

VACCINATE ADULTS!

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

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ACIP votes to broaden recommendations for use of Tdap vaccine

Cases of pertussis have increased in many states in the past decade. California is experiencing its largest outbreak in 60 years. Since January 2010, the state has reported 10 infant deaths, nine in infants younger than age 2 months, and more than 6,400 confirmed, probable, and suspected pertussis cases. In an effort to protect more people from pertussis, CDC's Advisory Committee on Immunization Practices (ACIP) recently voted to change the recommendations for the use of Tdap (tetanus-diphtheria-acellular pertussis) vaccine. Changes pertinent to adult vaccination recommendations are as follows:

- Tdap can be administered regardless of the interval since the last Td vaccine was given.
- All adolescents and adults ages 11 through 64 years who have not received a dose of Tdap or whose vaccination status is unknown should receive a single dose of Tdap as soon as feasible.
- Adults age 65 years and older who have not

previously received Tdap, and who have or who anticipate having close contact with a child younger than age 12 months, should receive a single dose of Tdap to reduce the likelihood of transmitting pertussis to an infant. Other adults age 65 years and older who have not previously received Tdap may be given a single dose of Tdap in place of Td (tetanus and diphtheria toxoid).

Though giving Tdap vaccine to people 65 years and older is off-label use, CDC recommends use of the vaccine regardless.

For more information on ACIP's changes in Tdap vaccination recommendations, see the "Ask the Experts" feature below.

For information on the 35 states and the District of Columbia that have Tdap booster requirements for school attendance, see www.immunize.org/laws/tdap.asp.

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).

DTaP, Tdap, and Td vaccines

What are the new changes to recommendations for use of Tdap vaccine?

In response to an increased incidence of pertussis in the U.S., in October 2010, ACIP voted on the following new recommendations for the use of Tdap vaccine:

- Tdap can be given regardless of the interval since the last Td was given. There is NO need to wait 2–5 years to administer Tdap following a dose of Td.

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)

- Adolescents should receive a one-time dose of Tdap (instead of Td) at the 11–12-year-old visit.
- Adolescents and adults younger than age 65 years who have not received a dose of Tdap, or for whom vaccine status is unknown, should be immunized as soon as feasible. (As stated above, Tdap can be administered regardless of interval since the previous Td dose.)
- Adults age 65 years and older who have not previously received a dose of Tdap, and who have or anticipate having close contact with children younger than age 12 months (e.g., grandparents, other relatives, child care providers, and health-care personnel), should receive a one-time dose to protect infants. (As stated above, Tdap can be administered regardless of interval since the previous Td dose.)
- Other adults 65 years and older who are not in contact with an infant, and who have not previously received a dose of Tdap, may receive a single dose of Tdap in place of a dose of Td.
- Children ages 7–10 years who are not fully immunized against pertussis (i.e., did not complete a series of pertussis-containing vaccine before their seventh birthday) should receive a one-time dose of Tdap.

Aren't the October 2010 ACIP recommendations for expanded use of Tdap vaccine in adults age 65 years and older different from what is on the package inserts?

Yes. Sometimes ACIP makes recommendations

that differ from the FDA-approved package insert indications, and this is one of those instances. ACIP recommendations represent the standard of care for vaccination practice in the United States. In general, to determine recommendations for use, one should follow the recommendations of ACIP rather than the information in the package insert.

Meningococcal vaccines

I understand that ACIP recently voted to recommend administering a routine booster dose of quadrivalent meningococcal conjugate vaccine (MCV4) to all teens. Can you tell me more?

At its October 2010 meeting, ACIP voted to recommend that providers administer the initial dose of

(continued on page 12)

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Check out IAC's 10 Most Visited Web Sections

More than 4 million visitors accessed www.immunize.org during 2010

To discover why the Top 10 sections are so popular with healthcare professionals, read the section descriptions below and click on the links provided.

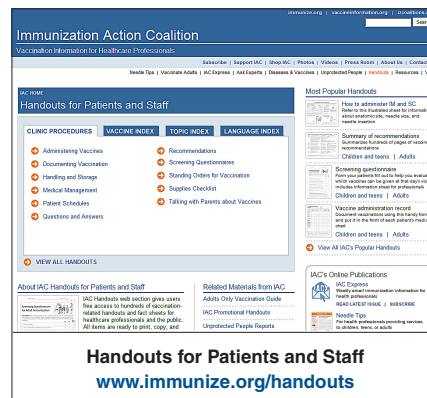
Handouts for Patients and Staff

www.immunize.org/handouts

Includes more than 250 information sheets for healthcare professionals and the public: All are free, ready-to-copy, and reviewed for technical accuracy by experts at the Centers for Disease Control and Prevention (CDC). Many are available in translation. Don't miss IAC's **Standing Orders** for administering vaccines to adults.

For access to our handouts, go to the following sections:

- **Most Popular Handouts**
- **Clinic Procedures**
- **Vaccine Index**
- **View All:** Sort by title, date, language, and/or item number



Handouts for Patients and Staff
www.immunize.org/handouts

Vaccine Information Statements (VISs)

www.immunize.org/vis

The VIS section includes all VISs published in the U.S. and offers VISs in more than 35 languages.

- **VISs by Vaccine**
- **VISs by Language**

Subscribe to IAC's Online Publications

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- *IAC Express*, a free electronic digest of immunization news and information, is delivered to subscribers' email in-boxes at least once a week.
- *Needle Tips* and *Vaccinate Adults* are essential online publications for healthcare professionals who provide vaccination services.

Ask the Experts

www.immunize.org/askexperts

Experts from CDC answer challenging and timely questions about vaccines and their administration. These Q&As have been featured in issues of *IAC Express*, *Needle Tips*, and *Vaccinate Adults*.

Diseases and Vaccines

www.immunize.org/vaccines

IAC's Diseases and Vaccines web section presents a

broad range of useful and reliable information on 21 diseases and vaccines. For each disease, IAC provides direct links to the following: relevant handouts for patients and staff; VISs; official vaccine recommendations and licensing information; state laws; photos and videos; case reports and personal accounts about

people who have experienced VPDs; articles published in the main-stream media and academic journals; and more resources from others.

Vaccine Concerns

www.immunize.org/concerns

IAC's Vaccine Concerns web section provides healthcare professionals with background information and practical resources that will help them discuss immunization with concerned parents and patients.

Vaccine Policy and Licensure

www.immunize.org/vacpolicy

This section brings together vaccine recommendations, policy papers, and licensing information from CDC's Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the Food and Drug Administration, the Institute of Medicine, and the World Health Organization.

Unprotected People Reports

www.immunize.org/reports

This collection of more than 100 personal testimonies, case summaries, and articles about people who have suffered or died from vaccine-preventable diseases provides compelling reasons to vaccinate.

State Information

www.immunize.org/stateinfo

IAC provides direct links to state immunization websites, tables and maps of state immunization mandates, and contact information for local, state, and territory immunization coordinators.

Directory of Immunization Resources

www.immunize.org/resources

IAC's Immunization Resources section brings together helpful resources from government, professional associations, nonprofit organizations, industry, and others.

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 as supplied by others 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 will cause no injury. Before you rely 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 does not 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.



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



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

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

To order, visit www.immunize.org/shop, or use the order form on page 11.

For 100 or more copies, contact us for discount pricing: admininfo@immunize.org

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

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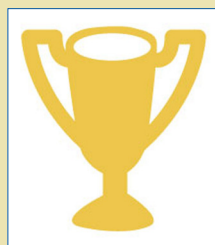
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To receive sample cards, contact us: admininfo@immunize.org

IAC Honors Healthcare Institutions With Stellar Influenza Vaccination Policies

IAC's Honor Roll for Patient Safety recognizes forward-looking hospitals, professional societies, and government entities that have taken a stand for patient safety by strengthening their mandatory influenza vaccination policies for healthcare workers. More than 90 organizations are now enrolled.

To read about the policies of organizations that are included, or to apply for the Honor Roll for Patient Safety, go to www.immunize.org/honor-roll



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Vaccine Highlights

Recommendations, schedules, and more

Editor's note: The information in Vaccine Highlights is current as of January 7, 2011.

CDC immunization schedules

CDC will publish the annually updated Recommended Adult Immunization Schedule in *MMWR* on February 4, and the Recommended Immunization Schedule for Children and Adolescents in *MMWR* on February 11. For the past few years, both schedules have been published in *MMWR* in January. The move to a February publication date is expected to be permanent, beginning in 2011. The reason is to allow time to update the immunization schedules with recommendations that ACIP makes at its annual late-October meeting.

Influenza vaccine news

Policy Statements Issued for Mandatory Healthcare Worker Influenza Vaccination

The following professional societies have recently published mandatory influenza vaccination policies for healthcare workers. To obtain copies of these policy statements, click on the URLs below.

- **American College of Physicians (ACP):** www.acponline.org/clinical_information/resources/adult_immunization/flu_hcw.pdf
- **Infectious Diseases Society of America (IDSA):** www.idsociety.org/redirector.aspx?id=15413
- **Society for Healthcare Epidemiology of America (SHEA):** www.journals.uchicago.edu/doi/full/10.1086/656558
- **American Academy of Pediatrics (AAP):** <http://pediatrics.aappublications.org/cgi/content/abstract/peds.2010-2376v1>

To read about nearly 100 healthcare settings across the nation that have implemented mandatory influenza vaccination for healthcare workers, visit the Immunization Action Coalition's Honor Roll for Patient Safety at www.immunize.org/honor-roll.

On Oct. 29, CDC published a large-print version of the 2010–11 VIS for trivalent inactivated

influenza vaccine (TIV; injectable). The intent is to make it easier for people with reduced vision or visual acuity to read the VIS. To access it, go to www.immunize.org/vis/flu_inactive_large_print.pdf.

To obtain hundreds of additional VISs in dozens of languages, visit www.immunize.org/vis.

On Sept. 17, CDC published "Prevention Strategies for Seasonal Influenza in Healthcare Settings." This guidance continues to emphasize the importance of a comprehensive influenza prevention strategy that can be applied across the entire spectrum of healthcare settings. It super-

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sedes previous CDC guidance for both seasonal influenza and the Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings. To access the guidance, go to www.cdc.gov/flu/pdf/infectioncontrol_seasonal/flu_ICU2010.pdf.

On Sept. 15, CDC published a "Dear Colleague" letter; signed by representatives of 10 organizations, the letter urges healthcare providers to recommend influenza vaccination to their pregnant and postpartum patients this season. To access the letter, go to www.cdc.gov/flu/pdf/influenza_and_pregnancy_letter.pdf.

On Sept. 27, the Dear Abby column published a letter from Dr. Deborah Wexler, executive director of the Immunization Action Coalition. The letter urges everyone 6 months and older to get vaccinated against influenza this year. To read the letter in Dear Abby's column, along with Abby's comments, go to www.uexpress.com/dearabby/?uc_full_date=20100927.

Pneumococcal vaccine news

On Sept. 3, CDC published "Updated Recommendations for Prevention of Invasive Pneumococcal Disease Among Adults Using the 23-Valent Pneumococcal Polysaccharide Vaccine (PPSV23)." To read the updated recommendations, go to www.cdc.gov/mmwr/PDF/wk/mm5934.pdf and see pages 1102–06.

Current VISs and dates

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

DTaP/DT/DTP.....	5/17/07	MMR	3/13/08
Hepatitis A	3/21/06	MMRV	5/21/10
Hepatitis B	7/18/07	PCV	4/16/10
Hib	12/16/98	PPSV	10/6/09
HPV (Cervarix) ...	3/30/10	Polio	1/1/00
HPV (Gardasil) ...	3/30/10	Rabies	10/6/09
Influenza (LAIV) ...	8/10/10	Rotavirus	12/6/10
Influenza (TIV) ...	8/10/10	Shingles	10/6/09
Japanese encephalitis		Td/Tdap	11/18/08
Ixiaro	3/1/10	Typhoid	5/19/04
JE VAX	3/1/10	Varicella	3/13/08
Meningococcal ...	1/28/08	Yellow fever	11/9/04

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

Find all the Immunization Action Coalition's Quick Links at

www.immunize.org/quicklinks

These Quick Links are popular with IAC's web users:

www.immunize.org/vis

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www.immunize.org/askexperts

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www.immunize.org/vaccines

www.immunize.org/acip

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www.immunize.org/shop

Visit www.immunize.org often for all the vaccination information you need.

Vaccinate Adults correction policy

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

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

(Page 1 of 4)

Vaccine name and route	For whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
Seasonal Influenza Trivalent inactivated influenza vaccine (TIV) <i>Give IM</i> <hr/> Live attenuated influenza vaccine (LAIV) <i>Give intranasally</i>	For people through age 18 years, consult “Summary of Recs for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf . <ul style="list-style-type: none"> Beginning with the 2010–11 influenza season, vaccination is recommended for all adults. (This includes healthy adults ages 19–49yrs without risk factors.) LAIV is only approved for healthy nonpregnant people age 2–49yrs. Adults ages 65yrs and older may be given standard-dose TIV or, alternatively, a high-dose TIV. Note: LAIV may not be given to some adults; see contraindications and precautions listed in far right column.	<ul style="list-style-type: none"> Give 1 dose every year in the fall or winter. Begin vaccination services as soon as vaccine is available and continue until the supply is depleted. 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. If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d. 	Contraindications <ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine, to any of its components, or to eggs. For LAIV only: pregnancy; chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurological/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression (including that caused by medications or HIV). Precautions <ul style="list-style-type: none"> Moderate or severe acute illness. History of Guillain-Barré syndrome (GBS) within 6wks following previous influenza vaccination. For LAIV only: close contact with an immunosuppressed person when the person requires protective isolation. For LAIV only: receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48hrs before vaccination. Avoid use of these antiviral drugs for 14d after vaccination.
Pneumococcal polysaccharide (PPSV) <i>Give IM or SC</i>	For people through age 18 years, consult “Summary of Recs for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf . <ul style="list-style-type: none"> People age 65yrs and older. People younger than age 65yrs who have chronic illness or other risk factors, including chronic cardiac or pulmonary disease (including asthma), chronic liver disease, alcoholism, diabetes, CSF leaks, cigarette smoking, as well as candidates for or recipients of cochlear implants and people living in special environments or social settings (including American Indian/Alaska Natives age 50 through 64yrs if recommended by local public health authorities). Those at highest risk of fatal pneumococcal infection, including people who <ul style="list-style-type: none"> Have anatomic or functional asplenia, including sickle cell disease. Have an immunocompromising condition, including HIV infection, leukemia, lymphoma, Hodgkin’s disease, multiple myeloma, generalized malignancy, chronic renal failure, or nephrotic syndrome. Are receiving immunosuppressive chemotherapy (including corticosteroids). Have received an organ or bone marrow transplant. 	<ul style="list-style-type: none"> Give 1 dose if unvaccinated or if previous vaccination history is unknown. Give a 1-time revaccination to people <ul style="list-style-type: none"> Age 65yrs and older if 1st dose was given prior to age 65yrs and 5yrs have elapsed since dose #1. Age 19 through 64yrs who are at highest risk of fatal pneumococcal infection or rapid antibody loss (see the 3rd bullet in the box to left for listings of people at highest risk) and 5yrs have elapsed since dose #1. 	Contraindication Previous anaphylactic reaction to this vaccine or to any of its components. Precaution Moderate or severe acute illness.

*This document was adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP). To obtain copies of these recommendations, call the CDC-INFO Contact Center at (800) 232-4636; visit CDC’s website at www.cdc.gov/vaccines/pubs/ACIP-list.htm; or visit the Immunization Action Coalition (IAC) website at www.immunize.org/acip. This table is revised periodically. Visit IAC’s website at www.immunize.org/adultrules to make sure you have the most current version.

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

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Vaccine name and route	For whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
MMR (Measles, mumps, rubella) <i>Give SC</i>	<p>For people through age 18 years, consult “Summary of Recs for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> • People born in 1957 or later (especially those born outside the U.S.) should receive at least 1 dose of MMR if there is no laboratory evidence of immunity or documentation of a dose given on or after the first birthday. • People in high-risk groups, such as healthcare personnel (paid, unpaid, or volunteer), students entering college and other post-high school educational institutions, and international travelers, should receive a total of 2 doses. • People born before 1957 are usually considered immune, but evidence of immunity (serology or documented history of 2 doses of MMR) should be considered for healthcare personnel. • Women of childbearing age who do not have acceptable evidence of rubella immunity or vaccination. 	<ul style="list-style-type: none"> • Give 1 or 2 doses (see criteria in 1st and 2nd bullets in box to left). • If dose #2 is recommended, give it no sooner than 4wks after dose #1. • If a pregnant woman is found to be rubella susceptible, give 1 dose of MMR postpartum. • If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, Zos, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d. • Within 72hrs of measles exposure, give 1 dose as postexposure prophylaxis to susceptible adults. <p>Note: Routine post-vaccination serologic testing is not recommended.</p>	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks. • Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy; or severely symptomatic HIV). <p>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).</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • If blood, plasma, and/or immune globulin were given in past 11m, see ACIP statement General Recommendations on Immunization* regarding time to wait before vaccinating. • History of thrombocytopenia or thrombocytopenic purpura. <p>Note: If TST (tuberculosis skin test) and MMR are both needed but not given on same day, delay TST for 4–6wks after MMR.</p>
Varicella (chickenpox) (Var) <i>Give SC</i>	<p>For people through age 18 years, consult “Summary of Recs for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> • All adults without evidence of immunity. <p>Note: Evidence of immunity is defined as written documentation of 2 doses of varicella vaccine; a history of varicella disease or herpes zoster (shingles) based on healthcare-provider diagnosis; laboratory evidence of immunity; and/or birth in the U.S. before 1980, with the exceptions that follow.</p> <ul style="list-style-type: none"> - Healthcare personnel (HCP) born in the U.S. before 1980 who do not meet any of the criteria above should be tested or given the 2-dose vaccine series. If testing indicates they are not immune, give the 1st dose of varicella vaccine immediately. Give the 2nd dose 4–8 wks later. - Pregnant women born in the U.S. before 1980 who do not meet any of the criteria above should either 1) be tested for susceptibility during pregnancy and if found susceptible, given the 1st dose of varicella vaccine postpartum before hospital discharge, or 2) not be tested for susceptibility and given the 1st dose of varicella vaccine postpartum before hospital discharge. Give the 2nd dose 4–8wks later. 	<ul style="list-style-type: none"> • Give 2 doses. • Dose #2 is given 4–8wks after dose #1. • If dose #2 is delayed, do not repeat dose #1. Just give dose #2. • If 2 or more of the following live virus vaccines are to be given—LAIV, MMR, Var, Zos, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d. • May use as postexposure prophylaxis if given within 5d. <p>Note: Routine post-vaccination serologic testing is not recommended.</p>	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components. • Pregnancy or possibility of pregnancy within 4wks. • Persons on high-dose immunosuppressive therapy or who are immunocompromised 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 MMWR 2007;56,RR-4). <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • If blood, plasma, and/or immune globulin (IG or VZIG) were given in past 11m, see ACIP statement General Recommendations on Immunization* regarding time to wait before vaccinating. • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination, if possible; delay resumption of these antiviral drugs for 14d after vaccination.

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

(Page 3 of 4)

Vaccine name and route	For whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
Td, Tdap (Tetanus, diphtheria, pertussis) <i>Give IM</i> <div>Using tetanus toxoid (TT) instead of Tdap or Td is not recommended.</div>	<p>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> • All people who lack written documentation of a primary series consisting of at least 3 doses of tetanus- and diphtheria-toxoid-containing vaccine. • A booster dose of Td or Tdap may be needed for wound management, so consult ACIP recommendations.* • In pregnancy, when indicated, give Td or Tdap in 2nd or 3rd trimester. If not administered during pregnancy, give Tdap in immediate postpartum period. <p>For Tdap only:</p> <ul style="list-style-type: none"> • Adults younger than age 65yrs who have not already received Tdap. • Adults of any age, including adults age 65yrs and older, in contact with infants younger than age 12m (e.g., parents, grandparents, childcare providers, health-care personnel) who have not received a dose of Tdap should be prioritized for vaccination. • Healthcare personnel who work in hospitals or ambulatory care settings and have direct patient contact and who have not received Tdap. • Adults age 65yrs and older without a risk indicator (e.g., not in contact with an infant) may also be vaccinated with Tdap. 	<ul style="list-style-type: none"> • For people who are unvaccinated or behind, complete the primary Td series (spaced at 0, 1–2m, 6–12m intervals); substitute a one-time dose of Tdap for one of the doses in the series, preferably the first. • Give Td booster every 10yrs after the primary series has been completed. • Tdap can be given regardless of interval since previous Td. 	<p>Contraindications</p> <ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components. • For Tdap only, history of encephalopathy within 7d following DTP/DTaP. <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • Guillain-Barré syndrome within 6wks following previous dose of tetanus-toxoid-containing vaccine. • Unstable neurologic condition. • History of Arthus reaction following a previous dose of tetanus- and/or diphtheria-toxoid-containing vaccine, including MCV4. <p>Note: Tdap may be given to pregnant women at the provider’s discretion.</p>
Hepatitis A (HepA) <i>Give IM</i> Brands may be used interchangeably.	<p>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> • All people who want to be protected from hepatitis A virus (HAV) infection. • People who travel or work anywhere EXCEPT the U.S., Western Europe, New Zealand, Australia, Canada, and Japan. • People with chronic liver disease; injecting and non-injecting drug users; men who have sex with men; people who receive clotting-factor concentrates; people who work with HAV in experimental lab settings; food handlers when health authorities or private employers determine vaccination to be appropriate. • People who anticipate close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days following the adoptee’s arrival in the U.S. • Adults age 40yrs or younger with recent (within 2 wks) exposure to HAV. For people older than age 40yrs with recent (within 2 wks) exposure to HAV, immune globulin is preferred over HepA vaccine. 	<ul style="list-style-type: none"> • Give 2 doses. • The minimum interval between doses #1 and #2 is 6m. • If dose #2 is delayed, do not repeat dose #1. Just give dose #2. <div>For Twinrix (hepatitis A and B combination vaccine [GSK]) for patients age 18yrs and older only: give 3 doses 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.</div>	<p>Contraindication</p> <p>Previous anaphylactic reaction to this vaccine or to any of its components.</p> <p>Precautions</p> <ul style="list-style-type: none"> • Moderate or severe acute illness. • Safety during pregnancy has not been determined, so benefits must be weighed against potential risk.
Hepatitis B (HepB) <i>Give IM</i> Brands may be used interchangeably.	<p>For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf.</p> <ul style="list-style-type: none"> • All adults who want to be protected from hepatitis B virus infection. • Household contacts and sex partners of HBsAg-positive people; injecting drug users; sexually active people not in a long-term, mutually monogamous relationship; men who have sex with men; people with HIV; persons seeking STD evaluation or treatment; hemodialysis patients and those 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; certain international travelers; and people with chronic liver disease. <p>Note: Provide serologic screening for immigrants from endemic areas. If patient is chronically infected, assure appropriate disease management. For sex partners and household contacts of HBsAg-positive people, provide serologic screening and administer initial dose of HepB vaccine at same visit.</p>	<p>Give 3 doses on a 0, 1, 6m schedule.</p> <ul style="list-style-type: none"> • Alternative timing options for vaccination include 0, 2, 4m; 0, 1, 4m; and 0, 1, 2, 12m (Engerix brand only). • 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. • 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. 	<p>Contraindication</p> <p>Previous anaphylactic reaction to this vaccine or to any of its components.</p> <p>Precaution</p> <p>Moderate or severe acute illness.</p>

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

(Page 4 of 4)

Vaccine name and route	For whom vaccination is recommended	Schedule for vaccine administration (any vaccine can be given with another)	Contraindications and precautions (mild illness is not a contraindication)
Human papillomavirus (HPV) (HPV2, Cervarix) (HPV4, Gardasil) <i>Give IM</i>	For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf . • All previously unvaccinated women through age 26yrs. • Consider giving HPV4 to men through age 26yrs to reduce their likelihood of acquiring genital warts.	• Give 3 doses on a 0, 2, 6m schedule. • There must be at least 4wks between doses #1 and #2 and at least 12wks between doses #2 and #3. Overall, there must be at least 24wks between doses #1 and #3. If possible, use the same vaccine product for all three doses.	Contraindication Previous anaphylactic reaction to this vaccine or to any of its components. Precautions • Moderate or severe acute illness. • Data on vaccination in pregnancy are limited. Vaccination should be delayed until after completion of the pregnancy.
Zoster (shingles) (Zos) <i>Give SC</i>	• People age 60yrs and older.	• Give 1-time dose if unvaccinated, regardless of previous history of herpes zoster (shingles) or chickenpox. • If 2 or more of the following live virus vaccines are to be given—MMR, Zos, and/or yellow fever—they should be given on the same day. If they are not, space them by at least 28d.	Contraindications • Previous anaphylactic reaction to any component of zoster vaccine. • Primary cellular or acquired immunodeficiency. • Pregnancy. Precautions • Moderate or severe acute illness. • Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24hrs before vaccination, if possible; delay resumption of these antiviral drugs for 14d after vaccination.
Meningococcal conjugate vaccine, quadrivalent (MCV4) Menactra, Menveo <i>Give IM</i> Meningococcal polysaccharide vaccine (MPSV4) <i>Give SC</i>	For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf . • People with anatomic or functional asplenia or persistent complement component deficiency. • People who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the “meningitis belt” of Sub-Saharan Africa). • Microbiologists routinely exposed to isolates of <i>N. meningitidis</i> . • Unvaccinated college freshmen who live in dormitories.	• Give 2 initial doses separated by 2m to adults with anatomic or functional asplenia, persistent complement component deficiencies, or HIV infection. • Give 1 initial dose to all other adults with risk factors (see 2nd–4th bullets in column to left). • Give booster doses every 5yrs to adults with continuing risk (see the 1st–3rd bullets in column to left for listings of people with possible continuing risk). • MCV4 is preferred over MPSV4 for people age 55yrs and younger; use MPSV4 ONLY if age 56yrs or older or if there is a permanent contraindication/precaution to MCV4.	Contraindication Previous anaphylactic reaction to this vaccine or to any of its components, including diphtheria toxoid (for MCV4). Precautions • Moderate or severe acute illness. • In pregnancy, studies of vaccination with MPSV4 have not documented adverse effects so may use MPSV4, if indicated. No data are available on the safety of MCV4 during pregnancy.
Polio (IPV) <i>Give IM or SC</i>	For people through age 18 years, consult “Summary of Recommendations for Child/Teen Immunization” at www.immunize.org/catg.d/p2010.pdf . • Not routinely recommended for U.S. residents age 18yrs and older. Note: 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 1 booster dose if traveling to polio endemic areas or to areas where the risk of exposure is high.	• Refer to ACIP recommendations* regarding unique situations, schedules, and dosing information.	Contraindication Previous anaphylactic reaction to this vaccine or to any of its components. Precautions • Moderate or severe acute illness. • Pregnancy.

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

Screening Questionnaire for Adult Immunization

For patients: The following questions will help us determine which vaccines you may be given today. If you answer “yes” to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, a vaccine component, or latex?	<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 a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you had a seizure or a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 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"/>
10. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: _____ Date: _____

Form reviewed 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 personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

Standing Orders for Administering Tetanus-Diphtheria Toxoids & Pertussis Vaccine (Td/Tdap) to Adults

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

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

Procedure

1. Identify adults in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
 - a. lack of documentation of at least 3 doses of tetanus- and diphtheria-containing toxoids
 - b. lack of documentation of pertussis-containing vaccine given since age 7 years in adults who
 - are younger than age 65 years
 - are age 65 years or older who have contact with an infant younger than age 12 months, are a healthcare worker, or simply want protection against pertussis
 - c. completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with receipt of the last dose being 10 years ago or longer
 - d. recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years
 - e. age 65 years or older and wanting to be protected against pertussis
2. Screen all patients for contraindications and precautions to tetanus and diphtheria toxoids (Td) and, if applicable, pertussis vaccine (Tdap):
 - a. **Contraindications:**
 - a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Td or to a Td or Tdap component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - for Tdap only, a history of encephalopathy within 7 days following DTP/DTaP not attributable to another identifiable cause
 - b. **Precautions:**
 - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
 - history of an Arthus reaction following a previous dose of tetanus-containing and/or diphtheria-containing vaccine, including meningococcal conjugate vaccine
 - moderate or severe acute illness with or without fever
 - for Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy

Note: Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester.
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at www.immunize.org/vis.
4. Administer 0.5 mL Td or Tdap vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Provide subsequent doses of either Td or Tdap to adults as follows:
 - a. to complete the primary 3-dose schedule: observe a minimum interval of 4 weeks between the first and second doses, and 6 months between the second and third doses.
 - b. to boost with Tdap or Td after primary schedule is complete: **for Tdap**, there is no minimum interval following Td; **for Td booster**, boost routinely every 10 years.
 - c. In pregnancy, when indicated, give Td or Tdap in 2nd or 3rd trimester. If not administered during pregnancy, give Tdap in immediate postpartum period if the one-time Tdap dose has never been administered.
6. Document each patient's vaccine administration information and follow up in the following places:
 - a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
8. Report all adverse reactions to Td and Tdap vaccines to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

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

Medical Director's signature: _____ Effective date: _____

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MCV4 to all adolescents at age 11–12 years with a booster dose at age 16 years.

General vaccine questions

When will the 2011 recommended immunization schedule for adults be published?

The publication of the schedules for children, adolescents, and adults in CDC's *MMWR* is expected in early February 2011. Publication of the annual schedules has been moved to February this year (and probably will continue to be in subsequent years) to allow time to update the immunization schedules with recommendations that ACIP makes at its annual late-October meeting.

When we have to give multiple injections, can we give two in the same limb?

If a patient requires more than one vaccine, ACIP and AAP consistently recommend administering all needed vaccines during a single office visit (unless there are contraindications or precautions). If you have the option of giving the vaccines in different anatomic sites, do so. If you need to give multiple injections in the same limb, separate two intramuscular injections by 1 inch or more in the body of the muscle, if possible, to reduce the likelihood of local reactions overlapping. Likewise, separate two subcutaneous injections by 1 inch or more in the fatty tissue.

You recently published a Q&A about cleaning the vaccine vial stopper with an alcohol wipe after removing the protective cap from a vaccine or diluent vial. Do you have to wait for the alcohol to dry before you insert the needle in to the stopper?

The stopper of a single-dose vial is often assumed to be sterile. However, not all vaccine manufacturers guarantee the tops of unused vials are sterile, and the manner in which the cover over the stopper is removed can potentially contaminate the stopper. Therefore, using friction and a sterile alcohol pad to swab the stopper may help to assure aseptic technique in preparing the single-dose vial prior to inserting a sterile syringe. Alcohol evaporates quickly and will dry while the needle is being prepared for insertion into the vial.

In cleaning the vaccine vial stopper, is it okay to use a non-sterile cotton ball or do we need to use a pre-packaged sterile alcohol prep pad?

Using a pre-packaged sterile alcohol prep pad is recommended to maintain aseptic technique. Not only are cotton balls not sterile, but neither is a bottle of sterile alcohol, once it's opened.

When giving a vaccine that requires a series of doses, is it necessary to start the series over if the patient doesn't come back for a dose at the recommended time? Suppose the delay has been a year or more?

In general, no vaccination series needs to be restarted because of a prolonged interval between doses, even if it's been a year or more. The only exception to this rule is oral typhoid vaccine, a vaccine administered for travel to certain destinations.

Which vaccines can be given simultaneously?

All vaccines used for routine vaccination in the United States can be given simultaneously (i.e., at the same visit, not in the same syringe). If two live vaccines are not given simultaneously, you must wait at least 4 weeks before administering the second live vaccine. Inactivated vaccines can be given at any time before or after each other and/or live vaccines.

Do you need to aspirate before vaccinating?

No. ACIP guidance does not recommend aspirating (pulling back on the syringe plunger once the needle is in the arm before injecting, to see if you get blood return) when administering vaccines. No data exist to justify the need for this practice. IM injections are not given in areas where large vessels are present. Given the size of the needle and the angle at which you inject the vaccine, it would be very difficult to administer the vaccine intravenously.

Is it necessary to wear gloves when we administer vaccinations?

No. Occupational Safety and Health Administration (OSHA) regulations do not require healthcare personnel to wear gloves when administering vaccinations, unless the healthcare worker is likely to come into contact with potentially infectious body fluids or has an open lesion on her or his hand. If a healthcare worker chooses to wear gloves, he or she must change them between each patient encounter.

Influenza vaccine

We are trying to provide influenza vaccination to all eligible patients during their stay in our hospital. If a patient does not remember if he or she has already received the vaccine this season, should we go ahead and vaccinate?

If a patient or family member cannot remember if the patient received influenza vaccine this season and no record is available, proceed with administering influenza vaccine, even if it might mean an

extra dose is given. When a patient reports that they HAVE received influenza vaccine but does not have written documentation, ACIP states that in the specific case of influenza vaccination, patient self-report of being vaccinated should be accepted as evidence of vaccination.

PCV and PPSV vaccines

The pneumococcal polysaccharide vaccine (PPSV) package insert says to routinely vaccinate all adults age 50 and older, but ACIP recommends that PPSV vaccination for healthy people begin at age 65. Which should I follow?

This is another instance where ACIP recommendations and the package insert do not agree. ACIP recommends routine vaccination for immunocompetent people age 65 and older (which is also noted in a footnote in the package insert). It's best to follow the ACIP recommendations since ACIP recommendations reflect the standard of care for vaccine use in the United States.

Zoster (shingles) vaccine

To whom should shingles vaccine be given?

A single dose of zoster vaccine is recommended for adults age 60 years and older whether or not they report a prior episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition. For a copy of the ACIP recommendations on zoster vaccine, go to www.cdc.gov/mmwr/PDF/rr/rr57e0515.pdf

How effective is the zoster vaccine (Zostavax; Merck) in preventing shingles?

In clinical trials, vaccine recipients had a 51% reduction in shingles, less severe illness when shingles did occur, and 66.5% less postherpetic neuralgia, compared with placebo recipients. During these trials, no significant safety issues were identified.

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