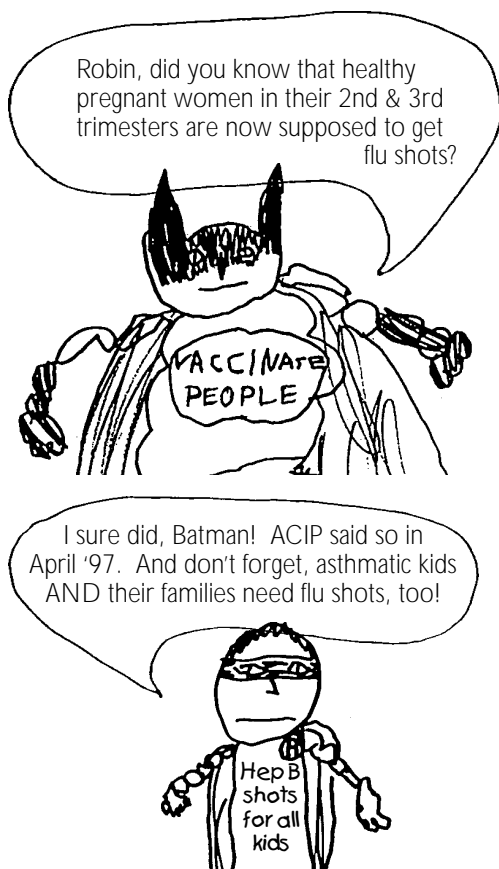


NEEDLE TIPS

& the Hepatitis B Coalition News

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



Visit our website: www.immunize.org

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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@cdc.gov

Influenza

by William L. Atkinson, MD, MPH

Is there a new recommendation to vaccinate pregnant women against influenza?

Pregnant women were included in the group recommended for routine vaccination in 1996. This recommendation was clarified in the 1997 influenza statement. Healthy women in their second and third trimesters of pregnancy have been found to be at higher risk of complications of influenza than nonpregnant women. As a result, all women who will be in their second or third trimesters of pregnancy during influenza season (December through March) should receive influenza vaccine. Pregnant women who have medical conditions that increase their risk for complications from influenza should be vaccinated before the season regardless of their stage of pregnancy.

Which physicians, nurses, and home health care providers need influenza shots?

All physicians, nurses, and home health care providers who have any patient contact and do not

have a valid contraindication should receive annual influenza vaccination.

Which employees of nursing homes and chronic care facilities should receive influenza shots?

All employees of long term care facilities who have any patient contact and do not have a valid contraindication should receive annual influenza vaccination.

Is it recommended to give influenza vaccine to any child whose parent requests it? What about giving it to the general population?

Anyone who wishes to reduce the risk of infection with influenza virus may receive the vaccine. This includes children 6 months of age and older.

My patient came in February and asked for a "flu" shot. Should I have given it to her?

Yes. Influenza vaccine may be given at any time during influenza season. However, for maximum protection, the vaccine should be given in October or November.

(continued on page 6)

NEEDLE TIPS

"to keep at your fingertips"

Immunization Action Coalition Hepatitis B Coalition

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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 children 0-18 years; HBsAg screening for all pregnant women; testing and vaccination for high-risk groups; and education and treatment for people who are chronically infected with hepatitis B.

Join the Coalition!

Please become a member. Your membership contribution will be used to continue providing you with **NEEDLE TIPS**, a publication that contains excellent information and resources. See the back page for details about how to join.



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.

Many under 65 need flu shots, too!

Since influenza season is approaching, I would like to get an important message across to health care providers. Please remember to vaccinate pregnant women and asthmatic children in addition to senior citizens and others who are at risk of influenza complications.

The Advisory Committee on Immunization Practices (ACIP) recommendation on influenza with respect to pregnant women has changed since the last flu season. The ACIP now recommends that pregnant women who will be beyond the first trimester of pregnancy (14 weeks) during influenza season should receive influenza vaccine. The recommendation also states that pregnant women who have medical conditions that increase their risk of complications from influenza should be vaccinated before the influenza season regardless of their stage of pregnancy.

Children with asthma also need to be vaccinated against influenza and are often overlooked. Respiratory illnesses in asthmatic children can trigger prolonged asthmatic illnesses, steroid use, hospital stays, loss of the parents' time from work, and loss of the child's school time. Please remind parents to bring children in for vaccination, and, as recommended, vaccinate all of the child's family members as well.

— Gregory Poland, MD

Chief, Mayo Clinic Vaccine Research Group
Rochester, MN

Photo Notebook is "picture perfect"

The *Photo Notebook of Vaccine Preventable Diseases* works great! I'm so happy to have played a part in producing it. It is the most useful community outreach tool for promoting shots that we have found. The photos generate meaningful dialogue about the importance of vaccines, and the informative text makes it easy for our bilingual lay health promoters to disseminate concise information about vaccines and shot schedules to the migrant community.

I also want to thank the Immunization Action Coalition for its extensive collaboration in the mobile vaccination clinic at the migrant farmworker camps in southern MN. Your participation was central to the success of this public health effort. We are indebted to your team at every level of planning and implementation.

We look forward to future collaborations. Keep up the good work!

— Shannon Pergament, MSW, MPH

Director, MN Migrant Health Promoter Program
University of MN Extension Service

(Ed. note: For a description of the Photo Notebook and ordering information, see page 26.)

Coalition receives CDC award

I wish to congratulate the Immunization Action Coalition for being selected to receive the 1997 Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR) Partners in Public Health Award in recognition of this coalition of health care professionals' efforts that were instrumental in achieving high levels of routine infant hepatitis B immunization. This award is presented annually to an individual or group for outstanding support of CDC and ATSDR's public health mission to promote health and quality of life by preventing and controlling disease, injury and disability.

I personally thank the leadership of the Coalition for the critical support the Coalition has provided for national efforts to achieve the current high level of infant hepatitis B vaccination coverage. The effectiveness of the Coalition's approach to educating medical providers in both the public and private sectors has been instrumental to the success in achieving this high level of infant hepatitis B vaccination coverage.

I invite you to accept this award on behalf of the Coalition at the CDC and ATSDR Honor Awards Ceremony on Wednesday, June 4, 1997, at 10 am in Auditorium B at CDC's Clifton Road campus.

I look forward to seeing you at the ceremony.

— David Satcher, MD, PhD

Director, CDC

Atlanta, GA

"Why didn't my doctor tell me?"

"Why didn't my doctor tell me about the chickenpox vaccine?" This question was recently directed to me by a mother whose child was an ICU patient with life-threatening complications of varicella.

I told her, as I have told other parents whose children have been hospitalized due to complications of varicella, that many physicians and parents (and even grandparents who advise parents) haven't ever seen serious complications of chickenpox. I also told her that another reason physicians don't vaccinate for chickenpox is because they worry about the hypothetical risk of shingles. Furthermore, I told her that many third party payers, who focus on health care costs, save only one dollar for each dollar spent on the vaccine.

While this lukewarm reception to varicella vaccine is understandable, it is also inappropriate. Physicians and parents should weigh vaccine efficacy (good), safety concerns (negligible), and risk of death or hospitalization from varicella (nearly 10,000 people are hospitalized and up to 100 people die every year due to complications). With ubiquitous infection, the choice is simple: disease or vaccine. The vaccine is better.

— Richard D. Andersen, MD

Pediatric Infectious Disease Consultant
Children's HealthCare, St. Paul, MN

Immunization Day is "awesome"

Thanks for the use of your new video, *Immunization Day*. We showed it to 300 6th grade students in the St. Paul Public Schools. It was a tremendous success. Their attention was grabbed with the upbeat music and appealing young actors. The mysterious doctor, the "alien invasion" and the short cartoon explanation of germs and antibodies kept the students interested.

The video addressed typical early adolescent beliefs and fears such as thinking that "I'm too young to get sick" and "needle terror" in such a way that our students were ready to sign up for their hepatitis B, Td, and MMR shots. Students unanimously recommended that *Immunization Day* be shown to next year's 6th graders! As one student said, "It was awesome." I wholeheartedly recommend this video.

— Ann Hoxie, School Nurse
St. Paul Public Schools, St. Paul, MN

(Ed. note: For a description of *Immunization Day* and ordering information, see page 26.)

"So here's your \$50!"

Enclosed is a check for \$50. This represents a donation to your organization for my 1997 membership. I was going to order print materials from you, but then I saw I could receive *all* your print materials for a \$50 donation, so here's your \$50.

I can only say good things about the work you're doing—your materials have been helpful not only to me in my own practice, but also to the residents that I supervise in the family practice residency here.

Thank you again for all the great work you're doing!

— Douglas A. Stoltzfus, MD
Clinical Instructor, Family Medicine
Northwestern University Medical School

Give your child the sun, moon...

I just wanted to update you on some happenings in New Hampshire. We have started a new campaign "Give your child the sun, moon and stars. Immunize by age two." The campaign features a baby underneath a sun, a moon, and stars. The unlikely logo seems to have struck a chord with parents and providers alike.

The campaign has also produced television PSAs and radio PSAs that would be available for any immunization program that would like to borrow them and have them re-tagged. We can also give your readers free samples of other materials (some happily plagiarized from the Jacksonville, FL, project) used in our program. We welcome copying!

— Paula A. Rosenberg, Chief
New Hampshire Immunization Program
phone number: 603-271-4485

How do you mend a
broken jack o' lantern?



With a pumpkin patch.

www.immunize.org goes to China

I am a chief doctor of department of gastroenterology in Chang Zheng Hospital in Shanghai, China.

I luckily got your Internet site last month. From then on, I often visit your wonderful site. Although I think I have some necessary knowledge regarding hepatitis B, I still think that your website is really helpful and informative. When I am confronted with some difficult problems in clinical work, I often can get the answers on it. My patients also get more satisfied with me after I introduce them to the nice information from your site.

It is not very common for ordinary Chinese people to have the chances surfing the net. So it would be better for me to get knowledgeable information about hepatitis B from your site and present it to my fellow Chinese.

Based on the thoughts above, I would appreciate it very much if you can consider the possibility of my becoming a member of your coalition and receiving your regular materials. I can contribute \$25 to you. If I must contribute more, please let me know.

— Deyan Li, MD
Dept. of Gastroenterology, Chang Zheng Hospital
Shanghai, China

(Ed. note: Donations of any size are welcome.)

Who colored your certificate?

Thanks for the helpful packet of materials I received when I joined your organization. I especially like the "Membership Certificate" colored by Tamara!!

— Cindy Burbach
Wichita Public Schools, Wichita, KS

Welcome new advisory board members

The Immunization Action Coalition welcomes two new members to our Advisory Board.

Army Lt. Col. John D. Grabenstein, MS Pharm, EdM, FASHP, is the editor of *ImmunoFacts: Vaccines & Immunologic Drugs* and its companion newsletter, *Booster Shots*. Lt. Col. Grabenstein also directs the American Pharmaceutical Association program to train pharmacists in several states to vaccinate. Lt. Col. Grabenstein received his pharmacy degree from Duquesne University, masters' degrees from Boston University and UNC, and is a certified public health pharmacist. He is currently a doctoral candidate in pharmaco-epidemiology at the University of North Carolina.

Gregory P. Gilmet, MD, MPH, CMCE, a pediatrician and board certified specialist in allergy and immunology, is the Associate Medical Director, Quality Management, at Blue Care Network of Southeast Michigan. As Chair of the Immunization Task Force of the American Association of Health Plans, Dr. Gilmet serves as a liaison member to the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Dr. Gilmet received his medical degree from the University of Michigan School of Medicine in Ann Arbor and his MPH degree at the University of Michigan School of Public Health.

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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 October 1, 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. The next meetings will be held on October 22-23, 1997, February 11-12, 1998, and June 24-25, 1998.

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 23) or call CDC's Immunization Hotline at 800-232-2522. You can also receive them by mail through a subscription to *Morbidity and Mortality Weekly Report (MMWR)*. Call 617-893-3800.

DTaP news

On March 28, 1997, the *MMWR* published "Pertussis vaccination: use of acellular pertussis vaccines among infants and young children." Because of the reduced frequency of adverse reactions and high efficacy, the ACIP now recommends DTaP for routine use for all doses of the pertussis vaccination series.

The new Vaccine Information Statement (VIS) on DTaP is now available from your state health department's immunization program (phone numbers are listed on page 23).

Influenza news

On April 25, 1997, the *MMWR* published "Prevention and control of influenza," the ACIP recommendation on influenza. Included in this new ACIP statement, is the recommendation that women who will be beyond the first trimester of pregnancy (14 weeks gestation) during the influenza season should be vaccinated, and that pregnant women who have medical conditions that increase their risk for complications from influenza should be vaccinated before the influenza season—regardless of the stage of pregnancy. The new influenza statement also reports, "Influenza vaccine does not affect the safety of breastfeeding for mothers or infants. Breastfeeding does not ad-

versely affect the immune response and is not a contraindication for vaccination."

A new VIS on influenza is available from your state health department's immunization program (phone numbers on page 23).

Pneumococcal disease

On April 4, 1997, the *MMWR* published "Prevention of pneumococcal disease," the ACIP recommendation on pneumococcal disease. Included in this new statement is the recommendation to vaccinate all adults in the general population who are 65 years of age with a one-time dose of pneumococcal vaccine. (Make sure anyone over 65 who hasn't been vaccinated is also vaccinated.) Also included in the new statement are detailed guidelines about which groups of patients under the age of 65 also need pneumococcal vaccine as well as which groups are recommended for a one-time revaccination dose 5 years later. See "Ask the Experts," page 6 for additional information about this new recommendation. Make sure to order a copy of this new ACIP statement.

A new VIS on pneumococcal vaccine is now available. To get a copy, contact your state health department's immunization program (phone numbers on page 23).

ACIP expands VFC coverage

Many additional children are now eligible to receive chickenpox, hepatitis B, second dose measles-mumps-rubella (MMR) vaccine and the adolescent tetanus-diphtheria (Td) booster under the Vaccines For Children (VFC) guidelines.

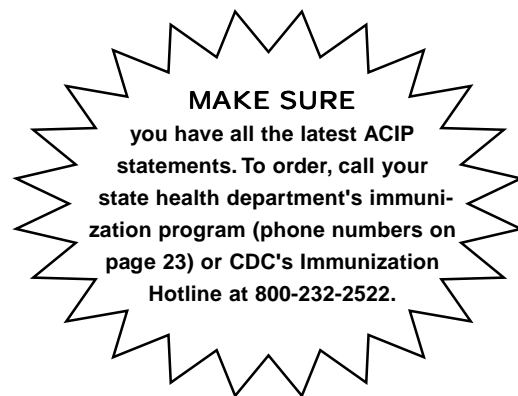
On June 25, 1997, the ACIP adopted the following resolutions:

Chickenpox vaccine is now available for all VFC-eligible children ≥ 1 year of age and born on or after January 1, 1983. Prior to this expansion, only children 1-3 and 11-13 years of age were covered.

Second dose MMR vaccine is now available for VFC-eligible children ages 13 months to 18 years, provided at least 28 days have elapsed since the first dose.

Td vaccine is now available for all VFC-eligible children 11-18 years old, provided at least five years have elapsed since the previous dose.

Hepatitis B vaccine is now available for VFC-eligible children born on or after January 1, 1991, and children born on or after January 1, 1982, who are ≥ 11 years of age. VFC hepatitis B vaccine



may also be given to any children (0-14 years of age) who were born, or whose parents were born, in countries of high or intermediate hepatitis B endemicity.

(Ed note: A discussion of the expanded use of VFC hepatitis B vaccine to include all VFC-eligible children between the ages of 0-18 years is on the agenda of the October 1997 ACIP meeting.)

If you are not a VFC provider and would like to become one, or if you need additional information about the expanded coverage, call your state health department's immunization program (phone numbers on page 23).

The latest ACIP statements

The following ACIP statements were released from July 1996 to October 1997. Make sure you have copies of all of them. Ordering instructions are in the starburst at the top of this page.

Prevention and Control of Influenza - 4/25/97

Prevention of Pneumococcal Disease - 4/4/97

Pertussis Vaccination - 3/28/97

Poliomyelitis Prevention in the U.S. - 1/24/97

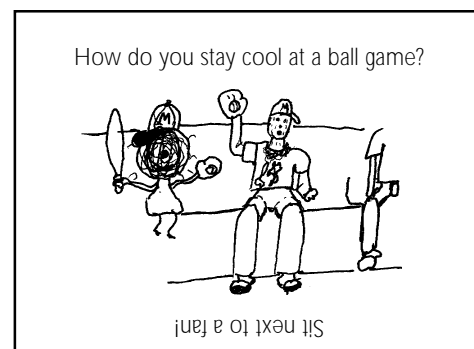
Prevention of Hepatitis A Through Active or Passive Immunization - 12/27/96

Immunization of Adolescents (ACIP, AAP, AAFP, AMA) - 11/22/96

Update: Vaccine Side Effects, Adverse Reactions, Contraindications, and Precautions - 9/6/96

Prevention of Varicella - 7/12/96

Note: Make sure you also have a copy of *General Recommendations on Immunization* - 1/24/94. It's a great resource.



Does your patient have chronic hepatitis B?

Coleman I. Smith, MD, hepatologist, answers questions often asked by physicians

Coleman I. Smith, MD, is a consultant gastroenterologist/hepatologist at Minnesota Gastroenterology in Minneapolis, MN. He has written articles for the Hepatitis B Coalition on the care of the adult who is a hepatitis B carrier. Dr. Smith is a member of the Advisory Board of the Coalition.

Hepatitis B virus (HBV) markers and their significance

HBsAg	patient is infected with the virus
anti-HBs (surface antibody)	patient is immune (from natural infection or vaccine)
HBeAg	active viral replication, ongoing liver disease (usually), patient is highly infectious
anti-HBe (in the presence of HBsAg)	viral replication is reduced, inactive liver disease (usually), less infectious than if HBeAg were positive (rarely, anti-HBe may be associated with active viral replication)
HBV DNA	active viral replication, ongoing liver disease (usually), patient is highly infectious
HBcAg	never detectable in the serum
anti-HBc (core antibody)	patient has been in contact with HBV and may or may not still be infected
IgM anti-HBc	signifies recent (within six months) infection with HBV

How do I diagnose chronic HBV infection?

Chronic HBV infection is diagnosed by the presence of HBsAg in the serum for 6 months or more. It can also be diagnosed by the presence of HBsAg with the additional finding of anti-HBc with no evidence of IgM anti-HBc (using standard commercially available assays).

What happens if a person develops chronic HBV?

When an individual develops chronic hepatitis B, a variety of outcomes are possible, ranging from a chronic carrier state with very little, if any, liver damage, to ongoing chronic hepatitis of varying degrees of severity. The latter may at times progress to cirrhosis with all its clinical sequelae.

What happens to the liver when a person becomes chronically infected?

During the early phase of chronic infection, there is often significant viral replication and ongoing liver damage as manifested by HBeAg positivity and elevated transaminases. HBeAg often disappears after a variable period of time although it

may sometimes take some years for this to occur. When the HBeAg does disappear, the liver disease becomes more quiescent and the patient is less infectious. It is in this stage that hepatocellular carcinoma (HCC) may complicate long-standing chronic HBV infection.

If the HBeAg disappears, do I stop following the patient closely?

No. Even after the HBeAg has disappeared and the liver disease has become relatively inactive, the whole process may be reactivated. Multiple cycles of reactivation may occur. Episodes of reactivation may occur spontaneously or may be precipitated by a course of immunosuppressant therapy (such as steroids or chemotherapy given for an unrelated illness). Such an event may result in worsening of the liver disease with a potentially severe outcome. Thus, one has to watch closely any chronic hepatitis B carrier who requires immunosuppressant therapy. An additional reason to continue to follow these patients closely is to monitor them for the development of complications of cirrhosis and/or HCC.

How do I manage patients who are chronically infected with HBV?

Patients who have chronic hepatitis B should be managed as follows:

- Clinical history (including family history) should be taken, in particular looking for evidence of symptomatic liver disease in the patient, family, household member, or sexual partner(s).

- Physical exam to look for evidence of liver disease such as spider nevi, jaundice, ascites, etc.

- Biochemical tests to assess liver status (AST, ALT, alkaline phosphatase, bilirubin, albumin, prothrombin time). All of these should be repeated every six months.

- HBeAg and/or HBV DNA should be measured yearly to assess if active viral replication is present.

- HBsAg and anti-HBs should be assessed yearly to see if viral clearance has occurred.

- Individuals who are HBeAg positive or have an AST > 200 should be referred to a gastroenterologist or hepatologist for further assessment as should persons with clinical evidence of liver disease (e.g., jaundice, ascites, variceal hemorrhage). Consideration should be given to liver biopsy. In those with liver disease and active viral replication (HBeAg positivity) treatment with interferon should be considered.

- All HBsAg carriers should be monitored for the development of hepatocellular carcinoma. Although there is much debate on the degree of frequency of such monitoring and the modalities to be used, a reasonable approach is to do ultrasound and alpha-fetoprotein (a tumor marker) estimation every six month, especially if the infection has been present for ten years or more.

- Family members of chronically infected persons (including non-sexual contacts) as well as any sexual partners are at risk of acquiring hepatitis B and should be tested. If found susceptible or if they have an indeterminate serologic pattern (an isolated anti-HBc+) they should be vaccinated against hepatitis B, even if pregnant.

- Patients should be evaluated for the presence of antibody to hepatitis A (total anti-HAV). Those with a negative antibody are susceptible and should receive hepatitis A vaccine.

- Every chronically infected person should receive hepatitis B education, as should his/her household members and sexual partners. Brochures to assist with education are available in many languages from the Hepatitis B Coalition, a program of the Immunization Action Coalition. (See address below.)

What kinds of treatment modalities are available for chronic HBV infection?

Approximately 40% of suitable patients with chronic HBV with significant histologic liver damage and ongoing viral replication benefit from treatment with interferon. Those who are most likely to respond to treatment for HBV are those who have evidence of liver damage and low HBV DNA levels. Because interferon may have significant risks and side effects associated with its use, treatment should be carried out by a gastroenterologist or hepatologist with experience in antiviral treatment of chronic hepatitis. Clinical trials of other antivirals (e.g., lamivudine, famciclovir, lubocavir) are ongoing.

Ed note: The National Institute of Allergy and Infectious Diseases has information about adult and pediatric HBV clinical trials being conducted in the United States.

For adult studies, contact Lanette Sherrill, CRNP, MSN. For pediatric studies, contact Jan FitzGerald, RN, BS. Both can be reached at 205-934-2424.

Pneumococcal disease

by William L. Atkinson, MD, MPH

I understand that the new 1997 ACIP statement on pneumococcal disease discusses revaccination. Could you briefly summarize these revaccination recommendations?

The revaccination recommendations were modified slightly in the 1997 statement. Revaccination with pneumococcal polysaccharide vaccine is not routinely recommended for all healthy persons 65 years of age and older. A one-time revaccination dose should be considered for adults at highest risk for serious pneumococcal infection and persons likely to have a rapid decline in antibody levels, provided at least five years have passed since receipt of the first dose of pneumococcal vaccine. Persons at highest risk include children two years of age and older and adults with functional or anatomic asplenia, HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome, or other conditions associated with immunosuppression (such as organ or bone marrow transplantation), and those receiving immunosuppressive chemotherapy, including long-term corticosteroids. Persons 65 years of age and older should be administered a second dose of pneumococcal vaccine if they received the vaccine more than five years previously, and were less than 65 years of age at the time of the first dose.

Should all nursing home patients 65 and over be vaccinated against pneumococcal disease?

Yes. Standing orders for vaccination of persons admitted to long term care facilities can help simplify the procedure. Providers should not withhold vaccination in the absence of an immunization record or complete record. The patient's verbal history should be used to determine prior vaccination status. Persons with uncertain or unknown vaccination status should be vaccinated.

Is asthma considered a chronic disease for which children and adults should receive pneumococcal vaccine?

Asthma is not an indication for routine pneumococcal vaccination. However, persons with obstructive lung disease should be vaccinated regardless of the cause.

Diphtheria, tetanus, pertussis

by William L. Atkinson, MD, MPH

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

Not at this time. TriHIBit is not currently licensed for the first three doses of the series of DTaP and Hib. It should only be used for dose #4 of the series.

If a child has already received 5 doses of DTP by the fourth birthday (with doses #3, #4, and #5 spaced 6 months apart) is a booster dose after the fourth birthday necessary?

In general, a child should receive no more than four doses of DTP or DTaP before 4 years of age (preferably by 2 years of age). The ACIP recommends that a dose of DTP or DTaP be given at entry to kindergarten or first grade (4-6 years of age). Many states also require at least one dose of DTP or DTaP on or after the fourth birthday. This dose is important to boost immunity to pertussis.

Measles, mumps, rubella

by William L. Atkinson, MD, MPH

If you can give the second dose of MMR as early as one month after the first dose, why do we routinely wait until kindergarten entry to give the second dose?

The second dose of MMR may be given as early as a month after the first dose, and be counted as a valid dose if both doses were given after the first birthday. The second dose is not a "booster"; it is intended to produce immunity in the small number of persons who fail to respond to the first dose. The risk of measles is higher in school-age children than those of preschool age, so it is important to receive the second dose by school entry. It is also convenient to give the second dose at this age, since the child will have an immunization visit for other school entry vaccines.

Is it true that egg allergy is no longer considered a contraindication to MMR vaccine?

Several studies have documented the safety of measles and mumps vaccine (which are grown in chick embryo tissue culture) in children with severe egg allergy. The AAP's "Red Book" Committee no longer considers egg allergy a contraindication to MMR vaccination. A new ACIP statement on MMR (to be published later this year or early next year) will also recommend routine vaccination of egg-allergic children without the use of special protocols or desensitization procedures.

I misplaced the diluent for the MMR dose so I used sterile water instead. Is there any problem with doing this?

Only the diluent supplied with the vaccine should be used to reconstitute any vaccine.

Varicella

by William L. Atkinson, MD, MPH

How soon after a dose of varicella vaccine will a child be protected?

Most vaccinated persons should be protected within 2-3 weeks after vaccination.

Does varicella vaccine affect mantoux readings in the same way that MMR does?

There is currently no information on the effect of varicella vaccine on reactivity to a tuberculin skin test (PPD). Until information is available, it is prudent to apply the same rules to varicella vaccine as are applied to MMR: PPD may be applied before (preferably) or simultaneously with varicella vaccine. If vaccine has been given, delay the PPD for at least 30 days.

Is there any concern when giving varicella vaccine to a child who lives with a susceptible pregnant woman or an immunocompromised individual?

ACIP recommends varicella vaccine for healthy household contacts of pregnant women and immunosuppressed persons. Although there may be a small risk of transmission of varicella vaccine virus to household contacts, the risk is much greater that the susceptible child will be infected with wild-type varicella, which could present a more serious threat to household contacts.

Polio

by William L. Atkinson, MD, MPH

If dose #3 of polio vaccine is given one week before the fourth birthday, what is the minimum interval for dose #4?

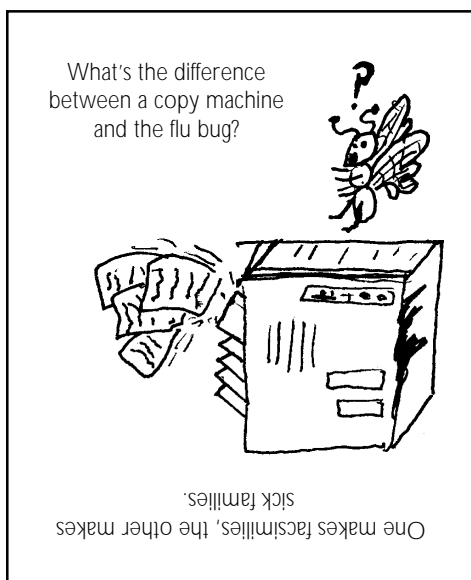
The minimum interval between all four doses of the polio vaccination series is 4 weeks when children have fallen behind schedule. This minimum interval applies to OPV, IPV, or a combination of OPV and IPV.

If a child is on the sequential schedule for polio vaccine (IPV-IPV-OPV-OPV) and receives the third dose of vaccine after the fourth birthday, is dose #4 necessary?

If the child is on the sequential schedule, a total of four doses of polio vaccine is required to complete the series.

Previously, IPV was recommended to be administered subcutaneously only. Now I've read that it may also be given intramuscularly. Is this correct?

IPV is usually given subcutaneously, but may be given intramuscularly.



General vaccine questions

by William L. Atkinson, MD, MPH

I've heard you're never supposed to start a vaccination series over again. Is there a document that supports this recommendation?

It is not necessary to restart the series of any childhood vaccine due to an extended interval between doses (the only exception is oral typhoid vaccine). This issue is discussed in the 1994 *General Recommendations on Immunization*, and in the 1997 *AAP Red Book*.

Which vaccinations can be given to a pregnant health care worker?

Inactivated vaccines (Td, hepatitis B, influenza, IPV) may be given to pregnant women if indicated. Pneumococcal vaccine should be administered prior to pregnancy. Live vaccines (MMR, varicella) should not be given to a pregnant woman or one who is trying to become pregnant.

When giving two IM injections in the same limb, what is the minimum spacing between the two injection sites?

The vaccines should be sufficiently separated (one or two inches) in the body of the muscle so that any local reactions are unlikely to overlap.

Why are some vaccinations given subcutaneously while others must be given intramuscularly?

In general, inactivated vaccines are administered intramuscularly (IM), and live virus vaccines are given subcutaneously (SC). Inactivated polio and pneumococcal vaccines may be given either SC or IM. Vaccines intended to be given IM may cause local reactions (such as irritation, induration, skin discoloration, inflammation, and granuloma formation) if injected into subcutaneous tissue. Response to the vaccine may also be reduced if not given by the recommended route.

What vaccinations are required for new immigrants and refugees arriving in the United States?

Beginning in 1997 there are requirements for the vaccination of children and adults immigrating to the United States. Consult your state health department on exactly what vaccinations are required.

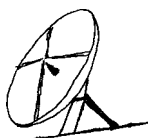
CDC's Hepatitis C Satellite Broadcast

Hepatitis C: Diagnosis, Management, Prevention.

Saturday, Nov 22, 8:30 am-11 am, repeated from 12 noon - 2:30 pm.

Registration information:

To find your nearest downlink site, contact the Hepatitis Foundation International at 800-891-0707 or go to www.hepfi.org. For a registration form by fax call 888-232-FAXX, and request document #130010.



Should we accept the immunization records of immigrants and refugees as accurate?

Written vaccination records should be accepted as valid. However, individual doses of vaccine should be counted only if they comply with vaccination age and spacing recommendations for the U.S. The acceptability of vaccinations received outside the U.S. is discussed in detail in the 1994 *General Recommendations on Immunization*. Table 10 of the General Recommendations lists the minimum ages and acceptable minimum intervals of vaccines. To get a copy, call 800-232-2522.

Hepatitis B

by Harold S. Margolis, MD

ACIP recommends that all pregnant women be screened for hepatitis B. What percentage are actually screened?

The most recent national survey (1994) indicated that 84% of pregnant women were being routinely tested for HBsAg. The CDC goal for this prevention program is that 90% of pregnant women be screened and 90% of infants of HBsAg-positive women receive appropriate postexposure immunization — that only gets us to an 81% final protection. Some state-based and local-based surveys conducted recently indicate that screening rates have reached or exceeded 90%. CDC is developing guidelines to help health departments evaluate their levels of prenatal screening.

However, a number of misconceptions remain concerning prenatal HBsAg screening as illustrated by the following two examples:

MISCONCEPTION: *Women who have been vaccinated against hepatitis B (usually because they are health care workers) do not need to be screened.* This is NOT correct. ALL women at EACH pregnancy need to be screened. Just because a woman has been vaccinated does not mean she is HBsAg negative. Since postvaccination testing is NOT performed for most vaccinated persons, she could have been vaccinated even though she was HBsAg positive. In addition, some of these women who had postvaccination testing and were found to be anti-HBs negative, were labeled “nonresponders” but were subsequently found to be HBsAg positive on prenatal testing — which was the reason they were “nonresponders.”

MISCONCEPTION: *Hepatitis B vaccination causes a woman to be HBsAg positive on prenatal screening.* This is NOT correct. We have heard of previously vaccinated women who tested positive for HBsAg being told that they were not infected and that their infants were not at risk. These women's tests were positive for HBsAg, but the physicians did not act upon the results correctly and often labeled them “non-responders” to vaccination. When these women were evaluated further, they were found to be chronically infected.

It is important to remember that only 0.5% of all pregnant women are HBsAg positive. This is a rare event!! Every woman has to be tested to find

those few who are infected. Also, because this is a rare event with a very bad outcome for the child, it is important that each case be managed to ensure that appropriate postexposure prophylaxis is given, that the infant receives postvaccination testing, and that the mother receives medical management for her chronic HBV infection.

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

Screening should only be done with HBsAg. It is the ONLY test that tells if a woman has an active HBV infection that can be transmitted to her infant. If a woman is found to be HBsAg positive, then additional tests can be ordered. Probably the most useful additional test would be IgM anti-HBc which would tell if the woman has an acute infection or if she is chronically infected. However, ordering anti-HBc and anti-HBs are not particularly helpful during screening to prevent perinatal infections. Anti-HBc will be positive in all HBsAg positive persons and anti-HBs is rarely positive in an HBsAg positive person.

What is the ideal time to do HBV testing on an infant of a carrier mother?

Testing should be done between 9 and 15 months of age. Testing should be for BOTH HBsAg and anti-HBs. This is to find out if the infant responded to the vaccination and to find out if the infant became chronically infected. The reasons that testing should be “delayed” until 9-15 months rather than be done <3 months after the last dose of vaccine are: 1) to be sure the anti-HBs that is detected in the test is not from the HBIG and is from the vaccination, and 2) to detect any late HBV infections since “perinatal” infections can be detected as late as 12 months of age.

It is important to remember that if the child is found to be anti-HBs negative and HBsAg negative, a second complete vaccine series should be administered to provide the protection to this high-risk child. If the child is found to be HBsAg positive, the parents should be counseled and the infant probably referred to a pediatric hepatologist. In addition, the immunization failure/perinatal infection should be reported to the state hepatitis B coordinator, since perinatal HBV infection is now a reportable disease.

Since there is a national recommendation to begin the hepatitis B series on all persons diagnosed with STDs, how do I decide which patients need prevaccination testing?

Testing is only indicated if the expected prevalence of HBV infection is >30%. Testing is not indicated for ANY adolescents being vaccinated because they have had an STD. For adults seen in STD clinics where the prevalence of HBV infection is known to be >30%, testing might be warranted, but the cost effectiveness should be determined. In general, the prevalence of infection is lower among adults being vaccinated in private practice settings and testing may not be warranted.

In general, it is better to vaccinate than test if there is a concern that testing will interfere with getting the person vaccinated.

Do gay youth need hepatitis B screening prior to beginning their vaccination series?

NO. Studies have shown that the prevalence of HBV infection is low among gay youth and does not warrant prevaccination testing.

What should be done for a health care worker who never received post-vaccination serology after his/her hepatitis B series?

A health care worker does not need to be tested unless he or she has an exposure. If an exposure occurs, refer to the ACIP recommendations for hepatitis B (11/21/91), Appendix A, for management guidelines. In addition to following these guidelines, if prophylaxis (HBIG and a booster dose of vaccine) is indicated, the person should receive post-vaccination testing 3 months afterwards. This post-vaccination anti-HBs test result should be recorded in the person's health record.

How often should anti-HBs titers be drawn on health care workers who perform invasive procedures?

No healthy person needs to be repeatedly tested for anti-HBs. Persons who perform invasive procedures should be treated no differently from other health care workers with respect to anti-HBs testing. If a health care worker has an exposure (e.g., needlestick) he or she should be evaluated for postexposure prophylaxis according to current recommendations.

Should a health care worker who performs invasive procedures and who once had a positive anti-HBs result, be revaccinated if his/her anti-HBs titer is rechecked and found to be below 10mIU/ml?

Only immunocompromised persons (e.g., hemodialysis patients, HIV positive persons) need to have anti-HBs tested and booster doses of vaccine to maintain their anti-HBs concentrations >10mIU/ml in order to be protected against infection. All others have been shown to remain protected because of long-term immune memory that is induced by the initial 3-dose vaccine series.

It is discovered 1 week after birth that a mother is HBsAg-positive and that her infant was given Recombivax-HB 2.5mcg on day two and no HBIG. What should be done?

The first thing is to give the infant the correct dose of vaccine since it is the vaccination that is most likely going to prevent the child's perinatal HBV infection. The real question has to do with HBIG. While there are no data that indicate that the HBIG provides additional protection from HBV infection when given at one week after exposure, most physicians would give the dose. If the infant was >1 week old there is no benefit in giving the HBIG, but it is very important that the infant receive the correct vaccine dose.

What are the recommend doses of hepatitis B vaccine for adolescents? If an adolescent mistakenly receives 1/2 of the recommended dose, what should be done?

The recommended doses for children >11 years of age are: 5mcg of Recombivax-HB and 10mcg of Engerix B. If an adolescent mistakenly receives an incorrect dose (e.g., 1/2 dose), the incorrect dose should not be counted and the correct dose should be administered on the appropriate schedule.

Hepatitis A

by Harold S. Margolis, MD

Is there a role for immune globulin in travelers?

Hepatitis A vaccine is the first choice for any person ≥ 2 years of age who requires protection from hepatitis A when traveling outside of the United States. However, children <2 years of age should be given immune globulin since hepatitis A vaccine is not licensed for this age group.

Occasionally, some vaccinated travelers should also be given immune globulin. This occurs when the person is vaccinated <1 month prior to departure, and especially if the person is going to be immediately traveling in a developing country and living "off the economy" or with the local population. The reason a person in this situation should receive passive immunization with immune globulin is that it takes 2-4 weeks to develop protective levels of antibody after vaccination.

Is hepatitis A vaccine recommended for persons who have hemophilia?

Yes, all persons with hemophilia (Factor VIII, Factor IX) who receive replacement therapy should be vaccinated because there appears to be an increased risk of transmission from clotting factor concentrates that are not heat inactivated. Since adult patients have a higher likelihood of having been previously infected, prevaccination testing might be considered if shown to be cost-effective.

Who should receive hepatitis A vaccine?

Recently CDC (the ACIP) and the AAP ("Red Book" Committee) made recommendations concerning hepatitis A vaccination. They indicated that ideally hepatitis A vaccine should become a routine childhood (infant) vaccine — routine childhood immunization is the only way that the incidence of hepatitis A will be significantly reduced in the United States. However, the vaccine is not yet licensed for children <2 years of age because maternal antibody to HAV (anti-HAV) interferes with immunogenicity. The current recommendations indicate that people in the following groups should be vaccinated: 1) persons at high risk of infection (i.e., travelers to countries with high or intermediate endemicity of HAV infection, drug users, men who have sex with men, hemophiliacs); 2) persons at high risk of an adverse consequence from hepatitis A (i.e., patients with chronic liver disease); and 3) children in

communities with high or intermediate rates of hepatitis A.

In general, the designation of "high" or "intermediate" rate communities is being determined by local health departments in conjunction with CDC. Physicians in those communities are being notified and are being asked to participate in catch-up immunization programs for children ages 2-15. However, if you feel your community would benefit from routine childhood hepatitis A vaccination, you should contact your health department.

Who should have serologic testing for hepatitis A prior to vaccination?

Serologic testing to determine hepatitis A susceptibility is not indicated in children or adolescents. Testing may be cost effective for adults >40 years of age and for young adults in populations with high rates of HAV infection (i.e., American Indians/Alaskan Natives, Hispanic populations, persons born and raised in countries with a high endemicity of HAV infection, drug users, men who have sex with men). However, obtaining prevaccination test results should be balanced against the likelihood of achieving timely vaccination, especially in some high risk populations. One approach is to give the first dose of vaccine at the time the blood is drawn for serologic testing. If the person is subsequently found to be anti-HAV positive, they should not get the second (booster) dose.

CPT Codes

Current Procedural Terminology

CPT codes are used by clinics to accurately bill for and track performed procedures. These codes should be used whenever immunizations are administered. Here are the most commonly used immunization procedure codes:

DTaP	90700
DTP	90701
DT	90702
MMR	90707
IPV	90712
OPV	90713
Varicella	90716
Td	90718
DTP-Hib	90720
DTaP-Hib	90721
influenza	90724
hepatitis A	90730
pneumococcal	90732
Hib	90737
hepatitis B vaccine newborn-10 years ...	90744
hepatitis B vaccine 11-19 years	90745
hepatitis B vaccine 20 years & above	90746
hep B - Hib (unlisted immuniz. procedure) ..	90749*

* Until 1/1/98 when a permanent CPT code will be assigned.

Source: *Physicians' Current Procedural Terminology '97*, American Medical Association 1997

What's your state doing?

An empty box in this table indicates that the state answered this question with a "NO."

Here is some current U.S. immunization information

State	% of children (ages 19-35 mo) with 4:3:1:3 series complete* '96 CDC survey	% of children (ages 19-35 mo) with ≥3 hep B shots '96 CDC survey	Does your state have a hepatitis B prenatal screening law?	Does your state have any hep B childhood vaccination mandates?	Is there a hep B day-care law? Who is covered &/or what is the date of implementation?	Is there a hep B kindergarten &/or 1st grade law? Date of implementation?	Is there a hepatitis B middle school law? Date of implementation?	Are pharmacists authorized to vaccinate?
AL	75	82						yes
AK	69	82						yes
AZ	70	80		yes	yes 9/97	yes 9/97		
AR	72	82	yes	yes	yes/born ≥12/91	yes 9/98	yes 9/98	yes
CA	76	82	yes	yes	yes 97	yes 97		yes
CO	76	74		yes	yes 97	yes 97	yes 97	
CT	87	89		yes	yes/born ≥1/94	yes 9/96		
DE	80	85						
DC	78	84		yes	yes 97	yes 97	5th grade/97	
FL	77	83	yes	yes		yes 9/98	7th grade/97	
GA	80	87		yes	yes/born ≥1/92	yes 9/97		yes
HI	77	86	yes					
ID	66	72		yes	yes/born ≥12/91	yes 97		
IL	75	78	yes	yes	yes 10/98	yes 10/98	yes 10/98	yes
IN	70	74						yes
IA	80	81						yes
KS	73	73	yes					yes
KY	76	86		yes	yes/born ≥10/92	yes 8/98	yes 8/98	yes
LA	79	87	yes	yes	yes 98	yes 98		
ME	85	75	pending					
MD	78	80		yes	yes 01	yes 01	yes 06	
MA	86	88	yes	yes	yes 96	yes 96		
MI	74	78	yes	yes	yes 97	yes 9/00	yes 00	yes
MN	83	72						
MS	79	78						yes
MO	74	82	yes	yes	yes/born ≥1/90	yes 9/97		yes
MT	77	77						
NE	80	78						yes
NV	70	82	yes					
NH	83	86		yes	yes/born ≥1/93	yes 10/96		
NJ	77	87						
NM	79	80		yes	yes 9/00	yes 9/02	7th grade 9/99	
NY	79	83	yes	yes	yes/born ≥1/95	yes 9/98		
NC	77	87	yes	yes	yes/born ≥7/94	yes 9/98		
ND	81	85						yes
OH	77	81						
OK	73	71		yes		yes 9/97	yes 9/97	yes
OR	70	78		pending	pending	pending	pending	
PA	79	84		yes		yes 9/97		
RI	85	90						
SC	84	93		yes	yes/born ≥1/92			yes
SD	80	72						yes
TN	77	85		yes	yes/born ≥9/97			yes
TX	72	82		yes		yes 9/98		yes
UT	63	72						
VT	85	83						
VA	77	85		yes	yes/born ≥1/94			yes
WA	78	81		yes	yes 9/97	yes 9/97		yes
WV	71	67						
WI	76	79		yes	yes 97	yes 97	yes 97	
WY	77	57		yes	yes/born ≥1/96	yes 9/99	yes 9/98	

* Four or more doses of diphtheria and tetanus toxoids and pertussis vaccine/diphtheria and tetanus toxoids (DPT/DT), three or more doses of poliovirus vaccine, one or more doses of any measles-containing vaccine, and three or more doses of *Haemophilus influenzae* type b vaccine. (source: *MMWR*, 7/25/97, Vol. 46, No. 29.)

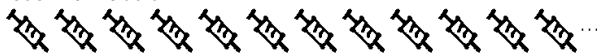

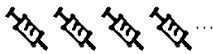













Vaccinations for Adults

You're **NEVER** too old to get shots!

Many adults don't know they are supposed to get immunized against diseases. They think shots are for kids. There are millions of adults in this country who need influenza, pneumococcal, tetanus, and other shots. Are you one of them?

Getting immunized is a lifelong, life-protecting job. Make sure you and your health care professional keep your shots up-to-date! Don't leave your clinic without making sure that you've had all the shots you need.

Influenza "flu shot"	The "flu shot" is recommended every fall for: people age 65 or older; women who will be in their 2nd or 3rd trimester of pregnancy during flu season; residents of long-term care facilities; people younger than 65 who have medical problems such as heart or lung disease (including asthma), diabetes, kidney disease, or an immune system weakened by disease, medication, or a physical condition; and for those who work with or live with any of these individuals. 			
Pneumococcal "pneumococcal shot"	The "pneumococcal shot" is recommended one time at age 65 (or older if it was not given at 65). This shot is also recommended for people younger than 65 who have certain chronic illnesses. Some individuals with particular health risks will need a one-time revaccination dose 5 years later. Consult your doctor. 			
Tetanus, diphtheria (Td) often referred to as "tetanus shot"	If you haven't had at least 3 basic tetanus-diphtheria shots in your lifetime, you need to complete the series listed below:		And then all adults need a booster dose every 10 years 	
	first dose now 	second dose one month later 		third dose six months after the second dose 
Hepatitis A (Hep A) for those at risk*	Hepatitis A vaccine is recommended for many adults including travelers to certain areas outside the U.S.*			
	first dose now 			second dose 6-12 months after the first dose 
Hepatitis B (Hep-B) for those at risk*	first dose now 	second dose one month later 	third dose is usually given five months after the second dose 	
	Measles, mumps, rubella (MMR) One dose is recommended for those born in 1957 or later if that person has not been previously vaccinated. (A second dose of MMR may be required in some work or school settings, or recommended for international travel.) People born before 1957 are usually considered immune. 			
Varicella (Var) for those who have never had chickenpox	first dose now 		second dose 4-8 weeks later 	

*Consult your health care professional to determine your level of risk and need for this vaccine.

Do you travel outside the United States? If so, you may need additional vaccines, including hepatitis A. Consult your doctor or nurse about recommended and/or required vaccines. The Centers for Disease Control and Prevention operates an international traveler's immunization hot line. Call 404-332-4559 to obtain information about required and/or recommended shots for your destination.

Item #P4030 (10/97)

Summary of Recommendations for Adult Immunization - side 1

Adapted from the Advisory Committee on Immunization Practices (ACIP) by the Immunization Action Coalition with review by ad hoc team - October 1997

Vaccine name and storage temperature	For whom it is recommended	What is the usual schedule?	Schedule for those who have fallen behind	Contraindications and precautions*	Rules of simultaneous administration	Route
Influenza "flu shot" 35-46°F 2-8°C	<ul style="list-style-type: none"> • People who are 65 years of age or older. • People under 65 with medical problems such as heart disease, lung disease, diabetes, renal dysfunction, hemoglobinopathies, immunosuppression, and/or those living in chronic care facilities. Adults working or living with these people should be vaccinated as well. • Healthy pregnant women who will be in their 2nd or 3rd trimesters during the influenza season. • Pregnant women who have underlying medical conditions should be vaccinated before the flu season, regardless of the stage of pregnancy. • Anyone who wishes to reduce the likelihood of becoming ill with influenza. 	<ul style="list-style-type: none"> • October through November is the optimal time to receive a flu shot to maximize protection, but the vaccine may be given at any time during the influenza season. 	May be given anytime during the influenza season, including the winter months, as long as cases are still occurring in the community.	<ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine, to any of its components, or to eggs. • Moderate or severe acute illness. 	Can give with all others but at a separate site.	IM
Pneumococcal "pneumococcal shot" 35-46°F 2-8°C	<ul style="list-style-type: none"> • All adults 65 years of age and older. • People under 65 who have chronic illness or other high risk factors including chronic cardiac and pulmonary diseases, anatomic or functional asplenia, chronic liver disease, alcoholism, diabetes mellitus, CSF leaks. Others at high risk include immunocompromised persons including those with HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, or nephrotic syndrome, those receiving immunosuppressive chemotherapy (including corticosteroids), and those who received an organ or bone marrow transplant. 	<ul style="list-style-type: none"> • Routinely given as a one-time dose. • Revaccination is recommended 5 years later for people at high risk of fatal pneumococcal infection, or if the 1st dose was given prior to age 65. 		<ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components. • Pregnancy, unless risk of disease is greater. • Moderate or severe acute illness. 	Can give with all others but at a separate site.	IM or SC
Hepatitis B (Hep-B) (HBV) 35-46°F 2-8°C	<ul style="list-style-type: none"> • Many high-risk adults need vaccination including: household contacts and sexual partners of hepatitis B carriers; users of injectable drugs; heterosexuals with more than one sexual partner in 6 months; men who have sex with men; patients in hemodialysis units; recipients of certain blood products; health care workers and public safety workers who are exposed to blood; clients and staff of institutions for the developmentally disabled; inmates of long-term correctional facilities, and certain international travelers. <p>Note: Prior serologic testing may be recommended depending on the specific level of risk and/or likelihood of previous exposure.</p> <p><i>Editor's note: It is especially prudent to screen individuals who have emigrated from endemic areas. When HBsAg "carriers" are identified, offer them appropriate disease management. In addition, their household members and intimate contacts should be screened and, if found susceptible, vaccinated.</i></p>	<ul style="list-style-type: none"> • Commonly used timing options for vaccination: 0, 1, 6 months 0, 2, 4 months 0, 1, 4 months 	<ul style="list-style-type: none"> • There must be one month between doses #1 and #2, and two months between doses #2 and #3. Overall there must be at least four months between doses #1 and #3. • If the series is delayed between doses, do not start the series over. Simply continue from where you left off. 	<ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components. • Moderate or severe acute illness. 	Can give with all others but at a separate site.	IM
Hepatitis A (Hep-A) 35-46°F 2-8°C	<ul style="list-style-type: none"> • Adults who travel outside of the U.S. (except for Northern and Western Europe, New Zealand, Australia, Canada, and Japan). • People with chronic liver disease; drug users; men who have sex with men; people with clotting disorders; people who work with hepatitis A virus in experimental lab settings (this does not refer to routine medical laboratories); and food handlers where health authorities or private employers determine vaccination to be cost-effective. <p>Note: Prevacination testing is likely to be cost effective for persons >40 years of age as well as for younger persons in certain groups with a high prevalence of HAV infection.</p>	<ul style="list-style-type: none"> • #1 • #2: If using Havrix, give second dose 6-12 months after the first dose. If using Vagta, give second dose 6 months after the first dose. 	<ul style="list-style-type: none"> • #2 dose should be given no sooner than 6 months after #1. 	<ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components. • Moderate or severe acute illness. • Safety during pregnancy has not been determined, so benefits must be weighed against potential risk. 	Can give with all others but at a separate site.	IM

For specific ACIP immunization recommendations refer to the full statements which are published in the *MMWR*. To obtain a complete set of ACIP statements, contact your state health department or call 800-232-2522. The references most frequently used in creating this table include recent ACIP statements, *General Recommendations on Immunization*, *MMWR*, 1/28/94, and *Update on Adult Immunization*, *MMWR*, 11/15/91.

This table was developed to combine the recommendations of adult immunization onto one page. It was devised especially to assist health care workers in determining appropriate use and scheduling of vaccines. It can be posted in immunization clinics or clinicians' offices. The table will be revised approximately once a year because of the changing nature of national immunization recommendations.

* Note: While moderate or severe acute illness is reason to postpone vaccination, mild acute illness is not.

Item #P2011 (10/97)

Summary of Recommendations for Adult Immunization - side 2

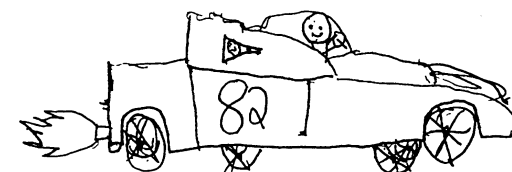
Vaccine name and storage temperature	For whom it is recommended	What is the usual schedule?	Schedule for those who have fallen behind	Contraindications and precautions*	Rules of simultaneous administration	Route
Td (Tetanus, diphtheria) 35-46°F 2-8°C	After the primary series has been completed, a booster dose is recommended every 10 years. Make sure your patients have received a primary series of 3 doses.	Booster dose every 10 years after completion of the primary series of 3 doses.	The primary series is: • #1 • #2 given 1 month later • #3 given 6-12 months after #2.	• Previous anaphylactic reaction to this vaccine or to any of its components. • Moderate or severe acute illness.	Can give with all others but at a separate site.	IM
MMR Measles, Mumps, Rubella 35-46°F 2-8°C	<ul style="list-style-type: none"> Adults born in 1957 or later need one dose of the MMR if there is no proof of immunity or documentation of a dose given on or after 1st birthday. Adults in high-risk groups, such as health care workers, students entering post secondary schools, and international travelers may need a second dose. Note: Adults born before 1957 are usually considered immune but proof of immunity may be considered for health care workers.	<ul style="list-style-type: none"> #1 #2, if recommended, is given no sooner than 1 month after #1. 	#2 may be given as early as 1 month after dose #1.	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine, or to any of its components. (Anaphylactic reaction to eggs is no longer a contraindication to MMR, so skin testing isn't needed prior to vaccination.) Pregnancy or possibility of pregnancy within 3 months. HIV positivity is NOT a contraindication to MMR except for those who are severely immunocompromised. Immunocompromised: includes cancer, leukemia, lymphoma, immunosuppressive drug therapy, including high dose steroids. If blood products or immune globulin have been administered during the past 11 months, consult the ACIP recommendations regarding time to wait before vaccinating. Moderate or severe acute illness. Note: MMR is NOT contraindicated if a PPD test was done recently. However, PPD should be delayed if MMR was given 1-30 days before the PPD.	Can give with all others but at a separate site. If varicella is not given at the same time, space varicella and MMR at least 30 days apart.	SC
Varicella "Chickenpox shot" (Var) 5°F -15°C or colder	<ul style="list-style-type: none"> All susceptible adults should be vaccinated. Note: Adults with reliable histories of chickenpox (such as self or parental report of disease) can be assumed to be immune. For those who have no reliable history, serologic testing may be cost effective to determine immunity since most adults are immune.	All adults need two doses. Give dose #2 4-8 weeks after dose #1.	• Give #2 no sooner than 4 weeks after #1.	<ul style="list-style-type: none"> Previous anaphylactic reaction to this vaccine or to any of its components. Pregnancy, or possibility of pregnancy within 1 month. Immunocompromised persons due to malignancies and primary or acquired immunodeficiency including HIV/AIDS. Note: For those on high dose immunosuppressive therapy, consult ACIP recommendations regarding delay time. • Moderate or severe acute illness. Note: Manufacturer recommends that salicylates be avoided for 6 weeks after receiving varicella vaccine.	Can give with all others but at a separate site. If MMR is not given on the same day, space MMR and varicella at least 30 days apart.	SC
Polio vaccine IPV 35-46°F 2-8°C	Not routinely recommended for adults 18 years of age and older. Note: Adults living in the U.S. who never received or completed a primary series of polio vaccine, need not be vaccinated, unless they intend to travel to areas where exposure to wild-type virus is likely. Health care workers should have completed a primary series.	Refer to ACIP recommendations regarding unique situations, schedules, and dosing information. If polio vaccine is indicated for adults, IPV is generally preferred.		Refer to ACIP recommendations.	Can give with all others but at a separate site.	SC or IM

* Note: While moderate or severe acute illness is reason to postpone vaccination, mild acute illness is not.

Your comments are welcome. Please send them to Lynn Bahta, PHN, or Deborah Wexler, MD, Immunization Action Coalition, 1573 Selby Ave., Suite 234, St. Paul, MN 55104, 612-647-9009, fax 612-647-9131, mail@immunize.org.

The Coalition thanks William Atkinson, MD; Tamara Kicera, BS; Gregory Gilmet, MD; John Grabenstein, MS Pharm; Neal Halsey, MD; Muriel Hoyt, BSN; Sam Katz, MD; Anne Kuettel, PHN; Edgar Marcuse, MD; Margaret Morrison, MD; Craig Shapiro, MD; Ray Strikas, MD; Walter Williams, MD; and Richard Zimmerman, MD, for their review and comments on this table. Final responsibility for errors or omissions lies with the editors.

"I follow the rules of the road. If you follow the rules of immunization, you won't get lost!"



What if my child is older than two? Is it too late to get him or her vaccinated?

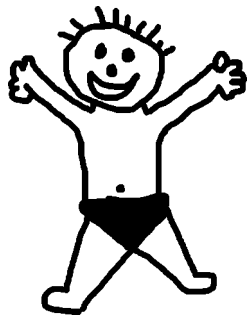
No. Although it's best to have your child vaccinated as a baby, it's never too late to start. If your baby did not receive his or her shots, now is the time to start.

What if I can't afford to get my child vaccinated?

Vaccinations are usually free for children when families can't afford them. Call 800-232-2522 or your local or state health department to find out where you can go for vaccinations. Your child's health depends on it!

And here's a friendly reminder for parents:

Adults need shots, too! Call your clinic or health department to find out what shots you need or when your next shots are due! Your baby is counting on you!

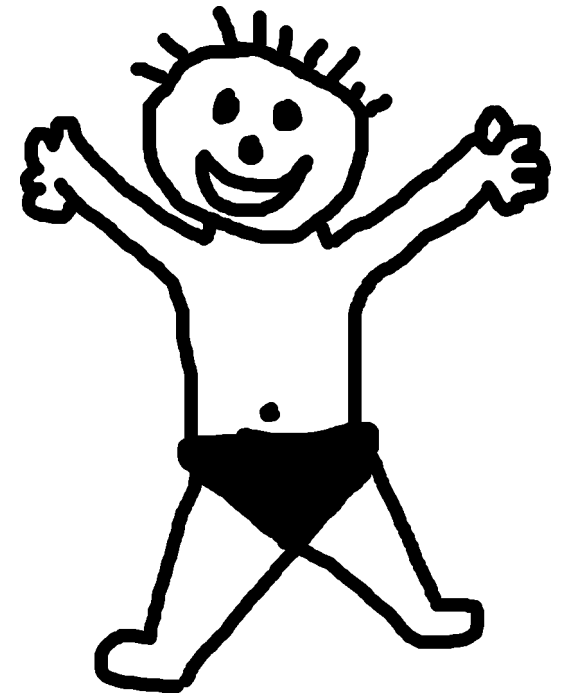


Everyone needs vaccinations!

If you can't afford shots or don't know where to get them, contact your city, county, or state health department, or call 800-232-2522.



Questions parents ask about baby shots



Immunization Action Coalition

1573 Selby Avenue, Suite 234
St. Paul, MN 55104
612-647-9009

Website: www.immunize.org

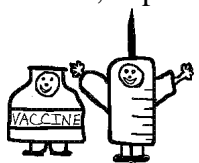
This brochure was created by the Child Vaccination Program, New York City, and was modified and reprinted by the Immunization Action Coalition, with technical review by the Centers for Disease Control and Prevention. It may be reproduced without permission. If you alter it, please acknowledge that it was adapted from the Child Vaccination Program, New York City.

What are vaccinations?

Vaccinations protect your child against serious diseases. Most vaccinations are given in a shot. The words “vaccination” and “immunization” mean the same thing.

What diseases do vaccines protect against?

Vaccines protect against measles, mumps, rubella, hepatitis B, polio, diphtheria, tetanus, pertussis (whooping cough), Hib disease and chickenpox. Vaccines can't prevent children from getting minor illnesses like colds, but they can keep children safe from many serious diseases. Without vaccinations, your child could get very sick.



Isn't all this talk about diseases just a way to scare parents so they'll bring their children in for shots?

No! Many of these diseases still kill people. From 1989 through 1991, more than 150 people in the United States died from measles and thousands more were permanently damaged. Children in the United States also continue to die from chickenpox. When children get measles, chickenpox, and other diseases that vaccines could have prevented, they can also suffer from brain damage, hearing loss, heart problems, and lung damage.

I don't know anybody who has had mumps or rubella. Why does my baby need these shots?

You might not think that these diseases are a serious threat today because you don't see or hear much about them but they are still around. If we stop vaccinating against these diseases, many more people will become infected. Vaccinating your child will keep him or her safe.

Are vaccinations safe?

Most vaccines cause only minor side effects, such as soreness where the shot was given or a slight fever. These side effects do not last long and are treatable. Serious reactions are very rare. Remember, if your child gets one of these dangerous childhood diseases, the risks of the disease are far greater than the risk of a serious vaccine reaction. If you have concerns, talk to your doctor or nurse.

What if my child has a cold, a fever, or is taking antibiotics? Can he or she still get vaccinated?

Yes. Your child can be vaccinated if he or she has a mild illness such as a cold, a slight fever, or is taking antibiotics. Talk to your doctor or nurse if you have questions.

How many times do I need to take my baby in for vaccinations?

A lot! Your baby needs at least five visits to the doctor for vaccinations before he or she is two years old. All these visits are

necessary because there are ten diseases your baby needs to be protected against and most require several doses for full protection. Your child will also need vaccinations between the ages of 4 and 6, and then again when he or she is 11-12.

How do I know when to take my baby in for shots?

If you are not sure, call your clinic or your local health department to find out when the next shots are due. Every time your child gets vaccinated, make sure you know when to bring him or her back for the next set of shots.



How do I keep track of my baby's shots?

You need a personal record card of your child's immunizations. This card should be brought with you to all medical appointments. Whenever your child receives vaccinations, make sure your clinic updates your child's shot record.

What if I miss an appointment? Does my baby have to get the shots all over again?

No. If your baby misses some vaccinations, it's not necessary to start over. Your clinic will continue the shots from where they left off.

National Resources

Here's some info you may be looking for!

Order these immunization and hepatitis resources directly from the organizations listed.

Twice a year, the Immunization Action Coalition updates this list of great resources from around the nation. If you know of any other great resources, call us at 612-647-9009.

Want to know what's new NOW rather than wait for the next issue of *NEEDLE TIPS*?

To receive announcements of new immunization and hepatitis B resources as we find them or create them, subscribe to our new Internet announcement service, *NEEDLE TIPS NOW!* Send an e-mail message to tips@immunize.org and place the word SUBSCRIBE in the subject field and your full name in the body of the message.

Reference materials

Morbidity and Mortality Weekly Report (MMWR). Recommendations and information on vaccine-preventable diseases. Available in print for \$79/yr, call 617-893-3800, or free electronically at CDC's website at www.cdc.gov/epo/mmwr/mmwr.html

ACIP statements. Public health recommendations on all vaccines. To order a complete set or only the ones you need, contact your state health department (phone numbers on page 23) or call 800-232-2522. Make sure you also have a copy of the *General Recommendations on Immunization* (1994).

Vaccine Information Statements (VIS) (CDC). Make sure you give these easy-to-read sheets to your patients prior to vaccination. To order, call your state health department or call CDC's Immunization Hotline at 800-232-2522. California's Immunization Branch distributes VISs (except influenza and pneumococcal) in 14 different languages. To order, call Maria Clarke at 510-849-5042. Minnesota Department of Health has the influenza VIS in six languages. To order, call 612-623-5237.

Red Book—Report of the Committee on Infectious Diseases (AAP, 1997). Recommendations for prevention and management of infectious diseases in children. \$79.95. Call 800-433-9016.

Green Book—Guide for Adult Immunization (ACP, 1994). Recommendations for the prevention and management of infectious diseases in adults. \$27.50. New edition, spring 1998. 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. 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. Borrow

a copy or check out www.slackinc.com/child/idc/idchome.htm

NEEDLE TIPS (Immunization Action Coalition, a semi-yearly publication). 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 www.immunize.org

Hepatitis Control Report (Precision Media Works, a quarterly publication). Devoted to news on the control of viral hepatitis. Free. Call 610-664-2793.

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. \$157. 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.

ImmunoFacts (J. D. Grabenstein, Facts and Comparisons). Updatable comprehensive reference on vaccines and immunologic drugs. \$89.95. Call 800-223-0554.

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. For more information about VAERS, see pages 19-22.

Health Information for International Travel - Yellow Book (CDC, 1997). Vaccine information and requirements for foreign travel. \$20. Call 202-512-1800.

Travel & Routine Immunizations - a practical guide for the medical office. (Shoreland, 1997). \$19.95. Call 800-755-2301 or visit the website www.shoreland.com

CDC Resources

CDC's Immunization Hotline

• 800-232-2522

• 800-232-0233 (en español)

Hours: 8 am to 11 pm EST Mon-Fri
(voicemail available at all other times)

Call this number to get the following:

- ACIP statements
- Vaccine Information Statements (VISs)
- free videos, posters, and brochures
- information specialists answer questions about shot schedules for children, teens, adults, new vaccines, vaccine safety, contraindications, etc.

This hotline also answers consumer questions in English and Spanish.

Other CDC information you may want

- To obtain immunization and hepatitis materials by fax or voice: 888-232-3228
- National Immunization Program's (NIP) website: www.cdc.gov/nip
- E-mail your immunization questions to CDC: nipinfo@cdc.gov
- NIP's Education and Training Branch: 404-639-8225
- Hepatitis Branch epidemiologist on call: 404-639-2709
- Hepatitis Branch website: www.cdc.gov/ncidod/diseases/hepatitis/hepatitis.htm
- International travel immunization information: 404-332-4559
- CDC's travel website: www.cdc.gov/travel/travel.html
- For ACIP statements and MMWRs: www.cdc.gov/epo/mmwr/mmwr.html

Immunization Action News (CDC, a quarterly newsletter of the National Immunization Program). A resource to help you find out about new vaccine recommendations and more. Free. To be added to their mailing list, fax your request to 404-639-8828.

CDC's Immunization News Service. Get current news via e-mail three times a week. For information on how to subscribe, send an e-mail to immunize@immunization.org

CDC's Hepatitis C Satellite Broadcast

Hepatitis C: Diagnosis, Management, Prevention. Sat., Nov 22, 8:30 am - 11 am, repeated from 12 noon - 2:30 pm.

Registration information:

To find your nearest downlink site, contact the Hepatitis Foundation International at 800-891-0707 or go to www.hepfi.org. For a registration form by fax, call 888-232-FAXX, and request document #130010.



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 Order Form" on page 27 or fax your request for our catalog to 612-647-9131.

CDC videos. Free. Call CDC's Immunization Hotline at 800-232-2522 and ask them to tell you about all of their available videos.

Polio Vaccine: New Choices for Your Baby (MI State University, 1997, 14 min). For parents. Explains the different polio vaccination schedules. \$15. Call 517-353-2596.

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 (Scottish Rite Children's Medical Center, 1992, 17 min). For parents. Reviews vaccine-preventable diseases, vaccine side effects, and contraindications. Available in English, Spanish, Russian, Hmong, Cambodian, Vietnamese, & Laotian. \$59.95. Call 404-250-2319.

Shot Talk - Immunize Your Little Guys (Scottish Rite Children's Medical Center, 1997, 13 min). A video for teen parents about childhood immunization. \$59.95. Call 404-250-2319.

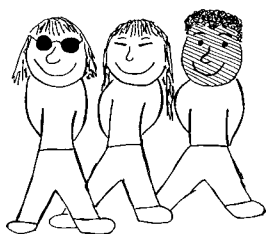
Health is the Prize (Mpls. Indian Health Board, 1996, 9 min). A "hip hop" music video to encourage teen parents to vaccinate their children. \$20. Call 612-721-9800, ext. 880.

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

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, daycare, etc. \$10. Call 215-884-8786.

Need adolescent videos? See the next page!



Immunization registries

Questions about immunization registries? Contact Kris Saarlus, All Kids Count, at 404-371-0466 (www.allkidscount.org) or call CDC's Immunization Registry Clearinghouse at 800-799-7062 (www.cdc.gov/nip/registry).

Developing Immunization Registries: experiences from the All Kids Count program (American Journal of Preventive Medicine, supplement, 1997). To receive a copy of this report, fax your request to All Kids Count at 404-371-1087.

IMMNET-L. Internet discussion of immunization tracking systems. To subscribe, send an e-mail to jlevin@childrenshc.org

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 lev-

els. 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 program (page 23), download directly from NIP at www.cdc.gov/nip/casa/index.htm, or call NIP's Assessment Branch at 404-639-8392.

Miscellaneous

Kids Care Fair Program Kit (American Red Cross, 1995). Complete kit on how to coordinate and implement children's health and immunization fairs. \$39.95. Call 213-739-6853.

America's Youth Passport (Securitec Corp.). A sturdy booklet in which parents can 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.

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 Immunization Information Hotline	800-232-2522
Congress of National Black Churches	202-371-1091
COSSMHO (Nat'l Coalition of Hispanic Health Orgs. (www.cossmho.org) ★	202-797-4348
Every Child by Two (www.ecbt.org)	202-651-7226
HMA Associates (PSAs & print materials-Latinos) (hmassoc@worldnet.att.net) ★	202-342-0676
Immunization Action Coalition (www.immunize.org) ★	612-647-9009
Immunization Education and Action Committee	202-863-1638
National Coalition for Adult Immunization (www.medscape.com/affiliates/ncai) ..	301-656-0003
National Council of La Raza (www.nclr.org) ★	202-785-1670
Nat'l Immunization Program's Education & Training Branch (www.cdc.gov/nip)	404-639-8225
National Institute on Aging (www.nih.gov/nia)	800-222-2225
Office of Minority Health (www.omhrc.gov) ★	800-444-6472
Your health department's immunization program (# is on page 23)	

Hepatitis Information

American Liver Foundation (www.liverfoundation.org) ♦◆	800-223-0179
Asian Pacific Health Care Venture ★	213-644-3880 ext.25
Hepatitis A brochure for gay men	800-200-HEPA (4372)
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.hepb.org)	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 23)	

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 & Pediatrics (www.ahp.com)	800-358-7443
professional services:	800-395-9938

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

Adolescent and Adult Resources

Here are more things you might need!

Adolescent resources

Reference materials

ACIP Adolescent Statement. To get a copy, contact your state health department's immunization program (phone numbers on page 23) or call CDC's Immunization Hotline at 800-232-2522.

Adolescent Vaccinations. A special issue of the *Journal of School Health*, September 1997. Contains case studies, features, guidelines, and resources. \$15.50. Call Lisa Grathwol, American School Health Association, at 330-678-1601.

Adolescent Immunization Workshop. A CDC report of the March '96 national workshop on how groups can implement the national recommendation for the adolescent immunization visit. Free, but quantities are limited. Fax requests to the Immunization Action Coalition at 612-647-9131.

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.

Primer for Teachers, Quick & Easy (Hepatitis Foundation International, 1996). A liver wellness curriculum for teachers which includes messages about hepatitis B and substance abuse prevention. Call for pricing info. This primer has two parts, one tailored for K-6, the other for grades 7-12. Call HFI at 800-891-0707.

Videos from the Coalition

All of the following videos can be ordered using the Coalition's order form on page 27 or by faxing a request for our catalog to 612-647-9131.

Immunization Plus (UCLA and CA Dept. of Health, 1997). A middle school curriculum on immunization. Contains a teacher training video, manual, worksheets, and the upbeat 13-minute video, *Immunization Day*, to show the kids. Music by Coolio. A tremendous bargain but only 450 copies available - \$25. *Immunization Day* can be ordered alone without curriculum - \$10.

Partnership for Prevention (SKB, 1995, 6 min). A hepatitis B video for 10-12-year olds. May be shown in classrooms, clinics, etc., but may not be shown on TV - \$10.

Get the Facts, Then Get the Vax! (American School Health Association, 1995, 6 min). Presents hepatitis B information for high school students. May be used in any setting.

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, brochures on hepatitis B and immunization for teens and their parents. Make copies or adapt for your own use. *Every week hundreds...* is available in English, Spanish, Hmong, Cambodian, Laotian, Vietnamese, Chinese, Korean, Tagalog, and Russian. To order camera-ready brochures, see the Coalition order form on page 27, 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.

"Hepatitis B...what every teen should know" (NCAI). A fluorescent flyer about hepatitis B. For a sample and an order form, fax your request to 301-907-0878.

Posters

Roll Up Your Sleeves! Full-color poster of a diverse trio of kids showing off their hepatitis B shots. Artwork courtesy of NC Dept. of Health. 10 for \$1. To order, see the Coalition order form on page 27, or fax your request for our catalog to 612-647-9131.

Adult resources

ACIP Influenza Statement (April 4, 1997). *ACIP Pneumococcal Statement* (April 25, 1997). To request copies, call your state health department's immunization program (phone numbers on page 23) or call CDC's Immunization Hotline at 800-232-2522.

The *National Coalition for Adult Immunization* has adult immunization materials including posters, brochures, and wallet-sized cards. Fax requests for samples and an order form to 301-907-0878. Fact sheets on adult immunization are available from NCAI's website (www.medscape.com/affiliates/ncai). To find out what other information is available, call 301-656-0003.

CDC's Immunization Information Hotline, 800-232-2522. Call this number to receive a copy of "Summary of Adult Immunization Recommendations - 7/16/97." Ask about other materials CDC can send you.

The *Immunization Action Coalition* has adult immunization materials including brochures, posters, immunization guidelines, etc. To find out more about these materials, see the catalog on pages 24-27 or fax your request for our catalog to 612-647-9131. Most of these items are available free on our website at www.immunize.org

The *American Lung Association* has brochures, posters, and other items about influenza and pneumococcal disease. For more information call 800-586-4872 and you will be connected to your local chapter.

The *Health Care Finance Administration* (HCFA) has posters (English and Spanish) and reminder postcards (English, Spanish, Korean, Vietnamese, and Chinese) that promote adult immunization against influenza and pneumococcal disease. For more information, contact your regional HCFA office.

Vaccine companies

Don't forget to call the vaccine companies or their local sales representatives and see if they have any patient or provider immunization materials you can use to increase adolescent and adult immunization rates. See page 16 for their phone numbers.



Reader survey: we need your help!

CDC wants to know what you think of our work, so this is your chance to tell us.

*The Centers for Disease Control and Prevention awarded the Coalition a 5-year grant of \$750,000 in 1995. Without CDC's financial support (as well as the support of foundations, corporations, and our readers) we could not publish **NEEDLE TIPS & the Hepatitis B Coalition News**. CDC and other funders want to know what you think of our work and so do we!*

1. What is the population of the community where you work?
☐ <20,000 ☐ 20,000 - 49,999 ☐ 50,000 - 99,999 ☐ 100,000 - 499,999
☐ ≥500,000
2. How long have you worked in the field of immunization or hepatitis B?
☐ <1 year ☐ 1-4 years ☐ 5-9 years ☐ 10-20 years ☐ >20 years
3. Do you work primarily in: (If your time is split equally between two different choices, please mark both.)
☐ PUBLIC SECTOR If yes: ☐ local ☐ state ☐ federal
or
☐ PRIVATE SECTOR If yes:
☐ pediatric clinic ☐ family practice clinic ☐ adult medicine clinic
☐ school setting ☐ academic medicine ☐ hospital
☐ corporation ☐ other _____
4. What is your primary occupation? (You may pick two if needed.)
☐ family physician ☐ family practice resident
☐ pediatrician ☐ pediatric resident
☐ general internist ☐ pharmacist
☐ academician ☐ occupational health nurse
☐ school nurse ☐ college health nurse
☐ public health nurse ☐ clinic nurse
☐ hospital nurse ☐ health educator
☐ administrator ☐ other _____
5. For which groups of people do you provide services? (choose all that apply)
☐ infants and children ☐ adolescents ☐ adults

Questions about *NEEDLE TIPS & the Hepatitis B Coalition News*:

6. We've published *Needle Tips* six times in the last three years. Approximately how many copies have you received? _____
7. What do you do with *NEEDLE TIPS*? (check all that apply)
☐ read it cover to cover ☐ skim it
☐ toss instantly ☐ read only the cartoons
☐ file it away ☐ share it with others
☐ keep it at my fingertips
8. How did you find out about *NEEDLE TIPS*?
☐ Someone told me about it ☐ I received it unsolicited by mail
☐ I picked up a copy at a conference ☐ other _____
9. Have you ever met, talked to, or corresponded with any Coalition staff members? ☐ yes ☐ no

10. In general, how helpful is *NEEDLE TIPS & the Hepatitis B Coalition News* to you? ☐ not at all ☐ somewhat ☐ a lot
11. How useful is each of these pieces that are in the **CURRENT issue**?
Dr. Bill Atkinson's *Ask the Experts* ☐ not at all ☐ somewhat ☐ a lot
Dr. Harold Margolis' *Ask the Experts* . . . ☐ not at all ☐ somewhat ☐ a lot
Letters to the Editor ☐ not at all ☐ somewhat ☐ a lot
New vaccine highlights ☐ not at all ☐ somewhat ☐ a lot
Does your patient have chronic hep B? . . ☐ not at all ☐ somewhat ☐ a lot
Vaccinations for adults - you're never . . ☐ not at all ☐ somewhat ☐ a lot
Summary of recs for adult immunization ☐ not at all ☐ somewhat ☐ a lot
Questions parents ask about baby shots . ☐ not at all ☐ somewhat ☐ a lot
National resources ☐ not at all ☐ somewhat ☐ a lot
Adolescent/adult immuniz'n resources . . ☐ not at all ☐ somewhat ☐ a lot
VAERS information ☐ not at all ☐ somewhat ☐ a lot
State coordinators' names/phone #s . . . ☐ not at all ☐ somewhat ☐ a lot
The Coalition's catalog ☐ not at all ☐ somewhat ☐ a lot
12. Have you ever copied our educational pieces **DIRECTLY** out of *NEEDLE TIPS* and given them to patients or staff members? ☐ yes ☐ no
13. Have you ever ordered any of our educational materials? ☐ yes ☐ no
14. Overall, how would you rate our work in providing you with general immunization information? ☐ poor ☐ okay ☐ good ☐ excellent
15. Overall, how would you rate our work in providing you with hepatitis B information? ☐ poor ☐ okay ☐ good ☐ excellent
16. Are you a 1997 member of the Coalition? ☐ yes ☐ no
17. Are you planning on becoming a 1998 member of the Coalition? ☐ yes ☐ no
18. Have you ever accessed our website on the Internet? ☐ yes ☐ no

CDC wants to know:

19. CDC's National Immunization Program continues to look for innovative ways to provide immunization education to health professionals in the private sector. If you could log onto an Internet site and receive immunization education training at any time of the day or night for CMEs or CEUs, what would be your level of interest? (You would need a high-speed modem and Windows 95.)
☐ Absolutely interested ☐ very interested ☐ somewhat interested
☐ definitely not interested ☐ interested, but don't have equipment needed

Please attach additional paper, if needed, to answer the following:

20. What do you like particularly about our work? _____

21. What could we do to improve this periodical? _____



Thank you for taking the time to fill out this survey!

Please fax this survey back to us at 612-647-9131, or use the self-addressed envelope in this newsletter.

Immunization Action Coalition • 1573 Selby Avenue • St. Paul, MN 55104 • 612-647-9009

childhood vaccines. The Institute convened an expert panel from the fields of pediatrics, infectious diseases, neurology, epidemiology, public health, pharmacoepidemiology, and microbiology to examine adverse events after vaccination. The Institute has published two reports on its findings. Both reports concluded that adverse events caused by vaccines are rare. While any serious injury or death caused by vaccines is too many, it is clear that the benefits of vaccination greatly outweigh the risks and that many more injuries and deaths would occur without the protection that vaccines offer against infectious diseases. The CDC, FDA, vaccine manufacturers, and the scientific community are working to further reduce the rare risks associated with vaccines.

1. Howson, et al., Adverse Effects of Pertussis and Rubella Vaccines. Washington, DC: National Academy Press, 1991.
2. Stratton, et al., Adverse Events Associated with Childhood Vaccines, Evidence Bearing on Causality. Washington, DC: National Academy Press, 1993.

Are VAERS data available to the public?

Yes. VAERS data minus any personal identifying information are available to the public for a fee through:

National Technical Information Service
5285 Port Royal Road
Springfield, VA 22161
telephone: 703-487-4650|
order #SUB5228
<http://www.ntis.gov/health/3he61942.htm>.

Does VAERS provide specific vaccine information?

No, but the CDC has established a vaccine hotline to answer questions related to vaccines and immunizations. *The CDC Vaccine Hotline is 1-800-232-2522.*

To obtain general information about immunizations through the Internet, visit the CDC Immunization Information Page at <http://www.cdc.gov/diseases/immun.html>.

Also, information on the National Immunization Program can be obtained at:
<http://www.dynares.com/nip>.

How do I find out if a certain vaccine adverse event has ever been reported to VAERS?

First, please make sure you've reported any event of interest to VAERS. Though not currently staffed to respond to every query, we are working on a 5-year surveillance summary report and hope to make VAERS datasets and analysis tables more accessible electron-ically. To request for specific information write:

Food and Drug Administration
Freedom of Information Staff (HFI-35)
5600 Fishers Lane
Rockville, MD 20857
fax # 301-443-1726.

National Vaccine Injury Compensation Program

For information about the National Vaccine Injury Compensation Program (NVICP) - a Federal "no-fault" system for resolving claims concerning possible reactions to mandated childhood vaccines - call the toll-free number (24 hours/day) 1-800-338-2382. Or write:

National Vaccine Injury Compensation
Program
Parklawn Building, Room 8-05
5600 Fishers Lane
Rockville, MD 20857.

How do I get more information on VAERS?

Call the toll-free information line **1-800-822-7967**. Services include general information on VAERS, mailed or faxed copies of the VAERS form, and assistance in filling out the form.

To find additional information on the VAERS program, or to download a copy of the VAERS form, visit the FDA website at:
<http://www.fda.gov/cber/vaers.html>.

Contact VAERS directly at:

VAERS
P.O. Box 1100
Rockville, MD 20849
Telephone: 1-800-822-7967

Vaccine Adverse Event Reporting System



A joint program of the Centers for Disease Control and Prevention and
the Food and Drug Administration

Introduction to VAERS:
Questions and Answers

Call 1-800-822-7967

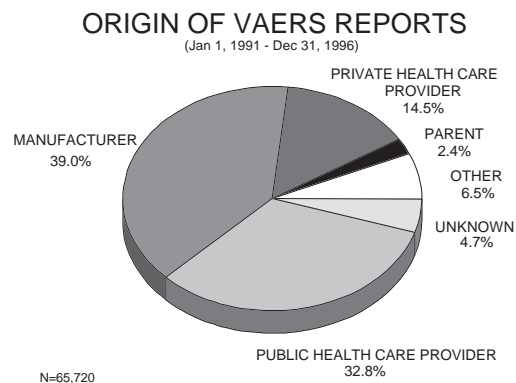
What is VAERS?

The National Childhood Vaccine Injury Act (NCVIA) of 1986 mandated the reporting of certain adverse events following vaccination to help ensure the safety of vaccines distributed in the United States. This Act led to the establishment of the Vaccine Adverse Event Reporting System (VAERS) in November 1990 by the Department of Health and Human Services. VAERS provides a database management system for the collection and analysis of data from reports of adverse events following vaccination. VAERS is co-managed by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). Between January 1, 1991 and December 31, 1996, VAERS has received 65,720 reports. VAERS currently receives approximately 800-1000 reports each month.

Who can report to VAERS?

Any one can report to VAERS. VAERS reports are usually submitted by health care providers, vaccine manufacturers, and vaccine recipients (or their parents/guardians). Patients, parents, and guardians are encouraged to seek the help of a health care professional in reporting to VAERS.

Why should I report to VAERS?



Each report provides information that is compiled to assess vaccine safety. Complete and accurate reporting of post-vaccination events supplies public health professionals with the information they need to ensure the safest strategies of vaccine administration.

How do I report to VAERS?

A VAERS report form, pre-addressed to VAERS and postage-paid, is used to report pertinent information, including a narrative description of the adverse event. To review a sample copy of the VAERS report form, see pages 3005-3006 of the 1997 Physician's Desk Reference (PDR). You may submit your report on photocopies of the form. **For report forms or assistance in filling them out call VAERS at 1-800-822-7967.**

What events should be reported to VAERS?

Although NCVIA only requires reporting by health care providers and vaccine manufacturers of the post-vaccination adverse events outlined in the **Reportable Events Table**, VAERS encourages all reporting of any clinically significant adverse event occurring after the administration of any vaccine licensed in the United States.

Approximately 15% of the reports reflect adverse events resulting in life-threatening illness, hospitalization, permanent disability, extended hospital stay, or death. The remaining 85% of the reports describe milder events such as fever, local reactions transient crying or mild irritability, and other less serious experiences.

FREQUENCY OF SERIOUS OUTCOMES ON VAERS REPORTS (Jan. 1, 1991 - Dec. 31, 1996)

Type of Outcome	Number of Events	Percentage of All Serious Reports (N=8827)
Disability	1201	13.6%
Hospitalization	6707	76.0%
Extended Hospitalization	413	4.7%
Life Threatening	1226	13.9%
Death	1208	13.7%

A single VAERS report may report more than one serious outcome. The total number of serious events will exceed the total number of serious reports.

The **Reportable Events Table** specifically outlines the post-vaccination events which must be reported. The need to report is also based on the amount of time which elapsed between the vaccination and the start

of the event. **A copy of the Table can be obtained by calling VAERS at 1-800-822-7967.**

The NCVIA requires the following events be reported:

- 1) Any event set forth in the **Reportable Events Table** that occurs within the time period specified.
- 2) Any event listed in the manufacturer's package insert as a contraindication to subsequent doses of the vaccine.

Does my reporting injuries (or deaths) to VAERS affect personal liability?

No. The National Childhood Vaccine Injury Act of 1986 provides liability protection through the Vaccine Injury Compensation Program. In light of this protection, practitioner liability is unaffected by the VAERS reporting requirement.

How are VAERS reports analyzed?

Both the CDC and the FDA review data reported to VAERS. The CDC focuses on collective reports to detect unusual epidemiologic trends and associations. The FDA reviews individual reports to assess whether a reported event is adequately reflected in product labeling and closely monitors reporting trends for individual vaccine manufacturers and vaccine lots.

Are all events reported to VAERS caused by vaccinations?

No. VAERS accepts all reports of adverse events which follow vaccination, regardless of the cause of the event. Determination of vaccine-event causal associations using VAERS data is limited by differential reporting rates, simultaneous administration of different vaccines, temporal reporting bias, and lack of background vaccination rate data. Without fully understanding these limitations, VAERS data can easily be misinterpreted.

Have there been any comprehensive scientific studies on adverse events following immunization?

Yes. In 1986, the US Congress directed the Institute of Medicine to conduct a scientific review of the possible adverse events following commonly used



VACCINE ADVERSE EVENT REPORTING SYSTEM

24 Hour Toll Free Information 1-800-822-7967

P.O. Box 1100, Rockville, MD 20849-1100

PATIENT IDENTITY KEPT CONFIDENTIAL

For CDC/FDA Use Only

VAERS Number _____

Date Received _____

Patient Name:

Last First M.I.

Address

City State Zip

Telephone no. (____) _____

Vaccine administered by (Name):

Responsible

Physician _____

Facility Name/Address

City State Zip

Telephone no. (____) _____

Form completed by (Name):

Relation ☐ Vaccine Provider ☐ Patient/Parent

to Patient ☐ Manufacturer ☐ Other

Address (if different from patient or provider)

City State Zip

Telephone no. (____) _____

1. State

2. County where administered

3. Date of birth
mm / dd / yy

4. Patient age

5. Sex

☐ M ☐ F

6. Date form completed
mm / dd / yy

7. Describe adverse events(s) (symptoms, signs, time course) and treatment, if any

8. Check all appropriate:

☐ Patient died (date mm / dd / yy)

☐ Life threatening illness

☐ Required emergency room/doctor visit

☐ Required hospitalization (____ days)

☐ Resulted in prolongation of hospitalization

☐ Resulted in permanent disability

☐ None of the above

9. Patient recovered ☐ YES ☐ NO ☐ UNKNOWN

12. Relevant diagnostic tests/laboratory data

10. Date of vaccination

mm / dd / yy

Time _____ AM
_____ PM

11. Adverse event onset

mm / dd / yy

Time _____ AM
_____ PM

13. Enter all vaccines given on date listed in no. 10

Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous Doses
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

14. Any other vaccinations within 4 weeks prior to the date listed in no. 10

Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses	Date given
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____

15. Vaccinated at:

☐ Private doctor's office/hospital

☐ Military clinic/hospital

☐ Public health clinic/hospital

☐ Other/unknown

16. Vaccine purchased with:

☐ Private funds

☐ Military funds

☐ Public funds

☐ Other/unknown

17. Other medications

18. Illness at time of vaccination (specify)

19. Pre-existing physician-diagnosed allergies, birth defects, medial conditions(specify)

20. Have you reported this adverse event previously?
☐ No ☐ To health department
☐ To doctor ☐ To manufacturer

Only for children 5 and under

22. Birth weight

_____ lb. _____ oz.

23. No. of brother and sisters

21. Adverse event following prior vaccination (check all applicable, specify)

	Adverse Event	Onset Age	Type Vaccine	Dose no. in series
<input type="checkbox"/> In patient	_____	_____	_____	_____
<input type="checkbox"/> In brother or sister	_____	_____	_____	_____

Only for reports submitted by manufacturer/immunization project

24. Mfr./imm. proj. report no.

25. Date received by mfr./imm.proj.

26. 15 day report?

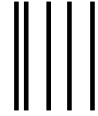
☐ Yes ☐ No

27. Report type

☐ Initial ☐ Follow-Up

Health care providers and manufacturers are required by law (42 USC 300aa-25) to report reactions to vaccines listed in the Table of Reportable Events Following Immunization. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.

"Fold in thirds, tape & mail - DO NOT STAPLE FORM"



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
OR APO/FPO

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1895 ROCKVILLE, MD

POSTAGE WILL BE PAID BY ADDRESSEE



VAERS

P.O. Box 1100
Rockville MD 20849-1100



DIRECTIONS FOR COMPLETING FORM

(Additional pages may be attached if more space is needed)

GENERAL

Use a separate form for each patient. Complete the form to the best of your abilities. Items 3, 4, 7, 8, 10, 11, and 13 are considered essential and should be completed whenever possible. Parents/Guardians may need to consult the facility where the vaccine was administered for some of the information (such as manufacturer, lot number or laboratory data.)

Refer to the Reportable Events Table (RET) for events mandated for reporting by law. Reporting for other serious events felt to be related but not on the RET is encouraged.

Health care providers other than the vaccine administrator (VA) treating a patient for a suspected adverse event should notify the VA and provide the information about the adverse event to allow the VA to complete the form to meet the VA's legal responsibility.

These data will be used to increase understanding of adverse events following vaccination and will become part of CDC Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems". Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.

Postage will be paid by addressee. Forms may be photocopied (must be front & back on same sheet).

SPECIFIC INSTRUCTIONS

Form Completed By: To be used by parents/guardians, vaccine manufacturers/distributors, vaccine administrators, and/or the person completing the form on behalf of the patient or the health professional who administered the vaccine.

- Item 7: Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, duration of symptoms diagnosis, treatment and recovery should be noted.
- Item 9: Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if the patient has not returned to the pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.
- Item 10: Give dates and times as specifically as you can remember. If you do not know the exact time, please
- Item 11: indicate "AM" or "PM" when possible if this information is known. If more than one adverse event, give the onset date and time for the most serious event.
- Item 12: Include "negative" or "normal" results of any relevant tests performed as well as abnormal findings.
- Item 13: List ONLY those vaccines given on the day listed in Item 10.
- Item 14: List any other vaccines that the patient received within 4 weeks prior to the date listed in Item 10.
- Item 16: This section refers to how the person who gave the vaccine purchased it, not to the patient's insurance.
- Item 17: List any prescription or non-prescription medications the patient was taking when the vaccine(s) was given.
- Item 18: List any short term illnesses the patient had on the date the vaccine(s) was given (i.e., cold, flu, ear infection).
- Item 19: List any pre-existing physician-diagnosed allergies, birth defects, medical conditions (including developmental and/or neurologic disorders) for the patient.
- Item 21: List any suspected adverse events the patient, or the patient's brothers or sisters, may have had to previous vaccinations. If more than one brother or sister, or if the patient has reacted to more than one prior vaccine, use additional pages to explain completely. For the onset age of a patient, provide the age in months if less than two years old.
- Item 26: This space is for manufacturers' use only.

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 334-206-5023
Hep B: Nolan Feintuch 334-206-5023
Ref: Charlotte Crysel 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-Feris 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: Carlos Zavala 916-323-6614

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: Amy Warner 303-692-2673
Ref: Barbara Hummel 303-692-2678

Connecticut

Imm: Vincent A. Sacco 860-509-7929
Hep B: Aaron Roome 860-509-7994
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 202-645-5550
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: Bill Fields 404-657-4227

Hawaii

Imm: Judy Beates-Hill 808-586-8330
Hep B: Mona Elias 808-586-8309
Ref: Gerald Ohta 808-586-4616

Idaho

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

Illinois

Imm: Cheryl McMahon (acting) 217-785-1455
Hep B: Susan Williams 217-785-1455
Ref: JoAnn Chiakulas 312-814-1884

IL, Chicago

Imm: Cheryl Byers 312-746-5380
Hep B: Monty Dobzyn 312-746-7147
Ref: Dalma Praznowski 312-744-2144

Indiana

Imm: Dave Ellsworth (acting) 317-233-7010
Hep B: Ockland Fergus 317-233-7004
Ref: Beverly Sheets 317-233-7420

Iowa

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

Kansas

Imm: Monica Mayer 913-296-5593
Hep B: Theresa Turski 913-296-6512
Ref: Kathy Nimmo 913-296-1227

Kentucky

Imm: (vacant) 502-564-4478
Hep B: Doll Morton 502-564-4478
Ref: Beth Siddens 502-781-8039

Louisiana

Imm: Reuben Tapia 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: Agnes Jankoski 207-287-3746
Ref: Joan Blossom 207-287-3748

Maryland

Imm: R. Barry Trostel 410-767-6679
Hep B: Sarah Adams 410-767-6380
Ref: Huan-van Vu 410-767-6665

MD, Baltimore

Hep B: Kathy Vetter 410-545-3050

Massachusetts

Imm: Vicki Soler 617-983-6800
Hep B: Linda Keller 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: Norm Keon 517-335-8050

MI, Detroit and SE Michigan

Imm: Abby Rosenthal 313-876-4334
Hep B: Therese McGratty 313-256-1873
Ref: Albertina Popa 313-876-0432

Minnesota

Imm: Martin LaVenture 612-623-5237
Hep B: Margo Roddy 612-623-5372
Ref: Kaying Hang 612-623-5684

Mississippi

Imm: Joy Sennett (acting) 601-960-7751
Hep B: Joyce Booth 601-960-7751

Missouri

Imm: Wayne Fisher 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

NE, Lincoln

Hep B: Sally Cameron 402-441-6215

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: Cynthia Davis 702-328-2487

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

New Mexico

Imm: Charles Iddings 505-827-2415
Hep B: Jim Cato (acting) 505-827-2411
Ref: Elaine Summerhill 505-827-2495

New York

Imm: David Lynch (acting) 518-473-4437
Hep B: Sharon Thompson 518-474-1944
Ref: Ed Carloni 518-474-4845

NY, New York City

Imm: Arsenia Delgado 212-676-2293
Hep B: Davis Thanjan 718-520-8245
Ref: Burt Roberts 212-676-1504

North Carolina

Imm: Barbara Sterritt 919-715-7752
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: Pat Seibel 701-328-2237

Ohio

Imm: Joseph Bronowski 614-466-4643
Hep B: Joseph Bronowski 614-466-4643

Oklahoma

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

Oregon

Imm: Lorraine Duncan 503-731-4135
Hep B: Linda Drach 503-731-4136
Ref: Bruce Bliatout 503-248-3149

Pennsylvania

Imm: Alice Gray 717-787-5681
Hep B: Phuoc Tran 717-787-5681
Ref: James Rankin 717-787-3350

PA, Philadelphia

Imm: James Lutz 215-685-6749
Hep B: Patricia Witte 215-685-6748
Ref: David Ryba 215-685-6792

Rhode Island

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

South Carolina

Imm: Jesse Greene 803-737-4160
Hep B: Gary Buckett (acting) 803-737-4160

South Dakota

Imm: Jason Osborne 605-773-3737
Hep B: Jason Osborne 605-773-3737
Ref: Kristin Schweigert 605-773-3737

Tennessee

Imm: William Narramore 615-741-7343
Hep B: Thomas Finke 615-532-8509
Ref: David Crowder 615-532-2695

Texas

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

TX, Houston

Imm: C. Phil Caves 713-794-9267
Hep B: L. Chronister 713-794-9266
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: Mary DeFond 801-538-9450
Ref: Teresa Garrett 801-538-6096

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: Marie Krauss 804-786-6246
Ref: Anna Cofer 804-786-6251

Washington

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

West Virginia

Imm: Samuel Crosby, Jr. 304-558-2188
Hep B: Beverly Littman 304-558-2188

Wisconsin

Imm: Dan Hopfensperger 608-266-1339
Hep B: Marjorie Hurie 608-266-8621
Ref: Michael Phrang 608-266-7550

Wyoming

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

Territories

American Samoa

Imm: Sylvia Tauiliili 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 Kilmaj-Saul 011-692-625-3480
Hep B: Helen Jetnil 011-692-625-3480

Mariana Islands

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

Puerto Rico

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

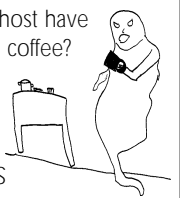
Republic of Palau

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

Virgin Islands

Imm: B. Schulerbrandt 809-776-8311 x2151
Hep B: B. Schulerbrandt 809-776-8311 x2151

What does a ghost have
in her morning coffee?



Scream 'n sugar

Coalition Catalog

Publications and resources

- All of our materials are camera ready, copyright free, and reviewed by national experts!
- You can order one of any item and make as many copies as you need (including videos).
- Everything costs \$1 unless otherwise stated.
- ★ Look for the stars! ★★★ We have lots of materials, including videos, in 11 languages.
- To order materials, see instructions on page 26.
- Join the Coalition for 1998 with a \$50 membership and we will send you all of our print materials. See the order form for details.



Before you order, REMEMBER...

A \$50.00 annual membership brings you camera-ready copies of ALL of the Coalition's print materials. See the order form or the back page for information on how to join!

Brochures for your patients

NEW! Questions parents ask about baby shots. A brochure about childhood vaccinations (10/97). *Item #P4025*

Immunizations for babies. A visual picture of the shot schedule (2/97). *Item #P4010*

★ **When do children and teens need shots?** A visual picture of the shot schedule. Available in English, Spanish (2/97). *Item #P4050*

★ **New translation! After the shots...what to do if your child has discomfort.** Available in English, Spanish (2/97). *Item #P4015*

Are you 11-19 years old? Then you need to be vaccinated! Covers all vaccinations (9/96). *Item #P4020*

Revised! Vaccinations for adults – you're never too old for shots! A visual table covering all adult vaccinations (10/97). *Item #P4030*

★ **New translations! Immunizations...not just kids' stuff.** Adult immunization brochure. Available in English, Spanish, Chinese. Thanks to the New York State Health Department (2/97). *Item #P4035* (For matching posters, see page 26.)

★ **Chickenpox isn't just an itchy, contagious rash.** A brochure for all ages. Available in English, Spanish (12/95). *Item #P4070*

★ **Revised! New translation! Hepatitis A is a serious disease... should you be vaccinated?** A brochure for all ages. Available in English, Spanish. Thanks to the California Immunization Branch (10/97). *Item #P4080*

Questions frequently asked about hepatitis B. Four pages of commonly asked questions (9/96). *Item #P4090*

★ **New translations! Every week hundreds of teens are infected with hepatitis B.** A brochure for teens and parents. Available in English, Spanish, Hmong, Cambodian, Laotian, Vietnamese, Tagalog, Russian, Chinese, Korean. Thanks to the California Immunization Branch (5/97). *Item #P4100*

★ **Hepatitis B shots recommended for all new babies.** A brochure for parents of newborns. Available in English, Spanish, Hmong, Cambodian, Laotian, Vietnamese, Russian, Chinese, Korean (1/96). *Item #P4110*

Hepatitis B brochure for men who have sex with men (2/97). *Item #P4115*

NEW! Hepatitis A brochure for men who have sex with men (7/97). *Item #P4116*

NEW! Shots for adults with HIV. A visual table of shots needed (7/97). *Item #P4041*

Packet of hepatitis B and adoption information. Includes information from S.J. Schwarzenberg, MD, U of MN, and Jerri Ann Jenista, MD, *Adoption Medical News* (9/94). *Item #P4152 - \$5*

★ **If you are a hepatitis B carrier...** Describes how the carrier can take care of her/himself and protect others from hepatitis B infection. Available in English, Spanish, Hmong, Chinese (12/95). *Item #P4120*

★ **Hepatitis B brochure for adults and children from endemic areas.** Encourages testing and vaccination. Available in English, Hmong, Cambodian, Laotian, Vietnamese, Russian, Chinese, Korean (5/95). *Item #P4170*

★ **Hepatitis B information for Asian Americans.** A four-page review of hepatitis B. Available in English, Hmong, Cambodian, Laotian, Vietnamese, Tagalog (1/95). *Item #P4190*

★ **Hepatitis B information for Soviet refugees.** A four-page review of hepatitis B. Available in English, Russian (3/95). *Item #P4200*

Materials for your clinic staff

Summary of rules for childhood immunization. A two-sided reference table on appropriate use, scheduling, and contraindications of vaccines (2/97). *Item #P2010*

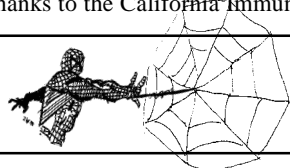
Revised! Summary of recommendations for adult immunization. A two-sided reference table on appropriate use, scheduling, and contraindications of vaccines (10/97). *Item #P2011*

★ **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. *Item #P4060*

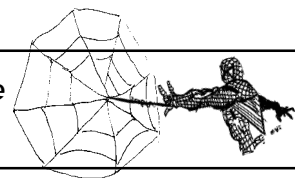
Screening questionnaire for adult immunization. A form your adult patients fill out to help you evaluate which vaccines can be given at that day's visit (2/97). *Item #P4065*

Vaccine handling, storage, and transport. (9/96). *Item #P2020*

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*



FREE MATERIALS! Many of our print items are available free on our website at www.immunize.org.



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*

Ask the experts. Written by CDC experts. Includes questions and answers on routine immunization published in current and past issues of *NEEDLE TIPS*. *Item #P2021 - \$5*

Tips to improve your clinic's immunization rates. For use in both pediatric and adult health settings (2/97). *Item #P2045*

Hospitals & doctors sued for failing to immunize. Seven lawsuits against physicians and hospitals (12/94). *Item #P2060*

Revised! How to operate a community-based shot clinic. A packet of resource materials to help you start or run an immunization clinic (10/97). *Item #P3040 - \$5*

Coalition kid art and California's bears, blocks, balloons. Immunization artwork to use in brochures, posters, etc. (9/96). *Item #P3015 - \$5*

Revised! Recommended child and adult dosages of the two brands of hepatitis A and B vaccines (10/97). *Item #P2081*

No risk?? No way!! Reviews unusual transmissions of hepatitis B in "low-risk" individuals (9/94). *Item #P2100*

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

Universal prenatal screening for hepatitis B (by D. Freese, MD, Mayo Clinic, Rochester, MN). Reviews neonatal transmission and screening rationale (2/93). *Item #P2120*

Sample hospital perinatal protocols. For HBsAg screening on labor and delivery units and hepatitis B immunization in newborn nurseries (12/95). *Item #P2130*

Management of chronic hepatitis B in children and/or adults. Four liver experts share their management guidelines for chronic hepatitis B. H. Conjeevaram, MD, University of Chicago (1/97); C. Smith, MD, Minnesota Gastroenterology, Minneapolis, MN (1/97); B.J. McMahon, MD, Alaska Area Native Health Service, Anchorage, AK (12/95); S.J. Schwarzenberg, MD, U of MN (8/94). *Item #P2164 - \$5*

Tracking hepatitis B patients and household contacts. Manual tracking system for high-risk families (6/91). *Item #P2180*

Revised! Sample letter explaining hepatitis B test results to patients (10/97). *Item #P4140*

Videos for your clinic staff

How to Protect Your Vaccine Supply (CA Dept. of Health, MN Dept. of Health, 1996, 15 min). This "how-to" video also covers varicella and hepatitis A vaccines. Comes with accompanying print material. *Item #V2010 - \$10*

Vaccine Administration Techniques (CA Dept. of Health, 1992, 18 min). A refresher course on the correct techniques for administering vaccines. Comes with accompanying print material. *Item #V2020 - \$10*

When to Immunize, When to Wait (CA Dept. of Health, 1995, 22 min). Features CDC's immunization expert, Dr. W. Atkinson. Includes accompanying materials to arrange CME credit for nurses/doctors. *Item #V2030 - \$10*

In Praise of the Public Health Nurse! (IAC, 1994, 31 min). Features Margaret Morrison, MD, Mississippi Dept. of Health, who stresses that immunization is a team effort. Comes with printed material. *Item #V2040 - \$10*

Videos for teens and pre-teens

NEW! Immunization Day! (UCLA, 1997, 13 min). An attention-holding vaccination video for middle-school students. *Item #V2050 - \$10*. To order the complete curriculum which includes this video, see **Immunization Plus** below.

Partnership for Prevention (SKB, 1995, 6 min). A hepatitis B video for 11- and 12-year olds. May be shown in classrooms, clinics, etc., but may not be broadcast on television. *Item #V3012 - \$10*

Get the Facts, Then Get the Vax (ASHA, 1995, 6 min). A hepatitis B video for senior high school students. *Item #V3015 - \$10*

Videos for Asians and Pacific Islanders

★ Family Album (UCLA, 1997, 15 min). An immunization video to encourage S.E. Asian parents to immunize their children on time. Available in English, Hmong, Cambodian, Laotian, and Mien. *Item #V4000 - \$10/each*

Our Family, Our Strength (ALF, 1986, 19 min). A doctor discusses hepatitis B with a pregnant Asian woman who is HBsAg positive. Her extended family is present. On the same cassette, Dr. W. T. London counsels a pregnant woman who is a hepatitis B carrier. *Item #V4001 - \$10*

★ Kev Koom Siab - Immunization and Hepatitis B Information (KTCI-TV, 1992, 54 min). In Hmong with English subtitles. *Item #V4020 - \$10*

★ Hepatitis B - A Family's Story (1995, 15 min). A hepatitis B video dubbed into Cambodian. Promotes testing and vaccination. Includes English script. *Item #V4025 - \$10*

★ Benh viem gan B va gia dinh bac Tam - Hepatitis B and Uncle Tam's Family (Vietnamese Community Health Promotions Project, 1995, 16 min). A top-notch hepatitis B video in Vietnamese. English script included. *Item #V4030 - \$10*

Photos, slides, video kits, curricula, & posters

NEW! Photo notebook of vaccine-preventable diseases. Includes 19 full-page color photos of children and adults with vaccine-preventable diseases and simple text that describes the diseases. Perfect for taking out into the community to give presentations. Outreach workers love it! (9/97) *Item #R2053 - \$75*

Vaccine-preventable diseases slide set and script. Includes 30 slides of children and adults with vaccine-preventable diseases. Suitable for use by public health departments, community outreach workers, nursing schools, and medical teaching programs. Every clinic should have a set of these slides (9/96). *Item #S3010 - \$25*

NEW! Immunization Plus (UCLA 1997). A middle school curriculum on immunization. Contains a teacher training video, manual, worksheets, and the upbeat video, *Immunization Day*, to show the kids. Music by Coolio. *Item #R2051 - \$25*

NEW! Work together and "catch-up" the children (H.A.P.I. Kids, San Diego, CA, 1997). A video and "how-to" manual for vaccinating Asian & Pacific Island children against hepatitis B. *Item #R2052 - \$15*



HELP YOURSELF! All of our materials are copyright free! You can order one of any item and make as many copies as you need. Use the order form on page 27.



NEW! APIA hepatitis B “catch-up” demonstration materials. Program materials from three U.S. projects to help you get your own program started (1997, 300 pages). *Item #R2055 - \$10*

Hepatitis B training program for bilingual workers. Use this video (80 min), slide set, and manual to train bilingual health educators to make community presentations on hepatitis B (1993). *Item #X3010 - \$25.*

Poster! Roll up your sleeves! Full-color 11” x 17” poster of a diverse trio of kids showing off their hepatitis B shots! *Item #Q2010 - 10 posters for \$1 (order in units of 10)*

Poster! Immunizations..not just kids’ stuff. A two-color 7” x 14” adult poster. Hang this poster up in every exam room. *Item #Q2020 - 10 posters for \$1 (order in units of 10).* The companion brochure is on page 24.

Subscribe to our announcement service

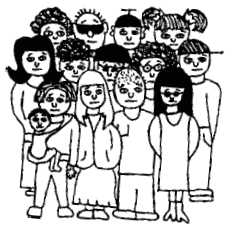
NEEDLE TIPS NOW! - Our new Internet announcement service, **NEEDLE TIPS NOW!** is up and running! Once you subscribe to **NEEDLE TIPS NOW!** you will be enrolled to receive information about new immunization resources, new hepatitis B treatment resources, new ACIP recommendations, as well as links to the newest items on our website.

To subscribe, send an e-mail message to tips@immunize.org, place the word **SUBSCRIBE** in the subject field, and your *first name* and *last name* in the body of the message. If you wish to discontinue **NEEDLE TIPS NOW!** send an e-mail message with the word **UNSUBSCRIBE** in the subject field.

Brand New!

A Picture Is Worth a Thousand Words

Photo notebook of vaccine-preventable diseases is perfect for taking out into the community! Developed with help from outreach workers, this three-ring notebook includes:



- 19 full-page color photographs of children and adults with vaccine-preventable diseases
- simple text that describes the diseases

*Item #R2053 - \$75**

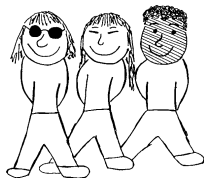
** Color photographs are expensive, but worth it!*

Immunization curriculum for middle schools

Immunization Plus is a math, science, and language curriculum you can use to educate teens about vaccinations. Developed by UCLA School of Public Health and the California Department of Health.

Immunization Plus includes:

- a teacher training video
- *Immunization Day*, a student video (or it can be purchased separately for \$10)
- worksheets
- resource manual



Immunization Plus, *Item #R2051 - \$25* (only 450 available)*

Immunization Day, *Item #V2050 - \$10*

** It doesn't take a rocket scientist to know you're getting a good deal!*



READ THIS BEFORE YOU ORDER!

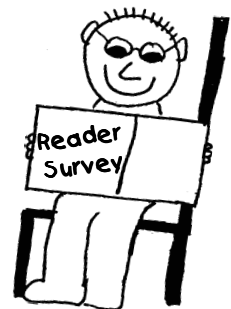
Join the Coalition for 1998! With a \$50 membership, we will send you a complete package of all our print materials.

Ordering Information

- All of our materials are camera ready, copyright free, and reviewed by national experts!
- You can order one of any item and make as many copies as you need (including our videos).
- Minimum order/donation \$10, please.
- We request prepayment by check. Purchase orders accepted. Sorry, no credit cards.
- Checks must be in U.S. dollars.
- The order form or a photocopy must accompany your check or purchase order.
- Our Federal ID Number is 41-1768237.
- Orders are shipped via fourth class mail. No charge for shipping and handling.
- Expect delivery in approximately 3 weeks

Did you fill out your Reader's Survey?

Did you fill out our reader's survey on page 18? Please do! CDC's National Immunization Program wants to know what you think of our work—and so do we!



Payment, Shipping, and Handling Information

Minimum order/donation \$10. We request prepayment by check. Purchase orders accepted. Sorry, no credit cards. Checks must be in U.S. dollars. Order form or a photocopy must accompany check or P.O. (Our Federal ID# is 41-1768237). Orders shipped via fourth class mail. No charge for shipping or handling. Expect delivery in approximately three weeks.

Immunization Action Coalition & Hepatitis B Coalition

1573 Selby Avenue, #234, St. Paul, MN 55104
Phone 612-647-9009 • Fax 612-647-9131



Before you order, remember: A \$50.00 annual membership includes camera-ready copies of ALL of the Coalition's print materials.

Qty.		Amt.
Brochures for your patients		
___ P4025	Questions parents ask about baby shots	\$1
___ P4010	Immunizations for babies	\$1
___ P4050	When do children and teens need shots:	
	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese	\$1/ea
___ P4015	After the shots, what to do if your child has discomfort	
	<input type="checkbox"/> English <input type="checkbox"/> Spanish	\$1/ea
___ P4020	Are you 11-19? Then you need to be vaccinated!	\$1
___ P4030	Vaccinations for adults	\$1
___ P4035	Immunizations...not just kids' stuff	
	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese	\$1/ea
___ P4070	Chickenpox isn't just an itchy, contagious rash:	
	<input type="checkbox"/> English <input type="checkbox"/> Spanish	\$1/ea
___ P4080	Hepatitis A is serious..should you be vaccinated?	
	<input type="checkbox"/> English <input type="checkbox"/> Spanish	\$1/ea
___ 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 <input type="checkbox"/> Hmong <input type="checkbox"/> Cambodian	
	<input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Russian	
	<input type="checkbox"/> Chinese <input type="checkbox"/> Korean	\$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"/> Russian <input type="checkbox"/> Chinese <input type="checkbox"/> Korean	\$1/ea
___ P4115	Hep B brochure for men who have sex with men	\$1
___ P4116	Hep A brochure for men who have sex with men	\$1
___ P4041	Shots for adults with HIV	\$1
___ P4152	Packet of hepatitis B and adoption information	\$5
___ 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
___ P4170	Hep B brochure for adults & children from endemic areas	
	<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
Materials for your clinic staff		
___ 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
___ P2021	Ask the experts	\$5
___ P2045	Tips to improve your clinic's immunization rates	\$1
___ P2060	Hospitals & doctors sued for failing to immunize	\$1
___ P3040	How to operate a community-based shot clinic	\$5
___ P3015	Coalition kid art and California's immunization artwork	\$5
___ P2081	Recommended dosages of hep A and hep B vaccines	\$1
___ P2100	No risk?? No way!!	\$1
___ P2110	Hepatitis B toolbox	\$1
___ P2120	Universal prenatal screening for hepatitis B	\$1
___ P2130	Sample hospital perinatal protocols	\$1
___ P2164	Management of chronic hepatitis B in children/adults	\$5
___ P2180	Tracking and hepatitis B patients and contacts	\$1
___ P4140	Sample letter explaining hep B test results to patients	\$1

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

Qty.		Amt.
Videos for your clinic staff		
___ 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
Videos for teens and pre-teens		
___ V2050	Immunization Day!	\$10
___ V3012	Partnership for Prevention	\$10
___ V3015	Get the Facts, Then Get the Vax	\$10
Videos for Asians and Pacific Islanders		
___ 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	Hmong: Kev Koom Siab (with English subtitles)	\$10
___ V4025	Cambodian: Hepatitis B - a family's story	\$10
___ V4030	Vietnamese: Benh viem gan B va gia dinh bac Tam	\$10
Photos, slides, video kits, curricula, & posters		
___ R2053	Photo notebook of vaccine-preventable diseases	\$75
___ S3010	30 slides of vaccine-preventable diseases-script included ..	\$25
___ R2051	Immunization Plus	\$25
___ R2052	Work together and "catch-up" the children	\$15
___ R2055	APIA hepatitis B catch-up demonstration materials	\$10
___ X3010	Hep B training program for bilingual workers	\$25
___ Q2010	"Roll up your sleeves!" adolescent hep B poster	10/\$1
___ Q2020	"Immunizations...not just kids' stuff," adult poster	10/\$1
		Total \$

Please Join the Coalition!

This is the total amount for the materials I'm ordering. \$
I appreciate *Needle Tips*. Here's my contribution to help defray costs (\$25 suggested) \$

I want to join the Coalition for 1998!

☐ I am a new member ☐ I am a renewing member

Here is my 1998 membership contribution

☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 \$ other \$

☐ I'm joining the Coalition at a \$50 level or higher so please send me all of your print materials in English. I also would like to receive whatever translations you have in:

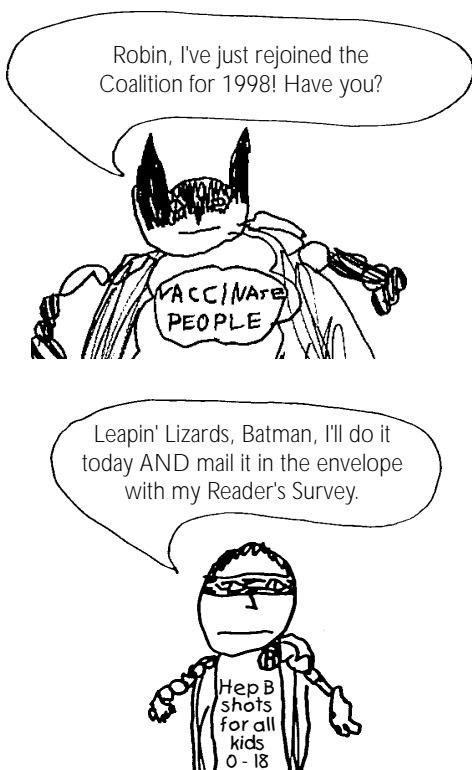
☐ Spanish ☐ Hmong ☐ Cambodian
☐ Laotian ☐ Vietnamese ☐ Tagalog
☐ Russian ☐ Chinese ☐ Korean

☐ I'm joining the Coalition for \$50 or more, but I don't need my packet of print materials. Please give my packet to someone who can use it.

Grand Total \$

All contributions to the Coalition are tax deductible to the full extent of the law.

Batman and Robin are joining the Coalition ... How about you?



Thank you for your personal support!

The Coalition receives tremendous support from our readers in the form of small, medium, and large donations. Our sincere thanks to all of you! A special thanks to the family and friends of Mr. John E. Strawn (1945-1997).

Thank you for your educational grants!

Thank you to the following foundations, corporations, and government agencies for providing the Coalition with educational grants:

- Abbott Laboratories
- Allina Foundation
- CDC Foundation
- Centers for Disease Control & Prevention
- Merck & Co.
- Pasteur Mérieux Connaught
- Schering Oncology Biotech
- SmithKline Beecham
- Univ. Affiliated Family Physicians, U of MN
- Wyeth-Lederle Vaccines and Pediatrics

Dear Reader:

This is our 24th issue of **NEEDLE TIPS & the Hepatitis B Coalition News!** As always, the contents are reviewed by national experts and the material inside is camera ready and yours to copy and distribute to co-workers and patients! We've worked hard in 1997 to bring you the best hepatitis B and immunization information and resources that we could create and/or find. So enjoy!

What's new at the Coalition? Lots!

- Our new Internet announcement service, **NEEDLE TIPS NOW!** is up and running! We will send you information via e-mail about new immunization and hepatitis B resources and recommendations as we learn about them. To sign up, see the instructions on page 26.
- We have lots of new items in our catalog including videos, a middle school immunization curriculum, a set of nineteen 8x10" color photographs of people with vaccine-preventable diseases, a video and "how-to" manual for reaching high-risk children with hepatitis B vaccination programs, and many new print items, many revised items, including our teen hepatitis B brochure newly translated into 9 languages.
- Our website is a busy place. We've had thousands of visitors and are averaging over 35,000 "hits" per month. We hope you'll stop by for a visit. Many of our printed items can be downloaded free.

In this issue of **NEEDLE TIPS** we're conducting a Reader's Survey. Please assist us by filling it out (see page 18) and mailing or faxing it back to us. As part of our 5-year grant from CDC, we've promised to solicit feedback from you about the value of our work.

Your support inspires us! Please become a member of the Coalition for 1998 or renew your 1997 membership today. With a contribution of \$50 or more, we will send you a complete packet of all of the Coalition's print materials which includes many new and revised items. We are so thankful for the support that you, our readers, generously provided in 1997. Won't you join or rejoin us today for 1998?

Deborah L. Wexler MD

Deborah L. Wexler, MD
Executive Director

☐ Here's my contribution to become a new or renewing Coalition member for 1998!

Name/Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone and E-mail: _____

____\$50 ____\$25 ____\$100 ____\$250 ____\$500 ____other

☐ I'm joining at a \$50 or higher level so please send me your print materials in ☐English ☐Spanish
☐Hmong ☐Cambodian ☐Laotian ☐Vietnamese ☐Tagalog ☐Russian ☐Chinese ☐Korean

(Your contribution is tax deductible to the full extent of the law.)

Immunization Action Coalition

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