



RESOURCES

APhA-ASP Operation Immunization

Sources of Immunization Information

Vaccine Recommendation Sources

The most influential vaccine recommendations are written by the CDC's Advisory Committee on Immunization Practices (ACIP) and by the Committee on Infectious Diseases of the American Academy of Pediatrics (AAP). Other major policy-setting groups include the American College of Physicians and the American Academy of Family Practitioners.^{13, 17, 57-61}

ACIP recommendations are published periodically in the *Morbidity & Mortality Weekly Report (MMWR)*, which is accessed by traditional subscription, at medical libraries, or through the Internet at <http://www.cdc.gov/mmwr/>. Short recommendations are included in the main publication; detailed recommendations are printed as supplements to the *MMWR Reports and Recommendations (RR)* series.

Electronic Resources

Resources are also available in electronic form. Important Internet sites offering valuable information are listed in Table 2. "The Immunization Gateway: Your Vaccine Fact-Finder" (www.immunofacts.com) consists of a set of direct links to the most up-to-date immunization resources on the Internet, including on-line ACIP statements, full-text travel vaccine resources, and many other resources from Canada, the World Health Organization (WHO), and others. A remarkable variety of resources is offered free by the Immunization Action Coalition and the National Coalition for Adult Immunization.

APhA has developed a list-serve for immunizing pharmacists to receive updates related to immunizations. Interested individuals may subscribe by sending an e-mail to apha-immpharm-subscribe@egroups.com. The Immunization Action Coalition (IAC) provides a free e-mail news service to inform subscribers of news involving immunizations. You may sign up for *IAC Express* by sending a message to express@immunize.org. In the subject line of the message, type the word **SUBSCRIBE**. IAC also publishes the "Needle Tips" and "Vaccinate Adults!" newsletters in both print and at their website at www.immunize.org. IAC's telephone number is (651) 647-9009. The full text or just the table of contents of the CDC's *Morbidity and Mortality Weekly Report (MMWR)* is also available free via e-mail. You may subscribe by sending a message to istserv@listserv.cdc.gov. To receive the full publication as an attachment in PDF format, the body of the message should read **SUBscribe mmwr**. For full text in ASCII format, enter **SUBscribe mmwr-asc**. To receive just the table of contents, enter **SUBscribe mmwr-toc**. CDC has other excellent resources including ACIP statements, videos, posters, and brochures. For a list of what you can order, fax your request for the "CDC/NIP Resource Request List" to (404) 639-8828. The list will be mailed to you.

The Society of Teachers of Family Medicine has developed an app for smartphones entitled *Shots*. This app, updated annually, allows the user to download the ACIP approved immunization schedule. It can be downloaded free of charge at <http://www.immunizationed.org/>.

Print Material

RESOURCES

The 29th edition of the AAP's *Report of the Committee on Infectious Diseases* was published in 2012.⁶¹ The American College of Physicians published the fourth edition of *Guide for Adult Immunization* in 2012.¹⁷ Facts and Comparisons updates its major reference book, *ImmunoFacts: Vaccines & Immunologic Drugs*, quarterly.¹⁴ They also publish the *Booster Shots* newsletter and other books about immunizations. Organizations offering immunization information are listed in Table 3.

The CDC publishes *Epidemiology & Prevention of Vaccine-Preventable Diseases* for purchase (also known as the Pink Book). The chapters can also be downloaded free of charge from <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>. This resource gives healthcare providers comprehensive information about vaccine-preventable diseases.

The CDC also publishes a book called *The Yellow Book*. It is a comprehensive reference for healthcare providers about international travel medicine. It is also published online at <http://wwwnc.cdc.gov/travel/page/yellowbook-home-2014>

Video Resources

- The CDC also has a variety of podcasts in different topics related to vaccines. Most of the podcasts are less than 5 minutes and can provide good information for patients and providers. The CDC's podcast page for immunization can be found at <http://www.cdc.gov/vaccines/ed/podcasts.htm>.

Websites Related to Immunizations

American Pharmacists Association

www.pharmacist.com

Centers for Disease Control and Prevention

www.cdc.gov

Immunization Action Coalition

www.immunize.org

Immunization Action Coalition: State Immunization Program website

www.immunize.org/states/index.htm

Immunization Gateway: Your Vaccine Fact-Finder

<http://www.path.org/vaccineresources/details.php?i=47> ??????????

National Immunization Program

<http://www.cdc.gov/vaccines/>

National Network for Immunization Information

www.immunizationinfo.org

National Vaccine Program Office

www.hhs.gov/nvpo

Recommendation to Immunize Healthcare Workers

<http://www.acponline.org/college/pressroom/hcw.htm>

RESOURCES

The following section is a special supplement written by Jean-Venable “Kelly” R. Goode, PharmD. Dr. Goode is an Associate Professor for the Department of Pharmacy at the Virginia Commonwealth University (VCU) School of Pharmacy. She is the Director of the VCU Community Pharmacy Practice Program and the VCU Community Pharmacy Practice Residency Program. She has worked for the past 10 years with Ukrop’s Pharmacy to develop enhanced patient care programs. Currently, Ukrop’s provides patient care programs in the areas of medication therapy management, wellness, immunization, pre-travel health, diabetes, osteoporosis, and smoking cessation.

This section will provide details on how your APhA-ASP Chapter can combine your Operation Immunization initiatives with Medication Therapy Management Services. APhA-ASP would like to thank to thank Dr. Goode for her contribution to the Operation Immunization planning guide and for her continued support of student pharmacists and their activities.

Incorporating Immunization Activities into Medication Therapy Management Services

While the focus of *Operation Immunization* activities is largely on advocacy and administration, student pharmacists have opportunities to design immunization projects that are integrated with other patient care services. An ideal way to accomplish this is to incorporate immunization advocacy and administration with Medication Therapy Management Services (MTMS).

What is MTM?

Medication therapy management is a partnership between the pharmacist, the patient or their caregiver, and other health professionals which promotes the safe and effective use of medications by helping patients achieve the targeted outcomes from their medication therapy. Even though MTM is defined as a benefit in the Medicare Modernization Act of 2003, it is important to note that MTM is not just for patients with the Medicare benefit.

Medication Therapy Management (MTM) is defined by the profession of pharmacy as including but not limited to the following:¹

- Performing or obtaining necessary assessments of the patient’s health status.
- Formulating a medication treatment plan.
- Selecting, initiating, modifying, or administering medication therapy.
- Monitoring and evaluating the patient’s response to therapy, including safety and effectiveness.
- Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events.
- Documenting the care delivered and communicating essential information to the patient’s other primary care providers.
- Providing verbal education and training designed to enhance patient understanding and appropriate use of his/her medications.
- Providing information, support serviced, and resources designed to enhance patient adherence with his/her therapeutic regimens.
- Coordinating and integrating medication therapy management services within the broader health- care management services being provided to the patient.

RESOURCES

The American Pharmacists Association (APhA) and the National Association of Chain Drug Stores (NACDS) Foundation developed a model for basic MTM services in pharmacy practice, *Medication Therapy Management in Pharmacy Practice – Core Elements of an MTM Service Model*.² The model is to be used for all patients who may benefit from pharmacist-provided MTM services in any type of practice setting. The five core elements in the model are:

- Medication therapy review (MTR)
- Personal medication record (PMR)
- Medication action plan (MAP)
- Intervention and/or referral
- Documentation and follow-up

Immunization advocacy and administration can easily be incorporated into this service model. This section will describe each component of the model including ways to add immunization activities into the MTM Core Elements.

Medication Therapy Review (MTR)

The MTR represents the foundation of the model. It is the process of gathering patient-specific information and assessing the information to identify any medication-related problems. If medication-related problems are detected then a plan is developed to resolve the problems. The two types of MTRs are comprehensive or targeted to an actual or potential medication-related problem. Both the comprehensive and targeted MTR provide an excellent opportunity for immunization advocacy and administration. During a comprehensive MTR the pharmacist gathers information to assess the patient's overall health and reviews all of the patient's medications (prescription, nonprescription, herbal and other dietary supplements). At this time, the pharmacist could also assess the patient's immunization status by taking an immunization history. An immunization history is very similar to a medication history. Information is gathered and documented about previous immunizations. If the patient has an up-to-date immunization record the process is usually easier. During a comprehensive MTR, the pharmacist may also gather information that assesses the patient's values, cultural issues, education level, language or literacy barriers, preferences, quality of life, and goals of therapy. This information will be helpful when identifying patients who maybe at high risk for vaccine-preventable diseases because of potential barriers to immunization such as health beliefs, or access problems

Table 1. Barriers to Immunization

Patient Barriers	Provider Barriers	System Barriers
Lack of knowledge about immunizations	Identification of patients	Distribution of vaccines
Fears about vaccine safety or uncertainty of efficacy	Missed opportunities	Communication
Logistical problems that limit access including cost	Compensation	Documentation
Lack of recommendation from healthcare provider	Health beliefs	

RESOURCES

Health beliefs		
----------------	--	--

Patients may also be at high risk because of chronic conditions, age or immune status. Other risk factors include:

- Heart disease
- Lung disease
- Diabetes
- Kidney disease
- Liver disease
- Occupation
- Household contact or caregiver for someone at risk

If a patient has an indication for an immunization or is not up-to-date with his/her immunizations, these are medication-related problems and should be included as part of the plan for resolving medication-related problems.

Targeted medication therapy reviews can be conducted to assess and address immunization-related medication problems. The targeted MTR could be conducted when a patient presents with a new prescription that may indicate a need for an immunization. Table 2 provides an example of medications/and or medication classes that maybe an indication for an immunization.

Table 2. Examples of Medications and Immunization Indications

Medication or Medication Class	Immunization Indication*
Prenatal vitamins	Tdap (2 nd half of pregnancy)
Insulin, oral hypoglycemic	PPSV, HepB
Digoxin, warfarin, nitrates	PPSV
Inhaled steroids, inhaled beta-agonists, leukotriene modifiers	PPSV
Inhaled beta-agonists, anticholinergic bronchodilator	PPSV
Chemotherapeutic agents	PPSV

**In general, patients taking the medication or a medication from the class should receive the immunization, however, the patient should be assessed for previous immunizations, contraindications and precautions.*

PPSV – pneumococcal, HepB – hepatitis B, Tdap – tetanus, diphtheria, acellular pertussis

Personal Medication Record (PMR)

The PMR is intended for use by patients and is a comprehensive record of a patient's medications including prescription and nonprescription medications, herbals, and dietary supplements. Ideally, this record could also include a record of the patient's immunizations. Or an immunization record card could

RESOURCES

be created separately and attached to the PMR. If the patient does not have a record card, the pharmacist could start an immunization record card for the patient and encourage the patient to carry it with their personal medication record (PMR).

Medication-Related Action Plan (MAP)

The MAP is developed specifically for patients to use in tracking progress for self-management. The MAP could include specific immunization-related actions including the need for an immunization (if the pharmacist is unable to administer the immunization) or the need for a follow-up immunization such as a booster.

Intervention and/or Referral

Interventions are used to resolve the medication-related problems. If a pharmacist is unable to resolve the medication-related problem then a patient may be referred to another healthcare provider with expertise to resolve the problem. For immunization-related problems, many pharmacists are able to administer immunizations; however, some patients may need to be referred to another healthcare provider.

Documentation and Follow-up

Documentation is an important component of MTM services. Medication therapy management services are documented by the pharmacist in order to evaluate patient progress and for billing purposes.

Immunization-related documentation includes the following:

- Patient name
- Vaccination date
- Name, address, and title of practitioner administering the vaccine
- Trade or generic name of the vaccine, manufacturer, and lot number
- Signed consent form, if required, but maybe prudent regardless
- Date of Vaccine Information Statement provided to patient

It is recommended that documentation of vaccination be provided to the patient's primary care physician and/or other pertinent healthcare provider.

In addition, pharmacists should consider contributing vaccine information to the state run immunization information system. These central registries are typically accessible by a variety of healthcare providers and can aid in the sharing of vital immunization information. A list of each state's registry can be found at <http://www.cdc.gov/vaccines/programs/iis/contacts-registry-staff.html>

Student Pharmacist Activities

Several opportunities exist for student pharmacists to become involved with immunization-related medication therapy management services. Student pharmacists will be completing school-related activities: Introductory Pharmacy Practice Experiences (IPPE) and Advanced Pharmacy Practice Experiences (APPE) in many different types of practice settings. Your APhA-ASP Chapter could develop

RESOURCES

Operation Immunization projects that include activities for students completing these school-related practice experiences. These activities will also facilitate building a year round *Operation Immunization* program.

As you conduct MTM sessions during your Introductory and Advanced Pharmacy Practice Experiences, be sure to incorporate an immunization history as part of the patient's comprehensive medication review. This will help you identify patients who may be at high risk for vaccine-preventable diseases and educate them on the need for vaccines. Many of the patients you will encounter are in the age group of 65 years and older and are considered to be a high risk for vaccine-preventable diseases including influenza, pneumococcal disease, herpes zoster, and tetanus-diphtheria-pertussis. After gathering an immunization history, you can assess any immunization-related problems and intervene to correct them. If the practice setting does not administer immunizations, you can educate the patient on the immunizations they need and refer the patient to another healthcare provider.

Your APhA-ASP Chapter's other healthcare events and projects, such as *Operation Diabetes*, provide additional opportunities to incorporate targeted MTM immunization-related activities. By offering immunization education during these events, your chapter can accomplish the following:

- Advocate for the appropriate vaccine
- Assess the patient's actual need and whether any contraindications or precautions exist
- Administer the appropriate vaccine or refer the patient to another healthcare provider
- Follow-up with the patient to administer any needed booster immunizations

At the end of this supplement, you will find examples of a documentation form for immunization advocacy and administration to be used by student pharmacists completing pharmacy practice experiences.

Brown bag sessions also provide another opportunity for student pharmacists to be involved with immunization-related medication therapy management services. Student pharmacists may conduct these during various community outreach events. The process is almost identical to a medication therapy review. Your chapters could conduct a brown bag session and include immunization-related activities such as taking an immunization history when evaluating the patient's medications. You can provide written information about vaccines at these sessions as well as use the Centers for Disease Control and Prevention Adult Vaccine Quiz available at <http://www2.cdc.gov/nip/adultImmSched/> to identify immunization needs for patients.

Always consider immunization-related issues when providing care to patients including medication therapy management services, and you will improve immunization awareness and vaccine administration.

References

1. Bluml BM. Definition of medication therapy management: development of profession wide consensus. *J Am Pharm Assoc* 2005;45:566-72.

RESOURCES

2. Medication therapy management in pharmacy practice. Core elements of an MTM service Model. Version 2.0. March 2008. American Pharmacists Association and National Association of Chain Drug Stores Foundation. Washington, DC.

HHS Health Care Personnel Initiative to Improve Influenza Vaccination

Influenza is a contagious respiratory illness that can be easily spread through person to person contact. Influenza can cause mild to severe illness and in some cases may lead to death. Annually, between 5 percent and 20 percent of the population become ill with influenza, and on average more than 200,000 persons are hospitalized and 36,000 people die. Many professional agencies and organizations, including the Centers for Disease Control and Prevention (CDC), the National Foundation for Infectious Diseases (NFID), the Infectious Disease Society of America, and the Joint Commission on Accreditation of Health Care Organizations (JCAHCO) recommend annual influenza vaccinations for health care personnel (HCP) because of their increased risk of contracting and transmitting influenza. By being vaccinated, HCP decrease their likelihood of contracting influenza and decrease the chance of infecting others. It is imperative for HCP to set an example for the patients they serve by being vaccinated and also by being informed with the most current influenza information in order to properly educate them.

The Department of Health and Human Services (HHS) wants to improve vaccination rates amongst HCP with the goal of reaching the Healthy People 2010 objective of 60 percent vaccination rate. In 2006, vaccination rates were less than 50 percent for HCP. This objective can be achieved by partnering with other organizations to promote influenza vaccination. Therefore, this toolkit was designed to provide numerous resources for health care organizations, health care professional schools, professional health associations, and HCP leaders to gain valuable information about influenza and pass it on to their colleagues and employees. The toolkit is comprised of links to several Web sites (CDC, Food and Drug Administration, NFID, American College of Physicians, and the State of Massachusetts), posters, journal articles, fact sheets, and a presentation to be used for promotion and education about influenza vaccination. The Internet links were all chosen because of their proven success and novel approaches to prevention and education about influenza and influenza vaccination.

For more information about the initiative, please email: healthcare.personnel@hhs.gov.

Basic Toolkit Contents:

1. Memo from the Assistant Secretary for Health
2. Summary Presentation for leaders to present to health care personnel on rationale for influenza vaccination
3. Publications
 - Lugo N. Will carrots or sticks raise influenza immunization rates of health care personnel? *Am J Infect Control* 2007;35:1-6.
 - Hofmann F, Ferracin C, Marsh G, Dumas R. Influenza Vaccination of Healthcare Workers: a Literature Review of Attitudes and Beliefs. *Infection* 2006;34:142-147
4. Posters promoting HCP vaccination (Two attached, others to be developed by CDC)
5. CDC Vaccine Information Statements (available at <http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu>)
6. Vaccine safety and effectiveness fact sheet, and questions and answers (CDC)
7. Common Questions (and Answers) for Health Care Personnel About Flu Vaccine (CDC)

RESOURCES

8. Definition of Health Care Personnel

<http://www.hhs.gov/ohs/programs/initiatives/vacctoolkit/index.html>) but I did find this quote on <http://www.myfluvaccine.com/assets/Article04.html?section=news>

Links to other sites for more information on providing immunizations to Health Care Personnel and ideas for getting your APhA-ASP chapter involved:

CDC's influenza site (www.cdc.gov/flu)

FDA's influenza sites (<http://www.fda.gov/cber/flu/flu.htm>)

ACIP/HICPAC recommendations published 2/06, at

<http://www.cdc.gov/mmwr/pdf/rr/rr5502.pdf>

American College of Physicians recommendation that annual influenza vaccine should be required for every healthcare worker with direct patient activities

<http://www.acponline.org/pressroom/hcw.htm>

Medical Management of Vaccine Reactions in Adult Patients

All vaccines have the potential to cause an adverse reaction. In order to minimize adverse reactions, patients should be carefully screened for precautions and contraindications before vaccine is administered. Even with careful screening, reactions may occur. These reactions can vary from trivial and inconvenient (e.g., soreness, itching) to severe and life threatening (e.g., anaphylaxis). If reactions occur, staff should be prepared with procedures for their management. The table below describes procedures to follow for various reactions that may occur.

Reaction	Symptoms	Management
Localized	Soreness, redness, itching, or swelling at the injection site	Apply a cold compress to the injection site. Consider giving an analgesic or antipruritic medication.
	Slight bleeding	Apply an adhesive compress over the injection site.
	Continuous bleeding	Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's heart.
Psychological fright and syncope (fainting)	Fright before injection is given	Have patient sit or lie down for the vaccination.
	Extreme paleness, sweating, coldness of the hands and feet, nausea, light-headedness, dizziness, weakness, or visual disturbances	Have patient lie flat or sit with head between knees for several minutes. Loosen any tight clothing and maintain an open airway. Apply cool, damp cloths to face and neck.
	Fall, without loss of consciousness	Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.
	Loss of consciousness	Check the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.
Anaphylaxis	Sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face, or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.	See "Emergency Medical Protocol for Management of Anaphylactic Reactions in Adults" on the next page for detailed steps to follow in treating anaphylaxis.

(see information on page 2)

Emergency Medical Protocol for Management of Anaphylactic Reactions in Adults

Supplies Needed

- Aqueous epinephrine USP, 1:1000, in ampules, prefilled syringes, vials of solution, or an Epi-Pen. If an Epi-Pen is to be stocked, at least three adult Epi-Pens (delivering a single dose of 0.3 mg/0.3 mL) should be available whenever adult immunizations are given.
- Diphenhydramine (Benadryl) injectable (50 mg/mL solution) and oral in 25 or 50 mg tablets
- Syringes: 1–3 cc, 22–25g, 1"-1½"-2" needles for epinephrine and diphenhydramine (Benadryl)
- Adult airways (small, medium, and large)
- Sphygmomanometer (adult and extra-large cuffs) and stethoscope
- Adult size pocket mask with one-way valve
- Alcohol swabs
- Tourniquet
- Tongue depressors
- Flashlight with extra batteries (for evaluating the mouth and throat)

Signs and Symptoms of Anaphylactic Reaction

Sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face, or throat); bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.

Treatment in Adults

- a. If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.
- b. If symptoms are generalized, activate the emergency medical system (EMS; e.g., call 911) and notify the on-call physician. This should be done by a second person, while the primary nurse evaluates and manages the patient.
- c. Administer (1:1000) aqueous epinephrine IM, 0.01 mL/kg/dose, 0.3 to 0.5 mL (maximum single dose is 0.5 mL)
- d. In addition, for systemic anaphylaxis, administer diphenhydramine 50–100 mg orally or 50–100 mg IM (1–2 mg/kg, 100 mg maximum single dose).
- e. Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in supine position unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes.
- f. If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 10–20 minutes for up to 3 doses, depending on patient's response.
- g. Record all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.
- h. Notify the patient's primary care physician.

Sources: American Academy of Pediatrics. Passive Immunization. In: Pickering LK, ed. *Red Book: 2003 Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003:63-66.
American Pharmacists Association, Grabenstein, JD, *Pharmacy-Based Immunization Delivery*, 2002.
Got Your Shots? A Providers Guide to Immunizations in Minnesota, Second Edition, Minnesota Department of Health, 2001:80-82.

These standing orders for the medical management of vaccine reactions in adult patients shall remain in effect for patients of the _____ until rescinded or until _____.

name of clinic

date

Medical Director's signature

Effective date

Reliable Sources of Immunization Information: Where to go to find answers!

Websites

Allied Vaccine Group

www.vaccine.org

The Allied Vaccine Group is composed of select organizations dedicated to presenting valid scientific information about vaccines.



CDC's Division of Viral Hepatitis

www.cdc.gov/hepatitis

The Division of Viral Hepatitis is part of the Centers for Disease Control and Prevention. This website provides a substantial amount of information on the prevention of viral hepatitis.

CDC's National Immunization Program

www.cdc.gov/nip

The National Immunization Program provides leadership for the planning, coordination, and implementation of immunization activities nationwide.

Childhood Immunization Support Program (CISP)

www.cispimmunize.org

Created by the American Academy of Pediatrics, this is an immunization website for parents and health professionals.

Immunization Action Coalition (IAC)

www.immunize.org & www.vaccineinformation.org

IAC is a nonprofit organization that promotes immunization for all people against vaccine-preventable diseases. These websites offer educational pieces, photos, and video clips for parents, health professionals, the media, and the public.

Nat'l Network for Immunization Information (NNii)

www.immunizationinfo.org

NNii provides current, science-based, extensively reviewed information to health professionals, the media, policy makers, and the public.

Nat'l Vaccine Program Office (NVPO)

www.hhs.gov/nvpo

NVPO is a federal program that provides pertinent information about childhood, adolescent, and adult immunization policy.

Vaccine Education Center at Children's Hospital of Philadelphia (CHOP)

www.vaccine.chop.edu

The goal of the Vaccine Education Center (VEC) is to accurately communicate the facts about each childhood vaccine. The website includes a link to VEC's "Parent PACK," a program for parents interested in vaccines.

Phone Numbers

CDC-INFO Contact Center

A toll-free number for consumers and health professionals who have questions about public health, including questions about vaccine-preventable diseases. For more information, contact 800-CDC-INFO or (800) 232-4636. This operates 24/7 in English & Spanish. TTY: (888) 232-6348.



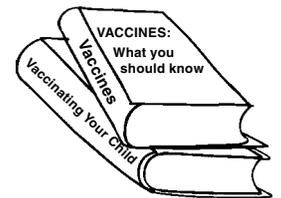
CDC's Hepatitis Hotline

A toll-free number for consumers and health professionals about viral hepatitis. Get information by recording, fax, or voice in English or Spanish. (888) 443-7232 (888-4HEPCDC)

Books for Parents

Vaccines: What you should know, 3rd edition

By Paul Offit, MD, and Louis Bell, MD, John Wiley & Sons, Inc., 2003. To purchase, visit your local bookstore, call John Wiley & Sons, Inc. at (877) 762-2974, or visit www.wiley.com.



Vaccinating Your Child: Questions and Answers for the Concerned Parent, 2nd edition

By Sharon Humiston, MD, MPH, and Cynthia Good, Peachtree Publishers, 2003. To purchase, visit your local bookstore, call Peachtree Publishers at (800) 241-0113, or visit www.peachtree-online.com.

Parents Guide to Childhood Immunization

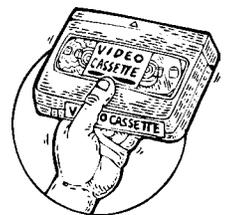
A 94-page booklet from CDC's National Immunization Program at www.cdc.gov/nip/publications/Parents-Guide.

Call (800) 232-4636 or complete the online order form at www.cdc.gov/nip/publications.

Videos

"Vaccines and Your Baby" and "Vaccines: Separating Fact from Fear"

These videos answer the questions of new parents, and are available in English and Spanish. All are available at a nominal charge from the Vaccine Education Center. To order, call (215) 590-9990 or order online at www.chop.edu/consumer/jsp/division/generic.jsp?id=75981.



www.immunize.org/catg.d/p4012.pdf • Item #P4012 (9/05)