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)
 - viii. immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy)
 - ix. organ or bone marrow transplantation; chronic renal failure or nephrotic syndrome
2. Identify adults in need of an additional dose of PPSV23 if 5 or more years have elapsed since the previous dose of PPSV and the patient meets one of the following criteria:
 - a. Age 65 years or older and received prior PPSV vaccination before age 65 years
 - b. Age 64 years or younger and at highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories 1.vi.-ix. above)
3. Identify adults age 19 years and older in need of vaccination with pneumococcal conjugate vaccine (PCV13) who are at highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories 1.v.-1.ix. above).
4. Screen all patients for contraindications and precautions to pneumococcal vaccine:
 - a. **Contraindication:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of pneumococcal vaccine (PPSV or PCV) or to a vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - b. **Precaution:** moderate or severe acute illness with or without fever
5. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Although not required by federal law, it is prudent to document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at www.immunize.org/vis.
6. Administer vaccine as follows:
 - a. For adults identified in 1. and 2. above, administer 0.5 mL PPSV23 vaccine either intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle or subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.
 - b. For adults identified in 3. above, administer 0.5 mL PCV13 intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. For adults previously vaccinated with PPSV, give PCV13 at least 12 months following PPSV. If not previously vaccinated with PPSV, give PCV13 first, followed by PPSV23 in 8 weeks.

(Note: A 5/8" needle may be used for IM injection for patients who weigh less than 130 lbs [<60kg] for injection in the deltoid muscle, only if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.)
7. Document each patient's vaccine administration information and follow up in the following places:
 - a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
9. Report all adverse reactions to PPSV23 and PCV13 to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date). (name of practice or clinic)

Medical Director's signature: _____ Effective date: _____

For standing orders for other vaccines, go to www.immunize.org/standing-orders



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Centers for Disease Control and Prevention

Influenza Vaccination of People with a History of Egg Allergy

The entire article is available at www.cdc.gov/mmwr/pdf/wk/mm6132.pdf, pages 613–618.

“Prevention and Control of Influenza with Vaccines: Recommendations of the ACIP—U.S., 2012–13 Influenza Season.” *MMWR*, August 17, 2012/Vol. 61/No. 32, pages 613–618.

Severe allergic and anaphylactic reactions can occur in response to a number of influenza vaccine components, but such reactions are rare. All currently available influenza vaccines are prepared by means of inoculation of virus into chicken eggs. The use of influenza vaccines for persons with a history of egg allergy has been reviewed recently by ACIP (16). For the 2011–12 influenza season, ACIP recommended that persons with egg allergy who report only hives after egg exposure should receive TIV, with several additional safety measures, as described in this document. Recent examination of VAERS data indicated no disproportionate reporting of allergy or anaphylaxis after influenza vaccination during the 2011–12 season (21). For the 2012–13 influenza season, ACIP recommends the following:

1. Persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine, with the following additional safety measures (Figure 2):

- Because studies published to date involved use of TIV, TIV rather than LAIV should be used (22);
- Vaccine should be administered by a health-care provider who is familiar with the potential manifestations of egg allergy; and
- Vaccine recipients should be observed for at least 30 minutes for signs of a reaction after administration of each vaccine dose (22).

Other measures, such as dividing and administering the vaccine by a two-step approach and skin testing with vaccine, are not necessary (22).

2. Persons who report having had reactions to egg involving such symptoms as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, particularly those that occurred immediately or within a short time (minutes to hours) after egg exposure, are more likely to have a serious systemic or anaphylactic reaction upon reexposure to egg proteins. Before receipt of vaccine, such persons should be referred to a physician with expertise in the management of allergic conditions for further risk assessment (Figure 2).

3. All vaccines should be administered in settings in which personnel and equipment for rapid recognition and treatment of anaphylaxis are available. ACIP recommends that all vaccination providers should be familiar with the office emergency plan (11).

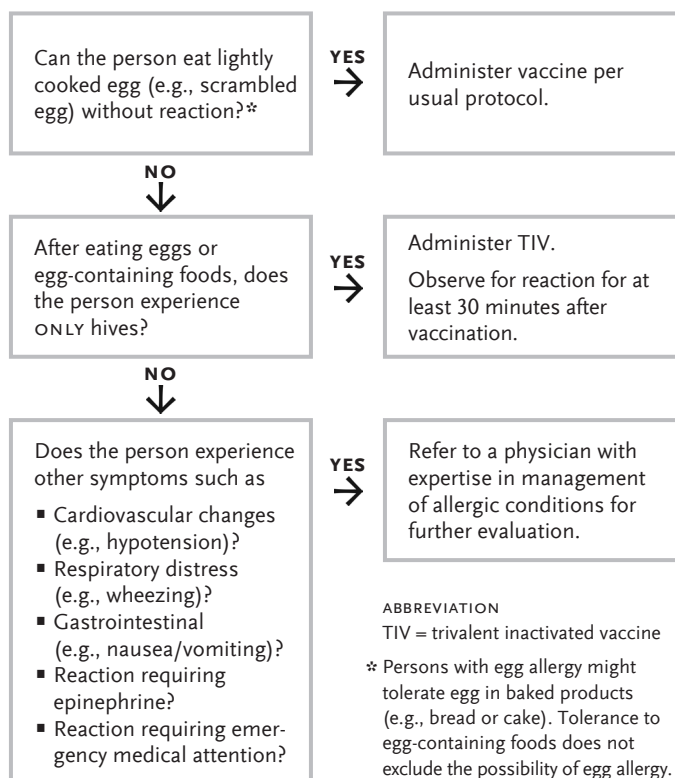
REFERENCES

NOTE: Reference numbers on this sheet are taken from the complete article found at www.cdc.gov/mmwr/pdf/wk/mm6132.pdf, pages 613–618.

- CDC. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2011;60(No. RR-2).
- CDC. Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2011. *MMWR* 2011;60:1128–32.
- Advisory Committee on Immunization Practices. Update on influenza vaccine safety monitoring.

FIGURE 2

Recommendations regarding influenza vaccination for persons who report allergy to eggs – ACIP, United States, 2012–13 influenza season



4. Some persons who report allergy to egg might not be egg-allergic. Those who are able to eat lightly cooked egg (e.g., scrambled egg) without reaction are unlikely to be allergic. Egg-allergic persons might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy (23). Egg allergy can be confirmed by a consistent medical history of adverse reactions to eggs and egg-containing foods, plus skin and/or blood testing for immunoglobulin E antibodies to egg proteins.

5. A previous severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to future receipt of the vaccine.

itoring. Presented at the Advisory Committee on Immunization Practices meeting, Atlanta, GA; June 2012. Available at www.cdc.gov/vaccines/recs/acip/downloads/mtg-slides-jun12/03-influenza-shimabukuro.pdf. Accessed August 10, 2012.

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www.immunize.org/catg.d/p3094.pdf • Item #P3094 (9/12)

IAC's
"Ask the
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Andrew T. Kroger, MD, MPH



Donna L. Weaver, RN, MN



Iyabode Akinsanya-Beysolow, MD, MPH

If a patient received a dose of influenza vaccine in June (e.g., for international travel), how long should the patient wait before getting vaccinated with the next season's flu vaccine?
There should be a minimum of 4 weeks between the doses in such situations.

Other vaccines

Can adolescents and adults who have been exposed to pertussis be vaccinated if they haven't had a one-time dose of Tdap yet?

Yes. Exposure to a person with pertussis is not a reason to avoid Tdap vaccination. All adolescents and adults who haven't had a one-time dose of Tdap should receive a dose as soon as possible.

Should a person who received 2 doses of varicella vaccine be vaccinated with zoster vaccine when they turn 60?

No. CDC does not currently recommend zoster vaccine for people who received 2 doses of varicella vaccine. However, healthcare providers do not need to inquire about varicella vaccination history before administering zoster vaccine because virtually all people currently or soon to be in the recommended age group have not received varicella vaccine. For details, see page 19 of the CDC recommendations *Prevention of Herpes Zoster* available at www.cdc.gov/mmwr/PDF/rr/rr5705.pdf.

Can we accept receipt of a single documented dose of zoster vaccine as proof of varicella immunity in a healthcare employee who has

no other evidence of immunity?

No. Receipt of zoster vaccine is not proof of prior varicella disease. According to CDC, acceptable evidence of varicella immunity in healthcare personnel includes (1) documentation of 2 doses of varicella vaccine given at least 28 days apart, (2) history of varicella or herpes zoster based on physician diagnosis, (3) laboratory evidence of immunity, or (4) laboratory confirmation of disease. If a healthcare employee has already received a dose of zoster vaccine but has no evidence of immunity to varicella, the zoster dose can be considered the first dose of the 2-dose varicella series.

I work in employee health. Several hospital employees have told me they have had chickenpox, but their titers show no antibodies. Should I offer varicella vaccination to them even though they insist they've had the illness?

If you cannot verify a healthcare employee's history of chickenpox, the employee should receive 2 doses of varicella vaccine at least 4 weeks apart. For details, refer to pages 16 and 26 of the CDC recommendations *Prevention of Varicella* at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf.

Does the recommendation to administer hepatitis B vaccine to diabetics younger than age 60 extend to women with gestational diabetes?

No. The 2011 CDC recommendations for hepatitis B vaccination of people with diabetes pertain to those with type-1 and type-2 diabetes. They do not apply to women with gestational diabetes. It

is worth noting that pregnancy is not a contraindication to hepatitis B vaccination, and that women with gestational diabetes are more likely to develop type-1 or type-2 diabetes later in life. Diabetic women who become pregnant can be vaccinated, if indicated. The CDC recommendations "Use of Hepatitis B Vaccination for Adults with Diabetes Mellitus" are available at www.cdc.gov/mmwr/pdf/wk/mm6050.pdf on pages 1709–11.

I still am not clear about the need for testing if the hepatitis B vaccine series was completed many years ago—can you advise?

All healthcare personnel (HCP) with risk of exposure to hepatitis B should be tested 1–2 months after receiving the third dose of hepatitis B vaccine. CDC does not recommend testing healthcare personnel who were not tested within the 1–2 month postvaccination time frame. HCP who are exposed can be tested as part of postexposure management, if indicated. For more information, see "Hepatitis B and the Healthcare Worker" at www.immunize.org/catg.d/p2109.pdf.

Should women who have not received HPV vaccine get Pap tests more often than women who have received HPV vaccine?

No. Receipt of HPV vaccine does not replace the need for cervical cancer screening. Women should consult their healthcare provider for recommendations regarding the frequency of cervical cancer screening, which includes Pap testing and HPV testing.

Is it acceptable practice to administer MMR, Tdap, and influenza vaccines to a postpartum mom at the same time as administering RhoGam?

Yes. Receipt of RhoGam is not a reason to delay vaccination. See page 9 of CDC's *General Recommendations on Immunization* at www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.

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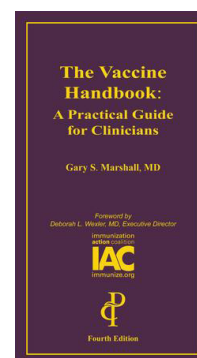
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