

# VACCINATE WOMEN

A periodical for obstetrician-gynecologists from the Immunization Action Coalition

Highlighting the latest developments in routine adult immunization and hepatitis B prevention.

## Ask the Experts

*Editor's note: The Coalition thanks William L. Atkinson, MD, MPH; Harold S. Margolis, MD; and Linda Moyer, RN, all of the Centers for Disease Control and Prevention (CDC) for answering the following questions for our readers. Dr. Atkinson, medical epidemiologist at the National Immunization Program, and Dr. Margolis, Director, Division of Viral Hepatitis, serve as CDC liaisons to the Immunization Action Coalition. Ms. Moyer is an epidemiologist at the Division of Viral Hepatitis.*

### General vaccine questions

by William L. Atkinson, MD, MPH

#### **Which vaccines should be given before one becomes pregnant? Which vaccines may be given during pregnancy?**

Women who intend to become pregnant should have documentation of immunity (either vaccination or serology) to tetanus, diphtheria, measles, mumps, rubella, and varicella. A history of chickenpox is considered adequate evidence of varicella immunity. Hepatitis B immunity is also recommended for women with occupational or behavioral risk factors for hepatitis B virus infection. Verification of rubella immunity is particularly important for women born outside the U.S. where rubella vaccine may not be part of routine childhood immunization. Live virus vaccines (MMR and varicella) should not be given to a woman known to be pregnant or planning to become pregnant in the next month. Adult tetanus-diphtheria toxoid (Td) and other inactivated vaccines such as hepatitis B, hepatitis A, influenza, pneumococcal polysaccharide, meningococcal, and polio, may be administered to pregnant women if indicated. Influenza vaccine is recommended for women who will be in the second or third trimester of pregnancy during influenza season (December through March).

#### **Are minor illnesses a contraindication to vaccination?**

No. CDC recommends that persons with minor illnesses, with or without fever, be vaccinated. Examples of minor illnesses include upper respiratory infections, diarrhea, and dermatitis.

#### **If a woman has a negative rubella titer during her first pregnancy, should she be given MMR vaccine or only rubella vaccine alone prior to hospital discharge?**

She should be given MMR, unless she has documentation of immunity to measles and mumps (birth before 1957, documented vaccination, or serologic evidence of immunity).

#### **Is there a recommendation to vaccinate pregnant women against influenza?**

Yes. All women who will be in their second or

third trimester of pregnancy during influenza season (December through March) should receive influenza vaccine. Healthy women in their second and third trimesters of pregnancy have been found to be at higher risk of complications of influenza than nonpregnant women. Pregnant women who have medical conditions that increase their risk for complications from influenza should be vaccinated before the season begins, regardless of their stage of pregnancy.

#### **What is the recommended route of administration for influenza vaccine?**

Influenza vaccine should always be administered intramuscularly.

#### **If a woman receives rubella (or MMR) vaccine, how long should she wait before becoming pregnant?**

Four weeks. In October 2001, CDC changed its recommendation for the waiting interval following the administration of rubella vaccine. The interval was reduced from 3 months to 4 weeks. The waiting period for measles and mumps vaccine was already 1 month.

#### **If a woman receives varicella vaccine, how long should she wait before becoming pregnant?**

Contrary to the information provided in the package insert (3 months), ACOG and CDC recommend that a wait of 1 month is sufficient.

### Hepatitis B questions

by Harold S. Margolis, MD, and Linda A. Moyer, RN

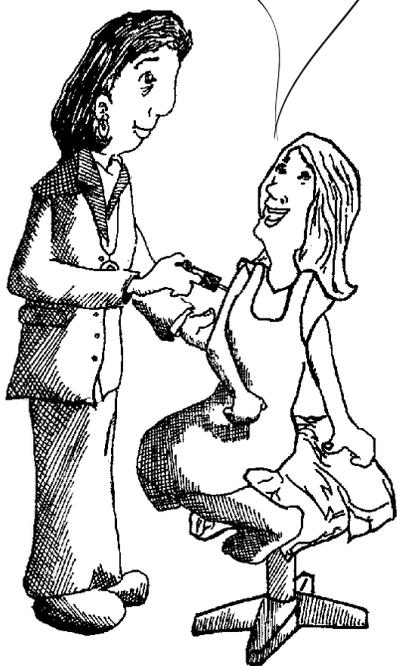
#### **Which blood test should be used to screen pregnant women to prevent perinatal infection? HBsAg, anti-HBc, or anti-HBs?**

Screening should only be done with HBsAg. It is the ONLY test that tells if a woman has an active

(continued on page 2)

Vaccinations are just as vital to your good health as Pap smears and breast exams.

I'm really glad you're catching me up on my vaccinations because I don't see any other physicians routinely.



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### Immunization questions?

- E-mail nipinfo@cdc.gov
- Call CDC's Immunization Information Hotline at (800) 232-2522
- Call your state health department

## VACCINATE WOMEN

### Immunization Action Coalition Hepatitis B Coalition

1573 Selby Avenue, Suite 234  
Saint Paul, MN 55104  
phone: (651) 647-9009  
fax: (651) 647-9131  
e-mail: admin@immunize.org  
website: www.immunize.org

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Associate Editor: Kristine Vesley  
Editorial Assistant: Janelle Tanganan  
Layout: Kathy Cohen  
Artwork: Isaac Wexler-Mann

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**The Immunization Action Coalition (IAC)**, a 501(c)3 nonprofit organization, publishes practical immunization information for health professionals to help increase immunization rates and prevent disease.

**The Hepatitis B Coalition**, a program of IAC, promotes hepatitis B vaccination for all children 0–18 years; HBsAg screening for all pregnant women; testing and vaccination for high-risk groups; and education and treatment for people chronically infected with hepatitis B.

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hepatitis B virus (HBV) infection that can be transmitted to her infant. If a woman is found to be HBsAg positive, then additional tests should be ordered to determine the severity of her liver disease.

#### **Do women who have been previously vaccinated against hepatitis B still need to be screened during pregnancy?**

Yes. Women who have been vaccinated against hepatitis B should still be screened for HBsAg early with each pregnancy. Just because a woman has been vaccinated does not mean she is HBsAg negative. Since postvaccination testing is not performed for most vaccinated persons, she could have been vaccinated even though she was already HBsAg positive.

#### **Is there a need to do HBsAg testing more than once during pregnancy?**

HBsAg testing should be repeated late in pregnancy for previously tested women found to be HBsAg negative but who are at high risk of HBV infection (e.g., injecting drug users, those with sexually transmitted diseases) or who have had clinically apparent hepatitis.

#### **Is it safe to give hepatitis B vaccine to a pregnant woman?**

Yes. Hepatitis B, an inactivated vaccine, has not been shown to have an adverse effect on the developing fetus. Hepatitis B vaccine contains no components that have been shown to pose a risk to the fetus at any time during gestation. If the mother is at risk for HBV infection (e.g., a health care worker, a person with a sexually transmitted disease, an injection drug user), vaccination should be initiated as soon as her risk factor is identified during the pregnancy. The *in utero* or perinatal risk of HBV infection to the fetus or newborn is greater than any theoretical risk of a vaccine adverse event.

#### **I've identified a patient in my OB practice who is HBsAg positive. Should she be evaluated for liver disease during her pregnancy, or should the evaluation wait until the postpartum period?**

The earlier the evaluation is done, the better. Consultation with or referral to a hepatologist or gastroenterologist should be done. This consulting physician should be aware of the patient's obstetrical status. In addition, the patient's sex partner and children or other household contacts should be tested for markers of HBV infection (HBsAg, anti-HBc, and anti-HBs) as soon as possible. If any are susceptible to HBV infection (HBsAg, anti-HBc, and anti-HBs negative), they should be vaccinated. If any are HBsAg positive, they should also consult with or be referred to a liver disease specialist.

#### **Should the hepatitis B vaccine series be started in a high-risk patient who may not return for further doses? How many doses does an adult need to be protected?**

Patients at increased risk for HBV infection should be vaccinated despite the concern about non-completion of the vaccine series. Between 20% and 30% of young, healthy persons develop anti-HBs after one dose of vaccine; about 75–80% do after the second dose of

vaccine. For long-term efficacy, however, three doses should be given.

#### **Is it true that ACIP recently changed its recommendation regarding the birth dose?**

Yes. On Oct. 17, 2001, CDC changed its recommendation so that all infants receive the first dose of hepatitis B vaccine in the hospital, unless the mother is known to be HBsAg negative on appropriate prenatal testing. The first dose should be given between birth and hospital discharge. Only for infants of mothers whose HBsAg test is assured to be negative does CDC now consider allowing administration of the first dose as late as 2 months of age.

*Editor's note: ACOG recommends that hepatitis B vaccine be administered to all infants prior to hospital discharge.*

#### **Is it safe for an HBsAg-positive mother to breastfeed her infant?**

Yes! An HBsAg-positive mother who wishes to breastfeed should be encouraged to do so, including immediately following delivery. However, the infant should receive HBIG and hepatitis B vaccine within 12 hours of birth. Although HBsAg can be detected in breast milk, studies done before hepatitis B vaccine was available showed that breastfed infants born to HBsAg-positive mothers did not demonstrate an increased rate of perinatal or early childhood HBV infection. More recent studies have shown that among infants receiving postexposure prophylaxis to prevent perinatal HBV infection, there is no increased risk of infection for breastfed infants.

#### **Which adults are at the highest risk of HBV infection?**

Most HBV infections in adults occur among persons who have defined risk factors for HBV infection, including persons with multiple sex partners (more than one partner during the preceding 6 months); men who have sex with men; persons who have or have ever had a sexually transmitted disease (STD); sex partners and household contacts of persons who have chronic HBV infection; patients in hemodialysis units; recipients of certain blood products; illicit injecting-drug users; health care workers and public safety workers who are exposed to blood; clients and staff of institutions for the developmentally disabled; persons who are incarcerated; and certain international travelers.

#### **Who should have an anti-HBs test after receiving three doses of hepatitis B vaccine?**

It is only necessary to confirm the immune response of persons in the following risk groups:

- health care workers who are at risk of exposure to blood or body fluids in the workplace
- infants born to HBsAg-positive mothers
- immunocompromised persons, e.g., dialysis patients, AIDS patients
- sex partners of HBsAg-positive persons ♦

# If you vaccinate children or adults, you need this new video!



## "Immunization Techniques: Safe, Effective, Caring"

developed by

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Immunization Branch, 2001

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# Hepatitis A, B, and C: Learn the Differences

	<b>Hepatitis A</b> caused by the hepatitis A virus (HAV)	<b>Hepatitis B</b> caused by the hepatitis B virus (HBV)	<b>Hepatitis C</b> caused by the hepatitis C virus (HCV)
<b>How is it spread?</b>	HAV is found in the stool (feces) of HAV-infected persons. HAV is usually spread from person to person by putting something in the mouth (even though it may look clean) that has been contaminated with the stool of a person with hepatitis A. This can happen when people don't wash their hands after using the toilet and then touch other people's food.	HBV is found in blood and certain body fluids. It 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 sex with an infected person without a condom, sharing needles or "works" when "shooting" drugs, needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth. Exposure to blood in ANY situation can be a risk for transmission.	HCV is found in blood and certain body fluids. It is spread when blood or body fluids from an infected person enters another person's body. HCV is spread through sharing needles or "works" when "shooting" drugs, through needlesticks or sharps exposures on the job, or sometimes from an infected mother to her baby during birth. It is possible to transmit HCV from sex, but it is uncommon.
<b>Who is at risk?</b>	<ul style="list-style-type: none"> <li>Household contacts of infected persons</li> <li>Sex partners of infected persons</li> <li>Persons, especially children, living in regions of the U.S. with consistently elevated rates of hepatitis A during 1987–1997*</li> <li>Persons traveling to countries where hepatitis A is common (everywhere except Canada, Western Europe, Japan, Australia, and New Zealand)</li> <li>Men who have sex with men</li> <li>Injecting and non-injecting drug users</li> </ul>	<ul style="list-style-type: none"> <li>Persons with more than one sex partner in a 6-month period</li> <li>Persons diagnosed with a sexually transmitted disease</li> <li>Men who have sex with men</li> <li>Sex partners of infected persons</li> <li>Injecting drug users</li> <li>Household contacts of infected persons</li> <li>Infants born to infected mothers</li> <li>Infants/children of immigrants from areas with high HBV rates</li> <li>Health care and public safety workers who are exposed to blood</li> <li>Hemodialysis patients</li> </ul>	<ul style="list-style-type: none"> <li>Injecting drug users</li> <li>Health care and public safety workers</li> </ul> <p><b>Who should be tested for HCV?</b> People with increased risk of HCV infection include:</p> <ul style="list-style-type: none"> <li>Injecting drug users</li> <li>Recipients of clotting factors made before 1987</li> <li>Hemodialysis patients</li> <li>Recipients of blood/solid organs before 1992</li> <li>People with undiagnosed liver problems</li> <li>Infants born to infected mothers (after 12 mos of age)</li> <li>Health care/public safety workers (only after known exposure)</li> </ul> <p><b>People for whom testing may or may not be indicated:</b></p> <ul style="list-style-type: none"> <li>People having sex with multiple partners</li> <li>People having sex with an infected steady partner</li> </ul>
<b>What if you are infected?</b>	Viral hepatitis symptoms are similar no matter which type of hepatitis a person has. If symptoms occur, the individual may experience any or all of the following: jaundice, fever, loss of appetite, fatigue, dark urine, joint pain, abdominal pain, diarrhea, nausea, and vomiting. Very rarely, a new case (acute) of viral hepatitis can cause liver failure and death. Sometimes in these instances a liver transplant (if a liver is available) can save a life. Note: Symptoms are less common in children than adults, and people who have HCV infection are less likely to experience symptoms.		
	<b>Incubation period:</b> 15 to 50 days There is no chronic (long-term) infection. Once you have had hepatitis A you cannot get it again. About 15% of people infected with HAV will have prolonged illness or relapsing symptoms over a 6–9 month period.	<b>Incubation period:</b> 45 to 160 days, average 90 days Chronic infection occurs in 90% of infants infected at birth; 30% of children infected at age 1–5 years; 6% of persons infected after age 5 years. In the U.S., 5000 people die each year from HBV. Death from chronic liver disease occurs in 15–25% of chronically infected persons. People who have chronic HBV infection have a much higher risk of liver failure (cirrhosis) and liver cancer.	<b>Incubation period:</b> 14 to 180 days, average 45 days Chronic infection: 75–85% of infected persons Chronic liver disease: 70% of chronically infected persons. In the U.S., 8–10,000 people die each year from HCV. People who have chronic HCV infection have a much higher risk of liver failure (cirrhosis) and liver cancer. Chronic HCV-related liver disease is the leading indication for liver transplant.
<b>What treatment helps?</b>	<ul style="list-style-type: none"> <li>There is no treatment for hepatitis A.</li> <li>Avoid alcohol. It can worsen liver disease.</li> </ul>	<ul style="list-style-type: none"> <li>HBV-infected persons should have a medical evaluation for liver disease every 6–12 months. Alpha-interferon and lamivudine are the two drugs licensed for the treatment of persons with chronic hepatitis B. These drugs are effective in up to 40% of patients. Liver transplant is the last resort, but livers are not always available.</li> <li>Avoid alcohol. It can worsen liver disease.</li> </ul>	<ul style="list-style-type: none"> <li>HCV-positive persons should have a medical evaluation for liver disease every 6–12 months. Interferon, pegylated interferon, and ribavirin are the only drugs licensed for the treatment of persons with chronic hepatitis C. Interferon can be taken alone or in combination with ribavirin. Combination therapy is currently the treatment of choice and can eliminate the virus in up to 40% of patients.</li> <li>Get vaccinated against hepatitis A, and ask your doctor if you need hepatitis B vaccine as well.</li> <li>Avoid alcohol. It can worsen liver disease.</li> </ul>
<b>How is it prevented?</b>	<ul style="list-style-type: none"> <li>Hepatitis A vaccine is the best protection. It is recommended for people ≥2 yrs of age who are in risk groups for HAV infection. It is recommended as a routine vaccination for children living in certain states and geographic areas where hepatitis A occurs at consistently higher rates than average.</li> <li>For a recent exposure to someone with HAV or if travel is imminent (leaving in less than 4 weeks) to an area of the world where hepatitis A is common, see your doctor about your need for a dose of immune globulin (IG).</li> <li>Always wash your hands with soap and water after using the toilet, changing a diaper, and before preparing and eating food.</li> </ul>	<ul style="list-style-type: none"> <li>Hepatitis B vaccine is the best protection. Routine vaccination is recommended for all persons 0–18 years of age, and for persons of all ages who are in risk groups for HBV infection. For optimal protection all babies should be given their first dose of hepatitis B vaccine at birth before leaving the hospital.</li> <li>Whenever a woman is pregnant, she should be tested for hepatitis B; infants born to HBV-infected mothers should be given HBIG (hepatitis B immune globulin) and vaccine within 12 hours of birth.</li> <li>Persons who have more than one steady sex partner should use latex condoms correctly and for every sexual encounter. (The efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmission.)</li> </ul>	<p>There is no vaccine to prevent hepatitis C. HCV can be spread by sex, but this is rare. If you are having sex with more than one steady partner, use condoms correctly and every time to prevent the spread of sexually transmitted diseases. (The efficacy of latex condoms in preventing infection with HCV is unknown, but their proper use may reduce transmission.) You should also get vaccinated against hepatitis B.</p>
	<p><b>More information to help you prevent hepatitis B and hepatitis C:</b></p> <ul style="list-style-type: none"> <li>Don't share personal care items that might have blood on them, such as razors, toothbrushes, and washcloths.</li> <li>Consider the risks if you are thinking about getting a tattoo or body piercing. You might get infected if the tools or dye have someone else's blood on them or if the artist or piercer does not follow good sterilization practices.</li> <li>Health care or public safety workers should always follow routine barrier precautions and safely handle needles and other sharps. In addition, they should be vaccinated against hepatitis B.</li> <li>If you have or have had HBV or HCV infection, do not donate blood, organs, or tissue.</li> <li>Don't shoot drugs. If you do, try to stop by getting into a treatment program. If you can't stop, never share needles, syringes, water, or "works." Get vaccinated against hepatitis A and B.</li> </ul>		

\*Disease rates are available from your state or local health department.

Item #P4075 (1/02)



## Do I Need Any Vaccinations Today?

Many adults are behind on their vaccinations. Do you know if you are completely up to date? These checklists will help you determine if you need any vaccinations today. Please check the boxes that pertain to you.

### Influenza vaccination

- I am 50 years of age or older, so I should get a flu shot.
- I am less than 50 years old, and I have one or more of the following, so I should get a flu shot:
  - lung disease
  - heart disease
  - kidney disease
  - diabetes mellitus
  - HIV/AIDS
  - a disease that affects the immune system
  - I live in a nursing home or chronic care facility.
  - I live with someone who is in one of the above risk groups.
  - I will be in my 2nd or 3rd trimester of pregnancy during influenza season (December–March).
  - I am a health care worker.
  - I provide essential community services.
- I am not in one of the groups listed above, but I'd like a flu shot to avoid getting influenza this season.

### Pneumococcal vaccination

- I am 65 years of age or older, and I have never had a dose of pneumococcal vaccine, so I need this vaccination.
  - I am less than 65 years old, and I have one of the following health problems, and I have never had a dose of pneumococcal vaccine, so I need one dose:
    - lung disease (not asthma)
    - heart disease
    - diabetes mellitus
    - kidney disease
    - liver disease
    - cerebrospinal fluid leak
    - alcoholism
  - I am less than 65 years old, and I have one of the following health problems listed below that puts me at high risk for pneumococcal disease and:
    - I have never had a dose of pneumococcal vaccine, so I need two doses spaced 5 years apart.
    - It has been at least 5 years since my first dose of pneumococcal vaccine, so I need a second dose now.
      - sickle cell disease
      - had my spleen removed
      - HIV/AIDS
      - Hodgkin's disease
      - leukemia
      - on medication or receiving x-ray treatment that affects my immune system
      - organ or bone marrow transplant
      - lymphoma
      - multiple myeloma
      - generalized malignancy
- Approximate date that I last had pneumococcal vaccine: \_\_\_\_\_

### Tetanus-diphtheria (Td) vaccination

- I have not yet had at least 3 Td shots in my lifetime (usually given as DTP in childhood), so I need to be vaccinated now with one or more doses to bring me up to date, and then I will need one dose every 10 years.
- I have had at least 3 Td shots (or DTPs) in my lifetime, but I think it's been 10 years or more since I received my last Td, so I need one dose now, and subsequently I will need one dose every 10 years.

Approximate date(s) that I had my last Td(s): \_\_\_\_\_
- I have no idea if I ever received Td vaccination in school, the military, or elsewhere, so I probably need to be vaccinated and will talk with my doctor about how many doses I should receive.

### **Hepatitis A vaccination**

- I am in one of the following risk groups, **but I do not wish to disclose which one**, so I need to be vaccinated.
- I am in one of the following risk groups, so I need to be vaccinated:
  - I travel outside of the U.S., Western Europe, Canada, Japan, Australia, and New Zealand.\*
  - I live in a community where cases of hepatitis A are occurring and I am 18 or younger.
  - I am a man who has sex with men.
  - I use street drugs.
  - I have chronic liver disease.
  - I have a clotting factor disorder.

### **Hepatitis B vaccination**

- I am in one of the following risk groups, **but I do not wish to disclose which one**, so I need to be vaccinated.
- I am in one of the following risk groups, so I need to be vaccinated:
  - I live with a person who has hepatitis B.
  - I have a bleeding disorder that requires transfusion.
  - I am or will be on kidney dialysis.
  - I am an immigrant from an area of the world with moderate or high rates of hepatitis B.†
  - I inject street drugs.
  - I am a sex partner of a person with hepatitis B.
  - I've been treated for a sexually transmitted disease.
  - I have or had more than one sex partner during a 6-month time period.
  - I am a man who has sex with men.
  - I am a health care or public safety worker who is exposed to blood.
  - I provide direct services for people with developmental disabilities.
  - I travel outside of the U.S.\*† and plan to stay for 6 months or longer.

### **Measles–Mumps–Rubella (MMR) vaccination**

- I was born after 1956 and never received a dose of MMR, so I need to be vaccinated.
- I am a woman thinking about a future pregnancy and do not know if I'm immune to rubella, so I need to be tested or vaccinated.
- I am included in one of the following groups for whom two doses of MMR are recommended, but I have only received one dose of MMR, so I need a second dose.
  - I am a health care worker.
  - I am entering college or a post–high-school educational institution.
  - I travel internationally.
  - I had a rubella titer that shows I do not have immunity.

### **Chickenpox (Varicella) vaccination**

- I have never had chickenpox, so I need to be tested or vaccinated.
- I'm not sure if I've had chickenpox or not, so I need to be tested or vaccinated.
- I may become pregnant and do not know if I'm immune to chickenpox, so I need to be tested or vaccinated.

### **Meningococcal vaccination**

- I am (or I'll be) a college freshman living in a dorm, so tell me more about the meningococcal vaccine.
- I am traveling to an area of the world where meningococcal disease is common, so I need to be vaccinated.\*
- I have one of the following health conditions that has affected my immune system: sickle cell disease, HIV/AIDS, cancer treatment with drugs or x-rays, bone marrow or organ transplant, or a spleen that isn't working or has been removed, so I need to be vaccinated.

### **Lyme disease vaccination**

- I either live, work, or regularly recreate in areas where Lyme disease is common, so I would like to be vaccinated.

### **Haemophilus influenzae type b (Hib) vaccination**

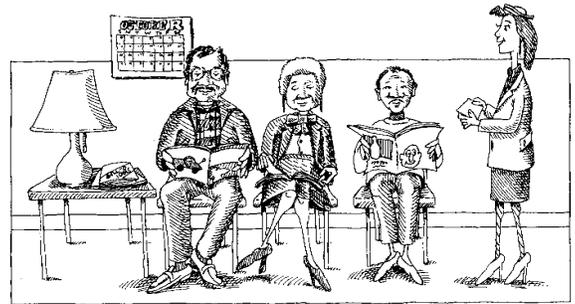
- I have one of the following health conditions that has affected my immune system: sickle cell disease, HIV/AIDS, cancer treatment with drugs or x-rays, bone marrow or organ transplant, or a spleen that isn't working or has been removed, so I need to be vaccinated.

\*Call your local travel clinic to find out if additional vaccines are recommended.

†Adults from these areas should be tested for hepatitis B infection prior to vaccination. Areas with high rates of hepatitis B include: Africa; China; Korea; Southeast Asia including Indonesia and the Philippines; the Middle East except Israel; South and Western Pacific Islands; interior Amazon Basin; and certain parts of the Caribbean, i.e., Haiti and the Dominican Republic. Areas of moderate endemicity include South Central and Southwest Asia, Israel, Japan, Eastern and Southern Europe, Russia, and most of Central and South America.

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mo.) (day) (yr.)

# Screening Questionnaire for Adult Immunization



**For patients:** The following questions will help us determine which vaccines may be given today. If a question is not clear, please ask your health care provider to explain it.

	Yes	No	Don't Know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, or any vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had x-ray treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

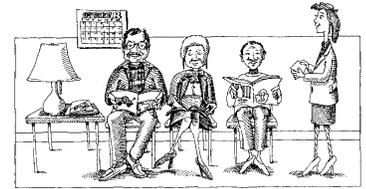
Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Did you bring your immunization record card with you?**    yes     no

It is important for you to have a personal record of your vaccinations. If you don't have a record card, ask your health care provider to give you one! Bring this record with you every time you seek medical care. Make sure your health care provider records all your vaccinations on it.

# Understanding the Screening Questionnaire for Adult Immunization

The information below has been adapted from *Epidemiology & Prevention of Vaccine-Preventable Diseases*, WL Atkinson et al., editors, CDC, 6th edition, Jan. 2000, and CDC's *Guide to Contraindications to Childhood Vaccinations*, Oct. 2000.



## 1. Are you sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). However, with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

## 2. Do you have allergies to medications, food, or any vaccine?

History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses. For example, if a person experiences anaphylaxis after eating eggs, do not administer influenza vaccine, or if a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions (e.g., a red eye following instillation of ophthalmic solution) are not contraindications. For an extensive table of vaccine components, see reference 3.

## 3. Have you ever had a serious reaction after receiving a vaccination?

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (4). Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., community measles outbreak).

## 4. Do you have cancer, leukemia, AIDS, or any other immune system problem?

Live virus vaccines (e.g., MMR, varicella) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected individuals who do not have evidence of severe immunosuppression. For details, consult the ACIP recommendations (5, 6).

## 5. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had x-ray treatments?

Live virus vaccines (e.g., MMR, varicella) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7.

## 6. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?

Live virus vaccines (e.g., MMR, varicella) may need to be deferred, depending on several variables. Consult the ACIP Statement "General Recommendations on Immunization" (1) or *2000 Red Book*, p. 390 (2), for the most current information on intervals between immune globulin or blood product administration and MMR or varicella vaccination.

## 7. For women: Are you pregnant or is there a chance you could become pregnant during the next month?

Live virus vaccines (e.g., MMR, varicella) are contraindicated prior to and during pregnancy due to the theoretical risk of virus transmission to the fetus. Sexually active women in their child-bearing years who receive MMR or varicella vaccination should be instructed to practice careful contraception for one month following receipt of either vaccine (8, 9). Inactivated vaccines may be given to a pregnant woman whenever indicated.

## 8. Have you received any vaccinations in the past 4 weeks?

If two live virus vaccines (e.g., MMR, varicella, yellow fever) are not given on the same day, the doses must be separated by at least 28 days. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously. (For travelers, consult the *Yellow Book* (10).

1. CDC. General recommendations on immunization. *MMWR* 1994; 34 (RR-1).
2. AAP. *2000 Red Book: Report of the Committee on Infectious Diseases*. 25<sup>th</sup> ed. Elk Grove Village, IL: AAP, 2000.
3. Visit the website: [www.cdc.gov/nip/publications/pink/vaxcont.pdf](http://www.cdc.gov/nip/publications/pink/vaxcont.pdf)
4. CDC. Guide to contraindications to childhood vaccinations. Oct. 2000. Available online at: [www.cdc.gov/nip/recs/contraindications.pdf](http://www.cdc.gov/nip/recs/contraindications.pdf)
5. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
6. CDC. Prevention of varicella: updated recommendations of the ACIP. *MMWR* 1999; 48 (RR-6).
7. CDC. Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients. *MMWR* 2000; 49 (RR-10).
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of varicella. *MMWR* 1996; 45 (RR-11).
10. CDC. Health Information for International Travel, 1999-2000, DHHS, Atlanta, GA.

# Summary of Recommendations for Adult Immunization

Adapted from the Advisory Committee on Immunization Practices (ACIP) recommendations by the Immunization Action Coalition, November 2001

Vaccine name and route	For whom it is recommended	Schedule for routine and “catch-up” administration	Contraindications (mild illness is not a contraindication)
<b>Influenza</b>  Give IM	<ul style="list-style-type: none"> <li>Adults who are 50yrs of age or older.</li> <li>People 6m–50yrs of age with medical problems such as heart disease, lung disease, diabetes, renal dysfunction, hemoglobinopathies, immunosuppression, and/or people living in chronic care facilities.</li> <li>People (≥6m of age) working or living with at-risk people.</li> <li>Pregnant women who have underlying medical conditions should be vaccinated before influenza season, regardless of the stage of pregnancy.</li> <li>Healthy pregnant women who will be in their 2nd or 3rd trimesters during influenza season.</li> <li>All health care workers and those who provide key community services.</li> <li>Travelers who go to areas where influenza activity exists or who may be among people from areas of the world where there is current influenza activity (e.g., on organized tours).</li> <li>Anyone who wishes to reduce the likelihood of becoming ill with influenza.</li> </ul>	<ul style="list-style-type: none"> <li>Given every year.</li> <li>October through November is the <i>optimal</i> time to receive an annual flu shot to maximize protection.</li> <li>Influenza vaccine may be given at any time during the influenza season (typically December through March) or at other times when the risk of influenza exists.</li> <li>May give with all other vaccines but as a separate injection.</li> </ul>	<ul style="list-style-type: none"> <li>Previous anaphylactic reaction to this vaccine, to any of its components, or to eggs.</li> <li>Moderate or severe acute illness.</li> </ul> <p><b>Note:</b> Pregnancy and breastfeeding are not contraindications to the use of this vaccine.</p>
<b>Pneumococcal polysaccharide (PPV23)</b>  Give IM or SC	<ul style="list-style-type: none"> <li>Adults who are 65yrs of age or older.</li> <li>People 2–64yrs of age who have chronic illness or other risk factors, including chronic cardiac or pulmonary diseases, chronic liver disease, alcoholism, diabetes mellitus, CSF leaks, as well as people living in special environments or social settings (including Alaska Natives and certain American Indian populations). Those at highest risk of fatal pneumococcal infection are people with anatomic asplenia, functional asplenia, or sickle cell disease; immunocompromised persons including those with HIV infection, leukemia, lymphoma, Hodgkin’s disease, multiple myeloma, generalized malignancy, chronic renal failure, or nephrotic syndrome; persons receiving immunosuppressive chemotherapy (including corticosteroids); and those who received an organ or bone marrow transplant. Pregnant women with high-risk conditions should be vaccinated if not done previously.</li> </ul>	<ul style="list-style-type: none"> <li>Routinely given as a one-time dose; administer if previous vaccination history is unknown.</li> <li>One-time revaccination is recommended 5yrs later for people at highest risk of fatal pneumococcal infection or rapid antibody loss (e.g., renal disease) and for people ≥65yrs of age if the 1st dose was given prior to age 65 and ≥5yrs have elapsed since previous dose.</li> <li>May give with all other vaccines but as a separate injection.</li> </ul>	<ul style="list-style-type: none"> <li>Previous anaphylactic reaction to this vaccine or to any of its components.</li> <li>Moderate or severe acute illness.</li> </ul> <p><b>Note:</b> Pregnancy and breastfeeding are not contraindications to the use of this vaccine.</p>
<b>Hepatitis B (Hep-B)</b>  Give IM  Brands may be used interchangeably.	<ul style="list-style-type: none"> <li>All adolescents.</li> <li>High-risk adults, including household contacts and sex partners of HBsAg-positive persons; users of illicit injectable drugs; heterosexuals with more than one sex partner in 6 months; men who have sex with men; people with recently diagnosed STDs; patients receiving hemodialysis and patients with renal disease that may result in dialysis; recipients of certain blood products; health care workers and public safety workers who are exposed to blood; clients and staff of institutions for the developmentally disabled; inmates of long-term correctional facilities; and certain international travelers.</li> </ul> <p><b>Note:</b> Prior serologic testing may be recommended depending on the specific level of risk and/or likelihood of previous exposure. <b>Note:</b> In 1997, the NIH Consensus Development Conference, a panel of national experts, recommended that hepatitis B vaccination be given to all anti-HCV positive persons. <b>Ed. note:</b> Provide serologic screening for immigrants from endemic areas. When HBsAg-positive persons are identified, offer appropriate disease management. In addition, screen their sex partners and household members and, if found susceptible, vaccinate.</p>	<ul style="list-style-type: none"> <li>Three doses are needed on a 0, 1, 6m schedule.</li> <li>Alternative timing options for vaccination include 0, 2, 4m and 0, 1, 4m.</li> <li>There must be 4wks between doses #1 and #2, and 8wks between doses #2 and #3. Overall there must be at least 16wks between doses #1 and #3.</li> <li><b>Schedule for those who have fallen behind:</b> If the series is delayed between doses, DO NOT start the series over. Continue from where you left off.</li> <li>May give with all other vaccines but as a separate injection.</li> </ul>	<ul style="list-style-type: none"> <li>Previous anaphylactic reaction to this vaccine or to any of its components.</li> <li>Moderate or severe acute illness.</li> </ul> <p><b>Note:</b> Pregnancy and breastfeeding are not contraindications to the use of this vaccine.</p>
<b>Hepatitis A (Hep-A)</b>  Give IM  Brands may be used interchangeably.	<ul style="list-style-type: none"> <li>People who travel outside of the U.S. (except for Western Europe, New Zealand, Australia, Canada, and Japan).</li> <li>People with chronic liver disease, including people with hepatitis C; people with hepatitis B who have chronic liver disease; illicit drug users; men who have sex with men; people with clotting-factor disorders; people who work with hepatitis A virus in experimental lab settings (not routine medical laboratories); and food handlers when health authorities or private employers determine vaccination to be cost effective.</li> </ul> <p><b>Note:</b> Prevacination testing is likely to be cost effective for persons &gt;40yrs of age as well as for younger persons in certain groups with a high prevalence of hepatitis A virus infection.</p>	<p>For Twinrix™ (hepatitis A and B combination vaccine [GSK]) three doses are needed on a 0, 1, 6m schedule.</p> <ul style="list-style-type: none"> <li>Two doses are needed.</li> <li>The minimum interval between dose #1 and #2 is 6m.</li> <li>If dose #2 is delayed, do not repeat dose #1. Just give dose #2.</li> <li>May give with all other vaccines but as a separate injection.</li> </ul>	<ul style="list-style-type: none"> <li>Previous anaphylactic reaction to this vaccine or to any of its components.</li> <li>Moderate or severe acute illness.</li> <li>Safety during pregnancy has not been determined, so benefits must be weighed against potential risk.</li> </ul> <p><b>Note:</b> Breastfeeding is not a contraindication to the use of this vaccine.</p>

For specific ACIP immunization recommendations refer to the statements, which are published in *MMWR*. To obtain a complete set of ACIP statements, call (800) 232-2522, or to access individual statements, visit CDC’s website: [www.cdc.gov/nip/publications/ACIP-list.htm](http://www.cdc.gov/nip/publications/ACIP-list.htm) or visit IAC’s website: [www.immunize.org/acip](http://www.immunize.org/acip)

This table is revised yearly due to the changing nature of U.S. immunization recommendations. Visit the Immunization Action Coalition’s website at [www.immunize.org/adultrules](http://www.immunize.org/adultrules) to make sure you have the most

current version. The Coalition thanks William L. Atkinson, MD, MPH, from CDC’s National Immunization Program, and Linda A. Moyer, RN, and Harold S. Margolis, MD, both from the Division of Viral Hepatitis, at CDC’s National Center for Infectious Diseases, for their review of this table. Responsibility for errors or omissions lies with the editor, Deborah L. Wexler, MD. This table is published by the Immunization Action Coalition, 1573 Selby Avenue, St. Paul, MN 55104. Telephone: (651) 647-9009. E-mail: [admin@immunize.org](mailto:admin@immunize.org)

## Summary of Recommendations for Adult Immunization - side 2

Vaccine name and route	For whom it is recommended	Schedule for routine and “catch-up” administration	Contraindications (mild illness is not a contraindication)
<p><b>Td</b> (Tetanus, diphtheria)</p> <p>Give IM</p>	<ul style="list-style-type: none"> <li>All adolescents and adults.</li> <li>After the primary series has been completed, a booster dose is recommended every 10yrs. Make sure your patients have received a primary series of 3 doses.</li> <li>A booster dose as early as 5yrs later may be needed for the purpose of wound management, so consult ACIP recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>Give booster dose every 10yrs after the primary series has been completed.</li> <li>For those who are unvaccinated or behind, complete the primary series (spaced at 0, 1–2m, 6–12m intervals). Don’t restart the series, no matter how long since the previous dose.</li> <li>May give with all other vaccines but as a separate injection.</li> </ul>	<ul style="list-style-type: none"> <li>Previous anaphylactic or neurologic reaction to this vaccine or to any of its components.</li> <li>Moderate or severe acute illness.</li> </ul> <p><b>Note:</b> Pregnancy and breastfeeding are not contraindications to the use of this vaccine.</p>
<p><b>MMR</b> (Measles, mumps, rubella)</p> <p>Give SC</p>	<ul style="list-style-type: none"> <li>Adults born in 1957 or later who are ≥18yrs of age (including those born outside the U.S.) should receive at least one dose of MMR if there is no serologic proof of immunity or documentation of a dose given on or after the first birthday.</li> <li>Adults in high-risk groups, such as health care workers, students entering colleges and other post–high school educational institutions, and international travelers, should receive a total of two doses.</li> <li>Adults born before 1957 are usually considered immune but proof of immunity may be desirable for health care workers.</li> <li>All women of childbearing age (i.e., adolescent girls and premenopausal adult women) who do not have acceptable evidence of rubella immunity or vaccination.</li> <li>Special attention should be given to immunizing women born outside the United States in 1957 or later.</li> </ul>	<ul style="list-style-type: none"> <li>One or two doses are needed.</li> <li>If dose #2 is recommended, give it no sooner than 4wks after dose #1.</li> <li>May be given with all other vaccines but as a separate injection.</li> <li>If varicella vaccine and MMR are both needed and are not administered on the same day, space them at least 4wks apart.</li> <li>If a pregnant woman is found to be rubella-susceptible, administer MMR postpartum.</li> </ul>	<ul style="list-style-type: none"> <li>Previous anaphylactic reaction to this vaccine, or to any of its components.</li> <li>Pregnancy or possibility of pregnancy within 4 weeks (use contraception).</li> <li>Persons immunocompromised due to cancer, leukemia, lymphoma, immunosuppressive drug therapy, including high-dose steroids or radiation therapy. <b>Note:</b> HIV positivity is NOT a contraindication to MMR except for those who are severely immunocompromised.</li> <li>If blood products or immune globulin have been administered during the past 11 months, consult the ACIP recommendations regarding time to wait before vaccinating.</li> <li>Moderate or severe acute illness.</li> </ul> <p><b>Note:</b> Breastfeeding is not a contraindication to the use of this vaccine. <b>Note:</b> MMR is not contraindicated if a PPD test was recently applied. If PPD and MMR not given on same day, delay PPD for 4–6wks after MMR.</p>
<p><b>Varicella</b> (Var) (Chickenpox)</p> <p>Give SC</p>	<p>All susceptible adults and adolescents should be vaccinated. It is especially important to ensure vaccination of the following groups: susceptible persons who have close contact with persons at high risk for serious complications (e.g., health care workers and family contacts of immunocompromised persons) and susceptible persons who are at high risk of exposure (e.g., teachers of young children, day care employees, residents and staff in institutional settings such as colleges and correctional institutions, military personnel, adolescents and adults living with children, non-pregnant women of childbearing age, and international travelers who do not have evidence of immunity).</p> <p><b>Note:</b> People with reliable histories of chickenpox (such as self or parental report of disease) can be assumed to be immune. For adults who have no reliable history, serologic testing may be cost effective since most adults with a negative or uncertain history of varicella are immune.</p>	<ul style="list-style-type: none"> <li>Two doses are needed.</li> <li>Dose #2 is given 4–8wks after dose #1.</li> <li>May be given with all other vaccines but as a separate injection.</li> <li>If varicella vaccine and MMR are both needed and are not administered on the same day, space them at least 4wks apart.</li> <li>If the second dose is delayed, do not repeat dose #1. Just give dose #2.</li> </ul>	<ul style="list-style-type: none"> <li>Previous anaphylactic reaction to this vaccine or to any of its components.</li> <li>Pregnancy, or possibility of pregnancy within 1 month.</li> <li>Immunocompromised persons due to malignancies and primary or acquired cellular immunodeficiency including HIV/AIDS. (See <i>MMWR</i> 1999, Vol. 28, No. RR-6.) <b>Note:</b> For those on high-dose immunosuppressive therapy, consult ACIP recommendations regarding delay time.</li> <li>If blood products or immune globulin have been administered during the past 5 months, consult the ACIP recommendations regarding time to wait before vaccinating.</li> <li>Moderate or severe acute illness.</li> </ul> <p><b>Note:</b> Breastfeeding is not a contraindication to the use of this vaccine. <b>Note:</b> Manufacturer recommends that salicylates be avoided for 6wks after receiving varicella vaccine because of a theoretical risk of Reye’s syndrome.</p>
<p><b>Polio</b> (IPV)</p> <p>Give IM or SC</p>	<p>Not routinely recommended for persons 18yrs of age and older.</p> <p><b>Note:</b> Adults living in the U.S. who never received or completed a primary series of polio vaccine need not be vaccinated unless they intend to travel to areas where exposure to wild-type virus is likely. Previously vaccinated adults can receive one booster dose if traveling to polio endemic areas.</p>	<ul style="list-style-type: none"> <li>Refer to ACIP recommendations regarding unique situations, schedules, and dosing information.</li> <li>May be given with all other vaccines as a separate injection.</li> </ul>	<ul style="list-style-type: none"> <li>Previous anaphylactic or neurologic reaction to this vaccine or to any of its components.</li> <li>Moderate or severe acute illness.</li> </ul> <p><b>Note:</b> Pregnancy and breastfeeding are not contraindications to the use of this vaccine.</p>
<p><b>Lyme disease</b></p> <p>Give IM</p>	<ul style="list-style-type: none"> <li>Consider for persons 15–70yrs of age who reside, work, or recreate in areas of high or moderate risk and who engage in activities that result in frequent or prolonged exposure to tick-infested habitat.</li> <li>Persons with a history of previous uncomplicated Lyme disease who are at continued high risk for Lyme disease. (See description in the first bullet.)</li> <li>See ACIP statement for a definition of high and moderate risk.</li> </ul>	<ul style="list-style-type: none"> <li>Three doses are needed. Give at intervals of 0, 1, and 12m. Schedule dose #1 (given in yr 1) and dose #3 (given in yr 2) to be given several weeks before tick season. See ACIP statement for details.</li> <li>If given with other vaccines, give as a separate injection.</li> </ul>	<ul style="list-style-type: none"> <li>Previous anaphylactic reaction to this vaccine or to any of its components.</li> <li>Pregnancy.</li> <li>Moderate or severe acute illness.</li> <li>Persons with treatment-resistant Lyme arthritis.</li> <li>There are not enough data to recommend Lyme disease vaccine to persons with these conditions: immunodeficiency, diseases associated with joint swelling (including rheumatoid arthritis) or diffuse muscular pain, or chronic health conditions due to Lyme disease.</li> </ul>
<p><b>Mening.</b></p>	<p>Meningococcal disease risk and vaccine availability should be discussed with college students. Give SC. Consult the ACIP statement <i>Meningococcal Disease and College Students</i> (6/30/00) for details.</p>		

# Vaccine Resources

## Brochures, videos, and more



### Before you order, remember . . .

All our materials are camera-ready, copyright free, and reviewed by national experts! Some are in other languages as well as in English. You can order one of any item and make as many copies as you need (including videos).

**Join the Coalition!** With a contribution of \$60 or more, we'll send you all the print and video materials listed on this page, as well as our brightly colored mousepad. Your contribution will keep you on our mailing list and help us produce future issues of **VACCINATE WOMEN**.

<b>Languages:</b>	<b>En:</b> English	<b>Ch:</b> Chinese	<b>Tu:</b> Turkish
	<b>Sp:</b> Spanish	<b>Hm:</b> Hmong	<b>Vi:</b> Vietnamese

Qty.	Materials for Your Patients	Amt.
___	P4010 Immunizations for babies: <input type="checkbox"/> En <input type="checkbox"/> Sp <input type="checkbox"/> Tu .....	\$1 _____
___	P4020 Are you 11-19? You need to be vaxed! <input type="checkbox"/> En <input type="checkbox"/> Sp <input type="checkbox"/> Tu .....	\$1/ea _____
___	P4025 Questions parents ask about baby shots .....	\$1 _____
___	P4030 Vaccinations for adults .....	\$1 _____
___	P4035 Immunizations . . . not just kids' stuff: <input type="checkbox"/> En <input type="checkbox"/> Sp .....	\$1/ea _____
___	P4036 Do I need any vaccinations today? .....	\$1 _____
___	P4041 Shots for adults with HIV .....	\$1 _____
___	P4042 Vaccinations for adults with hepatitis C .....	\$1 _____
___	P4050 When do children and teens need vaccinations? <input type="checkbox"/> En <input type="checkbox"/> Sp ...	\$1/ea _____
___	P4070 Chickenpox isn't just a rash: <input type="checkbox"/> En <input type="checkbox"/> Sp <input type="checkbox"/> Vi .....	\$1/ea _____
___	P4075 Hepatitis A, B, and C: Learn the differences .....	\$1 _____
___	P4080 Hepatitis A is a serious disease: Should you be vaccinated? <input type="checkbox"/> En <input type="checkbox"/> Sp <input type="checkbox"/> Vi .....	\$1/ea _____
___	P4090 Questions frequently asked about hepatitis B: <input type="checkbox"/> En <input type="checkbox"/> Sp .....	\$1/ea _____
___	P4110 Hepatitis B shots are recommended for all new babies .....	\$1/ea _____
___	P4112 1000s of sexually active people get hep B: <input type="checkbox"/> En <input type="checkbox"/> Sp .....	\$1/ea _____
___	P4113 If you have sex, read this .....	\$1 _____
___	P4120 Do you have chronic hepatitis B? <input type="checkbox"/> En <input type="checkbox"/> Sp <input type="checkbox"/> Ch <input type="checkbox"/> Tu .....	\$1/ea _____
___	P4190 Hepatitis B info for Asian and Pacific Islander Americans .....	\$1 _____

Qty.	Materials for Your Staff	Amt.
___	P2011 Summary of recommendations for adult immunization: <input type="checkbox"/> En <input type="checkbox"/> Tu ...	\$1 _____
___	P2013 Give these people influenza vaccine! .....	\$1 _____
___	P2015 Pneumococcal vaccine: Who needs it, and who needs it again? ..	\$1 _____
___	P2019 Vaccine products licensed for use in the United States, 2001 .....	\$1 _____
___	P2021 Ask the experts .....	\$5 _____
___	P2023 Vaccine administration record for adults .....	\$1 _____
___	P2027 It's federal law! You must give your patients current VISs .....	\$1 _____
___	P2045 Tips to improve your clinic's immunization rates .....	\$1 _____
___	P2060 Hospitals and doctors sued for failing to immunize .....	\$1 _____
___	P2081 Hepatitis A and B vaccine schedules and doses .....	\$1 _____
___	P2100 No risk?? No way!! .....	\$1 _____
___	P2109 Hepatitis B and the health care worker .....	\$1 _____
___	P2110 Hepatitis B facts: Testing and vaccination .....	\$1 _____
___	P2130 Labor & delivery and nursery unit guidelines to prevent HBV .....	\$1 _____
___	P2164 Management of chronic hepatitis B in children & adults .....	\$5 _____
___	P2180 Tracking hepatitis B patients and their contacts .....	\$1 _____
___	P2190 Are you at risk for hepatitis A? <input type="checkbox"/> En <input type="checkbox"/> Sp <input type="checkbox"/> Tu .....	\$1 _____
___	P2191 Are you at risk for hepatitis B? <input type="checkbox"/> En <input type="checkbox"/> Sp <input type="checkbox"/> Tu .....	\$1 _____
___	P2192 Are you at risk for hepatitis C? <input type="checkbox"/> En <input type="checkbox"/> Sp <input type="checkbox"/> Tu .....	\$1 _____
___	P3035 Checklist for safe vaccine handling and storage .....	\$1 _____
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# An Open Letter to OB/GYNs from IAC's Executive Director



Deborah L. Wexler, MD  
Executive Director  
Immunization Action Coalition

## Dear Colleagues:

Welcome to the premiere issue of **VACCINATE WOMEN**, a collaborative periodical of the Immunization Action Coalition (IAC), the American College of Obstetricians and Gynecologists (ACOG), and the Centers for Disease Control and Prevention (CDC). IAC produced the content and design, CDC experts provided technical answers to “Ask the Experts” questions and reviewed all pages for accuracy, and ACOG generously supplied printing and mailing services to all ACOG members and OB/GYN residents.

Why should obstetrician/gynecologists vaccinate women? Because as physicians, our patients' well-being is our primary concern. And one fundamental way to protect patients' health is by immunizing against infectious diseases. Providing vaccination services is new and important territory for many OB/GYN practices—increasingly, for many women, their OB/GYN physician is the only primary care physician they see.

For all women, vaccination is a critical element of their health care, whether it's part of prenatal care, the annual physical exam, pre-pregnancy counseling, or STD prevention and treatment. Consider:

- Influenza vaccine is routinely recommended for pregnant women of all ages who will be in their second or third trimester during influenza season.
- Hepatitis B vaccine is recommended for all women with a sexually transmitted disease.
- Hepatitis B vaccine is recommended for all women who have more than one sex partner in a 6-month period.
- Varicella and rubella vaccination history are recommended to be obtained and documented in a pre-pregnancy gynecological exam. These vaccines should be administered prior to a pregnancy if history and serologic testing are negative.
- Influenza vaccine is recommended routinely for all people ages 50 and older.
- Pneumococcal polysaccharide vaccine is recommended one time for all people ages 65 and older.
- Tetanus-diphtheria toxoid is routinely recommended for adults every ten years (when there isn't a vaccine shortage).

With 11 years of experience providing practical vaccination information to health professionals, IAC knows how complex providing immuni-

zation services can be. Knowing who needs which vaccines and at what intervals, how to screen for vaccine contraindications, how to administer a subcutaneous or intramuscular dose of vaccine (and in what area of the arm), how to store vaccines, and legal paperwork requirements can all be daunting, especially when these tasks have not traditionally been part of one's clinical practice.

Be assured, IAC offers materials and resources to help any health professional or clinic that wants to begin providing vaccination services. In fact, IAC is now developing a manual titled “Adults Only Vaccination: A Step-by-Step Guide” specifically for clinics and practices that haven't traditionally offered vaccinations. The guide, which comes with two “how-to” videos, will be available in March, and we will send all interested OB/GYN practices a copy free of charge. All you have to do is request it by mailing in the postcard on the back cover wrap of this publication or by ordering it online at: [www.immunize.org/freeguide](http://www.immunize.org/freeguide)

Please, only one guide per practice.

Whether you are just now implementing vaccination services or expanding them, **VACCINATE WOMEN** will keep you up to date on recommendations and guidelines and give you practical tips and tools to streamline the process for both staff and patients. Some of the items you'll find in this issue of **VACCINATE WOMEN** are these:

**Hepatitis A, B, and C: Learn the Differences**—This one-page table clarifies for staff and patients the differences between hepatitis A, B, and C.

**Do I Need Any Vaccinations Today?**—This self-assessment questionnaire for adult patients is intended to make the vaccination history-taking process easy and timesaving for health professionals. The patient fills it out while waiting in the exam or waiting room.

**Screening Questionnaire for Adult Immunization**—This form can be filled out by your patient in the exam or waiting room to screen for contraindications to vaccination. The back of the screening questionnaire explains why you are asking each question.

**Summary of Recommendations for Adult Immunization**—This chart summarizes the most current recommendations from CDC on everything from schedules and routes of administration to contraindications. Some practices laminate or make cardstock copies of this document for each exam room and hand them out to immunization staff as a ready-reference guide.

We hope you enjoy this premiere issue of **VACCINATE WOMEN**. Please help us help you by filling out the survey card on the back cover. Let us know your opinion and what you'd like to see in future issues.

Deborah L. Wexler, MD  
Executive Director  
Immunization Action Coalition

**Providing vaccination services is new and important territory for many OB/GYN practices—increasingly, for many women, their OB/GYN physician is the only primary care physician they see.**



February 2002

Dear Fellows and Junior Fellows:

We are pleased to introduce the enclosed new publication entitled *Vaccinate Women*. This collaborative effort between the College, the Immunization Action Coalition, and the Centers for Disease Control and Prevention is designed to provide our members with important information about immunizations. It is a simple, but effective, public health measure that can protect untold numbers of women and their families from illness.

Immunization is not a new concept for ob-gyns. For years, immunization has been an important aspect of prenatal care, with patients routinely questioned about their tetanus and rubella immunizations. What is new is that ob-gyns are now being asked to increase their involvement in providing immunizations.

The Residency Review Committee for Obstetrics--Gynecology includes immunization as one of its standards for program evaluation. ACOG has produced several documents on immunization to provide practical clinical guidelines for implementation. The public is asking for this service, and your patients need it.

By working with the Immunization Action Coalition and the Centers for Disease Control and Prevention to produce *Vaccinate Women*, we hope to help all ob-gyns to become "vaccinators." Immunization is good medicine, and ob-gyns have a tradition of advocating good medicine for our patients.

Sincerely,

Ralph W. Hale, MD, FACOG  
Executive Vice President