



EpiVac Pink Book Web-on-Demand Series

Influenza–2020

Immunization Services Division

National Center for Immunization and Respiratory Diseases

Centers for Disease Control and Prevention

Atlanta, GA

Learning Objectives

- For each vaccine-preventable disease, identify those for whom routine immunization is recommended.
- For each vaccine-preventable disease, describe characteristics of the vaccine used to prevent the disease.
- Describe an emerging immunization issue.
- Locate current immunization resources to increase knowledge of team's role in program implementation for improved team performance.
- Implement disease detection and prevention health care services (e.g., smoking cessation, weight reduction, diabetes screening, blood pressure screening, immunization services) to prevent health problems and maintain health.

Today's Agenda

EpiVac Pink Book Web-on-Demand Series: Influenza–2020

Andrew Kroger, MD, MPH, Medical Officer, CDC/NCIRD

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- CE credit, go to: www.cdc.gov/GetCE
- Search course number: WD4344-101420
- CE credit expires: July 1, 2022
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Influenza and Influenza Vaccines

Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book) Webinar Series

October 14, 2020

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Disease

Influenza

- **Highly infectious viral illness**
- First pandemic in 1580
- At least 4 pandemics in 19th century
- Three pandemics in the 20th century
 - Estimated 50 million deaths worldwide in pandemic of 1918-1919
 - Pandemics of 1957 and 1968 of lesser severity
- Most recent pandemic (H1N1) in 2009-2010
- Virus first isolated in 1933

Influenza Virus

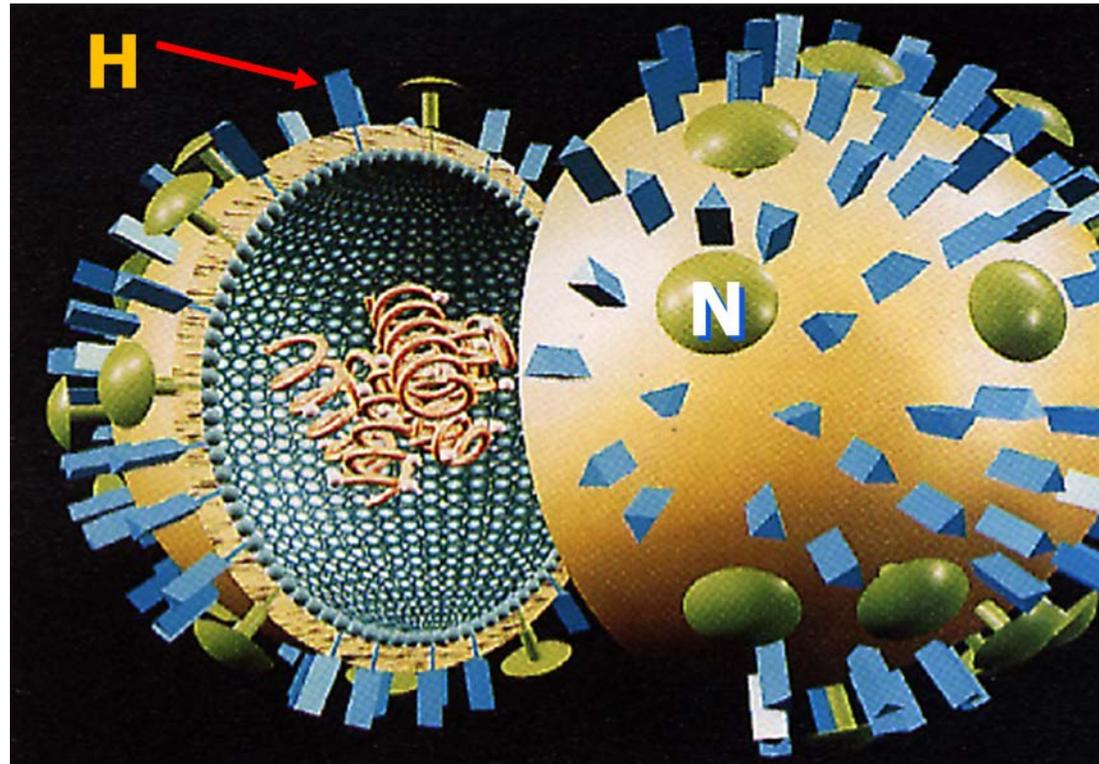
- Single-stranded RNA virus
- Orthomyxoviridae family
- 4 types: A, B, C, and D
- Subtypes of type A are determined by hemagglutinin and neuraminidase.

Influenza Virus Strains

- Type A
 - Moderate to severe illness
 - All age groups
 - Humans and other animals
- Type B
 - Milder epidemics
 - Primarily affects children
 - Humans only
- Type C
 - Rarely reported in humans
 - No epidemics
- Type D
 - Primarily affects cattle
 - Not known to cause disease in people

Influenza Type A Subtypes

Subtypes of type A determined by hemagglutinin (H) and neuraminidase (N)



A/California/7/2009 (H1N1)

Virus type Geographic origin Strain number Year of isolation Virus subtype

Influenza Antigenic Changes

- Antigenic drift
 - Minor change, same subtype
 - Caused by point mutations in gene
 - May result in epidemic

- Antigenic shift
 - Major change, new subtype
 - Caused by exchange of gene segments
 - May result in pandemic

WHO declares first flu pandemic in 41 years

Updated 6/12/2009 12:08 AM | Comments [295](#) | Recommend [63](#) | E-mail | Save | Print | Reprints & Permissions | [RSS](#)



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By Fabrice Coffrini, AFP/Getty Images

World Health Organization Director General Margaret Chan sits before Assistant Director General Keiji Fukuda at a Geneva news conference announcing that the WHO decided to raise the

By [Steve Sternberg](#), USA TODAY

The World Health Organization scaled up its flu warning to its highest level Thursday, declaring the first global influenza pandemic in 41 years as cases of H1N1 continued to mount in the USA, Europe, Latin America and Australia.

"The scientific criteria for a pandemic have been met," said [Margaret Chan](#), director general of the WHO. "The world is now at the start of the 2009 influenza pandemic."

PHOTOS: [Schools closed in Hong Kong, Vermont \(and more\)](#)

INTERACTIVES: [World map, how H1N1 strain emerged](#)

FAQ: [What you should know about swine flu](#)

VIDEO: [Reporters answer your questions](#)

The decision marks the agency's formal recognition of the magnitude of the challenge posed by a novel, H1N1 flu virus now spreading unchecked among people who, because the virus is new, are virtually all susceptible to it.

The WHO is working closely with vaccine makers, who are just wrapping up production of seasonal flu vaccine for fall and gearing up to produce the first doses of an H1N1 vaccine by September. The agency urged member nations to maintain their vigilance to detect ominous changes in the virus's

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Influenza Pathogenesis

- Respiratory transmission of virus
- Replication in respiratory epithelium with subsequent destruction of cells
- Viremia rarely documented
- Virus shed in respiratory secretions for 5 to 10 days

Influenza Clinical Features

- Incubation period 2 days (range 1 to 4 days)
- 50% of infected persons develop classic symptoms.
- Abrupt onset of fever (usually 101° to 102°F), myalgia, sore throat, nonproductive cough, headache

Influenza Complications

- Pneumonia
 - Secondary bacterial pneumonia
 - Primary influenza pneumonia
- Reye syndrome
- Myocarditis
- Death reported in less than one per 1,000 cases

Impact of Influenza: Death–United States, 2010 through 2017

- Number of influenza-associated deaths varies substantially by year, influenza virus type and subtype, and age group.
- Annual influenza-associated deaths ranged from 12,447 (2011-2012) to 61,099 (2017-2018) between 2010 and 2017, with an average of 37,877 annual deaths.
- Persons 65 years of age and older account for 80% of deaths.
- 2.7 times more deaths during seasons when A(H3N2) viruses were prominent

Impact of influenza: Hospitalization – United States, 2010-2016

- Highest rates of complications and hospitalization among persons 65 years and older, young children, and persons of any age with certain underlying medical conditions
- 2010-2011 to 2015-2016:
 - Flu-related hospitalizations in the United States ranged from a low of 140,000 (during 2011-2012) to a high of 710,000 (during 2014-2015).
 - During the 2015-2016 flu season, CDC estimated 310,000 people were hospitalized for flu-related illness.
- About 50% of hospitalizations among persons younger than 65 years of age
- Greater number of hospitalizations during years that A(H3N2) is predominant

Groups at Increased Risk for Influenza Complications and Severe Illness

- Children age 6 through 59 months and adults age 50 years and older (children under 6 months of age are also at high risk, but cannot be vaccinated)
- Persons with chronic pulmonary (including asthma) or cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
- Immunosuppressed persons
- Women who are or will be pregnant during the influenza season
- Children and adolescents (age 6 months to 18 years) who are receiving aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection
- Residents of nursing homes and other long-term care facilities
- American Indians/Alaska Natives
- Persons who are extremely obese (BMI greater than or equal to 40)

Influenza among School-Age Children

- School-age children
 - Typically have the highest attack rates during community outbreaks of influenza
 - Serve as a major source of transmission of influenza within communities

Influenza Epidemiology

- Reservoir
 - Human, animals (type A only)
- Transmission
 - Respiratory, probably airborne
- Temporal pattern
 - Peak December to March in temperate climate
 - May occur earlier or later
- Communicability
 - 1 day before to 5 days after onset (adults)

Influenza Diagnosis

- Clinical and epidemiological characteristics
- Isolation of influenza virus from clinical specimens (e.g., throat, nasopharynx, sputum)
- Significant rise in influenza IgG by serologic assay

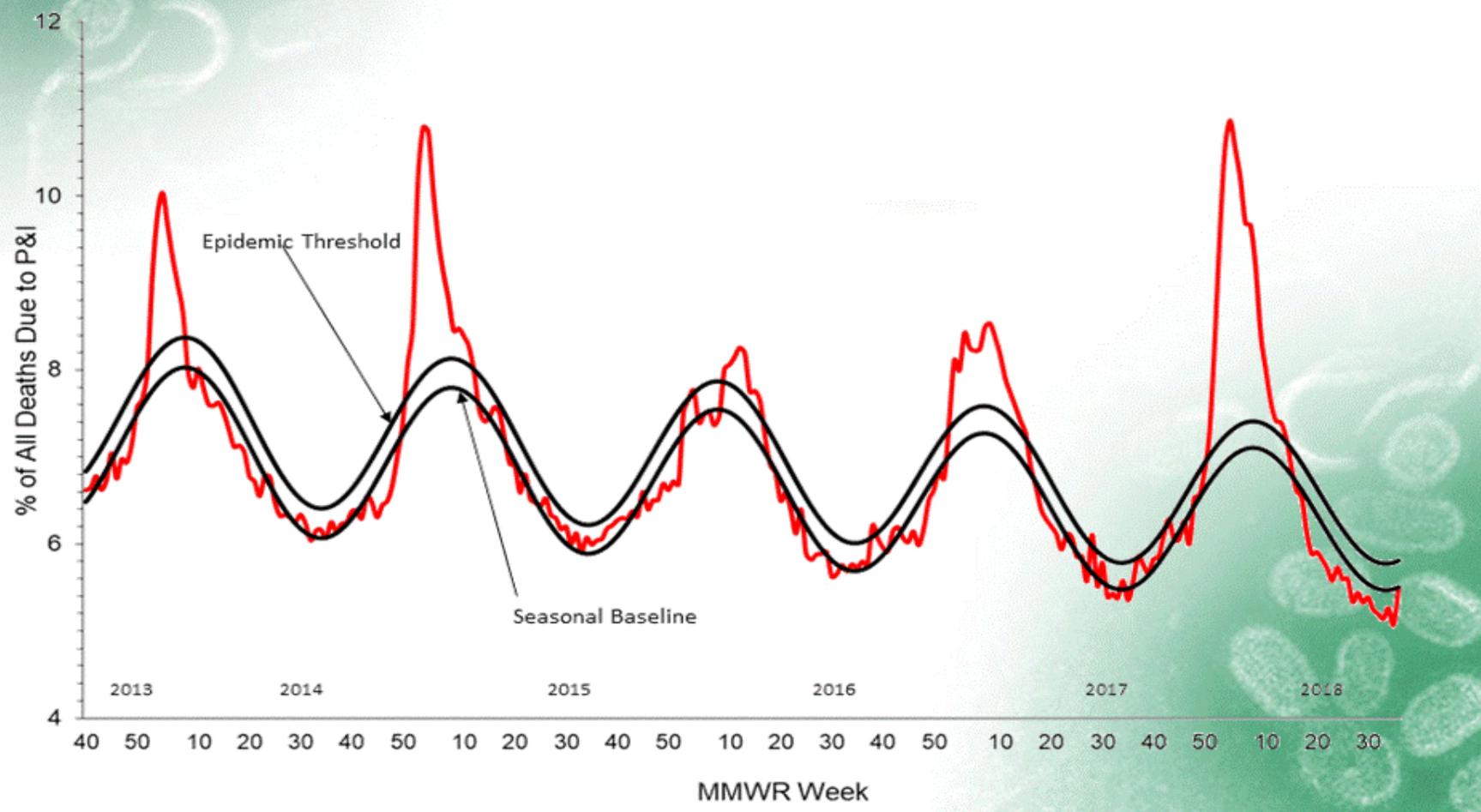
Influenza Virus Testing Methods

Method	Types Detected	Test Time
<u>Viral tissue cell culture</u>	<u>A and B</u>	<u>3-10 days</u>
Rapid cell culture (shell vials; cell mixtures; yields live virus)	A and B	1-3 days
Immunofluorescence, direct (DFA) or indirect (IFA) Fluorescent Antibody Staining	A and B	1-4 hours
<u>Reverse transcriptase polymerase chain reaction (RT-PCR) and other molecular assays [influenza viral RNA or nucleic acid detection]</u>	<u>A and B</u>	<u>Varies by assay (1-8 hours)</u>
Rapid molecular assay [influenza viral RNA or nucleic acid detection]	A and B	15 to 30 minutes
<u>Rapid influenza diagnostic tests (antigen detection)</u>	<u>A and B</u>	<u><15 min.</u>

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Pneumonia and Influenza Mortality from the National Center for Health Statistics Mortality Surveillance System

Data through the week ending September 8, 2018, as of September 27, 2018



Influenza Surveillance

- Monitor prevalence of circulating strains and detect new strains.
- Estimate influenza-related morbidity, mortality, and economic loss,
- Rapidly detect outbreaks
- Assist disease control through rapid preventive action.

Inactivated Influenza Vaccine Effectiveness

- 40% to 60% effective among all age groups
- 74% effective in preventing PICU admissions
- 40% effective in preventing hospitalization among adults
- 82% effective in preventing ICU admissions
- 80% effective in preventing death among elderly persons

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Vaccine

2020–2021 Influenza Vaccine Strains (Quadrivalent Vaccines)

- Egg-based vaccine
 - A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09 virus (updated)
 - A/Hong Kong/2671/2019 (H3N2)-like virus (updated)
 - B/Washington/02/2019 (Victoria lineage)-like virus (updated)
 - B/Phuket/3073/2013 (Yamagata lineage)-like virus
- Cell-culture/recombinant
 - A/Hawaii/70/2019 (H1N1)pdm09 virus (updated)
 - A/Hong Kong/2671/2019 (H3N2)-like virus (updated)
 - B/Washington/02/2019 (Victoria lineage)-like virus (updated)
 - B/Phuket/3073/2013 (Yamagata lineage)-like virus

Abbreviations

- IIV = Inactivated influenza vaccine
- LAIV4 = Live, attenuated influenza vaccine
- RIV4= Recombinant influenza vaccine
- Prefixes: SD = standard dose
HD = high dose
a = adjuvanted
cc = cell-culture-based
- Numeric suffixes (e.g., RIV4, IIV4) indicate trivalent or quadrivalent, respectively.

Influenza Vaccines

- IIV:
 - Contain inactivated virus, split or subunit
 - High dose or standard dose
 - Trivalent or quadrivalent
 - Unadjuvanted or adjuvanted
 - Egg- or cell-culture-based
 - Many brands, some approved for those as young as 6 months of age
 - Intramuscular (IM) administration.
- RIV4
 - Contain recombinant HA
 - Egg-free
 - Quadrivalent
 - IM administration
- LAIV4
 - Live, attenuated virus
 - Recommended again in 2018-19
 - Intranasal (NAS) administration

Quick Aside about Influenza Vaccines for 6 Months–35 Months of Age

- Two potential points of confusion:
 - Four licensed products, but the dose volume differs
 - Afluria Quadrivalent: 0.25 mL
 - Fluarix Quadrivalent: 0.5 mL
 - FluLaval Quadrivalent: 0.5 mL
 - Fluzone Quadrivalent: 0.25 mL
 - Fluzone Quadrivalent: 0.5 mL
- Dose volume is distinct from number of doses needed
 - A child 6 months through 35 months who should receive 2 doses of influenza vaccine and receives FluLaval Quadrivalent 0.5 mL still needs the second dose of vaccine 4 weeks later.

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**Clinical
Considerations**

Groups Recommended for Vaccination

- Routine annual influenza vaccination is recommended for all persons ≥ 6 months of age who do not have contraindications.
- While vaccination is recommended for everyone in this age group, there are some for whom it is particularly important:
 - People age 6 months and older who are at high risk of complications and severe illness
 - Contacts and caregivers of these people and of infants younger than 6 months (because there is no vaccine approved for children this age)

Influenza Vaccination of Pregnant Women

- Influenza vaccination recommended by ACIP since 2004 for women who will be pregnant during influenza season
 - Increased risk for severe influenza illness in pregnant women, particularly during second and third trimesters
- Previous language stated pregnant women should receive inactivated influenza vaccine (IIV).
- For 2020-2021, pregnant women may receive any licensed, recommended, age-appropriate influenza vaccine:
 - IIV or RIV4
 - LAIV4 not recommended for pregnant women

Influenza Vaccination in COVID-19 Pandemic

Use every opportunity to administer influenza vaccine to all eligible persons, including:

- *Essential workers*, including health care personnel and other critical infrastructure workforce
- *Persons at increased risk for severe illness from COVID-19*, including older adults and those with underlying medical conditions
- Severe illness from COVID-19 has been shown to disproportionately affect members of certain racial/ethnic minority groups.
- *Persons at high risk for influenza complications*.

- https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fpeople-at-higher-risk.html AND https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fracial-ethnic-minorities.html AND <https://www.cdc.gov/flu/highrisk/index.htm>

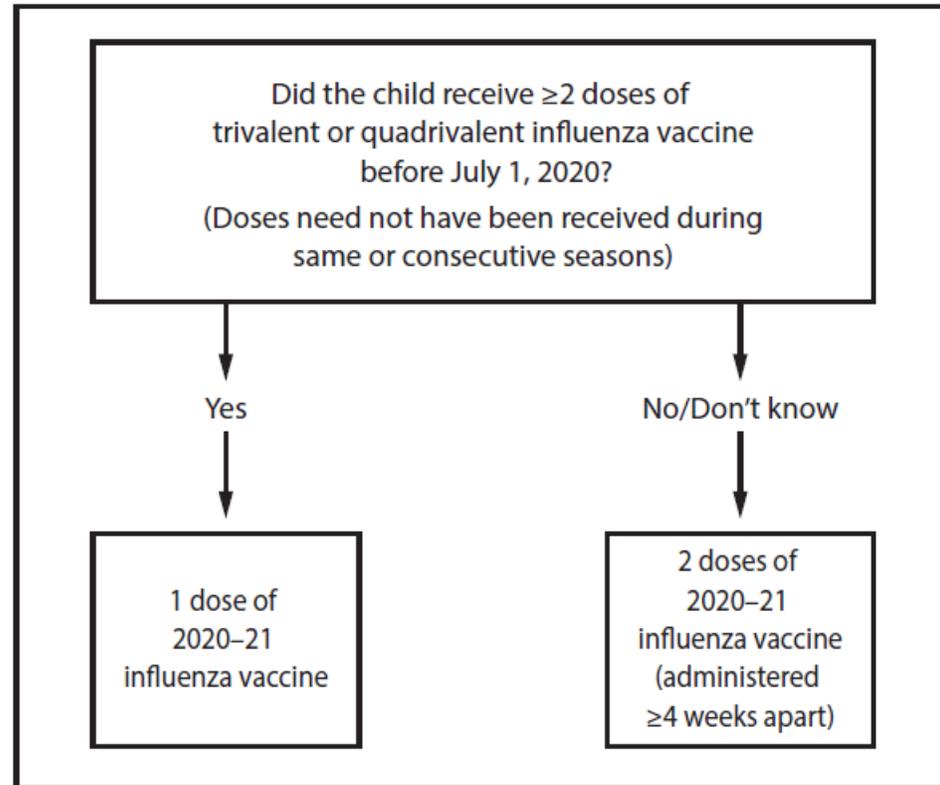
Timing of Vaccination

- Vaccination should occur before onset of influenza activity. Health care providers should offer vaccination by the end of October, if possible.
- To avoid missed opportunities for vaccination, providers should offer vaccination during routine health care visits and hospitalizations when vaccine is available.
- Organized campaigns should occur throughout the season.
- Vaccination in July and August might result in suboptimal immunity.

Influenza Vaccination of Persons with Egg Allergy

- ❑ **Mostly unchanged from last few seasons**
 - LAIV is an option again this season.
- ❑ **Egg-allergic persons can receive any licensed, recommended vaccine that is otherwise appropriate (IIV, RIV4, or LAIV4).**
 - However, RIV not licensed for persons under 18 years of age
- ❑ **For persons with a history of severe allergic reaction to egg (i.e., any symptom other than hives):**
 - “The selected vaccine should be administered in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices). Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic conditions.”
 - RIV4 and cclIV4 are exceptions to this rule.
- ❑ **No specific postvaccination observation period recommended**
 - However, per the ACIP General Best Practice guidelines, providers should consider observing all recipients of any vaccine for 15 minutes to avoid injury due to syncope.

FIGURE. Influenza vaccine dosing algorithm for children aged 6 months through 8 years* — Advisory Committee on Immunization Practices, United States, 2020–21 influenza season



* For children aged 8 years who require 2 doses of vaccine, both doses should be administered even if the child turns age 9 years between receipt of dose 1 and dose 2.

Dosing Algorithm for Children Age 6 Months through 8 Years, 2020-2021

- ❑ Similar to past two seasons
- ❑ If 2 cumulative doses received prior to July 1, 2020, only 1 dose needed for 2020-2021
- ❑ Only 1 dose needed after the 9th birthday
- ❑ For children aged 8 years who require 2 doses of vaccine, both doses should be administered even if the child turns age 9 years between receipt of dose 1 and dose 2.

Inactivated Influenza Vaccine (IIV) Adverse Reactions

- Local reactions (soreness, redness)
 - 15% to 20%
- Fever, malaise, myalgia
 - Less than 1%
- Allergic reactions (hives, angioedema, anaphylaxis)
 - Rare
- Guillain-Barré syndrome

Live, Attenuated Influenza Vaccine (LAIV)

Adverse Reactions

- Children
 - No significant increase in URI symptoms, fever, or other systemic symptoms
 - Increased risk of wheezing in children 6 through 23 months of age
- Adults
 - Significantly increased rate of cough, runny nose, nasal congestion, sore throat, and chills reported among vaccine recipients
 - No increase in the occurrence of fever
- No serious adverse reactions identified

Inactivated Influenza Vaccine (IIV) and RIV4

Contraindications and Precautions

Contraindication

- Severe allergic reaction (e.g., anaphylaxis) to a vaccine component or following a prior dose of inactivated influenza vaccine

Precaution

- Moderate or severe acute illness
- History of Guillain-Barré syndrome (GBS) within 6 weeks following a previous dose of influenza vaccine

LAIV Contraindications and Precautions

Contraindications

- History of severe allergic reaction to any component of the vaccine† or after a previous dose of any influenza vaccine
- Concomitant aspirin or salicylate-containing therapy in children and adolescents
- Children aged 2 through 4 years who have received a diagnosis of asthma or whose parents or caregivers report that a health care provider has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months
- Children and adults who are immunocompromised due to any cause (including immunosuppression caused by medications or by HIV infection)
- Close contacts and caregivers of severely immunosuppressed persons who require a protected environment
- Pregnancy
- Receipt of influenza antiviral medication within the previous 48 hours (oseltamivir and zanamivir), 5 days (peramivir), or 17 days (baloxavir)
- Cerebrospinal fluid leak
- Cochlear implant

Precautions

- Moderate to severe acute illness with or without fever
- History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine
- Asthma in persons aged ≥ 5 years
- Other underlying medical conditions that might predispose to complications after wild-type influenza infection (e.g., chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus])

Knowledge Check

Question: A child just turned 9 years old yesterday. One month ago, he received his first ever dose of influenza vaccine. Should he receive another dose of influenza vaccine this season?

- A) Yes
- B) No



Answer

Question: A child just turned 9 years old yesterday. One month ago, he received his first ever dose of influenza vaccine. Should he receive another dose of influenza vaccine this season?

A) Yes



Influenza Antiviral Agents

- Amantadine and rimantadine
 - Not recommended because of documented resistance in U.S. influenza isolates
- Zanamivir, oseltamivir, peramivir, baloxavir
 - Neuraminidase inhibitors
 - Effective against influenza A and B
 - Oseltamivir and zanamavir approved for prophylaxis

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Resources

CDC Website on Influenza:

<https://www.cdc.gov/flu/index.htm>

			
PREVENT FLU	SYMPTOMS & DIAGNOSIS	TREATMENT	FLU ACTIVITY & SURVEILLANCE
Everyone 6 months & older should receive a yearly flu vaccine.	Flu can cause mild to severe illness. Learn the symptoms of flu.	Prescription medications called antiviral drugs can be used to treat flu.	The 2016-2017 flu season is over. Flu activity is low in the U.S.
More >	More >	More >	More >

 **ABOUT FLU**
Learn about flu season and get answers to questions.

 **COMMUNICATION RESOURCES**
Find resources to promote flu prevention.

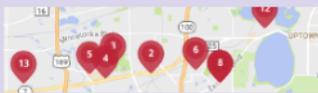
 **FLU SEASON**
Find information about current and past flu seasons.

 **HEALTH PROFESSIONALS**
Learn what CDC recommends this season.

 **PEOPLE AT HIGH RISK**
Understand who is at high risk from flu.

 **FLU NEWS & SPOTLIGHTS**
Read about CDC's work with flu.

Flu Vaccine Finder



Everyone **six months of age or older** needs a flu vaccine.

Find the flu shot near you.

Enter Your Zip Code

[GO](#)

Influenza Resources

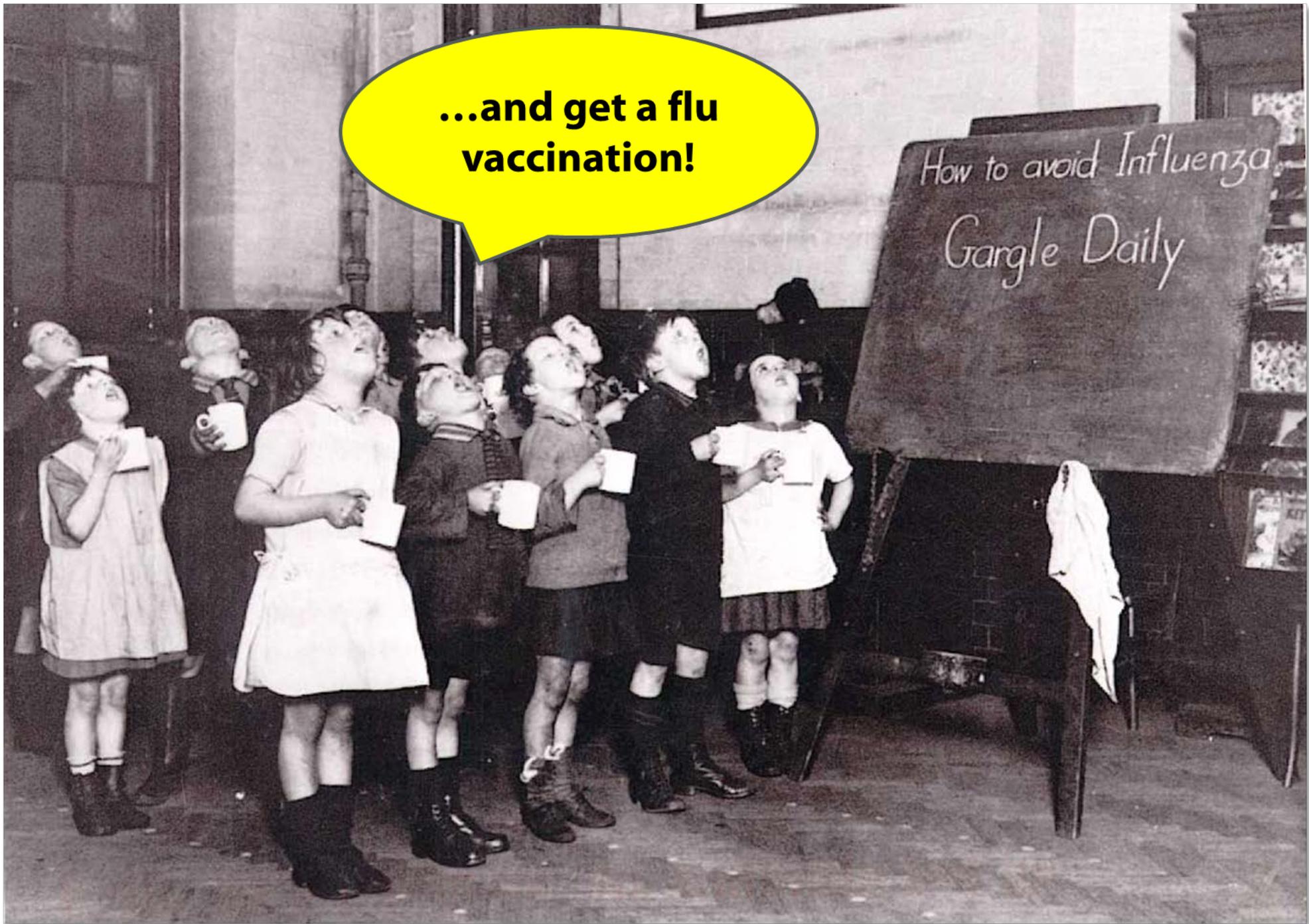


- ACIP's influenza recommendations web page
www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html
- Immunization Action Coalition influenza web page
www.immunize.org/influenza/
- Children's Hospital of Philadelphia Vaccine Education Center influenza web page
<http://www.chop.edu/centers-programs/vaccine-education-center/vaccine-details/influenza-vaccine#.VgHMa3YpCAU>



**...and get a flu
vaccination!**

How to avoid Influenza
Gargle Daily



Frequently Asked Questions

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NIPINFO@cdc.gov

Write “Web-on-Demand–Flu” in
the subject line



EpiVac Pink Book Web-on-Demand Resources

- Comprehensive list of resources for ALL sessions
- Located on the web page for this web-on-demand session at www.cdc.gov/vaccines/ed/webinar-epv/index.html
- Additional materials located on this webpage include:
 - Flu slide set
 - Web-on-demand questions and answers
 - Transcript of this session
 - Continuing education instructions

COURSE RESOURCES

Epidemiology and Prevention of Vaccine-Preventable Diseases

- ▶ Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book) Supplement: www.cdc.gov/vaccines/pubs/pinkbook/supplement.html

Overall Resources

- ▶ Current childhood and adult immunization schedules: www.cdc.gov/vaccines/schedules/index.html
- ▶ CDC Vaccine Schedules App for Health Care Providers: www.cdc.gov/vaccines/schedules/hcp/schedule-app.html
- ▶ Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- ▶ CDC General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- ▶ CDC Continuing Education Information: www.cdc.gov/vaccines/ed/ce-credit-how-to.html
- ▶ Health Care Personnel Vaccination Recommendations: www.immunize.org/catg.d/p2017.pdf
- ▶ Pink Book Webinar Series: www.cdc.gov/vaccines/ed/webinar-epv/index.html
- ▶ Vaccines Licensed for Use in the United States Package Inserts: www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm
- ▶ You Call the Shots: www.cdc.gov/vaccines/ed/youcalltheshots.html

Course Intro and Objectives

- ▶ What is the Advisory Committee on Immunization Practices (ACIP)?: www.cdc.gov/vaccines/hcp/conversations/downloads/vacsafe-acip-color-office.pdf
- ▶ CDC Immunization Resources for You and Your Patients: www.cdc.gov/vaccines/hcp/admin/downloads/Resource-Booklet.pdf
- ▶ Parents' Guide to Childhood Immunizations: www.cdc.gov/vaccines/parents/tools/parents-guide/index.html
- ▶ Order Information for Free CDC Immunization Materials for Providers and Patients: www.cdc.gov/pubs/CDCInfoOnDemand.aspx

Principles of Vaccination

- ▶ Immune System Research: www.niaid.nih.gov/research/immune-system-research
- ▶ What is the Immune System?: www.vaccines.gov/basics/work/prevention
- ▶ Understanding How Vaccines Work: www.cdc.gov/vaccines/hcp/conversations/downloads/vacsafe-understand-color-office.pdf
- ▶ Vaccines Work: www.vaccines.gov/basics/work/index.html
- ▶ Vaccine Basics: How Vaccines Work: www.vaccineinformation.org/how-vaccines-work/
- ▶ The History of Vaccines: How Vaccines Work: www.historyofvaccines.org/content/how-vaccines-work

General Best Practice Guidelines

- ▶ Ask the Experts-Scheduling Vaccines FAQs: www.immunize.org/askexperts/scheduling-vaccines.asp
- ▶ Ask the Experts-Combination Vaccines FAQs: www.immunize.org/askexperts/experts_combo.asp
- ▶ Ask the Experts-Precautions and Contraindications FAQs: www.immunize.org/askexperts/precautions-contraindications.asp
- ▶ Foreign Language Vaccine-Preventable Disease Terms: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf
- ▶ Guide to Contraindications and Precautions to Commonly Used Vaccines: www.immunize.org/catg.d/p3072a.pdf
- ▶ Guidelines for Vaccinating Pregnant Women: www.cdc.gov/vaccines/pregnancy/hcp/guidelines.html
- ▶ IDSA 2013 Clinical Practice Guideline for Vaccination of the Immunocompromised Host: www.idsociety.org/Guidelines/Patient_Care/IDSA_Practice_Guidelines/Vaccination_of_the_Immunocompromised_Host/
- ▶ Interval Between Antibody-Containing Products and Measles- and Varicella-Containing Vaccines: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/mmr_ig.pdf



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