Volume 12 – Number 2

December 2008

VACCINATE ADULTS!

Visit www.immunize.org for up-to-date adult immunization information from the Immunization Action Coalition

# What's Inside?

Ask the Experts	1
Make Sure Your Family Gets Influenza Vaccine	4
Influenza Materials for Patients & Staff	5
IAC's Top Print and Electronic Materials	6
Summary of Adult IZ Recommendations	7
Immunization Resources Order Form1	1
Last Print Edition of Vaccinate Adults?	2



FEDERAL and MILITARY EMPLOYEES

# Make the Immunization Action Coalition

your charity of choice during this year's Combined Federal Campaign. Use agency code:

## #10612

The Immunization Action Coalition is a 501(c)(3) charitable organization and your contribution is tax-deductible to the fullest extent of the law.

# Last Print Edition of Vaccinate Adults

## Future Issues Will Be Available Only Online

Sign Up Now at www.immunize.org/subscribe

Dear Friends of the Immunization Action Coalition,

This issue of *Vaccinate Adults* is the last one that the Immunization Action Coalition (IAC) will be sending to you through the U.S. mail.

The Centers for Disease Control and Prevention (CDC), which has always subsidized the printing and mailing of *Vaccinate Adults*, is now encouraging electronic publishing in place of print communications. As a result, IAC is no longer able to distribute hard-copy issues of *Vaccinate Adults*.

There is, however, good news! *Vaccinate Adults* will be produced just as it has always been—twice a year, in the same layout, and with CDC review. It will feature the same valuable, reliable content, like "Ask the Experts" and ready-to-copy print materials for staff and patients. It will continue to be available, as it always has been, on our website at www.immunize.org/va.

To make sure you don't miss the next online issue of *Vaccinate Adults*, you must sign up now at www.immunize.org/subscribe. If you sign up, we will notify you as soon as our next issue is placed online. Even if you have signed up recently for some or all of our publications, signing up again will ensure that you're on our master contact list.

At the same time you sign up to be notified of the next issue of *Vaccinate Adults*, you should also consider signing up for *IAC Express*, our weekly email vaccine news bulletin. It supplements *Vaccinate Adults* with updated information such as hot-topic "Ask the Experts" questions and answers. Please share this message with your co-workers who are interested in immunization, and encourage them to sign up as well.

Finally, I want to assure you that future issues of *Vaccinate Adults* will continue to contain all or more of the critical immunization information you've come to rely on. As always, I would love to hear from you about how IAC can better support your efforts to save lives through immunization.

Deborah L. Wexler, MD

Deborah L. Wexler, MD deborah@immunize.org

# Ask the Experts

IAC extends thanks to our experts, William L. Atkinson, MD, MPH, and Andrew T. Kroger, MD, MPH, medical epidemiologists at the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).

## **Immunization questions?**

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

## Immunization questions

#### If the vaccine expiration date is written as month/year, how do we know the exact date of expiration?

Vaccine may be used through the last day of the month indicated on the expiration date. After that, do not use it. Monitor your vaccine supply carefully so that vaccines do not expire.

# Is it okay to store blood products in the same unit as vaccines?

CDC's vaccine storage and handling toolkit states "If possible, other medications and other biologic products should not be stored inside the vaccine storage unit. If there is no other choice, these products must be stored below the vaccines on a different shelf. This prevents contamination of the vaccines should the other products spill."

# Does CDC still have a vaccine handling and storage toolkit?

Yes. You can access it from CDC's website at www2a.cdc.gov/vaccines/ed/shtoolkit. The toolkit contains 2 videos on CD-ROM (How to Protect Your Vaccine Supply and Top 10 Storage and Handling Errors); and resources including forms, checklists, posters, and contact information. Single copies of the CD-ROM can be ordered from CDC at https://www2a.cdc.gov/nchstp\_od/PIWeb/niporderform.asp, or by calling (800) CDC-INFO.

#### Do Occupational Safety and Health Administration (OSHA) guidelines require the use of gloves when administering vaccines?

OSHA regulations do not require gloves during vaccine administration, unless the administering

## Vaccinate Adults!

Online at www.immunize.org/va Immunization Action Coalition 1573 Selby Avenue, Suite 234 St. Paul, MN 55104 Phone: (651) 647-9009 Fax: (651) 647-9131 Email: admin@immunize.org Websites: www.immunize.org www.vaccineinformation.org www.izcoalitions.org

*Vaccinate Adults* is a semiannual publication of the Immunization Action Coalition (IAC) written for health professionals. Content is reviewed by the Centers for Disease Control and Prevention (CDC) for technical accuracy. This publication is supported by CDC Grant No. 1U38IP000290. The content is solely the responsibility of IAC and does not necessarily represent the official views of CDC. ISSN 1526-1824.

#### **Publication Staff**

Editor: Deborah L. Wexler, MD Associate Editor: Diane C. Peterson Managing Editor: Dale Thompson Contributing Editor: Lisa H. Randall, JD Editorial Asst.: Janelle Tangonan Anderson Consultants: Teresa A. Anderson, DDS, MPH Linda A. Moyer, RN, and Mary Quirk

Layout: Kathy Cohen

#### IAC Staff

Assistant to the Director: Becky Payne Office Administrator: Robin VanOss Administrative Asst.: Susan Broadribb

IAC publishes a free email news service (*IAC Express*) and three free periodicals (*Needle Tips, Vaccinate Adults,* and *Vaccinate Women*). To subscribe to any or all of them, go to www.immunize.org/subscribe.

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

## *Vaccinate Adults* is also supported in part by the following:

Merck & Co., Inc. • sanofi pasteur GlaxoSmithKline • Wyeth Pharmaceuticals Novartis Vaccines • CSL Biotherapies

MedImmune, Inc. • Baxter Healthcare Corp. American Pharmacists Association Mark and Muriel Wexler Foundation Anonymous

IAC maintains strict editorial independence in its publications.

#### **Board of Directors**

Kristen Ehresmann, RN, MPH Minnesota Department of Health Neal Holtan, MD, MPH St. Paul-Ramsey County Public Health Anne Kuettel, PHN St. Paul-Ramsey County Public Health Cindy Uldrich UnitedHealthcare Corporation Deborah L. Wexler, MD Immunization Action Coalition person is likely to come into contact with potentially infectious body fluids or has an open lesion on their hand.

#### Where can I find Vaccine Information Statement (VIS) translations in Spanish and other languages? We have many patients from outside the U.S. in our practice.

You're in luck. The Immunization Action Coalition (IAC) has dozens of translations of most VISs at www. immunize.org/vis.

#### Is it necessary to routinely obtain a pregnancy test before administering any vaccines to young women?

No. Pregnancy tests are not routinely recommended. However, females of childbearing age should be asked about the possibility of their being pregnant prior to being given any vaccine for which pregnancy is a contraindication or precaution. The patient's answer should be documented in the medical record. If the patient is uncertain if she is pregnant, a test should be performed before administering live virus vaccines (e.g., measlesmumps-rubella [MMR], varicella [Var], LAIV [live attenuated influenza vaccine, i.e., FluMist<sup>®</sup>]).

#### When a patient seen in the ER needs tetanus protection, which vaccine should be given, Td or Tdap?

Adolescents and adults ages 11–64 years who require a tetanus toxoid-containing vaccine as part of wound management should receive a single dose of Tdap instead of Td, if they have not previously received Tdap. If Tdap is not available, or was previously administered, these persons should receive Td.

#### Can parents of a newborn be given a dose of Tdap after birth to protect themselves and, indirectly, their baby from pertussis, even though they had a dose of Td vaccine less than two years ago?

Yes. Parents should receive a single dose of Tdap as soon as possible to protect their new baby from pertussis. If a dose of Td was given within the previous 2 years, parents should still be vaccinated with Tdap as soon as possible regardless of the time interval since the last dose of Td. Other household contacts who are not up to date with their pertussis-containing vaccinations should also be appropriately vaccinated.

#### How soon after a dose of Td can a healthcare worker receive a dose of Tdap, in order to protect vulnerable patients?

If they have not previously received Tdap, healthcare personnel in hospitals and ambulatory care settings who have direct patient contact should receive a single dose of Tdap as soon as feasible and without regard to the dosing interval since the last Td. There is no "minimum interval" one needs to wait between receiving Td and Tdap when it is given to protect vulnerable patients.

# For which age groups of children is influenza vaccination now recommended?

Starting in fall 2008, all children ages 6 months through 18 years are recommended to receive annual vaccination against influenza. CDC issued this expanded recommendation with the intent to begin in the 2008–09 influenza vaccination season and be fully in place by the 2009–10 season.

# Which adults should receive influenza vaccine this year?

Influenza vaccination is recommended for the following adults: those age 50 years and older; women who will be pregnant during the influenza season; those with the following medical conditions: a chronic disorder of the pulmonary or cardiovascular system, a chronic disease of the blood, liver, or kidneys, immunosuppression, or diabetes; residents of nursing homes or other chronic-care facilities; all healthcare personnel; and household contacts and caregivers of children ages 0–59 months and of other persons at increased risk of

(continued on page 10)

After this print edition . . .

Vaccinate Adults will no longer be available in hard copy.

Vaccinate Adults will continue online with all of its reliable immunization information.

To be notified of future online issues, sign up at:

## www.immunize.org/subscribe

DISCLAIMER: Vaccinate Adults! is available to all readers free of charge. Some of the information in this issue is supplied to us by the Centers for Disease Control and Prevention in Atlanta, Georgia, and some information is supplied by third-party sources. The Immunization Action Coalition (IAC) has used its best efforts to accurately publish all of this information, but IAC cannot guarantee that the original information in supplied by theirs is correct or complete, or that it has been accurately published. Some of the information in this issue is created or compiled by IAC. All of the information in this issue is of a time-critical nature, and we cannot guarantee that some of the information is not now outdated, inaccurate, or incomplete. IAC cannot guarantee that reliance on the information in this issue, you should first independently verify its current accuracy and completeness. IAC is not licensed to practice medicine or pharmacology, and the providing of the information in this issue constitute such practice. Any claim against IAC must be submitted to binding arbitration under the auspices of the American Arbitration Association in St. Paul, Minnesota.

# Screening questionnaires to identify your patients' vaccine contraindications — now in tear-off pads of 100 sheets!

Screening Questionnaire for Child and Teen Immuniz	- X.1-2			
	termine Ar A Provide			
1. 1/16/08 (0.104)				
2. Increase providence back	Automa dan			
<ol> <li>No Rental Metallic contents to contra integration</li> </ol>	-		-	
<ol> <li>The Prior Tell Set and all present with adding for set say doesnot Particle Assession (p. p. Adden), in</li> </ol>	Screening Questionnaire	<u>g</u> 3	ι,	1
<ol> <li>Photolic to an initial a tabaset the specific producted posterior that had a baseling or an</li> </ol>	for Adult Immunization	73	Č.	ř.
A. The Barthill Makeman, Note, at the latent	For printer To Minute partice of the schemic shift arise p			-
2. Inchestration contraction of comp	Pyrometer (see the partice, index of second production means address partices that to address the partice is not deer please and pr			
<ol> <li>Particular last college policies of a re- scalar on balance has periodella.</li> </ol>	to aquest.	*	-	2
<ol> <li>Participal social criptical street sites</li> </ol>	A fits partness deepers to the states, have or any worked	0	0	-
It shares an	3. The protect for extra ratio decision processes	0	0	-
Economic Control of Co	<ol> <li>Strate base beginst ball, print address bardens in places attached bits, dawn, relation base (s), stated, dama at different bank.</li> </ol>			
	5. In protection paints, nill, or apatter in the spin prime?	0	0	-
full-selecting	<ol> <li>Important data patients, and a mote, and more data, in the standard state of the state of the</li> </ol>	0	0	-
For you king your AMP's consumption cannot be expected to have a person cannot of your AMP, or help any standard by her investigation of the person of the sec-	3. Place product a selective than, so other non-our system protection	0	0	-
product (Fig. product static territy provided the re- lation of a static static territy product or for the	<ol> <li>Intro-Tapat paratespectra materia a tradicator fanat a fanar posteri, antian para-traducta anticipitate presidenti.</li> </ol>	٥	0	-
	<ol> <li>Environmentation properties a financial environmentation properties and the environment of the</li></ol>	٥	٥	-
	18 Plac protocol all all activities in the part if week?	0	0	-
	famorphetic fin famorphetic fin fid yacking your inmolectic result and whit put fit comparison for put for an exact put and whit put fit comparison for put for an exact put and and the put for fit comparison for put for an exact put of the put for an exact put for fit comparison for put for an exact put of the put for an exact put for fit comparison for put for an exact put of the put for an exact put for fit comparison for put for an exact put for an exact put for an exact put for fit comparison for put for an exact put for an exact put for an exact put for fit comparison for put for an exact put for an exact put for an exact put for an exact put for fit comparison for put for an exact put for an exact put for an exact put for fit comparison for put for an exact put for an exact put for an exact put for fit comparison for put for an exact put for an exact put for an exact put for fit comparison for put for an exact put for an exact put for an exact put for fit comparison for put for an exact put for an exact put for an exact put for fit comparison for put for an exact put for an	-		

Save valuable staff time and make sure your patients are fully screened by using these simple 1-page questionnaires (one for adult immunization, another for children/teens). Patients respond to questions by checking off "yes" and "no" boxes while waiting to be seen. Staff reviews answers during the visit. These pads are priced at \$16 per 100-sheet pad. Prices drop to \$12 each for 2 pads, \$11 each for 3 pads, \$10 each for 4 pads. Keep pads at the receptionist's desk, the nurses' station, and in every exam room. To view the pads or for more details, visit IAC's website at www.immunize.org/shop.

To order, visit www.immunize.org/shop or use the order form on page 11. For 5 or more pads, contact us for discount pricing: admininfo@immunize.org

# Immunization record cards available for all ages— For adults, for children & teens, and for a lifetime!



Now you can give any patient a permanent vaccination record card designed specifically for their age group: adult, child & teen, or lifetime. The three cards list all vaccines recommended for each age. The cards are printed on durable rip-, smudge-, and water-proof paper. Wallet-sized when folded, the cards are brightly colored to stand out. To view the cards or for more details, go to www.immunize.org/shop and click on the images.

Buy I box (250 cards) for \$37.50 (first order of a 250-card box comes with a 30-day, money-back guarantee). Discounts for larger orders: 2 boxes \$35 each; 3 boxes \$32.50 each; 4 boxes \$30 each

To order, visit www.immunize.org/shop, or use the order form on page 11. To receive sample cards, email your request to admininfo@immunize.org

# Laminated immunization schedules for adults or children Order one for every exam room!

Here are the ACIP/AAFP/ACOG/ACP-approved schedule for adults and the ACIP/AAP/AAFP-approved immunization schedule for people ages 0–18 years. Both are laminated for heavy-duty use, complete with essential footnotes, and printed in color for easy reading. The cost is \$10 for each schedule and only \$6.50 each for five or more copies.



To order, visit www.immunize.org/shop, or use the order form on page 11. For 20 or more copies, contact us for discount pricing: admininfo@immunize.org

## **Advisory Board**

#### Liaisons from Organizations

William L. Atkinson, MD, MPH Nat'l. Ctr. for Immun. & Resp. Diseases, CDC Stephen L. Cochi, MD, MPH Nat'l. Ctr. for Immun. & Resp. Diseases, CDC Lawrence J. D'Angelo, MD, MPH Society for Adolescent Medicine Stanley A. Gall, MD Amer. College of Obstetricians & Gynecologists Bruce Gellin, MD, MPH National Vaccine Program Office, DHHS Neal A. Halsey, MD Institute for Vaccine Safety, Johns Hopkins Univ. Carol E. Hayes, CNM, MN, MPH American College of Nurse-Midwives Gregory James, DO, MPH, FACOFP American Osteopathic Association Samuel L. Katz, MD Pediatric Infectious Diseases Society Mary Beth Koslap-Petraco, RN-CS, CPNP National Assn. of Pediatric Nurse Practitioners Marie-Michele Leger, MPH, PA-C American Academy of Physician Assistants Harold S. Margolis, MD Pediatric Dengue Vaccine Initiative Martin G. Myers, MD National Network for Immunization Information Kathleen M. Neuzil, MD, MPH American College of Physicians Paul A. Offit, MD Vaccine Education Ctr., Children's Hosp, of Phila, Walter A. Orenstein, MD Emory Vaccine Center, Emory University Mitchel C. Rothholz, RPh, MBA American Pharmacists Association Thomas N. Saari, MD American Academy of Pediatrics William Schaffner, MD Infectious Diseases Society of America Anne Schuchat, MD Nat'l. Ctr. for Immun. & Resp. Diseases, CDC Thomas E. Stenvig, RN, PhD American Nurses Association Litjen Tan, PhD American Medical Association John W. Ward, MD Division of Viral Hepatitis, NCHHSTP, CDC Patricia N. Whitley-Williams, MD, MPH National Medical Association Walter W. Williams, MD, MPH Office of Minority Health, CDC Individuals Hie-Won L. Hann, MD Jefferson Medical College, Philadelphia, PA

Mark A. Kane, MD, MPH Consultant, Seattle, WA Edgar K. Marcuse, MD, MPH University of Washington School of Medicine Brian J. McMahon, MD Alaska Native Medical Center, Anchorage, AK Gregory A. Poland, MD Mayo Clinic, Rochester, MN Sarah Jane Schwarzenberg, MD University of Minnesota Coleman I. Smith, MD Minnesota Gastroenterology, Minneapolis, MN Richard K. Zimmerman, MD, MPH University of Pittsburgh

> Deborah L. Wexler, MD Executive Director

# Don't take chances with your family's health – make sure you all get vaccinated against influenza every year!



Here's how influenza can hurt your family...

Influenza can make you, your children, or your parents really sick.	Influenza usually comes on suddenly. Symptoms can include high fever, chills, headaches, exhaustion, sore throat, cough, and all-over body aches. Some people say, "It felt like a truck hit me!" Symptoms can also be mild. Regardless, when influenza strikes your family, the result is lost time from work and school.
Influenza spreads easily from person to person.	An infected person can spread influenza when they cough, sneeze, or just talk near others. They can also spread it by touching or sneezing on an object that someone else touches later. And, an infected person doesn't have to feel sick to be contagious: they can spread influenza to others when they feel well – before their symptoms have even begun.
Influenza and its complications can be so serious that they can put you, your children, or your parents in the hospital – or lead to death.	Each year, more than 200,000 people are hospitalized in the U.S. from influenza and its complications. And 36,000 die, including many children. The people who have the highest probability of being hospitalized and of dying are infants, young children, older adults, and people of all ages who have medical conditions such as heart or lung disease. But remember, it's not only the youngest, oldest, or sickest who die: every year influenza kills people who were otherwise healthy.
Influenza can be a very serious disease for you, your family, and friends – but you can all be protected by getting vaccinated.	There's no substitute for yearly vaccination in protecting the people you love from influenza. Either type of influenza vaccine (the "shot" or nasal spray) will help keep you and your loved ones safe from a potentially deadly disease. Get vaccinated every year, and make sure your children and your parents are vaccinated, too.

# Get vaccinated every year! Get your children vaccinated! Be sure your parents get vaccinated, too!

Technical content reviewed by the Centers for Disease Control and Prevention, November 2008.

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

# Influenza education materials for patients & staff

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



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

- 1. Standing orders for administering influenza vaccines to children & adolescents: www.immunize.org/catg.d/p3074a.pdf
- 2. Standing orders for administering influenza vaccine to adults: www.immunize.org/catg.d/p3074.pdf
- 3. Screening questionnaire for injectable influenza vaccination: www.immunize.org/catg.d/p4066.pdf
- 4. Screening questionnaire for intranasal influenza vaccination: www.immunize.org/catg.d/p4067.pdf
- 5. First do no harm: Protect patients by making sure all staff receive yearly influenza vaccine: www.immunize.org/catg.d/p2014.pdf
- 6. Declination of influenza vaccination (for healthcare worker refusal): www.immunize.org/catg.d/p4068.pdf
- 7. Give these people influenza vaccine: www.immunize.org/catg.d/p2013.pdf
- 8. Influenza: Questions and Answers: www.immunize.org/catg.d/p4208.pdf
- 9. Don't take chances with your family's health—make sure you all get vaccinated against influenza every year! www.immunize.org/catg.d/p4069.pdf
- 10. Federally required Vaccine Information Statements in English and other languages: www.immunize.org/vis
  - Inactivated Influenza Vaccine: What you need to know: www.immunize.org/vis/2flu.pdf
  - Live, Intranasal Influenza Vaccine: What you need to know: www.immunize.org/vis/liveflu.pdf

# Immunization Action Coalition's top print and electronic materials, all at www.immunize.org

Our website visitors access these resources by the thousands each month

"Top 10" print materials for use in adult medicine specialist settings: visit www.immunize.org/printmaterials

- Summary of recommendations for adult immunization (3 pages) Succinctly condenses hundreds of pages of federal vaccine recommendations for adults into a few short pages. Free! Go to: www.immunize.org/catg.d/p2011.pdf
- 2. Vaccine administration record for adults (1 page) Put this form in your patients' charts to document vaccinations Free! Go to: www.immunize.org/catg.d/p2023.pdf
- **3.** Screening questionnaire for adult immunization (2 pages) Ask patients to fill this out; screens for vaccine contraindications Free! Go to: www.immunize.org/catg.d/p4065.pdf
- Screening questionnaire for injectable influenza vaccine (2 pages) Ask patients to fill this out; screens for vaccine contraindications Free! Go to: www.immunize.org/catg.d/p4066.pdf
- Healthcare personnel vaccination recommendations (1 page) Explains which healthcare personnel need vaccinations, when, and why Free! Go to: www.immunize.org/catg.d/p2017.pdf
- 6. Vaccinations for adults—you're never too old to get immunized! (1 page) Tells patients that vaccination is a life-long and life-protecting job; outlines which vaccines they need and when Free! Go to: www.immunize.org/catg.d/p4030.pdf
- 7. Hepatitis A, B, and C: Learn the differences (1 page) Discusses the differences between hepatitis A, B, and C Free! Go to: www.immunize.org/catg.d/p4075abc.pdf
- 8. How to administer IM and SC injections to adults (2 pages) Refer to this table when administering IM and SC vaccines to patients Free! Go to: www.immunize.org/catg.d/p2020a.pdf
- 9. Administering vaccines to adults: Dose, route, site, needle size, and preparation (1 page)

Refer to this sheet as a handy reference when administering vaccines Free! Go to: www.immunize.org/catg.d/p3084.pdf

#### **10. Temperature log for vaccines: Fahrenheit (4 pages)**

Use this chart to keep a daily record of vaccine refrigerator temperatures Free! Go to: www.immunize.org/catg.d/p3039.pdf

#### "Top 10" web pages for adult medicine specialist settings: all available at www.immunize.org

- 1. Immunization Action Coalition's home page Designed to easily access the breadth of IAC's immunization information Go to: www.immunize.org
- CDC's Vaccine Information Statements (VISs) Federally mandated vaccine education sheets for each vaccine from CDC Go to: www.immunize.org/vis
- **3.** Free print materials for your patients and staff Approximately 250 free, ready-to-copy English-language materials

for healthcare professionals and the public—many also in translation Go to: www.immunize.org/printmaterials

4. Standing orders for administering vaccines Sample standing orders for giving recommended vaccines to adults Go to: www.immunize.org/standingorders

#### 5. Ask the Experts Q & A's

CDC experts answer hundreds of immunization questions Go to: www.immunize.org/askexperts

#### 6. IAC Express email news service

A free weekly digest of immunization news delivered to you by the Immunization Action Coalition every Monday Go to: www.immunize.org/express

7. What's new at the Immunization Action Coalition

Chronological list of IAC's new and revised ready-to-copy print materials, website updates, and periodicals Go to: www.immunize.org/new

#### 8. Vaccinate Adults!

A premier periodical on adult immunization Go to: www.immunize.org/va

9. Subscribe to Immunization Action Coalition publications

Sign up for FREE subscriptions to *IAC Express* and IAC's 3 periodicals Go to: www.immunize.org/subscribe

#### 10. Shop at Immunization Action Coalition

IAC's immunization products include patient held record cards, laminated versions of CDC's immunization schedule, and training videos Go to: www.immunize.org/shop



**COPY THIS** and hand it out to staff

# Summary of Recommendations for Adult Immunization

001	 unu	nana i	tout	to stan	
	(	Page	e 1	of 3	)

Vaccine name and route	For whom vaccination is recommended		Schedule for vaccine administration (any vaccine can be given with another)	<b>Contraindications and precautions</b> (mild illness is not a contraindication)
Influenza Trivalent inactivated influenza vaccine (TIV) <u>Give IM</u> Live attenuated influenza vaccine (LAIV) <u>Give</u> intranasally	<ul> <li>All persons who want to reduce the likelihood of becoming ill with influenza or of spreading it to others.</li> <li>Persons age 50yrs and older. [TIV only]</li> <li>Persons with medical problems (e.g., heart or lung disease, renal, hepatic, hematologic, or metabolic disorder [including diabetes], immunosuppression). [TIV only]</li> <li>Persons with any condition that compromises respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration (e.g., cognitive dysfunctiseizure disorder, or other neuromuscular disorder). [TIV only]</li> <li>Persons who work or live with high-risk people.</li> <li>Women who will be pregnant during the influenza season (currently pregnant, TIV only]</li> <li>All healthcare personnel and other persons who provide dir Household contacts and out-of-home caregivers of children</li> <li>Travelers at risk for complications of influenza who go to a activity exists or who may be among people from areas of current influenza activity (e.g., on organized tours). [TIV or</li> <li>Students or other persons in institutional settings (e.g., reside correctional facilities).</li> </ul>	Note: LAIV may not be given to some of the persons listed to the left; see contraindica- tions listed in far right column. on, spinal cord injury, ly] December–spring). [If ect care to high-risk people. age 0–59m. reas where influenza the world where there is only] dents of dormitories or	<ul> <li>Give 1 dose every year in the fall or winter.</li> <li>Begin vaccination services as soon as vaccine is available and continue until the supply is depleted.</li> <li>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.</li> <li>If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, and/or yellow fever vaccine—they should be given on the same day. If they are not, space them by at least 28d.</li> </ul>	<ul> <li>Contraindications</li> <li>Previous anaphylactic reaction to this vaccine, to any of its components, or to eggs.</li> <li>For LAIV only, age 50 years or older, pregnancy, asthma, reactive airway disease or other chronic disorder of the pulmonary or cardiovascular system; an underlying medical condition, including metabolic disease such as diabetes, renal dysfunction, and hemoglobinopathy; a known or suspected immune deficiency disease or immunosuppressed state.</li> <li>Precautions</li> <li>Moderate or severe acute illness.</li> <li>History of Guillain-Barré syndrome (GBS) within 6wks of previous influenza vaccination.</li> </ul>
Pneumococcal poly- saccharide (PPSV) <i>Give IM or SC</i>	<ul> <li>Persons age 65yrs and older.</li> <li>Persons who have chronic illness or other risk factors, including chronic cardiac or pulmonary disease, chronic liver disease, alcoholism, diabetes, CSF leaks, cigarette smoking, as well as people living in special environments or social settings (including Alaska Natives and certain American Indian populations age 50 through 64 years if recommended by local public health authorities).</li> <li>Those at highest risk of fatal pneumococcal infection, including persons who         <ul> <li>have anatomic asplenia, functional asplenia, or sickle cell disease</li> <li>have an immunocompromising condition, including HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, or nephrotic syndrome</li> <li>are receiving immunosuppressive chemotherapy (including corticosteroids)</li> <li>have received an organ or bone marrow transplant</li> <li>are candidates for or recipients of cochlear implants</li> </ul> </li> </ul>		<ul> <li>Give 1 dose if unvaccinated or if previous vaccination history is unknown.</li> <li>Give a 1-time revaccination at least 5yrs after 1st dose to persons <ul> <li>age 65yrs and older if the 1st dose was given prior to age 65yrs</li> <li>at highest risk of fatal pneumococcal infection or rapid antibody loss (see the 3rd bullet in the box to left for listings of persons at highest risk)</li> </ul> </li> </ul>	Contraindication Previous anaphylactic reaction to this vaccine or to any of its components. Precaution Moderate or severe acute illness.
Zoster (shingles) (Zos) Give SC	• Persons age 60yrs and older.		• Give 1-time dose if unvaccinated, regardless of previous history of herpes zoster (shingles) or chicken- pox.	<ul> <li>Contraindications</li> <li>Previous anaphylactic reaction to any component of zoster vaccine (e.g., gelatin &amp; neomycin).</li> <li>Primary cellular or acquired immunodeficiency.</li> <li>Pregnancy.</li> <li>Precaution</li> <li>Moderate or severe acute illness.</li> </ul>

Technical content reviewed by the Centers for Disease Control and Prevention, November 2008.

www.immunize.org/catg.d/p2011.pdf • Item #P2011 (11/08)

# Summary of Recommendations for Adult Immunization (continued)

(Page	2	of	3)
-------	---	----	----

Vaccine name and route	For whom vaccination is recommended	<b>Schedule for vaccine administration</b> (any vaccine can be given with another)	<b>Contraindications and precautions</b> (mild illness is not a contraindication)
Hepatitis B (HepB) <i>Give IM</i> Brands may be used interchangeably.	<ul> <li>All persons through age 18yrs.</li> <li>All adults wishing to be protected from hepatitis B virus infection.</li> <li>High-risk persons, including household contacts and sex partners of HBsAg-positive persons; injecting drug users; sexually active persons not in a long-term, mutually monogamous relationship; men who have sex with men; persons with HIV; persons seeking evaluation or treatment for an STD; patients receiving hemodialysis and patients with renal disease that may result in dialysis; 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; and certain international travelers.</li> <li>Persons with chronic liver disease.</li> <li>Note: Provide serologic screening for immigrants from endemic areas. If patient is chronically infected, assure appropriate disease management. Screen sex partners and household members; give HepB at the same visit if not already vaccinated.</li> </ul>	<ul> <li>Give 3 doses 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 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.</li> <li>Schedule for those who have fallen behind: If the series is delayed between doses, DO NOT start the series over. Continue from where you left off.</li> <li>For Twinrix<sup>®</sup> (hepatitis A and B combination vaccine [GSK]) for patients age 18wrs and older only: give 3 doses on a</li> </ul>	Contraindication Previous anaphylactic reaction to this vaccine or to any of its components. Precaution Moderate or severe acute illness.
Hepatitis A (HepA) <i>Give IM</i> Brands may be used interchangeably.	<ul> <li>All persons wishing to be protected from hepatitis A virus (HAV) infection.</li> <li>Persons who travel or work anywhere EXCEPT the U.S., Western Europe, New Zealand, Australia, Canada, and Japan.</li> <li>Persons with chronic liver disease; injecting and non-injecting drug users; men who have sex with men; people who receive clotting-factor concentrates; persons who work with HAV in experimental lab settings (not routine medical laboratories); food handlers when health authorities or private employers determine vaccination to be appropriate.</li> <li>Unvaccinated adults age 40yrs or younger with recent (within 2 wks) exposure to HAV, immune globulin is preferred over HepA vaccine.</li> </ul>	<ul> <li>of the other only. give 5 does on a 0, 1, 6m schedule. There must be at least 4wks between doses #1 and #2, and at least 5m between doses #2 and #3. An alternative schedule can also be used at 0, 7d, 21–30d, and a booster at 12m.</li> <li>Give 2 doses.</li> <li>The minimum interval between doses #1 and #2 is 6m.</li> <li>If dose #2 is delayed, do not repeat dose #1. Just give dose #2.</li> </ul>	<ul> <li>Contraindication</li> <li>Previous anaphylactic reaction to this vaccine or to any of its components.</li> <li>Precautions</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>
<b>Td, Tdap</b> (Tetanus, diphtheria, pertussis) <i>Give IM</i>	<ul> <li>All adults who lack written documentation of a primary series consisting of at least 3 doses of tetanus- and diphtheria-toxoid-containing vaccine.</li> <li>A booster dose of tetanus- and diphtheria-toxoid-containing vaccine may be needed for wound management as early as 5yrs after receiving a previous dose, so consult ACIP recommendations.*</li> <li>Using tetanus toxoid (TT) instead of Td or Tdap is <u>not</u> recommended.</li> <li>In pregnancy, when indicated, give Td or Tdap in 2nd or 3rd trimester. If not administered during pregnancy, give Tdap in immediate postpartum period.</li> <li>For Tdap only:</li> <li>All adults younger than age 65yrs who have not already received Tdap.</li> <li>Adults in contact with infants younger than age 12m (e.g., parents, grandparents younger than age 65yrs, childcare providers, healthcare personnel) who have not received a dose of Tdap should be prioritized for vaccination.</li> <li>Healthcare personnel who work in hospitals or ambulatory care settings and have direct patient contact and who have not received Tdap.</li> </ul>	<ul> <li>For persons who are unvaccinated or behind, complete the primary series with Td (spaced at 0, 1–2m, 6–12m intervals). One-time dose of Tdap may be used for any dose if younger than age 65yrs.</li> <li>Give Td booster every 10yrs after the primary series has been completed. For adults younger than age 65yrs, a 1-time dose of Tdap is recommended to replace the next Td.</li> <li>Intervals of 2yrs or less between Td and Tdap may be used.</li> <li>Note: The two Tdap products are licensed for different age groups: Adacel<sup>™</sup> (sanofi) for use in persons age 11–64yrs and Boostrix<sup>®</sup> (GSK) for use in persons age 10–18yrs.</li> </ul>	<ul> <li>Contraindications</li> <li>Previous anaphylactic reaction to this vaccine or to any of its components.</li> <li>For Tdap only, history of encephalopathy within 7d following DTP/DTaP.</li> <li>Precautions</li> <li>Moderate or severe acute illness.</li> <li>GBS within 6wks of receiving a previous dose of tetanus-toxoid-containing vaccine.</li> <li>Unstable neurologic condition.</li> <li>History of Arthus reaction following a previous dose of tetanus- and/or diphtheria-toxoid-containing waccine, including MCV.</li> <li>Note: Use of Td/Tdap is not contraindicated in pregnancy. Either vaccine may be given during trimester #2 or #3 at the provider's discretion.</li> </ul>
Polio (IPV) Give IM or SC	Not routinely recommended for U.S. residents age 18yrs and older. <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 (i.e., India, Pakistan, Afghanistan, and Nigeria). Previously vaccinated adults can receive 1 booster dose if traveling to polio endemic areas.	• Refer to ACIP recommendations* regarding unique situations, schedules, and dosing information.	Contraindication Previous anaphylactic or neurologic reaction to this vaccine or to any of its components. Precautions • Moderate or severe acute illness. • Pregnancy.

# Summary of Recommendations for Adult Immunization (continued)

(Page 3 of 3)

Vaccine name and route	For whom vaccination is recommended	<b>Schedule for vaccine administration</b> (any vaccine can be given with another)	<b>Contraindications and precautions</b> (mild illness is not a contraindication)
Varicella (Var) (Chickenpox) <i>Give SC</i>	• All adults without evidence of immunity. <b>Note:</b> Evidence of immunity is defined as written documen- tation of 2 doses of varicella vaccine; a history of varicella disease or herpes zoster (shingles) based on healthcare-pro- vider diagnosis; laboratory evidence of immunity; labora- tory confirmation of disease; and/or birth in the U.S. before 1980, with the exceptions that follow. Healthcare personnel (HCP) and pregnant women born in the U.S. before 1980 who do not meet any of the criteria above should be tested. If they are not immune, give the first dose of varicella vac- cine immediately (HCP) or postpartum and before hospital discharge (pregnant women). Give the second dose 4–8 wks later. Routine post-vaccination testing is not recommended.	<ul> <li>Give 2 doses.</li> <li>Dose #2 is given 4–8wks after dose #1.</li> <li>If the second dose is delayed, do not repeat dose #1. Just give dose #2.</li> <li>If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, and/or yellow fever vaccine—they should be given on the same day. If they are not, space them by at least 28d.</li> <li>May use as postexposure prophylaxis if given within 5d.</li> </ul>	<ul> <li>Contraindications</li> <li>Previous anaphylactic reaction to this vaccine or to any of its components.</li> <li>Pregnancy or possibility of pregnancy within 4wks.</li> <li>Persons on high-dose immunosuppressive therapy or who are immuno-compromised because of malignancy and primary or acquired cellular immunodeficiency, including HIV/AIDS (although vaccination may be considered if CD4+ T-lymphocyte counts are greater than or equal to 200 cells/µL. See <i>MMWR</i> 2007;56,RR-4).</li> <li>Precautions</li> <li>Moderate or severe acute illness.</li> <li>If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11m, see ACIP statement <i>General Recommendations on Immunization</i>* regarding time to wait before vaccinating.</li> </ul>
Meningo- coccal Conjugate vaccine (MCV) <i>Give IM</i> Polysaccharide vaccine (MPSV) <i>Give SC</i>	<ul> <li>All persons age 11 through 18yrs.</li> <li>College freshmen living in a dormitory.</li> <li>Persons with anatomic or functional asplenia or with a terminal-complement component deficiency.</li> <li>Persons who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of Sub-Saharan Africa).</li> <li>Microbiologists routinely exposed to isolates of <i>N. meningitidis</i>.</li> </ul>	<ul> <li>Give 1 dose.</li> <li>If previous vaccine was MPSV, revaccinate after 3yrs if risk continues.</li> <li>Revaccination after MCV is not recommended.</li> <li>MCV is preferred over MPSV for persons age 55yrs and younger, although MPSV is an acceptable alternative.</li> </ul>	<ul> <li>Contraindication Previous anaphylactic or neurologic reaction to this vaccine or to any of its components, including diphtheria toxoid (for MCV). Precautions <ul> <li>Moderate or severe acute illness.</li> <li>For MCV only, history of Guillain-Barré syndrome (GBS).</li> </ul></li></ul>
MMR (Measles, mumps, rubella) <i>Give SC</i>	<ul> <li>Persons born in 1957 or later (especially those born outside the U.S.) should receive at least 1 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>Persons 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.</li> <li>Persons born before 1957 are usually considered immune, but proof of immunity (serology or vaccination) may be desirable for healthcare personnel.</li> <li>Women of childbearing age who do not have acceptable evidence of rubella immunity or vaccination.</li> </ul>	<ul> <li>Give 1 or 2 doses (see criteria in 1st and 2nd bullets in box to left).</li> <li>If dose #2 is recommended, give it no sooner than 4wks after dose #1.</li> <li>If a pregnant woman is found to be rubella susceptible, give 1 dose of MMR postpartum.</li> <li>If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, and/or yellow fever vaccine—they should be given on the same day. If they are not, space them by at least 28d.</li> <li>Within 72hrs of measles exposure, give 1 dose as postexposure prophylaxis to susceptible adults.</li> </ul>	<ul> <li>Contraindications</li> <li>Previous anaphylactic reaction to this vaccine or to any of its components.</li> <li>Pregnancy or possibility of pregnancy within 4wks.</li> <li>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).</li> <li>Precautions</li> <li>Moderate or severe acute illness.</li> <li>If blood, plasma, and/or immune globulin were given in past 11m, see ACIP statement <i>General Recommendations on Immunization</i>* regarding time to wait before vaccinating.</li> <li>History of thrombocytopenia or thrombocytopenic purpura.</li> <li>Note: If TST (tuberculosis skin test) and MMR are both needed but not given on same day, delay TST for 4–6wks after MMR.</li> </ul>
Human papillomavirus (HPV) Give IM	All previously unvaccinated women through age 26yrs.	<ul> <li>Give 3 doses on a 0, 2, 6m schedule.</li> <li>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.</li> </ul>	<ul> <li>Contraindication Previous anaphylactic reaction to this vaccine or to any of its components. </li> <li>Precautions <ul> <li>Moderate or severe acute illness.</li> <li>Data on vaccination in pregnancy are limited. Vaccination should be delayed until after completion of the pregnancy.</li> </ul> </li> </ul>

complications of influenza. Influenza vaccine is also recommended for any persons who want to reduce the risk of becoming ill with influenza or of transmitting it to others.

#### What percentage of the U.S. population is recommended to receive influenza vaccination?

With the new recommendation to vaccinate all children ages 6 months through 18 years, 85% of the U.S. population should be vaccinated every year.

#### Is it true that I can vaccinate pregnant women with influenza vaccine during their first trimester?

Yes. All women who are pregnant or will be pregnant during the influenza season should be vaccinated, including those who are in their first trimester. Only inactivated (injectable) vaccine should be given to pregnant women.

#### During which month is it no longer worthwhile to give influenza vaccine to my patients?

If you have influenza vaccine in your refrigerator and unvaccinated patients in your office, you should vaccinate them. Vaccinating in June is likely unnecessary.

#### What is the Joint Commission's recommendation on vaccinating healthcare workers against influenza?

In January 2007, a new infection control standard of the Joint Commission became effective that requires accredited organizations to offer annual influenza vaccination to staff, volunteers, and licensed independent practitioners who have close patient contact.

# Can a woman complete the HPV series after age 26 years?

The series should be completed, even if this means that the series is completed after a woman turns 27.

#### I have heard that there will be a change in the pneumococcal polysaccharide vaccine recommendations for adults with asthma and for smokers. Is this true?

Yes. The 1997 CDC recommendations for the use of pneumococcal polysaccharide vaccine (PPSV) exclude asthma in the chronic pulmonary disease category because no data on increased risk of pneumococcal disease among persons with asthma were available when the recommendation was issued. At its June 2008 meeting, the Advisory Committee on Immunization Practices (ACIP) reviewed new information that suggests that asthma is an independent risk factor for pneumococcal disease among adults. At its October 2008 meeting, ACIP reviewed new information that demonstrates an increased risk of pneumococcal disease among smokers. Consequently, ACIP voted to include both asthma and cigarette smoking as risk factors for pneumococcal disease among adults age 19 through 64 years and as indications for PPSV. The new recommendations will be included in the 2009 Recommended Adult Immunization Schedule, due to be published in January 2009.

#### We have an adult patient who received the correct pediatric series of HepA vaccine as a teenager and is now traveling abroad. Does the patient need an adult booster?

No. There is no recommendation for a booster dose of hepatitis A vaccine if a patient has completed the 2-dose series at any age.

# When administering zoster vaccine, is it necessary to ask patients if they have ever had chickenpox or shingles?

No. All persons age 60 years or older—whether they have a history of chickenpox or shingles or not—should be given zoster vaccine unless they have a medical contraindication. Medical contraindications are described in detail in the recently released CDC recommendations "Prevention of Herpes Zoster." To obtain a copy, go to www.cdc. gov/mmwr/pdf/rr/rr5705.pdf.

# Can you catch shingles from a person with active shingles infection?

Shingles cannot be passed from one person to another through sneezing, coughing, or casual contact. If a person who has never had chickenpox or been vaccinated against chickenpox comes in direct contact with a shingles rash, the virus could be transmitted to the susceptible person. The exposed person would develop chickenpox, not shingles.

#### To submit an "Ask the Experts" question ...

You can email your questions about immunization to us at admin@immunize.org. IAC will respond to your inquiry. Because we receive hundreds of emails each month, we cannot guarantee 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.  $\blacklozenge$ 

#### Correction to "Ask the Experts"

Readers had reservations about an answer given to a question that appeared in the "Ask the Experts" section of the March 2008 issue of *Vaccinate Adults.* Drs. Atkinson and Kroger subsequently issued a corrected answer to the question, which IAC published in its electronic newsletter, *IAC Express.* The corrected answer is reprinted below.

To make sure you always receive *Vaccinate Adults* corrections as soon as they are issued, subscribe to *IAC Express*. It's free. To sign up, go to www. immunize.org/subscribe.

#### What are the new recommendations for vaccination of travelers to protect them from hepatitis A virus (HAV) infection?

The new recommendations (www.cdc.gov/mmwr/ preview/mmwrhtml/mm5641a3.htm) state that (1) hepatitis A vaccine is recommended for healthy susceptible persons ages 1 through 40 years who travel to or work in regions where hepatitis A is endemic and (2) hepatitis A vaccine should be given as soon as travel is considered, but it can be given any time prior to departure. For optimal protection in instances when departure will take place within two weeks, persons older than age 40 years, immunocompromised persons, and persons with diagnosed chronic liver disease or other chronic medical conditions, should also receive IG simultaneously with the first dose of hepatitis A vaccine but at a different anatomic injection site. For travelers younger than age 1 year, IG alone is recommended because hepatitis A vaccine is not licensed for use in this age group. Hepatitis A is endemic in all regions except the United States, Western Europe, New Zealand, Australia, Canada, and Japan.

This is the last print edition of "Ask the Experts."

To receive future "Ask the Experts" by email, subscribe to the Immunization Action Coalition's news service, IAC Express. Special "Ask the Experts" editions will be published five times per year. Subscribe at:

## www.immunize.org/subscribe

To find hundreds of "Ask the Experts" questions online answered by CDC experts, go to:

www.immunize.org/askexperts

# **Order Essential Immunization Resources from IAC**

## Screening questionnaires help identify patients' vaccine contraindications—order today!

You want to give the right vaccines to every patient, every time. Why not make sure you cover the bases by using a comprehensive screening instrument? Our popular Immunization Screening Questionnaires are available for adults and for children/teens. They come in tear-off pads of 100, and with our volume discount, you can order plenty to keep on hand. Patients fill out the questionnaire with yes-

or-no answers while waiting to be seen, allowing you to review their responses quickly and be confident you're not missing any contraindications or precautions. The questionnaires are regularly updated to reflect current federal recommendations. To order questionnaires or any of our other essential resources, send in the form below or place your order online at www.immunize.org/shop.

## It's convenient to shop IAC online at www.immunize.org/shop

#### **Order Essential Immunization Resources**

#### **CD-ROM of IAC print materials**

FREE with a contribution of \$75 or more (see below). The CD contains all of IAC's ready-to-print materials in English and any translations available in Spanish. Includes VISs in English and Spanish.

	Padded Immunization Screening Questionnaires	
Qty.	(details p. 3; call for discounts on bulk orders)	Amt.
	1 pad-\$16; 2 pads-\$12 each; 3 pads-\$11 each; 4 pads-\$10 each	
R406	5 Adult immunization screening questionnaire\$	
R406	0 Child/teen immunization screening questionnaire\$	
	Laminated Immunization Schedules	
	(details p. 3; call for discounts on bulk orders)	
R200	9 Adult schedule: 1-4 copies-\$10 each; 5-19 copies-\$6.50 each\$	
R200	08 Child/teen schedule: 1-4 copies-\$10 each; 5-19 copies-\$6.50 each \$	
	Patient Immunization Record Cards	
	(details p. 3; call for discounts on bulk orders)	
250 c	ards/box; 1 box-\$37.50; 2 boxes-\$35 each; 3 boxes-\$32.50 each; 4 boxes-\$30 each	
R200	95 Adult immunization record cards\$	
R200	03 Child/teen immunization record cards\$	
R200	04 Lifetime immunization record cards\$	
	DVD and Videotape	

#### (call for discounts on bulk orders)

D2020	DVD: Immunization Techniques: Safe, Effective, Caring\$10.50	
V2020	Videotape: Immunization Techniques: Safe, Effective, Caring \$10.50	

Subtotal for Purchases \$

### Make a Charitable Contribution

I am a 🗅 new 🗅 renewing contributor.

#### Here is my contribution:

\$25	□ \$50	<b>□</b> \$75	□ \$100	🖵 \$125
⊒ \$150	□ \$200	<b>\</b> \$250	other: \$	

- As a thank-you gift, I'd like a packet of IAC's 15 most popular print pieces, such as the "Summary of Recommendations for Adult Immunization."
- □ I'm contributing \$75 or more and would like the additional thank-you gift of a CD containing all of IAC's English- and Spanish-language print materials, plus Vaccine Information Statements in English and Spanish.

IAC is a 501(c)(3) charitable organization and your contribution is tax deductible to the fullest extent of the law.

Purchases and Contribution Total \$ \_

## **Ready to order? Please read this first!**

- Whether you order by check, credit card, or purchase order, complete both parts of this form (the ordering information to the left and the payment and shipping information below). Our federal ID# is 41-1768237.
- 2. To order by check (in U.S. dollars only), make your check payable to Immunization Action Coalition. Mail it with this order form in the enclosed envelope addressed to Immunization Action Coalition, 1573 Selby Avenue, Suite 234, St. Paul, MN 55104.
- To order by purchase order, include your purchase order number in the Method of Payment section below. Mail this form to the address above or fax it to (651) 647-9131.
- To order by credit card, include your credit card information in the Method of Payment section below. Mail this form to the address above or fax it to (651) 647-9131.
- 5. International orders, contact us for shipping charges.
- 6. Questions? call (651) 647-9009 or email admininfo@immunize.org

#### Method of payment: $\Box$ Check enclosed $\Box$ Purchase order #

🖵 Visa	Mastercard	🗅 Am. Express	Discover
Card #			
Exp. Date mo/y	e r	CV Code #*	

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

Name/Title

Organization

Shipping address (Check one: This is my  $\Box$  organization address  $\Box$  home address)

City/State/Zip

Telephone

Email address

### To access all of IAC's free print materials, visit www.immunize.org/printmaterials

## What do you think about this being the last print edition of Vaccinate Adults?



Dear Friends of the Immunization Action Coalition,

There is a sad rush afoot in many fields, including immunization education, to eliminate print publications in favor of online publishing as a way to reduce costs. I, however, am not alone in believing that hard-copy publications are as valuable as they ever were and that their additional costs are justified.

As an example, a 2005 study of radiologists found that even among experienced Internet users, 67% preferred

Deborah L. Wexler, MD IAC Executive Director

reading hard-copy journal articles, a substantial portion perceived information found on the Web to be less credible than that

found in traditional sources, and only 26% used the online versions of publications that were offered in advance of the print versions.

Similarly, a large percentage of Vaccinate Adults readers tell us that the print version of the publication is easier to read than the online version and that, because the print version is durable and securely bound, it gets circulated around offices, marked up, placed in nurses' stations or staff lounges for reading, and carried along during travel. In addition, it doesn't require an online search, downloading, and printing. Readers tell us that not having the hard copy will be an obstacle to their use of the information we work so hard to supply to them.

And these comments come primarily from Vaccinate Adults readers who are fully connected to the Internet and comfortable using the Web! For healthcare professionals who spend long days taking care of patients, the obligation to go online to download immunization information is a burden. And for those healthcare professionals who do not have a fast Internet connection, or who do not use the Internet at all, hard-copy issues are simply essential.

So why would we discontinue printing and mailing Vaccinate Adults and our other print publications, especially when we believe so strongly that this will diminish our effectiveness in keeping busy healthcare professionals up to date about the ever-changing, ever more complex aspects of vaccine delivery? The reason is simple: our longtime funding from the Centers for Disease Control and Prevention (CDC) for printing and mailing is no longer available.

Make no mistake: we would very much prefer to continue publishing Vaccinate Adults in print. To stay connected with us, be sure to go online now to www. immunize.org/subscribe so we can notify you when we post the next online-

only issue of Vaccinate Adults on our website.

When you sign up, you'll have the opportunity to make comments about the value of having a hard copy of Vaccinate Adults mailed directly to you. If you check the box that gives us permission to share your comments with CDC and other funders, you'll help us make the point that the print version of

Vaccinate Adults is an essential publication worthy of our funders' unwavering financial support.

Finally, please consider making a donation to the Immunization Action Coalition, either from yourself individually or from your organization or practice. Your contribution is tax-deductible to the fullest extent of the law and can be made on our website at www.immunize.org/support or by using the envelope stapled into this issue.

And thank you for everything you do to protect people from vaccine-preventable diseases. All of us at IAC look forward to continuing to support your vital work.

Deborah L. Wexler, MD

Deborah L. Wexler, MD deborah@immunize.org

#### It's convenient to contribute online at www.immunize.org/support

I want to contribute to the Immunization Action Coalition!				Name/Title	
<b>□</b> \$25	□ \$50	□ \$75	<b>1</b> \$100	Organization	
<b>□</b> \$150	<b>□</b> \$250	└┙ other \$ _		Address	
Method of payment					-
Check made out to Immunization Action Coalition				City/State/Zip	_
□ P.O. #		_		Phone and Fmail	
🗆 Visa 🗖 Mas	tercard 🗖 /	Am. Express	Discover		-
Fax this form to ( or use the enclose	<b>551) 647-9131</b> ( ed envelope. (	Credit Card #		Exp. date (mo/vr)	
IAC is a 501(c)(3) charitable organization and your contribution is tax deductible to the fullest extent of the law.					

**Immunization Action Coalition** 1573 Selby Avenue, Suite 234 Saint Paul, MN 55104

Nonprofit Org. U.S. Postage PAID Permit No. 3388 Champlin, MN

To be notified of the next issue of Vaccinate Adults, go to www.immunize.org/subscribe