

NEEDLE TIPS

& the Hepatitis B Coalition News

Published by the Immunization Action Coalition for individuals and organizations concerned about vaccine-preventable diseases.

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<http://www.immunize.org/>

Ask the Experts

Editors' note: The Coalition thanks William L. Atkinson, MD, MPH, and Harold S. Margolis, MD, of the Centers for Disease Control and Prevention for answering the following questions for our readers. Drs. Atkinson and Margolis serve as CDC liaisons to the Coalition.

- Dr. Atkinson, medical epidemiologist at the National Immunization Program, conducts training workshops via satellite across the United States.
- Dr. Margolis, pediatrician, is chief of the Hepatitis Branch and principal author of the soon-to-be-released updated ACIP recommendations on hepatitis B.

E-mail the Experts!

CDC also answers immunization questions via E-mail at: nipinfo@nip1.em.cdc.gov

General questions

by William L. Atkinson, MD, MPH

How long can the interval between doses of a vaccine be without having to restart the vaccine series over?

Every effort should be made to adhere to the recommended vaccine schedule, including the spacing between doses. However, if the interval between doses is prolonged, there is no need to restart the series of any vaccine.

What childhood vaccines may be given simultaneously?

All vaccines used for routine childhood vaccination in the United States may be given simultaneously. There is no evidence that simultaneous administration of vaccines either reduces vaccine effectiveness or increases the risk of adverse events. The only vaccines which should NOT be given simultaneously are cholera and yellow fever vaccines.

Which vaccines are contraindicated if a child is breast-feeding?

Breast-feeding is not a contraindication to the administration of any vaccine, either to the mother or to the child.

Which vaccines are contraindicated if a child's mother or other household contact is pregnant?

A pregnant household member, including the child's mother, is not a contraindication to administration of any vaccine.

Some doctors do not vaccinate children with minor illnesses. Are minor illnesses a contraindication to vaccination?

The ACIP, the AAP, and the AAFP recommend that children with minor illnesses, with or without low-grade fever, should be vaccinated. Minor illness would include upper respiratory infections, most cases of otitis media, colds, and diarrhea. There is no consistent evidence that these minor illnesses interfere with response to the vaccine, or increase adverse events. Children with more serious illness should be vaccinated as soon as the illness resolves.

What length of needle is recommended for subcutaneous and intramuscular vaccines given to children and adults?

In both children and adults, subcutaneous injections (MMR, varicella, IPV) should be given with

(continued on page 6)

Immunization Action Coalition Hepatitis B Coalition

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Needle Tips & the Hepatitis B Coalition News is a semi-annual publication of the Immunization Action Coalition. Everything inside is reviewed by the Centers for Disease Control and Prevention for technical accuracy and is yours to copy and share with others. It is written for physicians, nurses, and other health care workers in the public and private sectors. Circulation is now 165,000.

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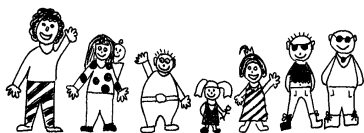
Artwork:
Izzy and Sarah Wexler-Mann

The Immunization Action Coalition, a 501(c)3 nonprofit organization, works to boost immunization rates. The Coalition promotes physician, community, and family awareness of, and responsibility for, appropriate immunization of all people of all ages against all vaccine-preventable diseases.

The Hepatitis B Coalition, a program of the Immunization Action Coalition, promotes hepatitis B vaccination for all infants, children, and adolescents; HBsAg screening for all pregnant women; testing and vaccination for high-risk groups; and education and treatment for hepatitis B carriers.

Join the Coalition!

Please become a member of the Immunization Action Coalition. Your membership contribution will be used to continue providing you with upcoming issues containing excellent information and resources. See the back page for details about joining.



Letters to the Editor...

Editor's note: the Immunization Action Coalition welcomes letters of interest to our readers. Please send your letters by mail, fax, or e-mail to the addresses in the box at the left.

Pharmacists vaccinate, too!

Thank you for providing copies of *Needle Tips* for our programs across the country to train community pharmacists as vaccine advocates. The publication has been very well received at meetings of the American Pharmaceutical Association and the American Society of Health-System Pharmacists.

One of our most intensive training programs was in Mississippi, where community pharmacists are working with their colleagues in medicine and public health to vaccinate at-risk people in their local pharmacies, especially against influenza, pneumococcal disease, and hepatitis B.

We downloaded the disease images from your website and blended them into our slide presentations. These graphic images are excellent for explaining preventable disease risks. I am recommending that pharmacists who vaccinate join the Coalition. Many thanks!

John Grabenstein, MS Pharm, EdM, FASHP
University of North Carolina

Immigrant kids need hepatitis B shots

Thank you for alerting the medical community that only a few of the one million Asian Pacific Islander children between the ages of 3-13 years have been vaccinated against hepatitis B (see *Needle Tips*, Sept. 1996, page 5).

Please alert your readers that another 400,000 recent immigrant children are also at high risk of HBV infection and chronic liver disease. These children live within households originating from countries such as Russia, the Dominican Republic, Nigeria, Haiti, Romania, Ukraine, and the former Yugoslavia.

Plexus Health Group, a nonprofit organization, is committed to seeing that all at-risk immigrant and refugee children are vaccinated against hepatitis B. We work directly in and with the communities in which these children live. Currently we are targeting neighborhoods in New York City and California's Central Valley.

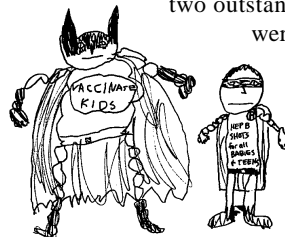
Please tell your readers to contact us if they would like to work with us in New York and California. We are also available to help health care providers and/or communities get their own immigrant populations vaccinated against hepatitis B.

Plexus is comprised of experts in the fields of childhood immunization, viral hepatitis, epidemiology, liver disease prevention, education, and the treatment for hepatitis B virus infection. We help communities find the resources and people they need to provide immunization services to at-risk populations. Call us at 912-638-6705 or 209-668-9313 or e-mail: gschatz@ns.technonet.com. It's going to take all of us working together to vaccinate 1½ million at-risk children!

Gary Schatz, PhD
President, Plexus Health Group
Turlock, CA

Britannica borrows Batman

The editors of Encyclopaedia Britannica's 1997 *Medical and Health Annual* wish to take this opportunity to thank the Immunization Action Coalition for supplying two outstanding pieces of art that



were used to illustrate our

"Immunization Update" article. Both images, a child's drawing of Batman and Robin and the photograph of a child getting vaccinated, very effectively convey the message that vaccinating kids is crucial. The authors of the report, Bruce Gellin, MD, MPH, and Regina Rabinovich, MD, MPH, at the National Institute of Allergy and Infectious Diseases, also expressed their pleasure with the illustrations.

We are grateful for the assistance and cooperation we had from your fine organization and look forward to working with the Coalition again.

Ellen Bernstein, Editor
Kathy Nakamura, Senior Picture Editor
Medical and Health Annual
Encyclopaedia Britannica, Inc., Chicago, IL

"Bravo Zulu, Coalition!"

Needle Tips is certainly one of the best written and concise publications available to keep health care providers up to date on vaccination issues.

Here at the U.S. Navy Environmental Health Center we serve as advocates for health promotion for not only sailors and Marines, but family members and retirees as well. We are always looking for resources to assist members of the worldwide Navy-Marine Corps team.

Needle Tips is an excellent supplement to officially provided publications. Each issue contains valuable information for all of our providers, whether they are stationed "in the field," aboard ship, or developing health care policy. Each issue of *Needle Tips* is full of charts, lists, and helpful tips that our ships, hospitals and clinics can use on bulletin boards, in base newspapers, and in other publications. These can be of great value in everyone's efforts to encourage vaccine protection for all our patients. We have recently alerted our medical personnel to your publication, encouraging them to subscribe to it.

As we say in the Navy, "Bravo Zulu, Immunization Action Coalition!" Keep up the good work!

K. E. Hayashi, MD, MPH & TM
Navy Environmental Health Center
Norfolk, VA

We need your photos and slides!

Thanks for the slide set, "Faces of Vaccine-Preventable Diseases." This collection has done yeoman service: my own hospital created a traveling CME exhibit using the pictures you all supplied.

(continued on page 3)

I mention to anyone who will listen the need for additional photos of people with vaccine-preventable diseases. The chief barrier is getting permission to use a child's photo in the public domain. For example, I have a couple of fine measles photos but I never got the sort of written permission required for publication.

I believe we need new pictures lest these diseases be regarded as relics of years gone by. I suggest you ask your readers to send you slides or photos that can be added to the Coalition's present set.

Edgar K. Marcuse, MD, MPH
Professor of Pediatrics

University of Washington School of Medicine

(Ed. note: We agree! Readers, if you have pictures or slides that you think would be suitable for our slide set, please contact us regarding information on how to obtain their legal release.)

"Summary" reprinted in textbook

I appreciate your permission to publish the "Summary of rules of childhood immunization" in the infectious disease chapter that I am writing for a nursing pediatric textbook that will be published by W.B. Saunders.

I really appreciated the organization and element of ease that the "Summary of rules" offers. It has made the task of vaccination scheduling and usage more understandable. I will be looking forward to receiving *Needle Tips & the Hepatitis B Coalition News* for further updates on vaccine-preventable diseases.

Julie F. Gwin, RN, MN
Ft. Worth, TX

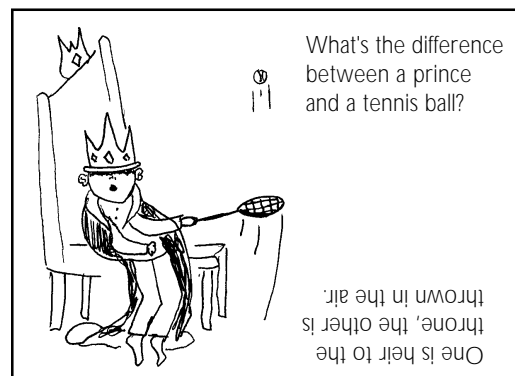
(Ed. note: The latest revision of "Summary of rules of childhood immunization" can be found on page 9.)

Coalition trains med students

Enclosed is a copy of my book, "Health Promotion and Preventive Care in Pediatrics," which we use in our pediatric teaching programs. I would like to thank you for your permission to reprint the following materials in this book: "Summary of rules of childhood immunization," "Vaccinations for adults," "Hepatitis A is a serious disease...should you be vaccinated?" "Chickenpox isn't just an itchy, contagious rash," and the "Hepatitis B toolbox."

These resources have been appreciated by all those who read the book. Keep up the good work. Once again, thank you.

Nabil N. Saad, MD, (retired)
New York, NY



What's the difference
between a prince
and a tennis ball?

One is heir to the
throne, the other is
thrown in the air.

United HealthCare says, "Thanks!"

I want to thank you for sharing the information about the Immunization Action Coalition with us at United HealthCare. The information that you provided will be very helpful to all of our health plans nationally. I have sent the information out to medical directors, prevention managers, and provider relations representatives.

Needle Tips will be of such benefit to our medical directors and prevention managers in providing up-to-date information on vaccine-preventable diseases, and I know that the provider relations representatives will enjoy sharing your materials directly with our providers.

It is nice to know such a valuable resource exists right in our neighborhood. Again thank you for putting together such an effective program.

Cynthia A. Page
Nat'l Manager of Prevention & Health Improvement
United HealthCare, Minneapolis, MN

Coalition receives translations

As always, we very much appreciate the excellent health education materials you provide, and we make them available regularly to our clients. Thank you for allowing us to reprint your materials for local use. They are always well prepared and user friendly.

Because of the multilingual population we serve, we are always in need of translations. Enclosed are copies of two of your publications which our Immunization Program outreach workers have translated into Spanish and Vietnamese: "Hepatitis B shots recommended for all new babies" and "Immunizations for babies." We thought you might be able to use them.

Best wishes to you and your staff for a healthy, happy and prosperous new year.

Joann Hendon, RN
Coordinator, Perinatal Hep B Prevention Program
Silver Spring, MD

(Ed. note: Thanks, Joann! We appreciate translations of any of our materials.)

Immunizations heaven sent?

Thought your readers might be interested in these immunization commandments that were allegedly found near a burning bush. They surely must be eternal and everlasting.

TEN COMMANDMENTS OF IMMUNIZATION

I. Thou shalt not deny immunization to any child, for all are entitled to the benefits that flow therefrom. II. Enlighten all who are blinded to their duty to protect thy progeny from pestilence. III. Thou shalt seek the counsel of thy patient to proceed with thy work. IV. Respect and honor vaccines and treat them with reverent care. V. Fear not the simultaneous administration of multiple immunizing agents. VI. Thou shalt not reduce or divide doses in false friendship. VII. Cast out craven desires to restart an immunization series. VIII. Thou shalt not put off until tomorrow what thee should do today. IX. Accept change and all that attends it. X. Forget not that the days of thy ancestors were filled with misfortune and great suffering.

Thomas Saari, MD, FAAP
Wisconsin Chapter, AAP
Chair, Immunization & Infect. Disease Committee

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Executive Director

New vaccine highlights

Latest recommendations and schedules

For your information

Editors' note: The information on this page is current as of February 3, 1997.

Advisory Committee on Immunization Practices. The ACIP is a committee of 10 national experts in vaccines, vaccine research, and vaccine policy. It provides advice and guidance to CDC regarding the most appropriate use of vaccines and immune globulins for effective control of vaccine-preventable diseases in the United States. ACIP meetings are held three times a year in Atlanta and are open to the public. Meetings will be held on February 12-13, June 25-26, and on Oct. 22-23, 1997.

ACIP statements. No clinic should be without a set of these public health recommendations on all vaccines. To order a complete set or only the ones you need, contact your state health department's immunization program (phone numbers on page 15) or fax your request to CDC at 404-639-8828.

Vaccine Adverse Event Reporting System (VAERS) is a nationwide reporting system for monitoring adverse events following vaccination. Providers are encouraged to report all clinically significant adverse events following the administration of any U.S.-licensed vaccine in any age group. Call 800-822-7967 for forms and instructions.

DTaP news

1. On Jan. 29, 1997, **Infanrix**, the DTaP vaccine manufactured by SmithKline Beecham, was approved by the FDA for all 5 doses of the DTaP series.
2. On Dec. 30, 1996, a new formulation of **Acel-Imune**, Wyeth-Lederle's DTaP vaccine, was approved by the FDA for all 5 doses of the DTaP series.

proved by the FDA for all 5 doses of the DTaP series. The "old" Acel-Imune formulation is only licensed for dose #4 and #5 and should not be used for doses #1, #2, and #3. The newly licensed Acel-Imune has a higher concentration (0.23mg/0.5ml dose) of aluminum than the previously licensed Acel-Imune (0.15mg/0.5ml dose).

3. On July 31, 1996, **Tripedia**, the DTaP vaccine manufactured by Pasteur Merieux Connaught, was approved for doses #1, #2, and #3 in infants. Tripedia had previously been approved for doses #4 and #5.

4. Because of the reduced frequency of adverse reactions and high efficacy, the ACIP recommends DTaP for routine use for all doses of the pertussis vaccination series. Check with your state health department to find out when the new ACIP statement on DTaP will be released.

Polio news

1. On Jan. 24, 1997, the new ACIP statement on polio was printed in the *MMWR*. An updated Vaccine Information Statement (VIS) on polio vaccine was released on Feb. 6, 1997.

2. On Sept. 18, 1996, the ACIP recommended a change in the routine childhood vaccination schedule for polio. It is now recommended that children in the U.S. receive two doses of inactivated polio vaccine (IPV) at 2 and 4 months of age, followed by two doses of oral polio vaccine (OPV) at 12-18 months and 4-6 years. All-OPV and all-IPV remain acceptable options to health providers. AAP and AAFP recommend that clinicians and parents discuss the 3 schedules (sequential, all-OPV, and all-IPV) and choose among them.

3. On Oct. 23, 1996, the ACIP voted and approved a resolution that the new polio vaccine schedule will become the recommended schedule for the Vaccines For Children program effective Feb. 1, 1997.

Make sure you have all the latest ACIP statements. To order, call your state health department's immunization program or fax your request to CDC at 404-639-8828.

New combination vaccines

1. On Oct. 2, 1996, **Comvax**, a combination of Pedvax Hib and Recombivax-HB (5mcg dose) manufactured by Merck, was licensed by the FDA for use in infants at 2, 4, and 12-15 months of age. The *MMWR* is expected to publish a "Notice to Readers" to summarize the licensed uses of this vaccine in February 1997.

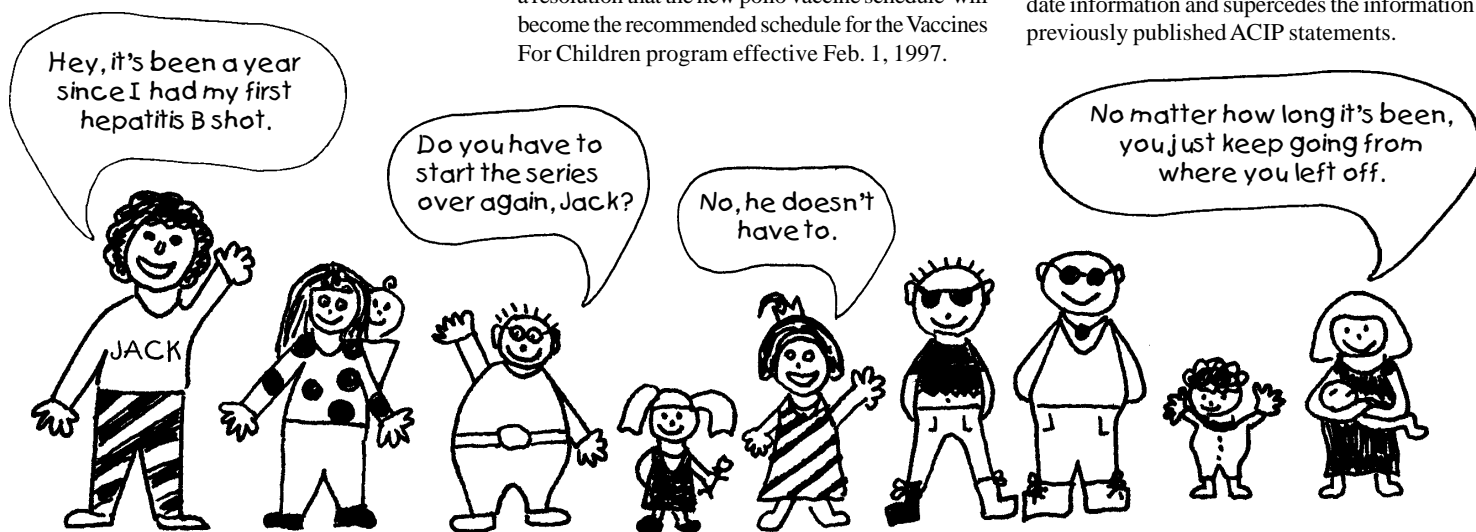
2. On Sept. 27, 1996, **TriHIBit**, a combination of ActHib and Tripedia (DTaP), was approved by the FDA for use as dose #4 of the childhood vaccination series. TriHIBit, manufactured by Pasteur Merieux Connaught, has not been licensed for use as dose #1, #2, and #3.

Hepatitis A news

1. On Dec. 27, 1996, the *MMWR* published "Prevention of hepatitis A through active or passive immunization," the ACIP recommendations on hepatitis A.

Other new recommendations

1. On Jan. 17, 1997, the *MMWR* published the "Harmonized ACIP-AAP-AAFP childhood immunization schedule for 1997."
2. On Nov. 22, 1996, the *MMWR* published "Immunization of adolescents," the ACIP-AAP-AAFP-AMA recommendations on the vaccination of adolescents.
3. On Sept. 6, 1996, the *MMWR* published "Update: vaccine side effects, adverse reactions, contraindications, and precautions." This is the most up-to-date information and supersedes the information in previously published ACIP statements.



Confused about the hepatitis B panel?

Letter from adoptive mom is a familiar story to the Coalition

Dear Editor:

We recently adopted an 11-month-old son from China. With the recommendation of our agency, and for our peace of mind, we had him retested for hepatitis B even though he had tested negative in China at the age of 2 months. To our surprise our pediatrician called and said our son was positive and that he would be a hepatitis B carrier all his life. He also had a cleft lip and palate, so this would complicate things with his upcoming surgeries. We were devastated, but felt we could deal with this.

I sought as much information as possible to educate ourselves on this disease and to do whatever we could for our son. I contacted your organization. The help you gave me on the phone and the information you sent me was very useful. After reading this information, I asked for a copy of my son's lab report, and with your "Interpretation of the hepatitis B panel," I was able to determine that our son had been misdiagnosed. Our pediatrician read the positive result on the antibody test and assumed he was positive for hepatitis B even though the antigen was negative. This caused us a few weeks of unnecessary anxiety and worry, caused our son unnecessary pain for blood work for liver function tests that came back normal, and led to costs for fees and phone calls contacting GI specialists and changing surgery dates in another city.

Everyone makes mistakes, and I know this doctor felt very bad for upsetting us. But without the help of the Hepatitis B Coalition, we may have not corrected this problem until months later. I strongly urge all doctors, especially those who do not deal with this on an everyday basis, to get the facts and read as much as they can before giving this diagnosis. Parents should also get the facts, do research, and make sure they agree with the doctor. I am not a physician, but it was very obvious that my son did not have hepatitis B after reading the literature. Thank you for your help.

—Adoptive Parents in Indiana

Coalition welcomes new advisory board member

The Immunization Action Coalition welcomes **Jerri Ann Jenista, MD**, to our Advisory Board. Dr. Jenista is a pediatric infectious disease specialist with a passion for medical issues of children who are adopted. Dr. Jenista is the editor of *Adoption Medical News*, a national publication of Adoption Advocates Press. She is a prolific writer and writes often about hepatitis B and adoption. The Coalition distributes a packet of some of these written materials in our catalog. See page 19.

Interpretation of the hepatitis B panel

Tests	Results	Interpretation
HBsAg anti-HBc anti-HBs	negative negative negative	susceptible
HBsAg anti-HBc anti-HBs	negative neg. or pos. positive	immune
HBsAg anti-HBc anti-HBs	positive positive negative	acutely or chronically infected
HBsAg anti-HBc anti-HBs	negative positive negative	four interpretations possible*

- * 1. May be recovering from acute HBV infection.
- 2. May be distantly immune and test not sensitive enough to detect very low level of anti-HBs in serum.
- 3. May be susceptible with a false positive anti-HBc.
- 4. May be undetectable level of HBsAg present in the serum and the person is actually a carrier.

Laboratory evaluation beyond the basic hepatitis B panel

IgM anti-HBc will differentiate acute hepatitis B infection (IgM anti-HBc positive) from chronic hepatitis B infection (IgM anti-HBc negative). Persons who are chronically infected should be evaluated to determine if chronic liver disease is present and if treatment is indicated.

For more information on hepatitis B

Hepatitis B Coalition 612-647-9009
Hepatitis B Foundation 215-884-8786
Hepatitis Foundation International 800-891-0707
American Liver Foundation 800-223-0179
CDC's Hepatitis Branch 404-639-2709
Your state hepatitis B coordinator _____
(fill in the phone number from page 15)



a 5/8- to 3/4-inch, 23- to 25-gauge needle. For intramuscular injections in infants and children, a minimum needle length of 7/8-inch should be used for anterolateral thigh injections, and a minimum of 5/8-inch for deltoid intramuscular injections is recommended. For adults, a 1- to 1 1/2-inch needle is recommended, depending on muscle mass.

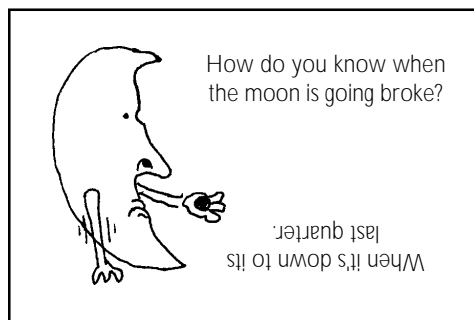
If I give a pneumococcal vaccine to my client now, how long must I wait before giving the influenza or Td vaccine?

Influenza vaccine and Td may be given at any time before or after a dose of pneumococcal vaccine. There are no minimum interval requirements between the doses of any inactivated vaccines.

Do people who undergo chemotherapy or bone marrow transplants need to receive all vaccine series over again?

Persons who have received chemotherapy do not need to be revaccinated.

Persons who have received bone marrow transplants should acquire some or all of the vaccine immunity of the bone marrow donor. After the patient has recovered from bone marrow transplant, you may consider repeating the most important vaccines, such as MMR and Td.



Diphtheria, tetanus, pertussis

by William L. Atkinson, MD, MPH

What is the currently recommended schedule for DTaP?

The schedule for all DTaP vaccines is four doses at 2, 4, 6, and 15-18 months of age. DTaP may be used even if the child's previous doses were whole cell vaccine. If the 4th dose of DTaP is given before the 4th birthday, the child should receive a 5th dose at the time of school entry (4-6 yrs). If the 4th dose was given after the 4th birthday, a 5th dose is not required. ACIP recommends the use of DTaP over whole cell pertussis vaccine because of fewer local adverse events including fever. A complete ACIP statement regarding recommendations for use of DTaP in infants is being developed.

Which DTaP vaccines are licensed for use in the primary series in infants?

As of January 1997, three acellular pertussis vaccines, which are combined with diphtheria and tetanus toxoids, have been licensed for the primary series in infants. The DTaP vaccines are Tripedia (Connaught), Acel-Imune (Wyeth-Lederle), and Infanrix (SmithKline Beecham).

Can the fourth dose of DTaP be given to children who are 12 months of age?

If the interval since the third dose is at least six months and the child is unlikely to return for a visit at the recommended age, the fourth dose of DTaP vaccine may be given as early as 12 months of age.

Can we use the Wyeth Lederle DTaP vaccine (Acel-Imune) we already have in stock for the fourth and fifth doses, for doses one through three?

No. The old Acel-Imune is still only licensed for the 4th and 5th doses. The new Acel-Imune is licensed for all 5 doses. The new Acel-Imune has a yellow package. The older formulation's package is blue. The newly licensed Acel-Imune has a higher concentration (0.23mg/0.5ml) of aluminum than the previously licensed Acel-Imune, which has 0.15mg/0.5ml.

Can we use DTaP for the second and third doses in infants if the child's first dose was DTP?

Yes. DTaP is recommended for all remaining doses in the schedule for children who have started the vaccination series with one, two, three, or four doses of whole cell DTP vaccine.

If DTaP vaccine is not available, should we continue to give DTP for the first, second and third doses?

Yes. DTP and DTP-Hib are safe and effective vaccines and remain acceptable alternatives if DTaP is not available.

Can the combination DTaP-Hib vaccine, TriHIBit, be used for doses 1, 2, and 3?

This vaccine is licensed only for the fourth dose of the Hib and the DTaP series. It is not licensed for the first three doses.

If a child has a contraindication to receipt of a subsequent dose of whole-cell DTP, should the child instead receive DTaP?

No. The contraindications for the DTaP vaccine are the same as those for the whole-cell DTP. Children who experience adverse reactions that are valid contraindications for subsequent doses of whole-cell DTP should not receive further vaccinations with either DTaP or DTP vaccines. These contraindications include: 1) an immediate anaphylactic reaction; and 2) encephalopathy. In such cases, DT should be administered for the remaining doses in the schedule to ensure protection against diphtheria and tetanus.

If a child has an adverse event following receipt of whole-cell DTP that is a precaution for subsequent doses, should the child instead receive DTaP?

No, not routinely. Any decision to administer subsequent doses of a pertussis-containing vaccine must be carefully considered for children who experience adverse reactions that are precautions for subsequent doses of whole-cell DTP. These precautions include: 1) temperature of 40.5°C (105°F) within 48 hours, not due to another identifiable cause; 2) collapse or shock-like state within 48 hours; 3) persistent, inconsolable crying lasting 3

hours, occurring within 48 hours; 4) convulsions with or without fever, occurring within 3 days. In circumstances such as a high incidence of pertussis, in which the benefits of further pertussis vaccination outweigh the possible risks, DTaP should be given for the subsequent doses.

A 4-year old has received 4 doses of pediatric DT because the parents refused pertussis vaccine. They have now changed their minds and want the child to receive pertussis vaccine. What vaccine do I use?

ACIP recommends that children receive no more than 6 doses of DT before their 7th birthday. This child could receive 2 doses of DTaP, at which time he would have reached the maximum number of DT doses. For the 3rd and 4th doses, single antigen whole cell pertussis vaccine could be used (available from the Michigan Department of Health). The parents should be advised that local reactions (e.g., pain, redness, swelling) may occur because of the large number of DT doses.

Is it true that the first booster of tetanus-diphtheria toxoid (Td) is now recommended at age 11-12 years?

Yes. In November 1996, the ACIP, AAP, AAFP, and AMA jointly published recommendations for a routine adolescent immunization visit at 11-12 years of age. This visit is intended to assure that all recommended vaccines have been administered before the child starts middle school or junior high school. At the adolescent visit, the child should receive the first routine booster dose of Td (if at least 5 years have elapsed since the previous dose). Since most children will have completed their DTP series 5-7 years earlier, no increase in local adverse events following this dose of Td is expected (such as pain, redness, or swelling at the site of injection). In addition to Td, the child may need MMR #2, hepatitis B, varicella, hepatitis A, influenza, and/or pneumococcal vaccines.

How often does an adult need to be vaccinated with Td? What if in the past they didn't receive the primary series?

Adults without documentation of tetanus and diphtheria toxoids should receive a primary series of three doses. The first two doses should be separated by 4-8 weeks, and the third dose given 6-12 months after the second dose. Adults should then be given a booster dose of Td every 10 years.

Our clinic gives tetanus toxoid shots to adults, not Td. Should we use Td instead?

ACIP recommends the use of combined tetanus-diphtheria toxoid (Td) in any circumstance where one antigen is indicated. Diphtheria is rare in the United States (fewer than 5 cases reported per year since 1980). However, serologic surveys indicate that up to 60 percent of adults are not protected against diphtheria. Large outbreaks of diphtheria have recently occurred in the newly independent states of the former Soviet Union and elsewhere. These outbreaks illustrate what can happen if immunity levels are allowed to fall, and also increase the risk of importation of diphtheria into the U.S.

Polio

by William L. Atkinson, MD, MPH

What is the recommendation for the use of polio vaccines?

In Sept. 1996, the ACIP recommended that inactivated polio vaccine (IPV) be used for the first two doses of the polio series at 2 and 4 months, followed by two doses of oral polio vaccine (OPV) at 12-18 months and 4-6 years. This change is intended to further reduce the already small risk of vaccine-associated paralytic polio in both vaccine recipients and their contacts. Schedules that include all OPV or all IPV are also acceptable, and may be preferred in some situations.

Why did CDC and ACIP change the polio schedule?

The CDC and ACIP changed the polio schedule because the only indigenously acquired polio in the U.S. in the last 17 years has been due to the vaccine, while there have been no polio cases due to the wild poliovirus. The ACIP determined that the current risk-benefit ratio associated with the exclusive use of the OPV for routine immunization has changed because of the rapid progress in global polio eradication efforts. In particular, the benefits of OPV have diminished in importance due to the elimination of wild virus associated poliomyelitis in the Western Hemisphere since 1991 and the reduced threat of poliovirus importation into the U.S. Conversely, the risk of vaccine-associated poliomyelitis due to OPV, which causes an average of 8-9 reported cases of paralytic polio each year, was judged less acceptable due to the absence of indigenous disease and reduced risk of imported infection. Consequently, the ACIP and CDC recommended a transition policy which will increase use of IPV and decrease use of OPV during the next 3 to 5 years.

What is the risk of getting polio from OPV?

Since 1980, 125 cases of vaccine-associated paralytic polio (VAPP) have been reported. Overall, about one case of VAPP occurs for every 2.4 million doses of OPV distributed. The risk occurs both in vaccine recipients and contacts of recipients.

For normal recipients, about one case of paralytic poliomyelitis occurs for every 1.4 million first doses, while for normal contacts (parent or relative) one case is reported for every 2.2 million doses given. After later doses the risk is much smaller, about one case for every 27 million doses for recipients and one for every 18 million contacts.

What is the risk of serious reactions following IPV?

There are no serious reactions known to occur following IPV.

Can a parent select all IPV or all OPV?

Yes. Parents may choose all IPV, all OPV, or a sequential schedule. Schedules using only IPV or OPV are both effective and are acceptable options for preventing poliomyelitis.

Isn't IPV less effective than OPV?

No. The IPV that has been used in the U.S. since 1987 is as effective as OPV. After two doses of IPV, 90% or more of recipients have protective antibody levels to all types of poliovirus, and after three doses more than 99% have protective antibodies.

After what age is routine polio vaccine no longer recommended?

In the U.S., routine polio vaccination is not recommended for persons 18 years of age and older.

Can empty OPV disettes be thrown away in the trash can?

No. Most localities consider containers which hold live virus vaccines as infectious waste, and require that they be autoclaved before disposal. So these disettes should be disposed of with used needles and syringes.

Pneumococcal disease

by William L. Atkinson, MD, MPH

My patient has had laboratory-confirmed pneumococcal pneumonia. Does he/she still need to be vaccinated?

There are more than 80 known serotypes of pneumococcus. Infection with one serotype does not necessarily produce immunity to other serotypes. As a result, if the person is a candidate for vaccination, he/she should receive it even after one or more episodes of invasive pneumococcal disease.



Hepatitis B

by Harold S. Margolis, MD

What are the work restrictions on a health care worker who is a hepatitis B carrier?

Health care workers who are HBsAg positive and who do not perform exposure-prone invasive procedures generally should not have any work restrictions. As with all health care workers, they should use appropriate barrier precautions to prevent exposure to blood and body fluids. Possible reasons that infected health care workers may have limited work restrictions include: 1) if they are acutely ill with hepatitis they should not be engaged in patient care activities until resolution of the acute illness, and 2) if they have exudative lesions on their hands (e.g., dermatitis, infected areas, burns, etc.) they should be evaluated as to whether they should have direct patient contact.

Health care workers who perform invasive procedures (i.e., procedures where hands or fingers are in a body cavity at the same time as sharp instruments) should be evaluated further, including testing for hepatitis B e antigen (HBeAg) and local review of procedures they perform to determine if there should be practice limitations.

If a health care worker doesn't respond to the hepatitis B series, how many additional doses should the person receive before it is decided that he/she is a "non-responder"? What is recommended if he/she never responds?

When a health care worker does not respond to the initial 3-dose hepatitis B vaccination series, the following approach should be considered.

1. A second 3-dose vaccination series should be given since there is a high rate of response to revaccination. Serologic testing should be performed 1-2 months after the third dose to determine if the person responded.

2. If serologic testing shows that health care worker has not responded to revaccination, the person should be tested for hepatitis B surface antigen (HBsAg) to determine if he/she is chronically infected with HBV.

3. If the person is found to be HBsAg negative, he/she should be considered a "non-responder." The person should be counseled as to the importance of "universal precautions" to protect him/herself from potential exposures to blood and body fluids. It is also important that the person understand the need to obtain postexposure prophylaxis with hepatitis B immune globulin (HBIG) after needlestick or other exposures.

Now that Comvax (FDA-approved vaccine combining Recombivax-HB 5mcg and Pedvax-Hib) is available, what is the recommended schedule for its use?

Comvax can be used for routine infant vaccination to provide protection against both hepatitis B and invasive *Haemophilus influenzae* type b disease. The recommended vaccination schedule is a 3-dose series given at 2, 4, and 12-15 months of age. The vaccine must not be given before 6 weeks of age because of the potential for suppression of the immune response to the Hib component with subsequent doses of the vaccine.

For infants who received a monovalent dose of hepatitis B vaccine at birth, they can be given three doses of Comvax at the recommended schedule. In the end, these infants will receive four doses of hepatitis B vaccine, a schedule that has been used in other parts of the world.

The use of Comvax has not been studied in infants born to HBsAg-positive mothers. These infants must be given both hepatitis B immune globulin (HBIG) and monovalent hepatitis B vaccine soon after birth. However, there is no reason to believe that Comvax cannot be used to complete the vaccination series for these infants when administered at 2, 4, and 12-15 months of age. In population-based studies, infants who received HBIG and hepatitis B

(continued on page 8)

vaccine at birth, followed by the individual vaccine components of Comvax at the appropriate intervals, demonstrated no evidence of a decrease in postexposure effectiveness. It is anticipated that clinical trials to examine immunogenicity in infants born to HBsAg-positive mothers will be conducted to confirm these studies.

Infants born to women whose HBsAg status is unknown should receive their first dose of hepatitis B vaccine within 12 hours after birth. Although not studied specifically, it is presumed that Comvax can be used to complete the hepatitis B immunization schedule for these children at 2, 4, and 12-15 months of age while also providing protection against Hib disease.

Is there going to be a recommendation for a hepatitis B booster dose to be administered 5 years after the series is completed?

At this time there are no data to indicate the need for a booster dose of vaccine following the initial immunization series in children or adults.

What does it mean when HBsAg and anti-HBs are both positive in a patient? The patient was retested to rule out lab error and the results were the same.

There are several explanations for this serological result which is observed in approximately 5% of persons who are HBsAg positive. In spite of the presence of anti-HBs, these persons should be considered HBsAg positive and potentially infectious. Possible explanations for this serological finding include: 1) the person is beginning to mount an immune response to chronic HBV infection and may ultimately become HBsAg negative and anti-HBs positive; 2) the person had two different HBV infections, the first resolved with an anti-HBs response and the second was due to an antibody resistant HBV variant that produced a chronic infection; or 3) the person had two infections with different HBV subtypes, one which resulted in a resolved infection and the other a chronic infection.

My adult patient finally came in nine months after the first hepatitis B shot to receive the second dose. Should she restart the series?

No. The vaccine series does not need to be restarted. The person should receive the second dose at this time and the third dose 2-6 months later.

Should all HBsAg-positive adults and children be referred to hepatologists?

All HBsAg positive adults and children should be evaluated to determine whether they have active liver disease (i.e., liver enzymes, biochemical tests of liver function) and whether they are candidates for treatment with interferon. Depending on your practice situation or setting, this may be done by referral or consultation with a hepatologist.

For dialysis patients who do not become anti-HBs positive 1-2 months after receiving 3 doses of hepatitis B vaccine, what is the recommended follow up?

Dr. Margolis left for Romania before he could complete the answer to this question but promised to answer it in the September issue of *Needle Tips*.

Hepatitis A

by Harold S. Margolis, MD

(Ed. note: On Dec. 27, 1996, the MMWR published the ACIP recommendations on hepatitis A. To obtain a copy, call your state health department's immunization program (phone numbers on page 15) or fax your request to CDC at 404-639-8828.)

Should health care workers be vaccinated against hepatitis A?

A number of studies have shown that health care workers are NOT at increased risk of hepatitis A virus (HAV) infection because of their occupation. It is not recommended that they be vaccinated. However, if the health care worker is going to work (or vacation) in a country with a high or intermediate endemic rate of HAV infection, he/she is at risk of infection and should be vaccinated.

We started our patients on Havrix 360 EI.U. to protect them from hepatitis A. Can we give a second dose of 720 EI.U. and just give one?

Recently there was a new formulation of Havrix (720 EI.U) that was licensed for use in children that only requires a 2-dose vaccination series. Unfortunately, no studies have been done to determine whether children administered a single 360 EI.U dose can have their series completed with a second 760 EI.U dose of vaccine. Thus, it is recommended that these children complete a 3-dose series with the 360 EI.U formulation. However, we know that almost 100% of children have an antibody response after a single dose of the 360 EI.U formulation. Thus, if this formulation is not available to complete the vaccination series, a single dose of the 720 EI.U formulation should provide more than adequate protection.

Which travelers should be offered hepatitis A vaccine?

Pre-exposure immunization against hepatitis A is recommended for ALL susceptible persons who travel outside the U.S. (except for travel to Western Europe, New Zealand, Australia, Canada, and Japan). This can be provided either by short-term immunization with immune globulin (IG) or long-term immunization with hepatitis A vaccine. Hepatitis A vaccination is definitely indicated for persons who: 1) will travel or work in the indicated countries for longer than 3 months, and 2) will travel internationally on more than one occasion. Hepatitis A vaccination should be considered for persons who will travel on only one occasion since there is a high likelihood they will travel again and vaccination provides long-term protection against infection.

It should also be remembered that many children are travelers and they should be protected. This is especially true for children born in the U.S. traveling to the home country of their immigrant parents. Children who travel may play with other children who are infected with HAV. These children may become infected, and then infect other children and adults upon return to the U.S. If the child-traveler is younger than 2 years of age, he/she should be

protected with IG because hepatitis A vaccine is not licensed for this age child.

(Ed. note: Those who provide hepatitis A vaccine to travelers should remember that other vaccinations may be required or recommended for travelers. For more information contact your local health department or travel clinic.)

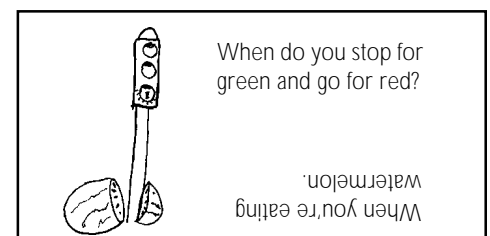
How soon after the first dose of hepatitis A vaccine will a traveler be protected?

Hepatitis A vaccine is highly immunogenic with >95% of adults having protective levels of antibody within one month after vaccination and there are data to indicate most vaccinated persons have levels of antibody considered protective within 2 weeks of vaccination. However, it is not known whether everyone with early "protective antibody" levels actually has neutralizing antibody; one study suggested that early after vaccination most antibody is not neutralizing (i.e., actually protective). In addition, there are data indicating that the immunogenicity of hepatitis A vaccine is somewhat lower in older persons (age >40 years).

Although the package insert for both hepatitis A vaccines indicates that protection is present 2 weeks after vaccination, to be safe, the ACIP has recommended that persons traveling to areas where they will be immediately at risk of HAV infection be vaccinated at least ONE MONTH prior to travel. If the person is not vaccinated one month prior to travel, and depending on the travel destination and situation, administration of immune globulin (IG) in addition to hepatitis A vaccine should be considered in order to provide optimum protection.

A patient has been given one dose of hepatitis A vaccine at another clinic and needs a second dose now but we only carry another brand. Is it okay to use our vaccine to complete the series?

Yes. Hepatitis A vaccine is licensed in the United States to two manufacturers—SmithKline Beecham [Havrix] and Merck and Co. [Vaqta]. Both are inactivated virus vaccines produced by growing an attenuated HAV in cell culture, purifying the virus, inactivating the HAV with formalin and adsorbing the inactivated virus antigen on alum before the final formulation. Both vaccines are highly immunogenic after the first dose with seroconversion rates of >95%. The second dose of vaccine generally serves as a booster dose. Although studies have not been done to look at immunogenicity profiles when vaccines from two different manufacturers are used to complete the immunization series, there is no reason to believe that they would not perform in a comparable manner. ♦





Summary of Rules for Childhood Immunization*

Adapted from ACIP, AAP and AAFP by the Immunization Action Coalition, February 1997

Vaccine	Ages usually given, route of administration, and other guidelines	If children fall behind - minimum intervals	Contraindications (Remember, mild illness is not a contraindication.)
DTaP (contains acellular pertussis vaccine) DTP/ or DTwP (contains whole cell pertussis vaccine)	<ul style="list-style-type: none"> DTaP is preferred for all doses in the series but DTwP is acceptable. Give at 2m, 4m, 6m, 15-18m, 4-6yrs of age. May give #1 as early as 6wks of age. May give #4 as early as 12m of age if 6m has elapsed since #3 and you think the child is unlikely to return by 18m of age. If started with DTwP, may complete series with DTaP. Do not give DTaP or DTwP to children ≥ 7 yrs of age (give Td). DTaP/DTwP may be given with all other vaccines but at a separate site. DTaP/DTwP are given IM. 	<ul style="list-style-type: none"> #2 & #3 may be given 4wks after previous dose. #4 may be given 6m after #3. If #4 is given before 4th birthday, wait at least 6m for #5. If #4 is given after 4th birthday, #5 is not needed. Don't restart series, no matter how long since previous dose. 	(DTaP and DTwP have the same contraindications and precautions.) <ul style="list-style-type: none"> Anaphylactic reaction to a prior dose or to any vaccine component. Moderate or severe acute illness. Don't postpone for minor illness. Previous encephalopathy within 7 days after DTwP/DTaP. Undiagnosed progressive neurologic problem. Precautions: The following are precautions not contraindications. Generally when these conditions are present, the vaccine shouldn't be given. But, there are situations when the benefit outweighs risk so vaccination should be considered (e.g., pertussis outbreak). <ul style="list-style-type: none"> Previous rxn of $T \geq 105^{\circ}\text{F}$ (40.5°C) within 48 hrs after dose. Previous continuous crying lasting 3 or more hours within 48 hrs after dose. Previous convulsion within 3 days after immunization. Previous pale or limp episode, or collapse within 48 hrs after dose.
DT	<ul style="list-style-type: none"> Give to children < 7 yrs of age if the child has had a serious reaction to the "P" in DTaP/DTwP, or if the parents refuse the pertussis component. DT can be given with all other vaccines but at a separate site. Give IM. 	For children who have fallen behind, use information in box directly above.	<ul style="list-style-type: none"> Anaphylactic reaction to a prior dose or to any vaccine component. Moderate or severe acute illness. Don't postpone for minor illness.
Td	<ul style="list-style-type: none"> Use for persons ≥ 7 yrs of age. A booster dose is now recommended for children 11-12yrs of age if 5yrs have elapsed since previous dose. Then boost every 10 years. Td may be given with all other vaccines but at a separate site. Give IM. 	For those never vaccinated or behind give dose #1 now; dose #2 1m later; dose #3 6m after #2, and then boost every 10 years.	<ul style="list-style-type: none"> Anaphylactic reaction to a prior dose or to any vaccine component. Moderate or severe acute illness. Don't postpone for minor illness.
Polio IPV and OPV	<ul style="list-style-type: none"> Give at 2m, 4m, 12-18m, 4-6yrs of age. ACIP recommends "Sequential Schedule": IPV for #1 and #2, and OPV for #3 and #4. ACIP also says all-OPV or all-IPV schedule is acceptable. AAFP/AAP recommend that clinicians/parents discuss the 3 schedules (sequential [IPV/OPV], all-OPV, and all-IPV) and choose among them. If all OPV is given, #3 may be given as early as 6m. Not routinely given to anyone ≥ 18 yrs of age (except certain travelers). OPV/IPV may be given with all other vaccines but at a separate site. OPV is given PO. IPV is given SC. 	<ul style="list-style-type: none"> #1 & #2 (IPV or OPV) should be separated by at least 4wks. If #3 (IPV or OPV) is given at ≥ 4 yrs of age, a 4th dose is not needed. All IPV: In children under 4yrs of age, #3 may be given as early as 4wks after #2 but a 6m interval is preferred for best response. All OPV: minimum of 6wks between #1, #2, & #3 and a supplemental dose between 4-6yrs of age. Don't restart series, no matter how long since previous dose. 	<ul style="list-style-type: none"> Anaphylactic reaction to a prior dose or to any vaccine component. Moderate or severe acute illness. Don't postpone for minor illness. Use IPV when an adult in the household or other close contact has never been vaccinated against polio. In pregnancy, neither OPV nor IPV is recommended, but if immediate protection is needed, use OPV. The following are contraindications for OPV so use IPV in these situations: <ul style="list-style-type: none"> Cancer, leukemia, lymphoma, immunodeficiency or HIV/AIDS. Taking a drug that lowers resistance to infection, e.g., anti-cancer, high-dose steroids. Someone in the household has any of the above medical problems.
Varicella Var	<ul style="list-style-type: none"> Routinely give at 12-18m. Vaccinate all children ≥ 12 m of age including adolescents who have not had prior infection with chickenpox. If Var and MMR are not given on the same day, space them ≥ 30 d apart. Var may be given with all other vaccines but at a separate site. Give SC. 	<ul style="list-style-type: none"> Do not give to children < 12 m of age. Susceptible children ≤ 12 yrs of age receive 1 dose. Susceptible persons ≥ 13 yrs of age receive 2 doses 4-8wks apart. Don't restart series, no matter how long since previous dose. 	<ul style="list-style-type: none"> Anaphylactic reaction to a prior dose or to any vaccine component. Moderate or severe acute illness. Don't postpone for minor illness. Pregnancy, or possibility of pregnancy within 1 month. If blood products or immunoglobulin have been administered during the past 11 months, consult ACIP recommendations before vaccinating. Immunocompromised persons due to malignancies and primary or acquired immunodeficiency including HIV/AIDS. Note: For patients on high-dose immunosuppressive therapy, consult ACIP recommendations regarding delay time. Note: Manufacturer recommends "no salicylates" for 6wks following this vaccine.

* Hepatitis A, influenza, and pneumococcal vaccines are indicated for many children, so make sure you provide these vaccines to at-risk children. The newer combination vaccines are not listed on this table. They may be used whenever administration of all components of the vaccine is indicated. Read the package inserts.

For full immunization information, see recent ACIP statements as published in the *MMWR* or the *AAP's Red Book-Report of the Committee on Infectious Diseases*.

Summary of Rules for Childhood Immunization (continued)

Vaccine	Ages usually given, route of administration, and other guidelines	For children fallen behind (minimum intervals)	Contraindications (Remember, mild illness is not a contraindication.)
MMR	<ul style="list-style-type: none"> • Give #1 at 12-15m. Give #2 at 4-6yrs or by 11-12yrs of age. • Can give as early as 6m of age in an outbreak, but two routine doses will still need to be given at $\geq 12m$ of age. • If a dose was given before 12m of age, give #1 at 12-15m of age with a minimum interval of 1m between these doses. • If MMR and Var are not given on the same day, space them $\geq 30d$ apart. • May give with all other vaccines but at a separate site. • Give SC. 	<ul style="list-style-type: none"> • Give whenever behind. There should be a minimum interval of 1m between MMR #1 and MMR #2. • Dose #2 can be given at any time if at least 1m has elapsed since dose #1, and both doses are administered after 1 year of age. • Don't restart series, no matter how long since previous dose. 	<ul style="list-style-type: none"> • Anaphylactic reaction to a prior dose or to any vaccine component or to eggs. • Pregnancy or possible pregnancy within next 3m (use contraception). • Moderate or severe acute illness. Don't postpone for minor illness. • HIV positivity is NOT a contraindication to MMR except for those who are severely immunocompromised. • Immunosuppressed patients due to cancer, leukemia, lymphoma, immunosuppressive drug therapy (including high-dose steroids). • If blood products or immunoglobulin have been administered during the past 11 months consult ACIP recommendations regarding time to wait before vaccinating. <p>Note: MMR is NOT contraindicated if a PPD test was done recently, but PPD should be delayed if MMR was given 1-30 days before the PPD.</p>
Hib	<ul style="list-style-type: none"> • HibTITER (HbOC) & ActHib (PRP-T): give at 2m, 4m, 6m, 12-15m. • PedvaxHiB (PRP-OMP): give at 2m, 4m, 12-15m. • Dose #1 of all Hib vaccines may be given as early as 6wks of age but do NOT give it any earlier than 6 wks of age. • May give with all other vaccines but at a separate site. • Give IM. 	<p>Rules for all Hib vaccines:</p> <ul style="list-style-type: none"> • If the child is $\geq 15m$ of age, only 1 dose is given. • Not routinely given to children $\geq 5yrs$ of age. • Give booster dose a minimum of 2m after previous dose. • Don't restart series, no matter how long since previous dose. <p>Rules for HbOC (HibTITER) & PRP-T (ActHib) only:</p> <ul style="list-style-type: none"> • If #1 is given up to 7m, give #2 & #3 spaced 1-2m after previous dose and boost at 12-15m. • If #1 is given at 7-11m only 3 doses are needed: #2 given 1-2m after #1, then boost at 12-15m. • If #1 is given at 12-14m, give a booster dose in 2 m. <p>Rules for PRP-OMP (PedvaxHiB) only:</p> <ul style="list-style-type: none"> • If #1 is given at 3-11m of age, give #2 1-2m later and boost at 12-15m. • If #1 is given at 12-14m, boost 2m later. 	<ul style="list-style-type: none"> • Anaphylactic reaction to a prior dose or to any vaccine component. • Moderate or severe acute illness. Don't postpone for minor illness.
Hep-B	<ul style="list-style-type: none"> • For infants, give at 0-2m, 1-4m, 6-18m of age. • If mother is HBsAg positive: give HBIG and Hep-B #1 within 12 hrs of birth, #2 at 1-2m, and #3 at 6m of age. • If mother is not a carrier but from an endemic area: complete series by 12m of age. • ACIP says to vaccinate 1) all children born after 11/21/91; 2) all 11-12yr olds if not previously vaccinated; 3) all children $\leq 12yrs$ of age who are or whose parents are from endemic areas; and 4) all children and teens in high risk groups. • AAP recommends vaccination of 1) all infants; 2) all adolescents; 3) all children in populations of high HBV endemicity; and 4) all children in other high-risk groups. • May give with all other vaccines but at a separate site. • Give IM. <p>Note: Your state health department may recommend broader coverage for the use of hepatitis B vaccine. Give them a call to find out.</p>	<ul style="list-style-type: none"> • Series can be started at any age. • Commonly used spacing options for older children and teens: <u>0m, 1m, 6m</u> or <u>0m, 2m, 4m</u> or <u>0m, 1m, 4m</u>. • Minimum spacing for children and teens: 1m between #1 & #2, and 2m between #2 & #3. Overall there must be 4m between #1 and #3. • Don't restart series, no matter how long since previous dose. <p>*Dosing of Hepatitis B vaccine: Engerix-B: 1) 10 μg=dose for 0-19 yr olds (including infants of HBsAg positive mothers). 2) 20 μg=dose for those ≥ 20 yrs. old. Recombivax-HB: 1) 2.5 μg=dose for infants born to HBsAg negative mothers and children up to age 11; 2) 5 μg=dose for infants of HBsAg positive mothers and for children ages 11-19; 3) 10μg=dose for ages ≥ 20 yrs. NOTE: Engerix-B and Recombivax-HB have different packaging and concentrations. Read the package insert carefully to determine the proper volume of vaccine to administer.</p>	<ul style="list-style-type: none"> • Anaphylactic reaction to a prior dose or to any vaccine component. • Moderate or severe acute illness. Don't postpone for minor illness.

This two-sided table was developed to combine the "rules for childhood immunization" onto one page. It was devised especially to assist health care workers in immunization clinics to determine the appropriate use and scheduling of vaccines. It can be posted in immunization clinics or clinicians' offices. The table will be revised yearly due to the changing nature of national immunization recommendations.

















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Your comments are welcome. Please send them to Lynn Bahta, PHN, or Deborah Wexler, MD, Immunization Action Coalition, 1573 Selby Ave., Suite 229, St. Paul, MN 55104 or call 612-647-9009, fax 612-647-9131, or e-mail: editor@immunize.org.

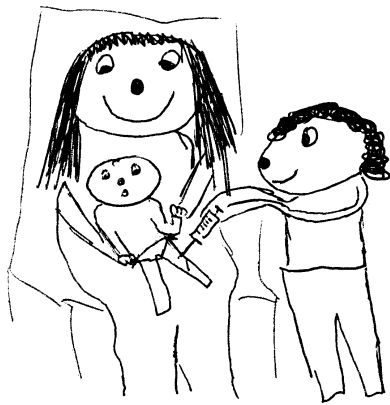
Item #P2010 (2/97)

When Do Children and Teens Need Shots?

Age	Hep-B Hepatitis B	DTaP/DTP Diphtheria, Tetanus, Pertussis	Hib <i>Haemophilus influenzae</i> type b	IPV/OPV Polio	MMR Measles, Mumps, Rubella	Chicken- pox Varicella
Birth	 Birth - 2 months (1)					
1 month	 1 - 4 months (1)					
2 months				 or 		
4 months				 or 		
6 months	 6 - 18 months (1)		 (2)			
12 months			 12-15 months (1)	 or  12-18 months (1,3)	 12-15 months (1)	 12-18 months (1)
15 months		 12-18 months (1,4)				Children who are 12 months of age through 12 years of age (who have not had chicken-pox) need to be vaccinated with one dose.
4 - 6 years				 or 		
11 - 12 years	   All teens need 3 hepatitis B shots if they haven't already received them.	 This is a Td shot. It does not contain pertussis vaccine.			Give at 4-6 years of age or at 11-12 years of age.	Children 13 years of age and older (who have not had chicken-pox or been previously vaccinated) need 2 doses.
13 - 16 years						
Were you or your child born in a country where hepatitis B is a common disease? If so, your child, no matter what his or her age, should be vaccinated against hepatitis B. Don't wait until your child reaches a certain age. Your child is at increased risk for this disease and needs protection now.						

- (1) This is the age range in which the vaccine should be given.
 (2) Depending on the brand of Hib vaccine used for the 1st and 2nd doses, a dose at 6 months of age may not be needed.
 (3) If an all-OPV schedule is used, the 3rd dose may be given as early as 6 months of age.
 (4) May be given as early as 12 months of age if 6 months have elapsed since the previous dose and if the child might not return by 18 months of age.

Talk to your health care provider about whether or not your child needs to receive shots for hepatitis A, influenza, or pneumococcal disease. Certain children are at risk for these diseases and need to be immunized against them.



Shots may hurt a little . . .
but the disease can hurt a lot!

Call the clinic if you answer "yes" to any of the following questions:

- Does your child have a rectal temperature of 105°F or higher?
(Remember, a temperature taken under the arm or by mouth usually registers lower than a rectal temperature. You should call the clinic if you are concerned about these temperatures.)
- Is your child pale or limp?
- Has your child been crying for over 3 hours and just won't quit?
- Does your child have a strange cry that isn't normal (a high-pitched cry)?
- Is your child's body shaking, twitching, or jerking?

After the Shots . . .

What to do if your child has discomfort

Your child may need extra love and care after getting immunized. Many of the shots that protect children from serious diseases can also cause discomfort for a while. Here are answers to questions many parents have about the fussiness, fever, and pain their children may experience after they have been immunized. If you don't find the answers to your questions, call the clinic!

My clinic phone number:

My child has been fussy since you immunized him/her. What should I do?

After immunization, children may be fussy due to pain and/or fever. You may want to give your child acetaminophen, a medicine that helps to reduce pain and fever. Some examples of acetaminophen are Tylenol, Panadol, and Temptra. **DO NOT GIVE ASPIRIN.** See chart below. If the fussiness lasts for more than 24 hours, you should call the clinic.

My child's arm (or leg) is swollen, hot, and red. What should I do?

- A clean, cool washcloth may be applied over the sore area as needed for comfort.
- If there is increasing redness or tenderness after 24 hours, call the clinic.
- For pain, give acetaminophen. See chart below. **DO NOT GIVE ASPIRIN.**

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. The most accurate way to do this is by taking a rectal temperature. (Be sure to use a lubricant, such as petroleum jelly, when doing so.) If your child's fever is 105°F or higher by rectum, you need to call the clinic.

If you take the temperature by mouth (for an older child) or under the arm, these temperatures are generally lower and may be less accurate. Call your clinic if you are concerned about these temperatures.

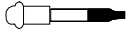







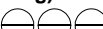
Here are some things you can do to reduce fever:

- Give your child plenty to drink.
- Clothe your child lightly. Do not cover or wrap your child tightly!
- Give your child acetaminophen. **DO NOT USE ASPIRIN.**
- Sponge your child in a few inches of lukewarm (not cold!) bath water.

My child seems really sick. Should I call the doctor?

If you are worried AT ALL about how your child looks or feels, please call the clinic!

How much fever-reducing medicine (acetaminophen) should I give my child?

Dose of acetaminophen to be given every 4-6 hours, by age or by weight				
1-3 months 6-11 lbs.	4-11 months 12-17 lbs.	12-23 months 18-23 lbs.	2-3 years 24-35 lbs.	4-5 years 36-47 lbs.
1/2 dropperful 	1 dropperful 	1 1/2 droppersful 	1 teaspoon of syrup 	1 1/2 teaspoon of syrup 
	or 1/2 teaspoon of syrup 	or 3/4 teaspoon of syrup 	or 2 chewable (80mg) tablets 	or 3 chewable (80mg) tablets 

Hepatitis B

Hepatitis B is a serious liver disease caused by a virus. The hepatitis B virus (HBV) is spread by contact with blood or other body fluids of an infected person. HBV can enter the blood stream, attack the liver, and cause severe illness—even death.

Hepatitis B vaccine is recommended for the following moderate- to high-risk groups: health care workers likely to have blood or needle-stick exposures; clients and staff of institutions for the developmentally disabled; hemodialysis patients; men who have sex with men; people who have more than one sex partner in six months; people with sexually transmitted diseases; users of injectable street drugs; recipients of certain blood products; household members and sexual contacts of HBV carriers; infants born to HBV-positive mothers; inmates of long-term correctional facilities, and people who were born in countries where hepatitis B is common.

Hepatitis A

Hepatitis A is a viral infection of the liver which can cause fever, yellow skin and eyes, loss of appetite, and nausea. It is spread by household or sexual contact with an infected person. You can also catch it by eating contaminated food (including shellfish from polluted water) or drinking contaminated water.

Hepatitis A vaccine is recommended for international travelers; persons in communities with high rates of the disease and periodic outbreaks; men who have sex with men; street drug users; recipients of certain blood products; and individuals with chronic liver disease.

Chickenpox

Chickenpox, also known as varicella, is generally considered to be a mild disease of children. However, five percent of reported cases occur in people over 20 years of age. Chickenpox in adults is often more severe and complications are more frequent than in children. About 100 people die from complications of chickenpox every year in the United States.

Adults who have not had chickenpox should consult their physicians regarding vaccination.

For The Record

The best way to be sure you're protected against these preventable diseases is to keep a complete lifetime immunization record (see below).

Every time you receive a shot, have your doctor update your record. If you're not sure which immunizations you've already had or which additional immunizations you may need, ask your doctor. If you don't have a doctor, call your local health department.

Name _____			
Date of Birth _____			
Vaccine	Date Given	Doctor/ Clinic	Next Dose Due Date
Measles/Mumps/ Rubella (MMR)	1		
	2		
Tetanus/diphtheria	1		
Tetanus/diphtheria	2		
Tetanus/diphtheria	3		
(Td)	Make sure to get your Td booster every 10 years.		
Influenza (yearly)	Make sure to get your influenza shot every fall.		
Pneumococcal			
Hepatitis B (Hep-B)	1		
	2		
	3		
Hepatitis A (Hep-A)	1		
	2		
Varicella (Var)	1		
	2		
Other			

*For more information contact your doctor or
your local health department.*

Immunization Action Coalition

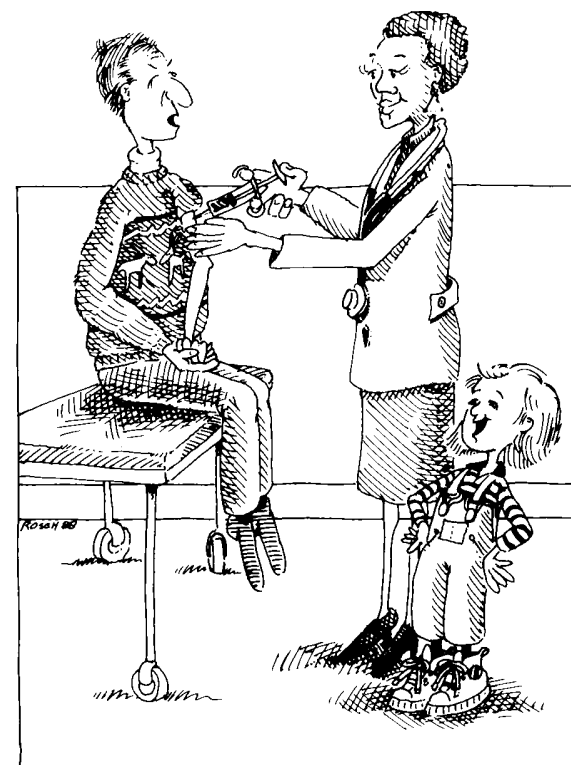
1573 Selby Avenue, St. Paul, MN 55104
612-647-9009

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Item #P4035 (2/97)

Immunizations...

Not Just Kids' Stuff



Lots of people think “shots” or immunizations are just for kids. They’re not! As an adult, you need to be protected against measles, mumps, rubella, tetanus, diphtheria, pneumococcal disease, influenza and varicella. You may also need protection against hepatitis A and B. Your best protection against these diseases? Immunization!

Many people think diseases like polio, mumps, and measles have been wiped out. This is not the case. During 1995, at least 39 percent of all reported measles cases in the United States occurred in persons 20 years of age or older.

If you were never immunized or never had these vaccine-preventable diseases, you are at risk. If you were immunized as a child, you may need updating because some immunizations lose their effectiveness over time. To find out what shots you may need or where to get immunizations, contact your doctor or local health department.

Remember...immunizations are not just kids' stuff!

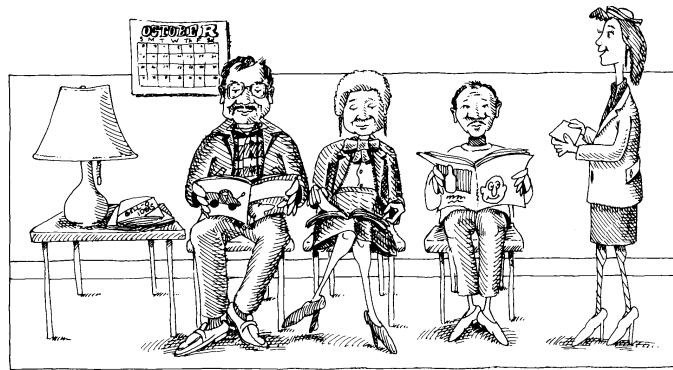
Measles



Measles was once thought to be a disease of young school-age children, but now it often affects teenagers and young adults. Measles is a virus spread by contact with an infected person or the airborne virus. The symptoms usually include a high fever, rash, runny nose, red eyes, and cough.

Measles can cause serious illnesses such as pneumonia and encephalitis (inflammation of the brain). A pregnant woman who contracts measles is at increased risk for miscarriage or premature labor.

The measles vaccine is routinely administered as part of the combination Measles, Mumps and Rubella (MMR) shot. Two doses of measles vaccine generally provide lifelong protection and are required for entrance into post-secondary institutions in at least 29 states.



Mumps

Mumps is mainly a disease of young children, but about 15 percent of reported cases occur among teens and adults. Mumps vaccine is routinely administered as part of the MMR shot. Mumps vaccine is recommended for children, teens, and susceptible adults.

Rubella

Rubella (German measles) is caused by a virus that is spread by contact with infected people or articles they have used. Symptoms can include rash, muscle pain, low-grade fever, and swelling in the neck. If a pregnant woman gets rubella, especially during the first three months of pregnancy, she may miscarry, or her baby may be born with birth defects or even die. As many as five million women of childbearing age are unprotected from rubella.

Over 90 percent of adults 40 years of age and older are immune to rubella, but if you are concerned about your risk, consult your physician. Rubella vaccine is routinely administered as part of the MMR shot or may be given as a single component vaccine.

Tetanus & Diphtheria

Tetanus, also known as lockjaw, is caused by bacteria that enter the body through a break in the skin (often a puncture wound or deep scratch). Tetanus causes painful muscle contractions, especially in the jaw and stomach. About 40 percent of people who get tetanus die.

Diphtheria is caused by bacteria passed from one person to another in the droplets released when an

infected person coughs or sneezes. Symptoms of diphtheria include sore throat, fever, and swollen neck glands. As the disease progresses, a membrane is formed in the throat that blocks breathing, and which may cause death. One out of every 10 people who gets diphtheria dies from it.

Adults should have a tetanus and diphtheria (Td) combination shot once every 10 years to ensure protection. If you haven't had at least three Td shots in your lifetime, or if you're not sure if you have, you will need to complete your basic series of three shots and follow up with booster doses every 10 years.

Pneumococcal Disease

Pneumococcal disease is caused by bacteria which can cause pneumonia as well as other serious complications.

Pneumococcal disease kills about 40,000 people each year in the United States. The pneumococcal vaccine is recommended once for all people age 65 and over, as well as for people of any age with certain chronic illnesses. Fewer than 30 percent of people age 65 and over have had their recommended “pneumonia shot.”

Influenza

Influenza is a very contagious disease with symptoms that include fever, chills, headache, sore throat, dry cough, runny nose, and body aches. This disease is spread by direct contact with an infected person or through contact with the airborne virus.

Influenza vaccine is recommended every fall for all people age 65 and over, for people of all ages who have chronic diseases, or for anyone of any age who wants to reduce the risk of contracting “flu.” A flu shot can be given at any time during the autumn or winter but is most effective when it is given from early October to mid-November, before the flu season begins.

Polio

The risk of getting polio is very small in the United States today due to the widespread use of polio vaccines. Adult immunization is usually NOT recommended, unless you are traveling to a part of the world where polio is still common or if you are a laboratory or health care worker who may come in contact with the virus at work.

Need Help?

Call your immunization, hepatitis, and refugee coordinators

Get to know your governmental resource people. They are there to help you! Find out what kinds of patient and provider educational materials they have including posters, brochures, and videos. Call them to register for the excellent immunization conferences that CDC broadcasts by satellite. They also may be able to help you audit your clinic's immunization rates and/or help you develop immunization tracking systems. Give them a call!

State Coordinators

Alabama

Imm: Gary Higginbotham 334-242-5023
Hep B: Nolan Feintuch 334-242-5023
Ref: Charlotte Denton 334-613-5325

Alaska

Imm: Laurel Wood 907-269-8000
Hep B: Ken Browning 907-269-8000

Arizona

Imm: Sandra Loesser 602-230-5852
Hep B: Linda Gunning 602-230-5852
Ref: Sherry Stotler 602-506-6657

Arkansas

Imm: Karen Mason 501-661-2784
Hep B: Sherry Ahring 501-661-2053

California

Imm: Natalie Smith, MD 510-540-2065
Hep B: Les Burd 510-540-2879
Ref: Warren Bonta 516-323-6614

CA, Los Angeles

Hep B: Bridget Beeman 213-580-9810
Ref: Flora Lamb 213-744-6191

Colorado

Imm: Patricia Rotharmel 303-692-2669
Hep B: Gerrit Bakker 303-692-2668
Ref: Barbara Hummel 303-692-2678

Connecticut

Imm: Richard Carney 860-509-7934
Hep B: Aaron Roome 860-509-7908
Ref: George Raiselis 860-509-7722

Delaware

Imm: Larry Franklin 302-739-4746
Hep B: Laura Gannon 302-739-4746

District of Columbia

Imm: James Giandelia 202-576-7130
Hep B: Rochelle Boddie 202-645-5571
Ref: Betty Wooten 202-727-2317

Florida

Imm: Henry Janowski 904-487-2755
Hep B: Phillip Gresham 904-487-2755
Ref: John Ridge 904-488-3435

Georgia

Imm: Michael Chaney 404-657-3158
Hep B: Peggy Monkus 404-657-3158
Ref: Carlos Quintanilla 404-657-2563

Hawaii

Imm: Judy Beates-Hill 808-973-9678
Hep B: Susan Kihara 808-973-9644
Ref: Gerald Ohta 808-586-4616

Idaho

Imm: Merlene Fletcher 208-334-5942
Hep B: Fazole Khan 208-334-5638
Ref: Susie Church 208-799-3100

Illinois

Imm: Ralph March 217-785-1455
Hep B: Susan Williams 217-785-1455
Ref: JoAnn Chikulas 312-814-1884

IL, Chicago

Imm: Ed Mihalek 312-746-5380
Hep B: Helen Estaban 312-746-5380
Ref: Dalma Praznowski 312-744-2144

Indiana

Imm: Pat Sandoe 317-233-7583
Hep B: Pat Sandoe 317-233-7583
Ref: Beverly Sheets 317-383-6420

Iowa

Imm: Pamela Lutz 515-281-4917
Hep B: Tina Patterson 515-281-7053
Ref: Carolyn Vogel 515-242-5149

Kansas

Imm: Monica Mayers 913-296-5593
Hep B: Theresa Turski 913-296-6512
Ref: Barbara Lewis 913-296-4022

Kentucky

Imm: Stephen Weems 502-564-4478
Hep B: Stephen Weems 502-564-4478
Ref: Beth Siddens 502-781-8039

Louisiana

Imm: Herbert Loy 504-483-1900
Hep B: Cathy Scott 318-345-1700
Ref: Jim Scioneaux 504-568-5275

Maine

Imm: Jude Walsh 207-287-3746
Hep B: Claire Richardson 207-287-6730
Ref: Joan Blossom 207-287-3748

Maryland

Imm: R. B. Trostel 410-767-6679
Hep B: Rashid Chotani, MD 410-767-5067
Ref: Huan-van Vu 410-767-6665

MD, Baltimore

Hep B: Kathy Vetter 410-545-3050

Massachusetts

Imm: Walter Lasota 617-983-6834
Hep B: Donna Lazarik (acting) 617-983-6800
Ref: Jennifer Cochran 617-983-6590

Michigan

Imm: Nancy Fasano (acting) 517-335-8159
Hep B: Nancy Fasano 517-335-9423
Ref: Steve Creamer 517-335-8533

MI, Detroit

Imm: B. Therese McGratty 313-256-1873
Ref: Albertina Popa 313-876-0432

Minnesota

Imm: Martin La Venture 612-623-5017
Hep B: Margo Roddy 612-623-5372
Ref: Kaying Hang 612-623-5684

Mississippi

Imm: Liane Hostler 601-960-7751
Hep B: Joyce Booth 601-960-7751

Missouri

Imm: Maureen Dempsey, MD 573-751-6133
Hep B: Ruby McPherson 573-751-6133
Ref: Mary Menges 573-751-6122

Montana

Imm: Paul Lamphier 406-444-0065
Hep B: Joyce Burgett 406-444-1805
Ref: Yvonne Bradford 406-523-4750

Nebraska

Imm: T. Grey Borden 402-471-2937
Hep B: Molly Uden 402-471-2937
Ref: Roger Murray 402-471-2937

NE, Douglas

Hep B: Ann Tripp 402-444-3771

Nevada

Imm: David Nelson 702-687-4800
Hep B: Robert Salcido 702-687-4800
Ref: Sandra Hanneke 702-687-4800

NV, Clark

Hep B: Donna Clark 702-383-1494

NV, Washoe

Hep B: M. Jordan (acting) 702-328-3653

New Hampshire

Imm: Paula Rosenberg 603-271-4482/4485
Hep B: Sheila Lazzaro 603-271-3572
Ref: Rich DiPentima 603-271-4494

New Jersey

Imm: Charles O'Donnell 609-588-7512
Hep B: Nancy Borsuk 609-588-7512
Ref: Lan Van Le, MD 609-588-7500

New Mexico

Imm: Sue Ripley 505-827-2369/2366
Hep B: Carly Christian 505-827-2369
Ref: Sue Ripley 505-827-2495

New York

Imm: Joseph Henderson 518-473-4437
Hep B: Sharon Thompson 518-474-1944
Ref: Ed Carloni 518-474-4845

NY, New York City

Imm: Arsenia Degato 212-285-4610/4617
Hep B: Davis Thanjan 718-520-8245
Ref: Burt Roberts 212-566-7873

North Carolina

Imm: Barbara Sterritt 919-733-7752
Hep B: Sheree Smith 919-715-6760
Ref: Suzanne Young 919-715-3119

North Dakota

Imm: Kathy Fredrickson 701-328-2378
Hep B: Kathy Fredrickson 701-328-4556
Ref: F. Heer/P. Seibel 701-328-4550

Ohio

Imm: Joseph Bronowski 614-466-4643
Hep B: Matthew Plummer 614-466-0247
Ref: Deborah Candow 614-644-8162

Oklahoma

Imm: Phyllis Brown 405-271-4073
Hep B: Dan Hayes 405-271-4073

Oregon

Imm: Lorraine Duncan 503-731-4020
Hep B: Linda Drach 503-731-4136
Ref: Bruce Bliatout 503-248-3149

Pennsylvania

Imm: Robert Longenecker 717-787-5681
Hep B: Phuoc Tran 717-787-5681
Ref: James Rankin 717-787-3350

PA, Philadelphia

Imm: James Lutz 215-875-5649
Hep B: Patricia Witte 215-685-6748
Ref: David Ryba 215-685-6792

Rhode Island

Imm: Tom Bertrand 401-277-1185 x188
Hep B: Linda Mouradjian 401-277-1185 x176
Ref: Sharon Tourigny 401-277-2312

South Carolina

Imm: Jesse Greene 803-737-4160
Hep B: Fred Morgan 803-737-4160

South Dakota

Imm: Jason Osborne 605-773-3737
Hep B: Linda Shaffer 605-773-3737
Ref: Kristin Rounds 605-773-3737

Tennessee

Imm: Charles Alexander 615-741-7343
Hep B: Thomas Finke 615-741-7343
Ref: David Crowder 615-532-2695

Texas

Imm: Robert Crider, Jr. 512-458-7284
Hep B: J. Keenan/S. Duncan 512-458-7284
Ref: Sam Householder, Jr. 512-458-7494

TX, Houston

Imm: C. P. Caves 713-794-9267
Hep B: L. Chronister 713-798-0812
Ref: Neoma Harris 713-439-6180

TX, San Antonio

Imm: Mark Ritter 210-207-8794
Hep B: Lin Watson 210-207-8793

Utah

Imm: Richard Crankshaw 801-538-9450
Hep B: Vacant 801-538-9450
Ref: Lillian Tom-Orme, MD 801-538-6141

Vermont

Imm: Jerry Harmon 802-863-7638/7639
Hep B: Jerry Harmon 802-863-7638/7639
Ref: Cynthia Ingham 802-863-7333

Virginia

Imm: James Farrell 804-786-6246/6247
Hep B: J. Milton/M. Kraus 804-786-6246
Ref: Anna Cofer 804-786-6251

Washington

Imm: Linda Johnson 360-753-3495
Hep B: Betty Williams 206-644-3642
Ref: Elmore Parker 360-705-6770

West Virginia

Imm: Samuel Crosby, Jr. 304-558-2188
Hep B: Bryant Reed 304-558-2188

Wisconsin

Imm: Dan Hopfensperger 608-266-1339
Hep B: Marjorie Hurie 608-266-8621
Ref: Michael Phrang 608-267-9000

Wyoming

Imm: H.L. Carroll 307-777-6001
Hep B: Carolyn Douglas 307-777-7466

Territories

American Samoa

Imm: Sylvia Tauiiili 011-684-633-4606
Hep B: D. Pilitati-Tunei 011-684-666-1222

Federated States of Micronesia

Imm: Kidsen Ishop 011-691-320-2619
Hep B: Kidsen Ishop 011-691-320-2619

Guam

Imm: Ron Balajadia 011-671-734-7135
Hep B: Ron Balajadia 011-671-734-7135

Republic of the Marshall Islands

Imm: Nora Kilmaaj-Saul 011-692-625-3480
Hep B: Helen Jetnil 011-692-625-3480

Mariana Islands

Imm: Sotto-Cepeda 011-670-234-8950 x2001
Hep B: J. Chong 011-670-234-8950 x2001

Puerto Rico

Imm: Esteban Calderon 809-274-5634
Hep B: Carmen Rodriguez 787-274-5532

Republic of Palau

Imm: J. Ngiruchelbad 011-680-488-1757
Hep B: R. Kiep/J. McReady 011-680-488-2813

Virgin Islands

Imm: B. Schultersbrandt 809-776-8311 x270
Hep B: B. Schultersbrandt 809-776-8311 x2148

Why did the little cookie cry?



Because its mom was
a walter so long.

National Resources

Here's some stuff you may be looking for!

Order these immunization and hepatitis resources from other organizations

The Immunization Action Coalition has compiled a list of great immunization and hepatitis resources from across the United States. Order these materials directly from the organizations listed.

Let's pool our immunization and hepatitis resources!

If you know of hepatitis or immunization videos, posters, brochures, or other excellent resources, please let us know! With your help the Coalition can disseminate and/or publicize excellent materials that can be used by everyone! Call the Coalition at 612-647-9009.

Don't forget to check out the Coalition Catalog and World Wide Web site!

The Coalition has over 85 provider and patient education items—videos, slide sets, brochures, posters—that are copyright free! See “Coalition Catalog” on page 19 or fax your request for our catalog to 612-647-9131. Help yourself to the free materials on our website at <http://www.immunize.org/>

Reference materials

Morbidity and Mortality Weekly Report (MMWR). Recommendations and information on vaccine-preventable diseases. Available in print for \$65/yr, call 617-893-3800, or free electronically at CDC's website at www.cdc.gov/epo/mmwr/mmwr.html

ACIP statements. No clinic should be without a set of these public health recommendations on all vaccines. To order a complete set or only the ones you need, contact your state health department's immunization program (phone numbers on page 15) or fax your request to CDC at 404-639-8828.

Red Book—Report of the Committee on Infectious Diseases (AAP, 1994). Current recommendations for prevention and management of infectious diseases in children. \$78.90 for non-members. New edition available spring, 1997. Call 800-433-9016.

Green Book—Guide for Adult Immunization (ACP, 1994). Current recommendations for the prevention and management of infectious diseases in adults. \$26.65 for non-members. Call 800-523-1546, ext. 2600.

AAP News (a monthly newspaper). Contains information about new immunization recommendations, etc. \$40/yr. Call 800-433-9016, ext. 7667.

Vaccine Bulletin (NCM Publishers, a monthly publication). Information about new immunization recommendations and vaccine research summaries. Free. Fax your order to 212-645-2571.

Infectious Diseases in Children (SLACK Inc., a monthly newspaper). A wide range of immunization topics. Pediatricians receive it free. If you don't receive it, borrow a copy or check out the website www.slackinc.com/child/idc/idchome.htm

Revised! Resource Guide for Adult Immunization, 2nd ed. (NCAI, 1997). 80 pages of adult immunization materials you can order. Free. To order, fax your request to 301-907-0878.

Needle Tips & the Hepatitis B Coalition News (Immunization Action Coalition, a semi-yearly publication). Published for individuals and organizations concerned about hepatitis B and all other vaccine-preventable diseases. Free, but a \$25 donation appreciated. Call 612-647-9009 or visit our website at <http://www.immunize.org/>

Hepatitis Control Report (Precision Media Works, a quarterly publication). Devoted to news on the control of viral hepatitis. Free. Call 610-664-2468.

TIPS (Teaching Immunization Practices) - a comprehensive curriculum for nurses (ATPM, 1997). A user's guide, 3 modules, a vaccine-preventable disease slide set, transparencies, student handouts, etc. \$156. Call 800-789-6737.

Hepatitis B Teaching Module for Physicians (ATPM, 1996). Facilitator's guide, reference booklet, and 3 small-group booklets. \$40. Call 800-789-6737.

Immunization - You Call the Shots (ATPM, 1996). Continuing education, computer-assisted instruction programs for health care professionals. Prices vary. Call 800-235-0882.

Vaccine Weekly (CW Henderson, a weekly publication). Topics include new vaccines, vaccine research, FDA approvals, journal article summaries, etc. \$1595/yr. Call 800-633-4931.

Hepatitis Weekly (CW Henderson, a weekly publication). Topics include hepatitis research news, abstracts, journal article summaries, etc. \$1595/yr. Call 800-633-4931.

Why did the girl mushroom go out with the boy mushroom?



Because he was a fun guy (fungi).

Videos

Immunization Action Coalition videos. The Coalition has over a dozen terrific educational videos, some for providers and more for patients. Seven are in languages other than English. See “Coalition Catalog” on page 19 or fax your request for our catalog to 612-647-9131.

CDC videos. Fax a request for a list of free videos to 404-639-8828. Ask for “CDC/NIP resource request list.” You will receive the list by mail.

Health is the Prize (Mpls. Indian Health Bd, 1996, 9 min). A “hip hop” music video to encourage teen parents to vaccinate their children. \$20. Call 612-721-9800, ext. 880.

Before it's Too Late, Vaccinate! (AAP, 1992, 15 min). Explains the importance of immunizations to parents. Available in English & Spanish. \$6. Call 800-433-9016, ext. 6771.

Precious Chance - an informed consent video (Scottish Rite Children's Medical Center, 1992, 17 min). Used to obtain informed consent from parents. Reviews vaccine-preventable diseases, vaccine side effects, and contraindications. Available in English, Spanish, Russian, Hmong, Cambodian, Vietnamese, & Laotian. \$79.95. Call 404-250-2319.

Wally Takes Charge (Mid-America Immunization Coalition, 1995, 12 min). For teachers to educate elementary students to teach their own families about immunizations. Available in English and Spanish. \$25. Call 816-235-5479.

Don't Wait! Vaccinate! (Universal Health Communications, 1995, approximately 6 min). An immunization video for parents. Available in Spanish & English. \$49. Call 407-731-5881.

Preventing Hepatitis A (TREC, 12 min). Specifically for American Indians & Alaskan natives (includes hand washing). Posters (limited quantity) and brochures also available. Free. Write: TREC, 22571 Smokey Ridge Rd., Rapid City, SD 57702.

Hepatitis—the Silent Killer (Hepatitis Foundation International, 1995, 26 min). Describes hepatitis A, B, and C. \$30 (includes a membership to the foundation). Call 800-891-0707.

Hepatitis B video (Hepatitis B Foundation, 1995, 28 min). Covers hepatitis B issues such as vaccination, care of the carrier, discrimination against carriers, day care, etc. \$6. Call 215-884-8786.

Need adolescent videos? See the next page!

Miscellaneous

America's Youth Passport (Securitec Corp.) A sturdy booklet for parents to record their children's immunizations and other health information. Consider ordering them for your patients. For more information and a free sample call 800-783-2145.

Adolescent toolbox

Reference materials

ACIP Adolescent Statement. The Advisory Committee on Immunization Practices has released the recommendations on adolescent immunization. To get a copy, contact your state health department's immunization program (phone numbers on page 15) or fax your request to CDC at 404-639-8828.

A Review of Adolescent School-based Hepatitis B Vaccination Projects, a report. CDC's 115-page in-depth report on hepatitis B projects at 15 schools. No charge but limited quantities available. Fax your request to 404-639-8828.

GAPS (Guidelines for Adolescent Preventive Services) (AMA, 1996). Recommendations on immunization, health promotion, screening activities, and more. Free. Call 312-464-5570 or fax your request to 312-464-5842.

"Roll Up Your Sleeves: Implementing a Hepatitis B Program in Schools" (San Francisco Unified School District, 1995). Manual & video to motivate schools to develop hepatitis B immunization programs. \$10. Call the American School Health Association at 330-678-1601.

"Give Teens a Shot" (JG Consultants, 1996). A manual on how to establish a hepatitis B immunization program in juvenile correction facilities. Free. Call 503-731-4267.

Videos

Partnership for Prevention (SKB, 1995, 6 min) This video presents hepatitis B information to a classroom of 11- and 12-year olds. May be shown in classrooms, clinics, etc., but may not be shown on TV. A second video, *Get the facts, then get the vax* (American School Health Association, 1995, 6 min) presents hepatitis B information for senior high school students. May be used in any setting. To order either of these videos, see the Coalition Catalog on page 19, or fax your request for our catalog to 612-647-9131.

Immunization Day (UCLA and CA Dept. of Health, 1997). An entertaining vaccination video with accompanying curriculum for middle-school students. Not yet ready. To be put on a list to get more information regarding price, publication date, etc., mail your request to the Immunization Action Coalition, 1573 Selby Ave., St. Paul, MN 55104, or fax 612-647-9131.

Brochures

"Are you 11-19 years old? Then you need to be vaccinated!" and **"Every week hundreds of teenagers are infected with hepatitis B."** Simple, camera-ready brochures on hepatitis B and immunization for teens and their parents. Make copies or adapt for your own use. To order these brochures, see the Coalition Catalog on page 19, or fax your request for our catalog to 612-647-9131.

Before you make a hepatitis B brochure...

The Coalition's brochure, "Every week hundreds of teenagers are infected with hepatitis B," has been used to help create some wild and wonderfully colorful brochures. Before you design your own brochure, call any or all of these state health department people for samples of their brochures. Dan Hayes, Oklahoma, 405-271-4073; Gail Chaffee, Massachusetts, 617-983-6818; and Susan Knowlton, North Carolina, 919-733-7752.

Posters

"Roll Up Your Sleeves" poster. Full-color poster of a diverse trio of kids showing off their hepatitis B shots. Artwork courtesy of NC Dept. of Health. To order, see the Coalition Catalog on page 19, or fax your request for our catalog to 612-647-9131.

Vaccine companies

Don't forget to call the vaccine companies or your local sales representatives and see if they have any patient or provider immunization materials you can use to increase adolescent immunization rates.

School-based hepatitis B resource people

The following people have been involved in hepatitis B school-based projects. If you are thinking about starting a school-based campaign, feel free to call them!

• Kathleen Vetter, MPH, Baltimore City Health Department, 410-396-7575 • Dale Moran Bell, LPC, Baton Rouge School Vaccination Program, 504-354-2012 • Maureen Cormier, RN, Metro West Medical Center, Framingham, MA, 508-383-1235 • Mary Milne, New Mexico Department of Health, 505-524-6177 • Mary Fowler, Metropolitan Health Department, Nashville, TN, 615-340-7787 • Carole Harris, RN, San Diego City Schools, 619-293-8578 • Lynda Boyer-Chu, RN, MPH, San Francisco Unified School District, 415-749-3400 • Rochelle Boddie, RN, MSN, Preventive Health Services, Washington, D.C., 202-645-5571 • Katherine Chin, RN, Chinatown Health Clinic, New York City, 212-226-9339 • Sheree Smith, North Carolina Health Department, 919-733-7752 • Cecilia Ma, RN, New York Downtown Hospital, 212-312-5832 • Linda Drach, MPH, Oregon Health Division, 503-731-4136 • Mary Anne Murphy, PHN, Eau Claire County Health Dept., 715-839-4718 • Cerise Grice, Alameda Co. Public Health Dept., Oakland, CA, 510-268-2646.

Phone numbers and websites for more information

Call these organizations to find out what resources they can send you. Many of them have newsletters, brochures, fact sheets, and/or informational data bases. You can also check their websites.

Routine Immunization

All Kids Count (www.allkidscount.org) 404-687-5615
 American Academy of Pediatrics (www.aap.org) ★ 800-433-9016
 CDC's Nat'l Immunization Program (www.cdc.gov/nip/home/htm) 800-CDC-SHOT
 Congress of National Black Churches 202-371-1091
 COSSHMO (Nat'l Coalition of Hispanic Health Organizations.) ★ 800-232-0233
 Every Child by Two (www.ecbt.org) 202-651-7226
 HMA Associates (PSAs and print materials for Latinos) ★ 202-342-0676
 Immunization Action Coalition (www.immunize.org) ★ 612-647-9009
 Immunization Education and Action Committee 202-863-2414
 National Coalition for Adult Immunization (www.medscape.com/ncai) 301-656-0003
 National Council of La Raza (www.nclr.org) ★ 202-785-1670
 National Institute on Aging (e-mail: niainfo@access.bixg.net) 800-222-2225
 Office of Minority Health (www.omhrc.gov) ★ 800-444-6472
 Your health department's immunization program (# is on page 15)

Hepatitis Information

American Liver Foundation (www.liverfoundation.org) ★♦ 800-223-0179
 Asian Pacific Health Care Venture ★ 213-346-0370 ext. 16
 Hepatitis A brochure for gay men 800-200-HEPA
 Hepatitis A brochure for travelers 800-437-2829
 Hepatitis A information kit 800-437-2344
 Hepatitis B Coalition (www.immunize.org) ★ 612-647-9009
 Hepatitis B Foundation (www.libertynet.org/~hep-b) 215-884-8786
 Hepatitis Foundation International (www.hepfi.org) ★♦ 800-891-0707
 National Digestive Diseases Information Clearinghouse ★♦ 301-654-3810
 Plexus Health Group 912-638-6705
 Your health department's hepatitis coordinator (#'s on page 15)

Vaccine Companies

Merck & Co., Inc. (www.merck.com) 800-672-6372
 Pasteur Merieux Connaught, Inc. 800-822-2463
 SmithKline Beecham (www.sb.com) 800-366-8900
 Wyeth-Lederle Vaccines 800-358-7443

- ★ materials available in other languages in addition to English
- ♦ these organizations also provide information on hepatitis C

CDC Resource Page

Immunization, hepatitis, & travel information

The Centers for Disease Control and Prevention has resources on immunization, hepatitis, and travel that you can obtain by phone, fax, mail, computer and satellite. You can also e-mail your immunization questions to nipinfo@nip1.em.cdc.gov

CDC Information Directory

How to obtain immunization and hepatitis materials	800-CDC-SHOT
Disease hotline that includes hepatitis	404-332-4555
NIP's Education and Training Branch	404-639-8225
Hepatitis Branch epidemiologist on call	404-639-2709
Immunization information on international travel	404-332-4559
Fax your request for "CDC/NIP's Resource List" and ACIP statements	(fax) 404-639-8828
E-mail your immunization questions to CDC	nipinfo@nip1.em.cdc.gov
CDC's homepage	www.cdc.gov/
NIP's website	www.cdc.gov/nip/home.htm
Hepatitis Branch website	www.cdc.gov/ncidod/diseases/hepatitis/hepatitis.htm
CDC's travel website	www.cdc.gov/travel/travel.html
To get ACIP statements and other MMWR issues	www.cdc.gov/epo/mmwr/mmwr.html
Consumer immunization information in English	800-232-2522
Consumer immunization information in Spanish	800-232-0233

Immunization info by mail

CDC has excellent immunization resources you can order including ACIP statements, videos, posters, and brochures. Fax a request for the "CDC/NIP Resource Request List" to 404-639-8828. The list is mailed to you so you can either mail or fax your order. Some of the materials on the list include:

- *Six common misconceptions about vaccination and how to respond to them.* This booklet will help explain the importance of vaccination to your "hard-to-convince" patients.
- *ACIP statements.* These are the public health recommendations on all vaccines for children and adults. Order a complete set or only the ones you need!
- *Immunization Action News.* Not on the "Resource Request List," but an excellent resource. *Immunization Action News* is a free monthly newsletter about new immunization recommendations and much more. Fax your request to receive *Immunization Action News* to 404-639-8828.

Immunization info by fax/ phone

Call 800-CDC-SHOT (232-7468) to receive a multitude of resources by fax or voice mail. Materials available include: questions and answers about the Vaccines For Children program, questions and answers about the use of DTaP in children, and ACIP information on vaccine-preventable diseases.

And if you still have questions, a live person will answer them! You can also e-mail your questions to nipinfo@nip1.em.cdc.gov

Clinic Assessment Software Application (CASA). Developed by CDC, this software program can help you assess your clinic's immunization performance and collect estimates of vaccination levels. Other data provided include baseline rates, up-to-date status, and extent of "missed opportunities." To order, contact your local or state health department immunization manager (page 15), download from NIP at www.cdc.gov/nip/home.htm, or call Susan Good or Igor Bulim at the CDC Data Management Branch at 404-639-8392.

Immunization info for travelers

What shots do international travelers need?

Need to know what shots to give your patients who are going to India, East Asia, Southern Africa, etc.? Call 404-332-4559 and follow the prompts (the document number you want faxed is #000005). You will receive by fax the "CDC International Travel Directory" from which you can order disease risk and prevention information by country. This is excellent information to hand out to your traveling patients. Also available by internet: www.cdc.gov/travel/travel.html

Hepatitis A information by fax

Call 404-332-4559 (the document number you want faxed is #221100). You will receive by fax a four-page hepatitis A document on transmission, risk, recommendations, vaccine dosing information, prevaccination testing, safety, contraindications, and countries of high endemicity.

Websites at CDC

Immunization information

Want to know what's new at CDC's National Immunization Program (NIP)? Learn about publications, products, and services? Find answers to frequently asked immunization questions? Read about upcoming events, the latest immunization information, announcements? You can even download CASA, a computerized immunized tracking system for clinics. Check out NIP's home page at www.cdc.gov/nip/home.htm

Hepatitis information

Want to know what's new at CDC's Hepatitis Branch? Download Hepatitis A, B, C, and G fact sheets? Get in-depth information on HBV and hepatitis B vaccination? Download information from slide sets? Check out www.cdc.gov/ncidod/diseases/hepatitis/hepatitis.htm

Immunization information for travelers

Need to know what shots to give your patients who are traveling? What diseases are prevalent in specific areas of the world? Download the yellow book, the blue sheet? Check out www.cdc.gov/travel/travel.html

Satellite courses from CDC

Live, interactive training courses on immunization via satellite are conducted by William L. Atkinson, MD, MPH. Dr. Atkinson is a medical epidemiologist, author, and award-winning educator for the National Immunization Program. Courses include:

- *Update on pertussis and polio vaccines.* February 27, 1997, and June 12, 1997
- *Adult immunization: strategies that work.* April 24, 1997
- *Comprehensive course.* June 5, 12, 19, 26, 1997
- *Immunization update.* September 11, 1997

To participate in the courses, contact your state health department's immunization program manager (phone numbers listed on page 15).

CDC conference

31st National Immunization Conference, May 19-22, 1997, Detroit, MI. This conference will bring together a wide constituency of local, state, federal, and private-sector immunization partners. Everything you ever dreamed about immunizations will be there! For more information call 404-639-8225.

What did the finger say
to the thumb?

"I'm in love with you!"



Coalition Catalog

Publications and resources

Order only one and make copies!

All of our materials are copyright free and reviewed by national experts! Order only one of any item and make as many copies as you need. Feel free to adapt our patient education materials to fit your community's needs. Use our text (already reviewed for accuracy) and be creative! Add color, change the design, promote local children's artwork! Don't forget to let your clients know where to go for shots.

To order materials
use form on
page 23.



Need materials in languages other than English?

Many of our materials are available in languages in addition to English. Look for the stars in front of the items to identify which ones are produced in other languages. We have materials in Spanish, Hmong, Cambodian, Laotian, Vietnamese, Tagalog, Russian, Chinese, Korean, and Mien.



★ Languages in addition to English ■ English only

New & revised materials are listed below!



For \$10 you can receive camera-ready copies of all the *new and revised* print materials listed below (videos are extra). For \$50 you can get *all* the print materials in the catalog. See the first two items on the order form on page 23.

New since the last issue (9/96) of *Needle Tips*:

- Screening questionnaire for adult immunization. *Item #P4065.*
- After the shots...what to do if your child has discomfort. *Item #P4015.*
- Immunizations.... not just kids' stuff. *Item #P4035.*
- Tips to improve your clinic's immunization rates. *Item #P2045.*
- Hepatitis B brochure for men who have sex with men. *Item #P4115.*
- A packet of hepatitis B and adoption information. *Item #P4155.*
- "Partnership for prevention," a hep B video for 11–12 yr olds. *Item #V3012.*
- "Get the facts, then get the vax," a hep B video for older teens. *Item #V3015.*
- "Family album," an immunization video in many languages. *Item #V4000.*
- Adolescent hepatitis B poster. *Item #Q2010.*
- Adult immunization poster. *Item #Q2020.*

Materials now available in additional languages:

- ★ Hepatitis B shots recommended for all new babies. *Item #P4110.*
- ★ If you or your family were born in any of these places... *Item #4170.*

Revised since the last issue (9/96) of *Needle Tips*:

- Summary of rules of childhood immunization. *Item #P2010.*
- Immunizations for babies. *Item #P4010.*
- When do children & teens need shots? (*Spanish & English*) *Item #P4050.*
- Immunization screening checklist. *Item #P2050.*
- Management of chronic hepatitis B in children and adults. *Item #P2140.*
- Management of the HBsAg positive patient. *Item #P2150.*



STOP! Before you order ...

A \$50.00 annual membership includes camera-ready copies of ALL of the Coalition's print materials. (See back page for information on how to join!) And for \$10, current members and others can receive copies of all new and revised materials listed in this newsletter!

See first two items on the order form on page 23!

Printed immunization materials

■ *Needle Tips & the Hepatitis B Coalition News*

A semi-yearly publication on hepatitis B and all other vaccine-preventable diseases. An easy-to-read, easy-to-use, toolbox of resources. Your yearly contribution keeps it coming! *Item #N1001 - \$25.*

■ *NEW! Camera-ready copies of Needle Tips*

We can't fill large multiple-copy requests. Now you can make your own copies! *Item #N1004 (9/96 issue) and Item #N1005 (2/97 issue) - \$5/each.*

■ *Revised! Summary of rules of childhood immunization*

A handy two-sided reference table. Gives information on appropriate use, scheduling, and contraindications of vaccines for children. Make copies and keep in your exam rooms as a ready reference! (2/97). *Item #P2010 - \$1.*

■ *Summary of recommendations for adult immunization*

A handy two-sided reference table. Gives information on appropriate use, scheduling, and contraindications of vaccines for adults. Make copies and keep in your exam rooms as a ready reference! (9/96). *Item #P2011 - \$1.*

★ *Screening questionnaire for child and teen immunization*

A form for the patient's parent/guardian to fill out to help staff evaluate which vaccines can be given at that day's visit (12/95). Available in English, Spanish, Hmong, Chinese. (Thanks to NY State Health Dept.) *Item #P4060 - \$1/each.*

■ *NEW! Screening questionnaire for adult immunization*

A form your adult patients fill out themselves to help you evaluate which vaccines can be given at that day's visit (2/97). *Item #P4065 - \$1.*

■ *Vaccine handling, storage, and transport*

Describes how to check vaccines upon arrival and how to handle and store them. Includes updated varicella vaccine information. Also reviews refrigerator and thermometer guidelines and how to transport vaccines to other sites (9/96). *Item #P2020 - \$1.*

■ *Vaccine administration record for children and teens*

Keep children's and teens' immunization records on this one-page sheet in the front of their medical charts (1/96). *Item #P2022 - \$1.*

■ *Vaccine administration record for adults*

Keep adult patients' immunization records on this one-page sheet in the front of their medical charts (1/96). *Item #P2023 - \$1.*

■ *Revised! Immunizations for babies*

A visual picture of the infant immunization schedule. An easy way to explain childhood immunizations to any parent! (2/97). *Item #P4010 - \$1.*

★ *Revised! When do children and teens need shots?*

A visual picture of the immunization schedule. Gives parents, including those with limited reading skills, an understanding of the shots needed up to age 16. Available in English, Spanish (2/97). *Item #P4050 - \$1/each.*



HELP YOURSELF! All of our materials are copyright free! Order only one of any item and make as many copies as you need. Use the order form on page 23.



■ **NEW! After the shots...what to do if your child has discomfort**

An information sheet for parents on how to care for their children after immunization (2/97). *Item #P4015 - \$1.*

■ **Are you 11-19 years old? You need to be vaccinated!**

A simple patient information sheet to educate teens and pre-teens (and their parents) about all recommended vaccinations (9/96). *Item #P4020 - \$1.*

■ **Vaccinations for adults**

A simple information sheet to remind adults about all the recommended vaccinations (9/96). *Item #P4030 - \$1.*

■ **NEW! Immunizations...not just kids' stuff**

A comprehensive adult immunization brochure. Great artwork! Adapted from State of NY, Dept. of Health (2/97). *Item #P4035 - \$1.*

★ **Chickenpox isn't just an itchy, contagious rash**

A simple, easy-to-read brochure (12/95). Available in English, Spanish. *Item #P4070 - \$1/each.*

■ **Ask the experts**

(Written by CDC experts and reprinted from current and past issues of *Needle Tips*.) All the questions and answers on routine immunization that have been published in *Needle Tips*. *Item #P2021 - \$1.*

■ **Immunization update**

(D. Wexler, MD, Immunization Action Coalition). A 20-page summary for clinicians. Reviews resources, information on vaccination issues, injection sites, tips to improve immunization rates (10/95). *Item #P2040 - \$5.*

■ **NEW! Tips to improve your clinic's immunization rates**

These tips are useful in both pediatric and adult health settings (2/97). *Item #P2045 - \$1.*

■ **Revised! Immunization screening checklist**

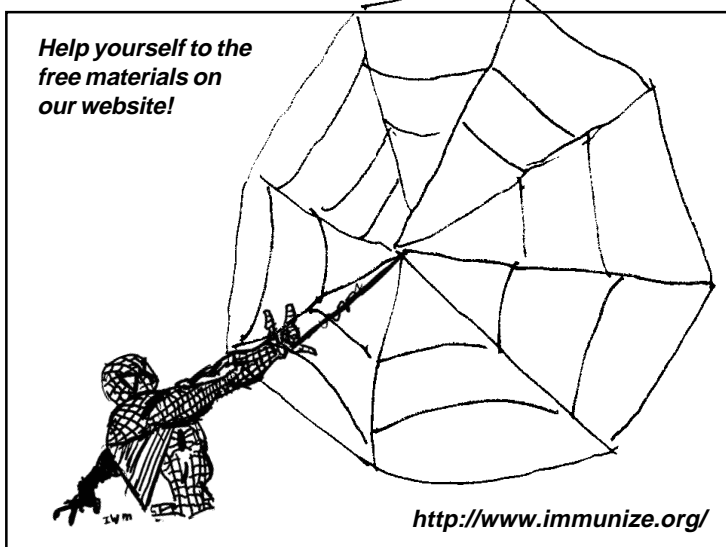
(R. Zimmerman, MD, University of Pittsburgh). A one-page sheet to determine which shots should be given at a visit, includes explanations of contraindications (1/97). *Item #P2050 - \$1.*

■ **Hospitals & doctors sued for failing to immunize**

(Reprinted from *Needle Tips*, 9/94). Cites seven lawsuits against physicians and hospitals for failure to immunize. *Item #P2060 - \$1.*

■ **County-wide immunization practices survey**

(St. Paul Public Health). Send this survey to clinics. It might help raise the standard of immunization practices in your area! (1995) *Item #P2070 - \$1.*



■ **Blueprint for community-based shot clinics**

(D. Wexler, MD, Immunization Action Coalition). Guidelines for setting up immunization clinics and for giving immunization talks at shot clinics. Includes materials you can adapt for your clinics (12/95). *Item #P3040 - \$5.*

■ **Sample immunization charts for shot clinics**

(West Side Clinic, St. Paul, and St. Paul Public Health). These charts have space to record past doses of vaccines and questions to assess appropriateness of administration (12/95). *Item #P3050 - \$1.*

■ **Physician notification letter**

(West Side Clinic, St. Paul). A letter mailed to physicians when their patients are immunized in a public immunization clinic (12/95). *Item #P3060 - \$1.*

■ **Brochures for WIC-based immunization clinics**

(West Side Clinic, St. Paul). Adapt these brochures, including "kid art" for use in your own immunization clinics (1994). *Item #P3070 - \$1.*

■ **Immunization clinic checklist of supplies**

(West Side Clinic, St. Paul). A checklist to help staff members remember which supplies to bring when operating neighborhood-based shot clinics (1993). *Item #P3080 - \$1.*

■ **WIC clinics are wonderful places to immunize**

(reprinted from *Needle Tips* '92 & '93). These two articles describe immunization clinics at WIC—how they work and their successes. *Item #P3090 - \$1.*

■ **Coalition kid art**

(Sarah and Izzy Wexler-Mann, Immunization Action Coalition artists). Artwork to use in ads, brochures, or wherever you'd like to promote immunization. No need to get permission. It's yours to copy! (9/96) *Item #P3010 - \$1.*

■ **California's immunization artwork**

(CA Dept. of Health). Bears, babies, and 2-, 4-, 6-, 12-, and 15-month building blocks, etc., for you to copy and use. *Item #P3020 - \$5.*

Printed hepatitis materials

■ **Recommended dosages of hepatitis A and B vaccines**

Lists the dosages of the hepatitis A and B vaccines for infants to adults based on vaccine brand (9/96). *Item #P2081 - \$1.*

■ **Hepatitis B update**

(D. Wexler, MD, Immunization Action Coalition). A 13-page summary. Includes incidence-prevalence statistics, transmission, risk groups, serologic patterns, prevention through vaccination, and more (4/96). *Item #P2090 - \$5.*

■ **No risk?? No way!!**

(Reprinted from *Hepatitis B Coalition News* 9/94). Reviews unusual transmissions of hepatitis B in "low-risk" individuals. *Item #P2100 - \$1.*

■ **Hepatitis B toolbox**

A list of high-risk groups, interpretation of the hep B panel and the tests needed to diagnose chronic hepatitis B, C, and D (12/95). *Item #P2110 - \$1.*

■ **Universal prenatal screening for hepatitis B**

(D. Freese, MD, Mayo Clinic). Reviews epidemiology, neonatal transmission, and screening rationale (2/93). *Item #P2120 - \$1.*

■ **Perinatal protocol**

Sample hospital prevention protocols for HBsAg screening on labor and delivery units and hepatitis B immunization in newborn nurseries (12/95). *Item #P2130 - \$1.*

■ **Revised! Management of chronic hep B in children and adults**

(H. Conjeevaram, MD, University of Chicago) (1/97). *Item #P2140 - \$1.*

■ **Revised! Management of the HBsAg positive patient**

(C. Smith, MD, Minnesota Gastroenterology, Mpls., MN). Includes discussion of hepatitis B, serologic data, and natural history of the disease as well as guidelines for management (1/97). *Item #P2150 - \$1.*

■ **Management of chronic hepatitis B in adults**

(B.J. McMahon, MD, Alaska Area Native Health Service, Anchorage, AK). Includes protocol for workup of patients with elevated AFP levels (12/95). *Item #P2161 - \$1.*

■ **What the physician can do to help the child hepatitis B carrier**

(S.J. Schwarzenberg, MD, U of MN) (8/94). *Item #P2170 - \$1.*

■ **Tracking & managing hepatitis B patients and contacts**

A manual tracking system for high-risk families and contacts plus a tracking sheet to monitor hepatitis B-infected patients (6/91). *Item #P2180 - \$1.*

■ **Wallet-sized cards for hepatitis B test results**

Use this template to make cards for patients for their hepatitis B test results. (1994). *Item #P4130 - \$1.*

■ **Letter explaining hepatitis B test results to patients**

(D. Wexler, MD, Immunization Action Coalition). A letter to patients explaining their hepatitis B test results (1994). *Item #P4140 - \$1.*

■ **Hepatitis A is a serious disease...should you be vaccinated?**

A simple, easy-to-read brochure about hepatitis A (9/96). *Item #P4080 - \$1.*

■ **Questions frequently asked about hepatitis B**

(D. Wexler, MD, Immunization Action Coalition). Questions and answers written in response to the letters sent to Dr. Wexler after her hepatitis B letter appeared in a "Dear Abby" column (9/96). *Item #P4090 - \$1.*

★ **Every week hundreds of teens are infected with hepatitis B**

Easy-to-read brochure for teens and parents (5/95). Available in English, Spanish. *Item #P4100 - \$1/each.*

★ **New translations! Hep B shots recommended for all new babies**

Easy-to-read brochure for parents of newborns (1/96). Now available in English, Spanish, Hmong, Cambodian, Laotian, Vietnamese, Russian, Chinese, Korean. *Item #P4110 - \$1/each.*



■ **NEW! Hepatitis B brochure for men who have sex with men**

"Hepatitis B is 100 times easier to catch than HIV," is a brochure to help gay men decide if they are at risk for hepatitis B. Created in collaboration with Youth and AIDS Projects, a service program of the University of Minnesota (2/97). *Item #P4115 - \$1.*

★ **If you are a hepatitis B carrier**

Describes how the carrier can take care of her/himself and protect others from hepatitis B infection (12/95). Available in English, Spanish, Hmong, Chinese. *Item #P4120 - \$1/each.*

■ **An introduction to hepatitis B for parents of adopted children**

(S.J. Schwarzenberg, MD, U of MN) Answers hepatitis B questions asked by parents who are adopting children from high-risk areas of the world. Hepatitis B testing and treatment information and other resources (9/94). *Item #P4150 - \$1.*

■ **NEW! A packet of hepatitis B and adoption information**

(Jerri Jenista, MD, *Adoption Medical News*, Ann Arbor, MI). Articles on hepatitis B for parents of adopted children (2/97). *Item #P4155 - \$5*

■ **Patient to physician letter**

(D. Wexler, MD, Immunization Action Coalition). People who wish to be tested for hepatitis B can give this letter to their physicians (1994). *Item #P4160 - \$1.*

★ **New translations! If you . . . were born in any of these places . . .**

Encourages people from moderate/high-risk areas of the world to be tested for hepatitis B (5/95). Available in English, Hmong, Cambodian, Laotian, Vietnamese, Russian, Chinese, Korean. *Item #P4170 - \$1/each.*

★ **Hepatitis B information for Asian Americans**

(D. Wexler, MD, Immunization Action Coalition). Four-pages. Explains hepatitis B, transmission, symptoms, prevention, who to vaccinate, and how to take care of oneself if found to be a carrier (1/95). Available in English, Hmong, Cambodian, Laotian, Vietnamese, Tagalog. *Item #P4190 - \$1/each.*

★ **Hepatitis B information for Soviet refugees**

(D. Wexler, MD, Immunization Action Coalition). Four pages. Explains hepatitis B, transmission, symptoms, prevention, who to vaccinate, and how to take care of oneself if found to be a carrier (3/95). Available in English, Russian. *Item #P4200 - \$1/each.*

Videos

■ **How to protect your vaccine supply**

(CA Dept of Health, revised by MN Dept of Health, 1996, 15 min). Also known as "Ice, Champagne, and Roses," this recently revised "how-to" video now includes varicella and hepatitis A. Comes with updated presenter notes, pre- and post-tests, and refrigerator signs. *Item #V2010 - \$10.*

■ **Vaccine administration techniques**

(CA Health Dept, 1992, 18 min). A refresher course on the correct techniques for administering vaccines. Includes presenter notes. *Item #V2020 - \$10.*

■ **When to immunize, when to wait**

(CA Dept. of Health, 1995, 22 min). Features CDC's immunization expert, Dr. William Atkinson. Stresses the need to take every opportunity to vaccinate and mentions the few circumstances when it's necessary to withhold vaccines. Includes ideas on how to improve immunization rates. Use the accompanying materials to arrange CME credit for nurses/doctors. *Item #V2030 - \$10.*

■ **In praise of the public health nurse!**

(Immunization Action Coalition, 1994, 31 min). Features Margaret Morrison, MD, Mississippi Dept. of Health. An excellent motivational video for new staff members filmed at the Nat'l Immunization Conference! Stresses the importance of training the entire clinic staff to encourage vaccination and to make the clinic encounter a respectful experience for every patient. *Item #V2040 - \$10.*

■ **Coming soon! "Immunization Day!"**

(UCLA, 1997, 13 min). A charming vaccination video with accompanying curriculum for middle-school students. Not yet ready. To be put on a list to get more information including price, publication date, etc., please mail or fax your request to the Immunization Action Coalition. Our fax # is 612-647-9131.

■ **NEW! "Partnership for prevention"**

(SmithKline Beecham, 1995, 6 min). Presents hepatitis B information to a classroom of 11- and 12-year olds. May be shown in classrooms, clinics, etc., but may not be broadcast on television. *Item #V3012 - \$10.*

■ **NEW! "Get the facts, then get the vax"**

(American School Health Association, 1995, 6 min). Presents hepatitis B information for senior high school students. May be used in any setting. *Item #V3015 - \$10.*



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Vaccine-Preventable Disease Slide Set

■ "Faces of vaccine-preventable diseases"

Now includes a simple script! 30 slides of children and adults with preventable diseases for which people are now routinely vaccinated. Suitable for use by public health departments, community outreach workers, nursing schools, and medical teaching programs. Make into pictures for brochures, posters, billboards, videos! Be creative! Every clinic should have a set of these slides. (9/96) *Item #S3010 - \$25.*

■ Script for vaccine-preventable disease slide set

If you already have the Coalition's slide set but not the script that accompanies it, then just order it as a single item (9/96). *Item #S3011 - \$5.*



To see the photographs,
visit our website at:
www.immunize.org

★ NEW! "Family album"

(UCLA, 1997, 15 min). An immunization video to encourage S.E. Asian parents to immunize their children on time. A real life story of a S.E. Asian family talking about their new life in the U.S. Available in English, Hmong, Cambodian, Laotian, and Mien. *Item #V4000 - \$10/each.*

■ Our family, our strength

(American Liver Foundation, 1986, 19 min). For English-speaking Asian Americans. Narrated by the late Dr. Haing Ngor, who starred in the film, "The Killing Fields." On the same cassette: Patient information - hepatitis B (1986, 8 min). W. T. London, MD, Fox Chase Cancer Institute, talks to a pregnant woman who is a hepatitis B carrier. *Item #V4001 - \$10.*

★ Kev koom siab (in Hmong with English subtitles)

"Immunization and hepatitis B" (KTCI-TV, St. Paul, MN, 1991, 1992, 54 min). Part I: Hmong health care workers discuss all immunization for adults and children. Part II: Hmong health care workers discuss hepatitis B. Both parts include scenes of children and adults receiving vaccinations. Excellent for use in group settings and waiting rooms. *Item #V4020 - \$10.*

★ Hepatitis B—a family's story (in Cambodian)

(Dubbed into Cambodian by the Immunization Action Coalition, 1995, 15 min). A pregnant woman learns she is a hepatitis B carrier, and her physician speaks to the whole family, bringing the disease into a family context. Promotes testing and vaccination. Cambodian and English scripts accompany video. (Dubbed from "Our family, our strength.") *Item #V4025 - \$10.*

★ Benh viem gan b va gia dinh bac Tam (in Vietnamese)

"Hepatitis B and Uncle Tam's Family" (Vietnamese Community Health Promotions Project, San Francisco, CA, 1995, 16 min). A top-notch hepatitis B education tool. A series of 10, one-minute public service announcements that is also effective if run continuously. Vietnamese actors dramatize real-life situations about hepatitis B. An English script accompanies this video. *Item #V4030 - \$10.*

Slide sets

■ Vaccine-preventable diseases slide set and script.

See the box at the left for details.

■ Hepatitis B training materials for bilingual workers

(Developed by D. Wexler, MD, Immunization Action Coalition). Use this video (80 min), slide set (47 slides), and manual to train bilingual health educators to make community presentations on hepatitis B (1993). *Item #X3010 - \$25.*

Audiotapes

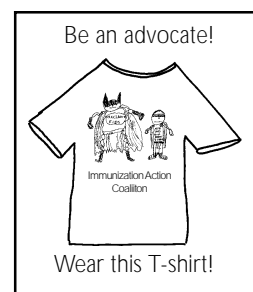
★ Hepatitis B information for Asian Americans

(10 min). Side 1 is in an Asian language, side 2, English. Reviews hepatitis B, transmission, symptoms, prevention, and how to take care of oneself if found to be a carrier (1/94). Available in Hmong, Cambodian, Vietnamese. English on side 2 of each tape. *Item #A4010 - \$3.*

T-shirts

■ Immunization Action Coalition T-shirts

Help your community by wearing this immunization message. Front of T-shirt carries Batman and Robin saying "Vaccinate kids" and "Hepatitis B shots for all babies and teens!" Back of shirt says, "If you have questions about shots or where to get them, please ask me!" Silk-screened with six beautiful colors. Unbleached heavyweight cotton, sizes L, XL, XXL. Bring the immunization message to your neighborhood, stores, and workplace. *Item #T3001 - \$20. Get them while they last!*



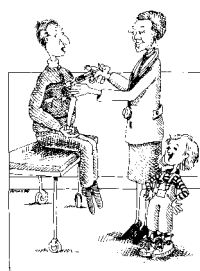
Posters

■ NEW! "Roll up your sleeves," an adolescent hepatitis B poster

Full-color poster of a diverse trio of kids showing off their hepatitis B shots! Artwork courtesy of N. Carolina Dept. of Health. For bulk quantities, call the Coalition. *Item #Q2010 - \$1.*

Immunizations...

Not Just Kids' Stuff



Make Sure You're Up to Date.

■ NEW! "Immunizations..not just kids' stuff," an adult poster

(Courtesy of New York State Health Department, 1996). A two-color 7 x 14" poster with an important message for adults. Hang this poster up in every exam room. *Item #Q2020 - \$1.*

This poster has a companion brochure which can be found on page 13. It's ready for you to copy and distribute to your patients!

Remember:

- Fewer than 50% of eligible adults get their annual influenza shot.
- Fewer than 30% of eligible adults have received their pneumococcal vaccine.
- Only about 50% of adults are up to date on their tetanus diphtheria (Td) booster shots.

So don't forget to vaccinate adults!



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Payment, Shipping, and Handling Information

The Coalition requests prepayment by check. Purchase orders will be accepted for amounts over \$10. Sorry, no credit cards. Our Federal ID Number is 41-1768237. This order form must accompany your check or P.O. Expect delivery in approximately three weeks. Orders are shipped via fourth class mail. No charge for shipping and handling. In a rush? Send order form by fax and we will bill you.

Immunization Action Coalition & Hepatitis B Coalition



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Before you order, remember: an annual • \$50 membership gets you all our print materials and • \$10 gets you all our new print materials!

Qty. Amt.

Printed immunization materials

Send me all the Coalition's print materials! (includes membership)	\$50
Send all new and revised print materials since the last newsletter	\$10
___ N1001 <i>Needle Tips & the Hepatitis B Coalition News</i>	\$25
___ N1004 Camera-ready copy of Sept '96 <i>Needle Tips</i>	\$5
___ N1005 Camera-ready copy of March '97 <i>Needle Tips</i>	\$5
___ P2010 Summary of rules for childhood immunization	\$1
___ P2011 Summary of recommendations for adult immunization	\$1
___ P4060 Screening questionnaire for child & teen immunization:	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Chinese	\$1/ea
___ P4065 Screening questionnaire for adult immunization	\$1
___ P2020 Vaccine handling, storage, and transport	\$1
___ P2022 Vaccine administration record for children and teens	\$1
___ P2023 Vaccine administration record for adults	\$1
___ P4010 Immunizations for babies	\$1
___ P4050 When do children and teens need shots:	
<input type="checkbox"/> English <input type="checkbox"/> Spanish	\$1/ea
___ P4015 After the shots...if your child has discomfort	\$1
___ P4020 Are you 11-19? Then you need to be vaccinated!	\$1
___ P4030 Vaccinations for adults	\$1
___ P4035 Immunizations...not just kids' stuff	\$1
___ P4070 Chickenpox isn't just an itchy, contagious rash:	
<input type="checkbox"/> English <input type="checkbox"/> Spanish	\$1/ea
___ P2021 Ask the experts	\$1
___ P2040 Immunization update	\$5
___ P2045 Tips to improve your clinic's immunization rates	\$1
___ P2050 Immunization screening checklist	\$1
___ P2060 Hospitals & doctors sued for failing to immunize	\$1
___ P2070 County-wide immunization practices survey	\$1
___ P3040 Blueprint for community-based shot clinics	\$5
___ P3050 Sample immunization charts for shot clinics	\$1
___ P3060 Physician notification letter	\$1
___ P3070 Brochures for WIC-based immunization clinics	\$1
___ P3080 Immunization clinic checklist of supplies	\$1
___ P3090 WIC clinics are wonderful places to immunize	\$1
___ P3010 Coalition kid art	\$1
___ P3020 California's immunization artwork	\$5

Printed hepatitis materials

___ P2081 Recommended dosages of hep A and hep B vaccines	\$1
___ P2090 Hepatitis B update	\$5
___ P2100 No risk?? No way!!	\$1
___ P2110 Hepatitis B toolbox	\$1
___ P2120 Universal prenatal screening for hepatitis B	\$1
___ P2130 Perinatal protocol	\$1
___ P2140 Management of chronic HBV in children and adults	\$1
___ P2150 Management of the HBsAg positive patient	\$1
___ P2161 Management of chronic hepatitis B in adults	\$1
___ P2170 What the doctor can do to help child hepatitis B carrier ..	\$1
___ P2180 Tracking & managing hepatitis B in families	\$1
___ P4130 Wallet-sized cards for hepatitis B test results	\$1
___ P4140 Letter explaining hepatitis B test results to patients	\$1
___ P4080 Hepatitis A is serious...should you be vaccinated?	\$1
___ P4090 Questions frequently asked about hepatitis B	\$1
___ P4100 Every week hundreds of teens are infected with hep B:	
<input type="checkbox"/> English <input type="checkbox"/> Spanish	\$1/ea
___ P4110 Hepatitis B shots recommended for all babies:	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Cambodian	
<input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean	\$1/ea

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Customer ID code (see the line above your name on the mailing label)

Qty. Amt.

___ P4115 Hep B brochure for men who have sex with men	\$1
___ P4120 If you are a hepatitis B carrier:	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Chinese	\$1/ea
___ P4150 Intro to hepatitis B for parents of adopted children	\$1
___ P4155 Packet of hepatitis B and adoption info	\$5
___ P4160 Patient to physician letter	\$1
___ P4170 If you or your family were born in any of these places:	
<input type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian	
<input type="checkbox"/> Vietnamese <input type="checkbox"/> Russian <input type="checkbox"/> Chinese <input type="checkbox"/> Korean	\$1/ea
___ P4190 Hep B info for Asian Americans: <input type="checkbox"/> English <input type="checkbox"/> Hmong	
<input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog ..	\$1/ea
___ P4200 Hepatitis B information for Soviet refugees:	
<input type="checkbox"/> English <input type="checkbox"/> Russian	\$1/ea

Videos

___ V2010 How to protect your vaccine supply	\$10
___ V2020 Vaccine administration techniques	\$10
___ V2030 When to immunize, when to wait	\$10
___ V2040 In praise of the public health nurse!	\$10
___ V3012 Partnership for prevention	\$10
___ V3015 Get the facts, then get the vax	\$10
___ V4000 Family album: <input type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Cambodian	
<input type="checkbox"/> Laotian <input type="checkbox"/> Mien	\$10/ea
___ V4001 Our family, our strength	\$10
___ V4020 <i>Hmong</i> : Kev koom siab (with English subtitles)	\$10
___ V4025 <i>Cambodian</i> : Hepatitis B - a family's story	\$10
___ V4030 <i>Vietnamese</i> : Benh viem gan B va gia dinh bac Tam	\$10

Slide sets

___ S3010 30 slides of vaccine-preventable diseases-script included	\$25
___ S3011 Slide script only (if you've already purchased the slides) .	\$5
___ X3010 Hep B training materials for bilingual workers	\$25

Audiotapes

___ A4010 Hep B info for Asian Americans:	
<input type="checkbox"/> Hmong <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese	\$3/ea

T-shirts

___ T3001 T-shirt, 100% cotton (while they last!) <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	\$20
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Posters

___ Q2010 "Roll up your sleeves," an adolescent hep B poster	\$1
___ Q2020 "Immunizations...not just kids' stuff," an adult poster	\$1

Total \$

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This is the total amount for the materials I'm ordering. \$

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Here's my contribution to help defray costs (\$25 suggested) \$

I want to join the Coalition! (Please see the back cover for information about becoming a member. If you are joining, please enclose a copy of the back cover with your check.)

Here is my 1997 membership contribution \$

Grand Total \$

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Thank you for your support!

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And special thanks to those who provided educational grants:

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Thanks for the use of your mailing lists!

- American Academy of Pediatrics
- American College Health Association
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- Centers for Disease Control & Prevention
- Indian Health Service
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If you would like your professional organization's members to receive *Needle Tips & the Hepatitis B Coalition News*, please contact us.

From the Executive Director

Dear Readers:

This is our 23rd issue of *Needle Tips & the Hepatitis B Coalition News*. Circulation today is 165,000. That's 164,000 more than five years ago.

Look inside! Everything you'll find is carefully reviewed for technical accuracy by the Centers for Disease Control and Prevention with additional help from members of our prestigious Advisory Board. These materials are designed for you to copy and distribute to patients; to keep as ready references in exam rooms; or to distribute to your clinic staff members. All of the Coalition's materials are copyright free so you may use our materials in any way you'd like.

While you're looking through *Needle Tips*, please consider making a contribution to the Coalition. Since October 1996, hundreds of you sent \$50 or more and received a packet of all of the Coalition's print materials. If you haven't already become a 1997 member, please join us by sending your check today!

In closing, I ask each of you to use every patient encounter as an opportunity to vaccinate. Too many of our nation's children are missing important vaccinations. Adults are faring even worse. A recent national survey found that about 50% of adults had not had a Td booster during the past 10 years, that only about 50% of adults who needed influenza vaccine during that year received it, and that fewer than 30% of eligible adults had received a dose of pneumococcal vaccine.

We have much work left to do.

Deborah L. Wexler MD
Deborah L. Wexler, MD

☐ Here's my contribution to become a 1997 member of the Coalition!

Name/Title: _____

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____\$50 ____\$25 ____\$100 ____\$250 ____\$1000 ____other

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Immunization Action Coalition

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