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Meet the Experts

As of June 30)

Ask the Experts

Experts at the Centers for Disease Control and Prevention provide answers to hundreds of challenging and timely questions about vaccines and their administration at www.immunize.org/askexperts

MMR vaccine

Many people age 60 years and older do not have records indicating what type of measles vaccine they received as children in the early 1960s. What measles vaccine was most frequently given in that time period? That guidance would assist many older people who would prefer not to be revaccinated.

Both killed and live attenuated measles vaccines became available in 1963. Live attenuated vaccine was used more often than killed vaccine. The killed vaccine was found to be not effective and people who received it should be revaccinated with live vaccine. Without a written record, it is not possible to know what type of vaccine an individual may have received. So persons born during or after 1957 who received killed measles vaccine or measles vaccine of unknown type, or who cannot document having been vaccinated or having laboratory-confirmed measles disease should receive at least 1 dose of MMR. Some people at increased risk of exposure to measles (such as healthcare professionals and international travelers) should receive 2 doses of MMR separated by at least 4 weeks.

Pneumococcal vaccine

Is pneumococcal polysaccharide vaccine indicated for former smokers?

Pneumococcal polysaccharide vaccine (PPSV23, Pneumovax, Merck) is currently recommended for people age 19 through 64 years who actively smoke cigarettes (see www.cdc.gov/mmwr/preview/mmwrhtml/mm5934a3.htm). However, chronic lung disease is an indication for PPSV23, which could be applicable for former smokers.

Zoster vaccine

I know that ACIP only recommends zoster vaccine for adults age 60 years and older, although it is licensed for use in those 50 years and older. If I choose to vaccinate patients age 50–59 years, are there any criteria as to which patients in this age group might benefit most from zoster vaccination?

CDC had the following to say about your question in a November 11, 2011, issue of MMWR titled “Update on Herpes Zoster Vaccine: Licensure for Persons Aged 50 Through 59 Years” (www.cdc.gov/mmwr/preview/mmwrhtml/mm6044a5.htm): “For vaccination providers who choose to use Zostavax among certain patients aged 50 through 59 years despite the absence of an ACIP recommendation, factors that might be considered include particularly poor anticipated tolerance of herpes zoster or postherpetic neuralgia symptoms (e.g., attributable to preexisting chronic pain, severe depression, or other comorbid conditions; inability to tolerate treatment medications because of hypersensitivity or interactions with other chronic medications; and occupational considerations).”

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Meet the Experts

Andrew T. Kroger, MD, MPH
Donna L. Weaver, RN, MN

The Immunization Action Coalition thanks medical officer Andrew T. Kroger, MD, MPH, and nurse educator Donna L. Weaver, RN, MN, both from the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention.

HPV vaccine

Can human papillomavirus (HPV) be transmitted by non-sexual transmission routes, such as clothing, undergarments, sex toys, or surfaces? Nonsexual HPV transmission is theoretically possible but has not been definitely demonstrated.

This is mainly because HPV can’t be cultured and DNA detection from the environment is difficult and likely prone to false negative results.

VACCINATE ADULTS!

from the Immunization Action Coalition — www.immunize.org

Volume 18 – Number 2

July 2014

(Continued as of June 30)
Redesigned "Ask the Experts" home page is user friendly and now includes the new feature "Question of the Week"

“Ask the Experts” at www.immunize.org/askexperts is one of the most popular features on immunize.org, with more than two million page views last year. Now, the “Ask the Experts” home page has been redesigned to improve its usability and to accommodate the new feature “Question of the Week.” Read on for more details.

When you visit the home page of “Ask the Experts,” the first thing you’ll notice is the organizing heart of the page, a large box with three tabs. Click on the following tabs to access the archive of hundreds of “Ask the Experts” questions and answers (Q&As) organized by vaccine and vaccination topic area.

**Vaccine Index Tab**
Access direct links to Q&As on 16 vaccines/vaccine-preventable diseases, including combination vaccines.

**Topic Index Tab**
Access direct links to Q&As covering eight general vaccination topic areas:
- Administering Vaccines
- Billing and Reimbursement
- Documenting Vaccination
- Precautions and Contraindications
- Scheduling Vaccines
- Storage and Handling
- Vaccine Recommendations
- Vaccine Safety

**A–Z Tab**
Access links to an alphabetical listing of all of the vaccine and topic areas contained in the “Ask the Experts” web section.

**New! “Ask the Experts—Question of the Week”**
*IAC Express*, the weekly email news and information service of the Immunization Action Coalition (IAC), now includes a new feature called “Question of the Week,” available at www.immunize.org/askexperts/qotw.asp. Each week, IAC Express highlights a new, topical, or important-to-reiterate Q&A. This new feature is a cooperative venture between IAC and the Centers for Disease Control and Prevention. William L. Atkinson, MD, MPH, IAC’s associate director for immunization education, chooses a new Q&A to feature every week from a set of Q&As prepared by experts at CDC’s National Center for Immunization and Respiratory Diseases.

We hope you enjoy this new feature and find it helpful when dealing with difficult real-life scenarios in your vaccination practice. Please encourage your healthcare professional colleagues to sign up to receive IAC Express, including “Question of the Week,” at www.immunize.org/subscribe.

If you have a question for the CDC immunization experts, you can email them directly at nipinfo@cdc.gov. There is no charge for this service. We hope you will visit “Ask the Experts” often.

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- Vaccine Safety
- Vaccine Recommendations
- Vaccine Schedule

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**Measles news**

According to a CDC telebriefing held on May 29, 288 cases of measles were reported to CDC in the U.S. between January 1 and May 23, 2014. This is the largest number of measles cases in the U.S. reported in the first five months of a year since 1994. Nearly all of the measles cases this year have been associated with international travel by unvaccinated people. On June 6, CDC published “Measles—U.S., January 1–May 23, 2014” in MMWR. CDC urges healthcare professionals to consider measles when evaluating patients with febrile rash and ask about a patient’s recent travel history and contact with individuals who have recently traveled abroad.

Download the complete report at [www.cdc.gov/mmwr/preview/mmwrhtml/mm6322a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6322a4.htm).

On April 25 and April 11, CDC published two articles in MMWR about measles outbreaks in the U.S. • “Notes from the Field: Measles—California, January 1–April 18, 2014” available at [www.cdc.gov/mmwr/preview/mmwrhtml/mm6316a6.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6316a6.htm).
• “Measles Outbreak Associated with Adopted Children from China—Missouri, Minnesota, and Washington, July 2013” available at [www.cdc.gov/mmwr/preview/mmwrhtml/mm6314a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6314a1.htm).

**Polio news**


On June 2, the CDC Health Alert Network (HAN) issued a CDC Health Advisory titled “Guidance to U.S. Clinicians Regarding New WHO Polio Vaccination Requirements for Travel by Residents of and Long-term Visitors to Countries with Active Polio Transmission.” The CDC Health Advisory is available at [http://emergency.cdc.gov/han/han00362.asp](http://emergency.cdc.gov/han/han00362.asp).

**HPV vaccine news**

In February, the American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, CDC, and IAC released a “Dear Colleague” letter urging healthcare providers to promote HPV vaccination. Please share the letter widely; it is available at [www.immunize.org/letter/recommend_hpv_vaccination.pdf](http://www.immunize.org/letter/recommend_hpv_vaccination.pdf).

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**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 October 29–30 and February 25–26. For more information, visit [www.cdc.gov/vaccines/acip/index.html](http://www.cdc.gov/vaccines/acip/index.html).

ACIP periodically issues public health 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 readily available. Here are sources:

• Download them from links on Immunization Action Coalition (IAC) website: [www.immunize.org/acip](http://www.immunize.org/acip).
• Download them from CDC’s ACIP website: [www.cdc.gov/vaccines/hcp/acip-recs](http://www.cdc.gov/vaccines/hcp/acip-recs).

In addition, extensive information on ACIP meetings is available at [www.cdc.gov/vaccines/acip/meetings/meetings-info.html](http://www.cdc.gov/vaccines/acip/meetings/meetings-info.html), including details on past and upcoming meetings, meeting dates, registration, draft agendas, minutes, live meeting archives, and presentation slides.

**CDC immunization news**

In June 2014, CDC released a new web-on-demand training video (45 min) titled “Keys to Storing and Handling Your Vaccine Supply.” The video and related materials are available at [www2.cdc.gov/vaccines/ed/shvideo](http://www2.cdc.gov/vaccines/ed/shvideo). This resource is designed to decrease vaccine storage and handling errors and preserve the nation’s vaccine supply by demonstrating the recommended best practices for storage and handling of vaccines. Continuing education credit is available until April 17, 2016, for those who complete the course.

On Sept. 29–30, CDC, the Task Force for Global Health, and the CDC Foundation will host the National Immunization Conference (NIC) titled “U.S. Immunization in a Time of Change,” in Atlanta, Georgia. Please note that this conference will be much smaller in scale than previous NIC events, with attendance limited to approximately 800 people. For more information about NIC, contact the conference planning team at (404) 639-8225 or via email at NIPNIOC@cdc.gov. Registration information and more details will be made available at [www.cdc.gov/vaccines/events/nic/index.html](http://www.cdc.gov/vaccines/events/nic/index.html).

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HPV vaccination. Please share the letter widely; it is available at [www.immunize.org/letter/recommend_hpv_vaccination.pdf](http://www.immunize.org/letter/recommend_hpv_vaccination.pdf).

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**Adult immunization news**

The March/April 2014 issue of *Public Health Reports* published “Recommendations of the National Vaccine Advisory Committee (NVAC): Standards for Adult Immunization Practice.” Access the Standards at [www.publichealthreports.org/issueopen.cfm?articleID=3145](http://www.publichealthreports.org/issueopen.cfm?articleID=3145). The NVAC standards recognize the importance of the healthcare provider recommendation for patients to receive needed vaccines, the current low vaccination rates among U.S. adults, and reflect the changed environment within which adult vaccines are now given.

The 2014 National Adult and Influenza Immunization Summit (NAIIS) was held in Atlanta on May 13–15, with over 300 people attending. Slides of the presentations made at the summit are now available on the summit website at [www.izsummitpartners.org/2014-naisis](http://www.izsummitpartners.org/2014-naisis). NAIIS is led by IAC, CDC, and the National Vaccine Program Office, and includes more than 140 organizations and 800 participants. NAIIS recently launched its new website at [www.izsummitpartners.org](http://www.izsummitpartners.org) to provide information about the annual summit meeting and NAIIS workgroups, as well as links to many resources related to adult vaccination.
Unprotected People Report #108

Measles: A Dangerous Illness

The Immunization Action Coalition publishes “Unprotected People Reports” about people who have suffered or died from vaccine-preventable diseases.

Measles is a serious disease. The measles virus is very contagious, so when one person gets infected, it’s easy for the disease to spread. Measles is still common around the world. There have been many recent measles outbreaks due to infected people bringing the disease into the United States from other countries. Unvaccinated people put themselves and others at risk for measles and its serious complications.

In 1962, Roald Dahl, author of Charlie and the Chocolate Factory and many other beloved books for children and young adults, suffered a heartbreaking loss: the death of his 7-year-old daughter Olivia from the complications of measles encephalitis. More than 20 years after Olivia’s death, Dahl wrote this personal essay in her memory. Dahl aimed his essay at parents who were refusing to give their children the measles vaccine in the United Kingdom. He encourages all parents to get their children vaccinated. As Dahl states in his essay: “It really is almost a crime to allow your child to go unimmunised.”

By Roald Dahl

My eldest daughter caught measles when she was seven years old. As the illness took its usual course I can remember reading to her often in bed and not feeling particularly alarmed about it. Then one morning, when she was well on the road to recovery, I was sitting on her bed showing her how to fashion little animals out of coloured pipe-cleaners, and when it came to her turn to make one herself, I noticed that her fingers and her mind were not working together and she couldn’t do anything.

“I feel all sleepy,” she said.

In an hour, she was unconscious. In twelve hours she was dead.

The measles had turned into a terrible thing called measles encephalitis and there was nothing the doctors could do to save her.

That was twenty-four years ago in 1962, but even now, if a child with measles happens to develop the same deadly reaction from measles as Olivia did, there would still be nothing the doctors could do to help her.

On the other hand, there is today something that parents can do to make sure that this sort of tragedy does not happen to a child of theirs. They can insist that their child is immunised against measles. I was unable to do that for Olivia in 1962 because in those days a reliable measles vaccine had not been discovered. Today a good and safe vaccine is available to every family and all you have to do is to ask your doctor to administer it.

It is not yet generally accepted that measles can be a dangerous illness.

Believe me, it is. In my opinion parents who now refuse to have their children immunised are putting the lives of those children at risk.

In America, where measles immunisation is compulsory, measles, like smallpox, has been virtually wiped out.

Here in Britain, because so many parents refuse, either out of obstinacy or ignorance or fear, to allow their children to be immunised, we still have a hundred thousand cases of measles every year.

Out of those, more than 10,000 will suffer side effects of one kind or another.

At least 10,000 will develop ear or chest infections.

About 20 will die.

LET THAT SINK IN.

Every year around 20 children will die in Britain from measles.

So what about the risks that your children will run from being immunised?

They are almost non-existent. Listen to this. In a district of around 300,000 people, there will be only one child every 250 years who will develop serious side effects from measles immunisation! That is about a million to one chance. I should think there would be more chance of your child choking to death on a chocolate bar than of becoming seriously ill from a measles immunisation.

So what on earth are you worrying about?

It really is almost a crime to allow your child to go unimmunised.

The ideal time to have it done is at 13 months, but it is never too late. All school-children who have not yet had a measles immunisation should beg their parents to arrange for them to have one as soon as possible.

Incidentally, I dedicated two of my books to Olivia, the first was James and the Giant Peach. That was when she was still alive. The second was The BFG, dedicated to her memory after she had died from measles. You will see her name at the beginning of each of these books. And I know how happy she would be if only she could know that her death had helped to save a good deal of illness and death among other children.

To read more articles and case reports about people who have suffered or died from vaccine-preventable diseases, visit IAC’s web section “Unprotected People Reports” www.immunize.org/reports

It includes more than 100 reports.

Vaccinate Adults! • July 2014 • Immunization Action Coalition • (651) 647-9009 • www.immunize.org • www.vaccineinformation.org
### Summary of Recommendations for Adult Immunization (Age 19 years & older)

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<th>People for whom vaccination is recommended</th>
<th>Schedule for vaccination administration (any vaccine can be given with another)</th>
<th>Contraindications and precautions (mild illness is not a contraindication)</th>
</tr>
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<tr>
<td><strong>Influenza</strong></td>
<td></td>
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</tr>
</tbody>
</table>
| Inactivated influenza vaccine (IV*) | For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf. | • Give 1 dose every year in the fall or winter. | Contraindications  
|                        |                                            | • Begin vaccination services as soon as vaccine is available and continue until the supply is depleted. | • Previous anaphylactic reaction to this vaccine, to any of its components, including egg protein. |
|                        |                                            | • Continue to give vaccine to unvaccinated adults throughout the influenza season (including when influenza activity is present in the community) and at other times when the risk of influenza exists. | • For LAIV only: pregnancy; chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurological/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression (including that caused by medications or HIV). Adults with egg allergy of any severity may receive RIV or, adults who experience only hives with exposure to eggs may receive other IIV with additional safety precautions (i.e., observe patient for 30 minutes after receipt of vaccine for signs of a reaction). |
|                        |                                            | If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, HZV, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d. | Precautions  
|                        |                                            |                                                                                  | • Moderate or severe acute illness. |
|                        |                                            |                                                                                  | • History of Guillain-Barré syndrome (GBS) within 6wks following previous influenza vaccination. |
|                        |                                            |                                                                                  | • For LAIV only: receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48hrs before vaccinatation. Avoid use of these antiviral drugs for 14d after vaccination. |
|                        |                                            |                                                                                  |                                                                 |
### Summary of Recommendations for Adult Immunization (Age 19 years & older)

#### Vaccine name and route

<table>
<thead>
<tr>
<th>Vaccine name and route</th>
<th>People for whom vaccination is recommended</th>
<th>Schedule for vaccination administration (any vaccine can be given with another)</th>
<th>Contraindications and precautions (mild illness is not a contraindication)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MMR</strong>&lt;sup&gt;1&lt;/sup&gt; (Measles, mumps, rubella) <strong>Give SC</strong></td>
<td>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a>. People born in 1957 or later (especially those born outside the U.S.) should receive at least 1 dose of MMR if they have no laboratory evidence of immunity to each of the 3 diseases or documentation of a dose given on or after the first birthday. People in high-risk groups, such as healthcare personnel (paid, unpaid, or volunteer), students entering college and other post-high school educational institutions, and international travelers, should receive a total of 2 doses. People born before 1957 are usually considered immune, but evidence of immunity (serology or documented history of 2 doses of MMR) should be considered for healthcare personnel. Women of childbearing age who do not have acceptable evidence of rubella immunity or vaccination.</td>
<td>- Give 1 or 2 doses (see criteria in 1st and 2nd bullets in box to left). - If dose #2 is recommended, give it no sooner than 4wks after dose #1. - If a pregnant or childbearing-age woman is found to be rubella susceptible, give 1 dose of MMR. For pregnant women the dose should be given postpartum. This includes women who have received 1 or 2 doses of rubella-containing vaccine. - If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, HZV, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d. - Within 72hrs of measles exposure, give 1 dose as postexposure prophylaxis to susceptible adults. Note: Routine post-vaccination serologic testing is not recommended.</td>
<td>Contraindications - Previous anaphylactic reaction to this vaccine or to any of its components. - Pregnancy or possibility of pregnancy within 4wks. - Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy; or severely symptomatic HIV). Note: HIV infection is NOT a contraindication to MMR for those who are not severely immunocompromised (i.e., CD4+ T-lymphocyte counts are greater than or equal to 200 cells/µL) for 6 months.* Precautions - Moderate or severe acute illness. - If blood, plasma, and/or immune globulin were given in past 11m, see ACIP’s General Recommendations on Immunization* regarding time to wait before vaccinating. - History of thrombocytopenia or thrombocytopenic purpura. Note: If TST (tuberculosis skin test) and MMR are both needed but not given on same day, delay TST for at least 4 wks after MMR.</td>
</tr>
<tr>
<td><strong>Varicella</strong>&lt;sup&gt;2&lt;/sup&gt; (chickenpox) <strong>(Var)</strong> <strong>Give SC</strong></td>
<td>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a>. All adults without evidence of immunity. Note: Evidence of immunity is defined as written documentation of 2 doses of varicella vaccine; a history of varicella disease or herpes zoster (shingles) based on healthcare-provider diagnosis; laboratory evidence of immunity or confirmation of disease; and/or birth in the U.S. before 1980, with the exceptions that follow. - Healthcare personnel (HCP) born in the U.S. before 1980 who do not meet any of the criteria above should be tested or given the 2-dose vaccine series. If testing indicates they are not immune, give the 1st dose of varicella vaccine immediately. Give the 2nd dose 4 to 8wks later. - Pregnant women born in the U.S. before 1980 who do not meet any of the criteria above should either 1) be tested for susceptibility during pregnancy and if found susceptible, given the 1st dose of varicella vaccine postpartum before hospital discharge, or 2) not be tested for susceptibility and given the 1st dose of varicella vaccine postpartum before hospital discharge. Give the 2nd dose 4–8wks later.</td>
<td>- Give 2 doses. - Dose #2 is given 4–8wks after dose #1. - If dose #2 is delayed, do not repeat dose #1. Just give dose #2. - If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, HZV, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d. - May use as postexposure prophylaxis if given within 5d. Note: Routine post-vaccination serologic testing is not recommended.</td>
<td>Contraindications - Previous anaphylactic reaction to this vaccine or to any of its components. - Pregnancy or possibility of pregnancy within 4wks. - People on long-term immunosuppressive therapy or who are immunocompromised because of malignancy and primary or acquired immunodeficiency, including HIV/AIDS (although vaccination may be considered if CD4+ T-lymphocyte counts are greater than or equal to 200 cells/µL. See MMWR 2007;56,RR–4). Precautions - Moderate or severe acute illness. - If blood, plasma, and/or immune globulin were given in past 11m, see ACIP’s General Recommendations on Immunization* regarding time to wait before vaccinating. - Receipt of specific antiviral (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination; delay resumption of these antiviral drugs for 14d after vaccination, if possible.</td>
</tr>
<tr>
<td><strong>Human papilloma-virus</strong> (HPV)&lt;sup&gt;3&lt;/sup&gt; (HPV2, Cervarix) (HPV4, Gardasil) <strong>Give IM</strong></td>
<td>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a>. All previously unvaccinated women through age 26yrs and men through age 21yrs. All previously unvaccinated men through age 26yrs who 1) have sex with men or 2) are immunocompromised as a result of infection (including HIV), disease, or medications, or who lack either of the preceding risk factors but want to be vaccinated.</td>
<td>- Give 3 doses on a 0, 2, 6m schedule. Use either HPV2 or HPV4 for women, and only HPV4 for men. - There must be at least 4wks between doses #1 and #2 and at least 12wks between doses #2 and #3. Overall, there must be at least 24wks between doses #1 and #3. If possible, use the same vaccine product for all three doses.</td>
<td>Contraindications - Previous anaphylactic reaction to this vaccine or to any of its components. Precautions - Moderate or severe acute illness. - Pregnancy.</td>
</tr>
</tbody>
</table>

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1. MMR: Measles, Mumps, Rubella
2. Var: Varicella
3. HPV: Human Papilloma Virus

March 2014
### Summary of Recommendations for Adult Immunization (Age 19 years & older)

<table>
<thead>
<tr>
<th>Vaccine name and route</th>
<th>People for whom vaccination is recommended</th>
<th>Schedule for vaccination administration (any vaccine can be given with another)</th>
<th>Contraindications and precautions (mild illness is not a contraindication)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis A (HepA)</strong>&lt;br&gt;Give IM&lt;br&gt;Brands may be used interchangeably.</td>
<td>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a>.</td>
<td>• Give 2 doses, spaced 6–18m apart (depending on brand).&lt;br&gt;• If dose #2 is delayed, do not repeat dose #1. Just give dose #2.</td>
<td>Contraindication&lt;br&gt;Previous anaphylactic reaction to this vaccine or to any of its components. Precautions&lt;br&gt;Moderate or severe acute illness.</td>
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<tr>
<td>• All adults who want to be protected from hepatitis A virus (HAV) infection and lack a specific risk factor.</td>
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<tr>
<td>• People who travel or work anywhere EXCEPT the U.S., Western Europe, New Zealand, Australia, Canada, and Japan.</td>
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<tr>
<td>• People with chronic liver disease; injecting and non-injecting drug users; men who have sex with men; people who receive clotting-factor concentrates; people who work with HAV in experimental lab settings; food handlers when health authorities or private employers determine vaccination to be appropriate.</td>
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<tr>
<td>• People who anticipate close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days following the adoptee’s arrival in the U.S.</td>
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<tr>
<td>• Adults age 40yrs or younger with recent (within 2 wks) exposure to HAV. For people older than age 40yrs with recent (within 2 wks) exposure to HAV, immune globulin is preferred over HepA vaccine.</td>
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<tr>
<td><strong>Hepatitis B (HepB)</strong>&lt;br&gt;Give IM&lt;br&gt;Brands may be used interchangeably.</td>
<td>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a>.</td>
<td>• Give 3 doses on a 0, 1, 6m schedule.&lt;br&gt;• Alternative timing options for vaccination include 0, 2, 4m; 0, 1, 4m; and 0, 1, 2, 12m (Engerix brand only).&lt;br&gt;• There must be at least 4wks between doses #1 and #2, and at least 8wks between doses #2 and #3. Overall, there must be at least 16wks between doses #1 and #3.&lt;br&gt;• Give adults on hemodialysis or with other immunocompromising conditions 1 dose of 40 µg/mL (Recombivax HB) at 0, 1, 6m or 2 doses of 20 µg/mL (Engerix-B) given simultaneously at 0, 1, 2, 6m.</td>
<td>Contraindication&lt;br&gt;Previous anaphylactic reaction to this vaccine or to any of its components. Precaution&lt;br&gt;Moderate or severe acute illness.</td>
</tr>
<tr>
<td>• All adults who want to be protected from hepatitis B virus infection and lack a specific risk factor.</td>
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<tr>
<td>• Household contacts and sex partners of HBsAg-positive people; injecting drug users; sexually active people not in a long-term, mutually monogamous relationship; men who have sex with men; people with HIV; people seeking STD evaluation or treatment; hemodialysis patients and those with renal disease that may result in dialysis; diabetics younger than age 60yrs (diabetics age 60yrs and older may be vaccinated at the clinician’s discretion [see ACIP recommendations*]); healthcare personnel and public safety workers who are exposed to blood; clients and staff of institutions for the developmentally disabled; inmates of long-term correctional facilities; certain international travelers; and people with chronic liver disease.</td>
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<td></td>
</tr>
<tr>
<td><strong>Inactivated Polio (IPV)</strong>&lt;br&gt;Give IM or SC</td>
<td>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a>.</td>
<td>• Refer to ACIP recommendations* regarding unique situations, schedules, and dosing information.</td>
<td>Contraindication&lt;br&gt;Previous anaphylactic reaction to this vaccine or to any of its components. Precautions&lt;br&gt;Moderate or severe acute illness. Pregnancy.</td>
</tr>
<tr>
<td>• Not routinely recommended for U.S. residents age 18yrs and older.</td>
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</tr>
<tr>
<td><strong>Hib (Haemophilus influenzae type b)</strong>&lt;br&gt;Give IM</td>
<td>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at <a href="http://www.immunize.org/catg.d/p2010.pdf">www.immunize.org/catg.d/p2010.pdf</a>.</td>
<td>• Give 1 dose of any Hib conjugate vaccine to adults in categories 1 or 2 (see 2nd bullet in column to left) if no history of previous Hib vaccine.</td>
<td>Contraindication&lt;br&gt;Previous anaphylactic reaction to this vaccine or to any of its components. Precautions&lt;br&gt;Moderate or severe acute illness.</td>
</tr>
<tr>
<td>• Not routinely recommended for healthy adults.</td>
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</tr>
<tr>
<td>• Those adults at highest risk of serious Hib disease include people who 1) have anatomic or functional asplenia, 2) are undergoing an elective splenectomy, or 3) are recipients of hematopoietic stem cell transplant (HSCT).</td>
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<td></td>
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</tr>
</tbody>
</table>
## Summary of Recommendations for Adult Immunization (Age 19 years & older)

### Meningococcal conjugate vaccine, quadrivalent (MCV4)
- **Menactra**, **Menveo**
  - *Give IM*

### Meningococcal polysaccharide vaccine (MPSV4)
- **Menomune**
  - *Give SC*

### Td, Tdap
- **(Tetanus, diphtheria, pertussis)**
  - *Give IM*

### Zoster (shingles)
- **(HZV)**
  - *Give SC*

<table>
<thead>
<tr>
<th>Vaccine name and route</th>
<th>People for whom vaccination is recommended</th>
<th>Schedule for vaccination administration (any vaccine can be given with another)</th>
<th>Contraindications and precautions (mild illness is not a contraindication)</th>
</tr>
</thead>
</table>
| **Meningococcal conjugate vaccine, quadrivalent (MCV4)** | For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.  
- People who lack written documentation of a primary series consisting of at least 3 doses of tetanus- and diphtheria-toxoid-containing vaccine.  
- A booster dose of Td or Tdap may be needed for wound management, so consult ACIP recommendations.*  
- For Tdap only:  
  - Adults who have not already received Tdap.  
  - Healthcare personnel of all ages  
  - Give Tdap to pregnant women during each pregnancy (preferred during 27–36 weeks’ gestation), regardless of the interval since prior Td or Tdap. | • Give 2 initial doses of MCV4 separated by 2m to adults 55yrs and younger with risk factors listed in 1st bullet in column to left or if vaccinating adults with HIV infection in this age group.  
• Give 1 initial dose to all other adults with risk factors (see 2nd–4th bullets in column to left).  
• Give booster doses every 5yrs to adults with continuing risk (see 1st–3rd bullets in column to left).  
• MCV4 is preferred over MPSV4 for people age 55yrs and younger. For people age 56yrs and older who anticipate multiple doses (see 1st–3rd bullets in column to left) or who have received MCV4 previously, use MCV4. For all others, use MPSV4.  
• For first year college students age 19 through 21yrs living in a residence hall, give 1 initial dose if unvaccinated and give booster dose if most recent dose was given when younger than 16yrs. | **Contraindication**  
Previous anaphylactic reaction to this vaccine or to any of its components.  
**Precaution**  
Moderate or severe acute illness. |

### Contraindications

- Previous anaphylactic reaction to any component of Zoster vaccine.  
- Primary cellular or acquired immunodeficiency.  
- Pregnancy.  
- Moderate or severe acute illness.  
- Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination; delay resumption of these antiviral drugs for 14d after vaccination, if possible.

### Precautions

- Moderate or severe acute illness.
- Guillain-Barré syndrome within 6wks following previous dose of tetanus-toxoid-containing vaccine.
- History of arthus reaction following a prior dose of tetanus- or diphtheria toxoid-containing vaccine (including MCV4); defer vaccination until at least 10yrs have elapsed since the last tetanus toxoid-containing vaccine.  
- For pertussis-containing vaccines only, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.

### Note:

- Do not test people age 60 years or older for varicella immunity prior to zoster vaccination. Persons born in the U.S. prior to 1980 can be presumed to be immune to varicella for the purpose of zoster vaccination, regardless of their recollection of having had chickenpox.

- Give 1-time dose if unvaccinated, regardless of previous history of herpes zoster (shingles) or chickenpox.  
- If 2 or more of the following live virus vaccines are to be given—MMR, Var, HZV, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d.
Suggestions to Improve Your Immunization Services

1. Keeping clinic staff up to date with current recommendations
   - We routinely receive and read updates on vaccines and other immunization issues from government agencies, our professional society, state or local health department, or other trusted organizations.
   - We use the official “catch-up” schedule for children as a reference tool to identify patients who are due for vaccinations, even if they have not been in the clinic recently.
   - We have immunization “champion(s)” in our clinic to keep all clinic staff up-to-date on current recommendations and effective strategies to avoid missed opportunities.
   - We provide resources (e.g., information, pamphlets, websites, hotline numbers) to patients and/or caregivers of vaccine-hesitant patients to help them make informed decisions.
   - We update the patient’s personal immunization record card each time we administer a vaccination and increase their immunization rates in your healthcare setting.
   - We provide or refer our vaccine-hesitant patients to reliable resources to help in their decision-making. If they refuse a vaccine, we have them sign a declination form. We revisit the issue in the future.

2. Getting patients ready for their vaccinations
   - We provide vaccination services during some evening and/or weekend hours.
   - We participate in local/regional/state immunization information system (IIS).
   - We routinely receive and read updates on vaccines and other immunization issues from government agencies, our professional society, state or local health department, or other trusted organizations.
   - We always update the patient’s personal immunization record card each time we administer a vaccination and increase their immunization rates in your healthcare setting.

3. Assuring complete, up-to-date patient records
   - If children miss “well-child” visits and can’t be rescheduled quickly, we reschedule them in one to two weeks for a “shots only” visit.
   - If we see a patient in our office and don’t administer a vaccination when it’s due, we document the reason why in the patient’s chart.
   - If we have written confirmation that a patient received vaccines at another site or at a public health, school-based, workplace-based, or community-based immunization site, we update the patient’s medical chart or the IIS with that information, recording the vaccination dates and healthcare site(s) where the vaccination was received.

4. Assuring complete, up-to-date patient records (continued)
   - We provide vaccine storage and handling training to all new staff and to all staff whenever recommendations are changed or new product added.
   - We provide or refer our vaccine-hesitant patients to reliable resources to help in their decision-making. If they refuse a vaccine, we have them sign a declination form. We revisit the issue in the future.
   - We provide vaccine storage and handling training to all new staff and to all staff whenever recommendations are changed or new product added.

5. Maintaining and protecting our vaccine supply
   - We keep all vaccines refrigerated at all times except for those vaccines that require a suspension in a freezer (e.g., influenza vaccine).
   - We use the official “catch-up” schedule for children as a reference tool to identify patients who are due for vaccinations, even if they have not been in the clinic recently.
   - We have written and signed standing orders in place for managing any adverse events that may occur following vaccination.

6. Avoiding “missed opportunities”
   - We provide or refer our vaccine-hesitant patients to reliable resources to help in their decision-making. If they refuse a vaccine, we have them sign a declination form. We revisit the issue in the future.
   - We have written and signed standing orders in place for managing any adverse events that may occur following vaccination.

7. Evaluating and improving our clinic’s performance
   - We receive reimbursement for all vaccines that we administer to patients.
   - We provide or refer our vaccine-hesitant patients to reliable resources to help in their decision-making. If they refuse a vaccine, we have them sign a declination form. We revisit the issue in the future.

8. Evaluating and improving our clinic’s performance (continued)
   - We provide or refer our vaccine-hesitant patients to reliable resources to help in their decision-making. If they refuse a vaccine, we have them sign a declination form. We revisit the issue in the future.
   - We have written and signed standing orders in place for managing any adverse events that may occur following vaccination.

9. For a ready-to-copy 8½ x 11" version of this 3-page piece, visit
   - We have written and signed standing orders in place for managing any adverse events that may occur following vaccination.
   - We provide or refer our vaccine-hesitant patients to reliable resources to help in their decision-making. If they refuse a vaccine, we have them sign a declination form. We revisit the issue in the future.

10. Vaccine Adult! • July 2014 • Immunization Action Coalition • (651) 647-9009 • www.immunize.org • www.vaccineinformation.org

For a ready-to-copy 8½ x 11" version of this 3-page piece, visit www.immunize.org/catg.d/p2045.pdf
Vaccine Administration Record for Adults

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient’s personal record card.

### How to Complete This Record

1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine given as either F (federal), S (state), or P (private).
2. Record the funding source of the vaccine given as either F, S, or P (private).
3. Record the vaccine given (e.g., IIV3, trivalent inactivated; LAIV4, quadrivalent inactivated; PPSV23, polysaccharide).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. Record the site by which the vaccine was given as either LA (left arm), RT (right thigh), or LT (left thigh).
6. For combination vaccines, fill in a row for each antigen in the combination.

### Vaccine Administration Record for Adults

<table>
<thead>
<tr>
<th>Vaccine Type of Vaccine</th>
<th>Date given (mm/dd/yy)</th>
<th>Funding source</th>
<th>Route &amp; Site</th>
<th>Vaccine</th>
<th>Vaccine Information Statement (VIS)</th>
<th>Vaccinator initials &amp; title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap</td>
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<tr>
<td>Hib</td>
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<tr>
<td>Hepatitis A</td>
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<tr>
<td>Hepatitis B</td>
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<tr>
<td>Human papillomavirus</td>
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<tr>
<td>Measles, Mumps, Rubella</td>
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<tr>
<td>Varicella</td>
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<tr>
<td>Pneumococcal</td>
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<tr>
<td>Meningooccal</td>
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</tbody>
</table>

See page 2 to record influenza, Hib, rotavirus, and other vaccines (e.g., travel vaccines).

### Just what you need to document adult vaccinations – updated for 2014!

Download this free form, and place in the front of each patient’s medical chart.

For a ready-to-copy 8½ x 11” version of this 2-page piece, visit www.immunize.org/catg.d/p2023.pdf

Sample pages 3–4 are provided for your reference, showing how to use this form.

### Vaccine Administration Record for Adults

<table>
<thead>
<tr>
<th>Patient name:</th>
<th>Birthdate:</th>
<th>Chart number:</th>
<th>Clinic name and address:</th>
</tr>
</thead>
</table>

See page 1 to record Tdap/Td, hepatitis A, HPV, MMR, varicella, pneumococcal, and meningococcal vaccines.

### How to Complete This Record

1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine given as either F (federal), S (state), or P (private).
2. Record the funding source of the vaccine given as either F, S, or P (private).
3. Record the vaccine given (e.g., IIV3, trivalent inactivated; LAIV4, quadrivalent inactivated; PPSV23, polysaccharide).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.

For additional copies, visit www.immunize.org/catg.d/p2023.pdf • Item #P2023 (4/14)
A Guide for Gay and Bisexual Men about Hepatitis A and Hepatitis B

Protect Yourself Against Hepatitis A and Hepatitis B...

A GUIDE FOR GAY AND BISEXUAL MEN

Men who have sex with men are at increased risk of becoming infected with both the hepatitis A virus and the hepatitis B virus. Although these viruses can be transmitted in different ways, both can be spread through sexual activity.

Hepatitis is a serious disease that can be fatal. Fortunately, both hepatitis A and hepatitis B can be prevented by safe and effective vaccines. Unfortunately, many men at risk remain unprotected.

How great is my risk of getting hepatitis infection?

In 2009 an estimated 38,000 persons in the U.S. were newly infected with the hepatitis B virus. About 5% of people in the U.S. will get infected sometime during their lives. Men who have sex with men are 10 to 15 times more likely to acquire the hepatitis B virus than the general population. In 2010 an estimated 17,000 persons in the U.S. were infected with the hepatitis A virus. Persons who engage in anal pleasuring activities such as rimming and fingering are at increased risk.

How are hepatitis A virus and hepatitis B virus spread?

A man infected with hepatitis B virus can spread the virus to another person by:

- having unprotected anal or vaginal sex
- sharing needles for drugs, piercing, or tattooing
- coming in contact with the infected person’s open sores or blood
- sharing toothbrushes, razors, nail clippers, etc.

The hepatitis B virus can also be spread by living in a household with a chronically infected person. The hepatitis B virus is not spread by sharing eating utensils, hugging, kissing, hand holding, coughing, or sneezing.

Hepatitis A virus is usually transmitted from particles of fecal material, for example, by eating or drinking contaminated food or water during sex.

What are the symptoms of hepatitis A and hepatitis B?

The symptoms of both diseases are similar: extreme tiredness, nausea, fever, dark urine, bloated and tender belly, and yellowish-tinted skin and eyes. Infected persons can have no symptoms at all or be extremely ill. However, people who are infected with either hepatitis A virus or hepatitis B virus can spread the disease to others, whether they have symptoms or not.

Do people fully recover from hepatitis A virus and hepatitis B virus infections?

Most adults recover from hepatitis B virus infection after several months and are no longer contagious. Unfortunately, about 5% of adults who become infected with hepatitis B virus will carry the virus in their bodies for years and remain infectious. Chronically infected people usually do not have symptoms, but are at increased risk for eventual liver failure (cirrhosis) and liver cancer and need ongoing medical care. An estimated 800,000 to 1.4 million people in the U.S. (and 350 million in the world) are chronically infected. Although hepatitis A virus does not result in chronic infection, infected people can become very sick and sometimes die.

How serious are hepatitis A and hepatitis B virus infections?

Hepatitis B virus infection can cause serious liver disease, including liver failure and liver cancer. More than 5,000 people in the U.S. die every year from hepatitis B-related liver disease.

There are approximately 100 deaths each year in the U.S. from hepatitis A. About 15% of people with hepatitis A require hospitalization. Adults who become ill are often out of work for several weeks.

Becoming infected with hepatitis A virus or hepatitis B virus can have a major impact on a person’s life. A person might be too sick to work or go to the gym for months, and should not drink alcohol. Hepatitis A virus and hepatitis B virus infection can have serious consequences for people with HIV, as their immune systems might be compromised.

(continued)
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<th>How is it spread?</th>
<th>Who should be vaccinated?</th>
<th>Symptoms</th>
<th>What treatment helps?</th>
<th>How is it prevented?</th>
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<tr>
<td>HAV is found in the feces (poop) of people with hepatitis A and is usually spread by close personal contact (including sex or living in the same household). It can also be spread by eating food or drinking water contaminated with HAV and by traveling internationally where HAV infection is occurring.</td>
<td>People with chronic liver disease, including HCV</td>
<td>Viral hepatitis symptoms are similar no matter which type of hepatitis you have. If symptoms occur, you might experience any or all of the following: jaundice (yellowing of the skin and whites of the eyes), fever, loss of appetite, fatigue, dark urine, joint pain, abdominal pain, diarrhea, nausea, and vomiting. Very rarely, a recently acquired case of hepatitis A may cause severe hepatitis, liver failure, and death.</td>
<td>Get vaccinated! HBV vaccination should have a medical evaluation for liver disease every 6–12 months. Several antiviral medications are currently licensed for the treatment of individuals with chronic HBV. These drugs are effective in preventing serious liver problems in up to 40% of patients, but the drugs do not get rid of the virus. Liver transplant is the last resort, but livers are not always available.</td>
<td>There is no vaccine to prevent HAV. There is no vaccine to prevent HCV. HAV can be spread by sex, but this is not common. If you are not in a mutually monogamous relation with someone who has chronic HBV infection, you should also get hepatitis B vaccine.</td>
</tr>
<tr>
<td>HBV is found in blood and certain body fluids. The virus is spread when blood or body fluid from an infected person enters the body of a person who is not immune. HBV is spread through having unprotected sex with an infected person, sharing needles or “works” when shooting drugs, exposure to needlesticks or sharps on the job, or from an infected mother to her baby during birth. Exposure to infected blood in ANY situation can be a risk for transmission.</td>
<td>People who wish to be protected from HAV infection</td>
<td>Incubation period: 15 to 50 days, average 28 days</td>
<td>Get vaccinated! Safe and effective vaccines to prevent HAV infection have been available in the U.S. since 1995. Always wash your hands with soap and water after using the toilet, changing a diaper, and before preparing or eating food. For a recent exposure to someone with HAV or if travel is soon (leaving in less than 2 weeks) to an area of the world where hepatitis A is common, see your healthcare provider about your need for hepatitis A vaccine or a dose of immune globulin (IG).</td>
<td>There is no vaccine to prevent HBV. There is no vaccine for the treatment of recently acquired HCV infection.</td>
</tr>
<tr>
<td>HCV is found in blood and certain body fluids. The virus is spread when blood or body fluid from an HCV-infected person enters another person’s body. HCV is spread through sharing needles or “works” when shooting drugs, exposure to needlesticks or sharps on the job, or sometimes from an infected mother to her baby during birth. Exposure to infected blood in ANY situation can be a risk for transmission.</td>
<td>People who will have close personal contact, including sex or living in the same household.</td>
<td>Incubation period: 60 to 150 days, average 90 days</td>
<td>Get vaccinated! Safe and effective vaccines to prevent HAV infection have been available in the U.S. since 1995. Always wash your hands with soap and water after using the toilet, changing a diaper, and before preparing or eating food. For a recent exposure to someone with HAV or if travel is soon (leaving in less than 2 weeks) to an area of the world where hepatitis A is common, see your healthcare provider about your need for hepatitis A vaccine or a dose of immune globulin (IG).</td>
<td>There is no vaccine to prevent HCV. HCV can be spread by sex, but this is not common. If you are not in a mutually monogamous relationship, use latex condoms correctly and every time to prevent the spread of sexually transmitted diseases. (The efficacy of latex condoms in preventing HCV infection is unknown, but their proper use may reduce transmission.) In addition to getting hepatitis A vaccine, you should also get hepatitis B vaccine.</td>
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Patient Schedules for All Adults and for High-Risk Adults
These documents are ready for you to download, copy, and use!

Also available in Spanish at www.immunize.org/handouts/vaccine-schedules.asp
Hepatitis B vaccine

In December 2013, CDC released a new document titled CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management (MMWR 2013;62[RR-10]) available at www.cdc.gov/mmwr/pdf/rr/rr6210. pdf. Does the content of this document update ACIP recommendations on healthcare personnel vaccination and hepatitis B? The new guidance published by CDC does not constitute new recommendations of ACIP. The CDC guidance was created based on the opinions of an expert panel convened by CDC. According to the document, the guidance from CDC “augments the 2011 recommendations” of the ACIP document titled Immunization of Health-Care Personnel published November 25, 2011 (www. cdc.gov/mmwr/pdf/rr/rr6007.pdf), for evaluating hepatitis B protection among healthcare personnel and administering postexposure prophylaxis. Does CDC now recommend routine pre-exposure anti-HBs testing of all healthcare personnel who were previously vaccinated? In general, no, but the type of testing (pre-exposure or postexposure) depends on the healthcare worker’s profession and work setting. An expert panel convened by CDC acknowledged that the risk for hepatitis B virus (HBV) infection for vaccinated healthcare personnel (HCP) can vary widely by setting and profession. The risk might be low enough in certain settings that assessment of hepatitis B surface antibody (anti-HBs) status and appropriate follow-up can be done at the time of exposure to potentially infectious blood or body fluids. This approach relies on HCP recognizing and reporting blood and body fluid exposures and might be applied on the basis of documented low risk, implementation, and cost considerations. Trainees, some occupations (such as those with frequent exposure to sharp instruments and blood), and HCP practicing in certain populations are at greater risk of exposure to blood or body fluid exposure from an HBsAg-positive patient. Vaccinated HCP in these settings/occupations would benefit from a pre-exposure approach. Figure 6 on page 13 of the guidance document provides an algorithm for settings where the choice is to use a pre-exposure approach. Table 2, found on page 14 of the document, provides the algorithm when postexposure management is implemented. The document, tables, and figures are available at www. cdc.gov/mmwr/pdf/rr/rr6210.pdf.

Vaccine storage & handling

How long do we need to keep our refrigerator/ freezer temperature tracking logs? CDC recommends that refrigerator and freezer temperature logs be kept for at least 3 years. (See www.cdc.gov/vaccines/recs/storage/toolkit/stor age-handling-toolkit.pdf, page 32.) The reasoning is that it is useful to be able to look back at the record to help determine if a unit is developing a problem.

General vaccine questions

What do we legally need to record when giving an immunization to a patient? It is important to know the federal requirements for documenting the vaccines administered to your patients. The requirements are defined in the National Childhood Vaccine Injury Act enacted in 1986. The law applies to all routinely recommended childhood vaccines, regardless of the age of the patient (i.e., both children and adults) receiving the vaccines. The only vaccines not included in this law are pneumococcal polysaccharide, zoster, and certain infrequently used vaccines, such as rabies and Japanese encephalitis.

The following information must be documented on the patient’s paper or electronic medical record or on a permanent office log: 1. The vaccine manufacturer. 2. The lot number of the vaccine. 3. The date the vaccine is administered. 4. The name, office address, and title of the healthcare provider administering the vaccine. (Editor’s Note: On July 31, 2104, IAC corrected an error in this statement of the “Ask the Experts” answer, which had previously stated that a “signature (electronic is acceptable) of the person administering the vaccine. Initials of the vaccine administrator . . .” was required by federal law.) 5. The Vaccine Information Statement (VIS) edition date located in the lower right corner on the back of the VIS. When administering combination vaccines, all applicable VISs should be given and the individual VIS edition dates recorded. 6. The date the VIS is given to the patient, parent, or guardian. The federally required information should be both permanent and accessible.

Federal law does not require a parent, patient, or guardian to sign a consent form in order to receive a vaccination; providing them with the appropriate VIS(s) and answering their questions is sufficient under federal law.

To submit an “Ask the Experts” question . . . Email your questions to the Immunization Action Coalition (IAC) at admin@immunize.org. We will respond to your inquiry. Because we receive hundreds of email messages each month, we cannot promise that we will use your question in “Ask the Experts.” IAC works with CDC to compile new Q&As for our publications based on commonly asked questions. Most of the questions are thus a composite of several inquiries.

Ask the Experts . . . continued from page 1

Vaccinate Adults correction policy

If you find an error, please notify us immediately by sending an email message to admin@immunize.org. We publish notification of significant errors in our email announcement service, IAC Express. Be sure you’re signed up for this service. To subscribe, visit www.immunize.org/subscribe.

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IAC has two laminated immunization schedules for 2014—one for adults and one for children/teens. Based on CDC’s immunization schedules, these laminated schedules are covered with a tough, washable coating. This allows them to stand up to a year’s worth of use as at-your-fingertips guides to immunization and as teaching tools you can use to give patients and parents authoritative information. Plus, each schedule includes a guide to vaccine contraindications and precautions, an additional feature that will help you make on-the-spot determinations about the safety of vaccinating patients of any age.

To order laminated schedules, or any of our other essential immunization resources listed below, print out and mail or fax this page, or place your order online at www.immunize.org/shop.

It’s convenient to shop at or donate to IAC online at www.immunize.org/shop

Order Essential Immunization Resources

Laminated 2014 U.S. Immunization Schedules
(details p. 3; call for discounts on bulk orders)

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<th>Qty.</th>
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<tr>
<td>R2008 Child/teen schedule: 1-4 copies—$7.50 each; 5-19 copies—$5.50 each.....</td>
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DVD – Immunization Techniques: Best Practices with Infants, Children, and Adults
(call for discounts on bulk orders)

1-9 copies—$17 each; 10-24 copies—$10.25 each; 25-49 copies—$7 each

D2021 Immunization Techniques: Best Practices with Children/Teens/Adults.....

Patient Immunization Record Cards —
for children & teens, for adults, and for a lifetime!
(all are wallet-sized; details p. 3; call for discounts on bulk orders)

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<td>R2003 Child/teen immunization record cards......................................</td>
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<td>R2004 Lifetime immunization record cards .........................................</td>
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Total for Purchases $ ________

Have you made a charitable contribution to the Immunization Action Coalition this year?

I am a ❑ new ❑ renewing contributor.

Here is my contribution:

❑ $25  ❑ $50  ❑ $75  ❑ $100  ❑ $125
❑ $150  ❑ $200  ❑ $250  other: $_________

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Total for Purchases and Contribution $ ________

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By Check, Purchase Order, or Credit Card: Print out this page, fill out the necessary information, and

Fax this page to: (651) 647-9131 or

Mail this page to: Immunization Action Coalition
1573 Selby Avenue, Suite 234
St. Paul, MN 55104

Our federal ID# is 41-1768237.

For Questions or International Orders: Contact us by phone at (651) 647-9009 or email admininfo@immunize.org

Thank you for your support of the Immunization Action Coalition. We depend on you!

Method of payment: ❑ Check enclosed (payable to Immunization Action Coalition)
 ❑ Purchase order # ____________

❑ Visa  ❑ Mastercard  ❑ Am. Express  ❑ Discover

Card # ____________

Expiration Date ma/yr ____________ CV Code #* ____________

*The CV Code is the Credit Verification Code, the additional 3- or 4-digit number on your credit card.

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Organization

Shipping address (Check one: This is my ❑ organization address ❑ home address)

City/State/Zip

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It’s convenient to shop at or donate to IAC online at www.immunize.org/shop