Adult Vaccination Toolkit

A campaign to improve vaccination rates in Hispanics with Chronic Disease.
ACKNOWLEDGEMENTS

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1. INTRODUCTION

1.1. ADULT VACCINATION TOOLKIT: INCREASING VACCINATION COVERAGE IN THE HISPANIC POPULATION

Hispanics living in the United States are the largest ethnic minority group representing 56.6 million, or 17.6% of the total population.\(^1\) Despite the strength in numbers, the Hispanic population experiences extensive disparities in health outcomes, healthcare, and in health determinants, showing little progress after years of interventions.

The World Health Organization (WHO) acknowledges immunization as one of the most successful and cost-effective public health interventions, preventing between two and three million deaths every year.\(^2\)

However, approximately 50,000 adults in the U.S. continue to die each year from vaccine-preventable diseases alone.\(^3\) Although racial/ethnic disparities in childhood vaccination coverage have improved throughout the past decade, substantial disparities among adults aged 65 years and older have persisted.\(^4\) Deaths from pneumonia and influenza combined are the 9th leading cause of death among Hispanics.\(^5\) Although recommended throughout the lifespan, adult vaccination coverage remains particularly low among Hispanics (Table 7).\(^6\) Furthermore, despite Hispanic adults with Medicare coverage, the vaccination rates for influenza and pneumococcal still remain lower when compared to non-Hispanics of the same age group with Medicare coverage.\(^7\) Reasons for this vary, but highlight the opportunity to improve preventive care and targeted strategies to effectively reach Hispanic adults of all ages.

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Table 7. Flu Vaccination Coverage* by Race/Ethnicity, Adults 18 Years and Older, United States,† 2016–17 Season

<table>
<thead>
<tr>
<th>Race/Ethnicity*†</th>
<th>Unweighted Sample Size</th>
<th>%* ± 95% CI§</th>
<th>Difference from the 2015–16 Season ± 95% CI$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>325,801</td>
<td>43.3 ± 0.6</td>
<td>1.6 ± 0.7††</td>
</tr>
<tr>
<td>White only, non-Hispanic</td>
<td>253,191</td>
<td>45.9 ± 0.6</td>
<td>1.4 ± 0.8††</td>
</tr>
<tr>
<td>Black only, non-Hispanic</td>
<td>25,067</td>
<td>37.4 ± 1.6</td>
<td>0.8 ± 2.3</td>
</tr>
<tr>
<td>Hispanic</td>
<td>21,680</td>
<td>36.9 ± 2.0</td>
<td>2.5 ± 2.7</td>
</tr>
<tr>
<td>Other, non-Hispanic (Total)</td>
<td>20,266</td>
<td>43.6 ± 2.5</td>
<td>2.6 ± 3.5</td>
</tr>
<tr>
<td>Asian</td>
<td>6,440</td>
<td>47.1 ± 4.3</td>
<td>3.1 ± 5.4</td>
</tr>
<tr>
<td>American Indian/Alaska Native (AI/AN)</td>
<td>5,024</td>
<td>37.5 ± 3.7</td>
<td>-5.4 ± 5.5</td>
</tr>
<tr>
<td>Other or multiple race‡</td>
<td>8,802</td>
<td>41.7 ± 3.7</td>
<td>5.3 ± 5.4</td>
</tr>
</tbody>
</table>


1.2. VACCINATIONS FOR ADULTS WITH DIABETES AND CARDIOVASCULAR DISEASE

With a goal to reduce disparities in Hispanic adult vaccination coverage and rates, specifically within Hispanics with chronic diseases (cardiovascular disease and diabetes), the National Hispanic Medical Association (NHMA), in collaboration with Sanofi, has developed this toolkit to assist health care providers increase vaccination rates in Hispanic communities. Educational resources in English and Spanish as well as suggested evidence-based approaches specifically targeted for Hispanic adults are provided.

Patients and health care providers know that living with a chronic disease requires patients to take their medicine, monitor their blood pressure and sugar levels, watch their cholesterol, and ensure that they have a well-balanced and healthy meal. Keeping up with their vaccinations that protect against common diseases such as the flu, pneumonia or hepatitis B can prevent complications such as dangerously high blood sugar levels for diabetics to significantly higher chances of a heart attack for those living with heart disease. Of note, it is important for all
patients to keep up with their vaccinations but it is especially important for those living with chronic diseases to ensure that something as small as the common flu does not turn into a life or death situation.

CDC Vaccine Article for Patients Living with Heart Disease

CDC Flu Vaccine Article for Patients Living with Diabetes New

2. IMMUNIZATION STANDARDS

In 2013, the National Vaccine Advisory Committee (NVAC) of the Centers for Disease Control and Prevention (CDC) announced the revised Standards for Adult Immunization Practice. These standards require ALL health care providers, whether routinely administering vaccines or not, to adhere to the following recommendations:

1. PROVIDE VACCINE ASSESSMENT AT EVERY VISIT:

Health care providers are required to stay up-to-date on the immunization recommendations by frequently visiting the CDC website. They must also routinely review the vaccination needs of all patients and implement policies and protocols that allow patients to receive reminders about the vaccines they need.

2. PROVIDE A STRONG, CLEAR IMMUNIZATION RECOMMENDATION:

By sharing why vaccines are necessary, answering questions and concerns from patients, and explaining the potential costs of getting sick, health care providers can offer strong vaccine recommendations.

3. ADMINISTER VACCINE, OR REFER IF VACCINE IS NOT IN STOCK:

Providers must offer the vaccines they stock and refer patients to local providers if the needed vaccines are not stocked.

4. DOCUMENT VACCINATIONS:

Participate in the electronic immunization registries offered by each state, and follow up to confirm that patients have received the needed vaccines.

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3. RECOMMENDED IMMUNIZATIONS FOR ADULTS

Specific immunizations are recommended for adults depending on age, health conditions, lifestyle, workplace, exposure, and travel frequency among others.⁹

3.1. VACCINATION FOR TRAVELERS

Regardless of their specialty, most clinicians will encounter a traveling patient at some point in their practice. Clinicians, especially those in primary care, should know basic travel health information to determine the extent of health advice their patients should access before traveling, and be able to recognize common post-travel health symptoms and syndromes.10

3.2. VACCINATION FOR PREGNANT WOMEN

Risk to a developing fetus from vaccination of the mother during pregnancy is theoretical. No evidence exists of risk to the fetus from vaccinating pregnant women with inactivated virus or

bacterial vaccines or toxoids. Live vaccines administered to a pregnant woman pose a theoretical risk to the fetus; therefore, live, attenuated virus and live bacterial vaccines generally are contraindicated during pregnancy. Benefits of vaccinating pregnant women usually outweigh potential risks when the likelihood of disease exposure is high, when infection would pose a risk to the mother or fetus, and when the vaccine is unlikely to cause harm.¹¹

**PATIENT RESOURCES IN ENGLISH:**

- **RECOMMENDED VACCINES FOR PREGNANT WOMEN** - Outline recommendations.
- **SEASONAL FLU VACCINE SAFETY AND PREGNANT WOMEN** - CDC website regarding the safety of the flu vaccine.

**PATIENT RESOURCES IN SPANISH:**

- **VACUNAS PARA MUJERES EMBARAZADAS** - Tabla con las recomendaciones.
- **LAS MUJERES EMBARAZADAS NECESITAN LA VACUNA INYECTABLE CONTRA LA INFLUENZA** - Folleto sobre la vacuna contra la gripe

For recommended vaccines for pregnant women please visit the CDC:

https://www.cdc.gov/vaccines/pregnancy/hcp/guidelines.html

For a health care provider toolkit regarding prenatal care and the flu shot, visit:

RESPONDING TO INFLUENZA: A TOOLKIT FOR PRENATAL CARE PROVIDERS

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4. **RECOMMENDATIONS FOR HEALTH CARE PROFESSIONALS**

4.1. **INFLUENZA (FLU)**

Last year over 50% of American adults (18 years and older) failed to take advantage of the flu vaccination and the protection it offers from various strains of influenza and its

complications. Hispanics have lower flu vaccination rates compared to non-Hispanic Whites. \textsuperscript{12} The flu vaccine is recommended for all adults once a year, every year. Pregnant women are also encouraged to get vaccinated to protect themselves and their unborn child from serious illness and complications of flu. Studies have also shown that getting a flu shot while you are pregnant can decrease baby’s risk of getting the flu for up to 6 months after birth. \textsuperscript{13}

Customizing your vaccine reminder system to include the influenza vaccine throughout the flu season for diabetes and cardiovascular disease patients is highly recommended. Diabetic and heart disease patients, even when under control, are most vulnerable and need the added protection to their immune system. Diabetic patients can see difficulty in controlling their blood sugar levels and heart disease patients.\textsuperscript{14}

\begin{itemize}
  \item “Influenza (Flu).” \textit{Centers for Disease Control and Prevention}, U.S. Department of Health & Human Services, 1 Nov. 2017, \url{www.cdc.gov/flu/fluview/coverage-1516estimates.htm}.
\end{itemize}
4.2. **TETANUS+DIPHTHERIA (Td) \& TETANUS+DIPHTHERIA+PERTUSSIS (Tdap)**

There are four combination vaccines used to prevent diphtheria, tetanus and pertussis: DTaP, Tdap, DT, and Td. Two of these (DTaP and DT) are given to children younger than 7 years of age, and two (Tdap and Td) are given to older children and adults.

**CDC Td & Tdap Information for Health Professionals**
4.3. **VARICELLA (CHICKENPOX)**

Adults and adolescents (≥ 13 years) without evidence of immunity to varicella should receive two doses of the single-antigen varicella vaccine or a second dose if they have only received one dose. The CDC recommends giving the second dose of the vaccine even if it has been more than 8 weeks since the first dose. For more information refer to the [Adult Immunization Schedule](#) footnotes.

4.4. **HUMAN PAPILLOMAVIRUS (HPV)**

Eight weeks after the first dose. Refer to the [Adult Immunization Schedule](#) footnotes for additional information.

As shown in Graph 1, Hispanics have the highest rate of HPV-associated cervical cancer when compared to other ethnic minorities. This is partly due to decreased access to screenings and follow-ups.

When speaking with patients, it is imperative to convey the benefits of the HPV vaccine, as a potential cancer preventing vaccine, while emphasizing that it does not promote sexual behavior or practice.

CDC HPV Information for health professionals: 1) HPV Vaccine Resources of Health Professionals; 2) Tips and talking points for discussing HPV with parents

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4.5. HERPES ZOSTER (SHINGLES)

The CDC recommends a single dose of Zostavax for people ≥60 years of age due to the increasing severity of effects with age. This is a one-time vaccine that should be administered regardless of whether the patient ever recalls having Varicella (chickenpox).

**CDC Herpes Zoster information for Health Professionals:**

Vaccination Information for Healthcare Providers

4.6. MEASLES, MUMPS AND RUBELLA (MMR)

Adults born after 1957 who do not have evidence of measles immunity should also receive at least one dose of the MMR vaccine.

**PLEASE NOTE:** The MMR vaccine is contraindicated for pregnant women. Additionally, women are advised not to become pregnant for 28 days following vaccination.

**CDC MMR information for Health Professionals:**

http://www.cdc.gov/measles/hcp/
4.7. PNEUMOCOCCAL (PCV13, PPSV23)

About 1 million US adults get pneumococcal pneumonia every year and 5 to 7 percent will die from it. In the US, pneumococcal pneumonia, meningitis, and bloodstream infections kill tens of thousands each year, including 18,000 adults age 65 years and older.\(^{16}\)

In August 2014, ACIP recommended routine use of PCV13 among adults aged 65 years and older. PCV13 should be administered in series with PPSV23, the vaccine recommended for adults aged 65 years and older since 1983. Because of the high proportion of invasive pneumococcal caused by serotypes unique to PPSV23, broader protection is expected to be provided through the use of both PCV13 and PPSV23 in series. Adults who have already received PPSV23 and are recommended to receive PCV13 should receive PCV13 at least 1 year after PPSV23. For additional information please refer to the Adult Immunization Schedule footnotes.

The survey data from the 2014 National Health Interview Survey (NHIS) in Graph 2 could not be used to estimate the proportion of pneumococcal vaccinations by type (PCV13 versus PPSV23). Therefore, the overall pneumococcal vaccination estimates in Graph 2 include survey respondents who might have received PCV13 and/or PPSV23.\(^{17}\)

For patients with heart disease, it is imperative that they receive the pneumococcal pneumonia vaccine, unless they experience an allergy or bad reaction to the vaccine. If a heart disease patient experiences pneumonia in combination with the flu, it can cause various respiratory infections, which can place a strain on the heart because of the need to pump more blood to the lungs.


4.8. MENINGOCOCCAL VACCINE

Two vaccines are available against meningococcal disease: meningococcal B vaccine (Bexsero® and Trumenba®) and meningococcal conjugate vaccine (Menactra®, Menveo®). Two doses are recommended between 11 and 18 years of age: the first dose should be given at 11-12 years of age with a booster at age 16. Adolescents who receive their first dose of meningococcal conjugate vaccine at or after the age of 16 do not need a booster dose.

The meningococcal vaccine is mandated on a state-by-state basis. Some states require college students to be vaccinated, especially if planning to live in residential housing. For more information, visit: http://www.immunize.org/laws/menin.asp

4.9. HEPATITIS A & B VACCINES

Hepatitis A vaccination is recommended for all children at age 1 year, for persons who are at increased risk for infection, for persons who are at increased risk for complications from Hepatitis A, and for persons wishing to obtain immunity.
Hepatitis B vaccine has been successfully integrated into the childhood vaccination schedule, contributing to a 96% decline in the incidence of acute Hepatitis B in children and adolescents. Currently, approximately 95% of new HBV infections occur among adults, and unvaccinated adults with behavioral risk factors or who are household contacts or sex partners of HBV-infected persons remain at risk.

**CDC Hepatitis A & B information for Health Professionals:**

- Hepatitis A: [https://www.cdc.gov/hepatitis/hav/havfaq.htm](https://www.cdc.gov/hepatitis/hav/havfaq.htm)
- Hepatitis B: [https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm](https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm)

### 4.10. HAEMOPHILUS INFLUENZAE TYPE B (Hib) VACCINE

In certain situations, patients at increased risk for invasive Hib disease who are fully vaccinated need additional doses of the Hib vaccine. Unimmunized older children, adolescents, and adults with certain specified medical conditions should receive the Hib vaccine. For additional information please refer to the [Adult Immunization Schedule](https://www.cdc.gov/vaccines/schedules/hcp/adult.html) footnote.

**CDC Hib Information for Health Providers:**

[https://www.cdc.gov/hi-disease/clinicians.html](https://www.cdc.gov/hi-disease/clinicians.html)

### 5. VACCINATION COVERAGE AND SAFETY

#### 5.1. VACCINES ARE SAFE

The public continues to raise concerns about vaccine necessity and safety. Myths and misinformation about vaccine safety can confuse those trying to make a sound decision. The U.S. Department of Health and Human Services launched several information/education outreach efforts, including [Know What to do about the Flu](https://www.cdc.gov/flu/). Additionally, the CDC continuously monitors vaccine safety. Vaccines are rigorously tested for years before they are granted licensure and after a vaccine is licensed, the CDC continues to monitor its use, safety, and side effects.

Effective outreach and education about vaccines requires knowledge of your population, community, reliability, trustworthiness. For Hispanic communities, culturally competent communication is essential and includes access to patient-oriented resources in both English and Spanish. Below are links to key websites and brochures.

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5.2. VACCINATION COVERAGE

NHMA is committed to empowering physicians to lead efforts that improve the health of Hispanics regardless of insurance coverage and status. Most state and local public health departments, Federally Qualified Health Centers (FQHCs), and free clinics offer free or reduced cost services and vaccines. Pharmaceutical companies may also provide vaccines and/or other medications for reduced or no cost regardless of insurance status. If your patient does not currently have health insurance, please visit: https://www.healthcare.gov/ to learn more about affordable health coverage options.

The following payment methods are available to cover the costs of vaccines: 19

RESOURCES FOR HEALTH CARE PROFESSIONALS:

CDC Vaccination Safety Information for Health Care Professionals:

PATIENT RESOURCES IN SPANISH:
Departamento de Salud Publica de California:
La Seguridad de las Vacunas: Respuestas a las Preguntas Más Frecuentes de los Padres
Material desarrollado por la American Academy of Pediatrics:
Seguridad de las vacunas: conozca los hechos
Página con información sobre el sistema a cargo de vigilar la seguridad de las vacunas: Sistema Para Reportar Reacciones Adversas a las Vacunas

PATIENT RESOURCES IN ENGLISH:
California Department of Public Health: Vaccine Safety: Answers to Parents’ Top Questions
American Academy of Pediatrics Vaccine Safe: The Facts
Vaccine Adverse Event Reporting System Report a Potential Side Effect

**Affordable Care Act**—All health insurance marketplace plans, and most private insurance plans, cover the majority of vaccines without charging a co-payment or coinsurance when immunizations are provided by an in-network provider.

**Medicare**—Medicare Part B will cover influenza, pneumonia, and Hepatitis B. Medicare Part D will cover any commercially available vaccine that is not covered by Part B. Check with your Medicare agency for more information.

**Medicaid**—Most state Medicaid agencies cover at least some adult immunizations but may not cover all vaccines. Check with your state Medicaid agency for more information. [http://www.medicaid.gov/](http://www.medicaid.gov/)

**TRICARE**—TRICARE covers clinical preventive services—which include vaccines—for all beneficiaries. [https://www.express-scripts.com/TRICARE/news/Vaccine_List.pdf](https://www.express-scripts.com/TRICARE/news/Vaccine_List.pdf)

### 6. TOOLS FOR PATIENTS AND PROVIDERS

By 2013, approximately three out of four Hispanics utilize smartphones. Many health providers are taking advantage of the new technological resources available to improve patient care.

**CDC Social Media Toolkit:** In the last several years, the use of Facebook, YouTube, Twitter, and other social media tools to disseminate health messages has grown significantly, and continues to trend upward. Using social media tools has become an effective way to expand reach, foster engagement and increase access to credible, science-based health messages.

**Health care provider/clinician applications:** CDC website with links to free mobile applications for physicians.

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Many applications are available for download, including:

1) **Influenza for Clinicians and Health Care Professionals**
2) **Morbidity and Mortality Weekly Report**
3) **Vaccine Schedules**

**Consumer Resources from the CDC:** Contains the FluView app with information about flu levels across the US as well as on-demand state health department website for local surveillance information: [http://www.cdc.gov/mobile/generalconsumerapps.html](http://www.cdc.gov/mobile/generalconsumerapps.html)

6.1. **RESOURCES FOR HEALTH CARE PROFESSIONALS**

CDC offers numerous education and training programs for health care professionals. A variety of topics and formats are available. All are based on vaccine recommendations made by the Advisory Committee on Immunization Practice (ACIP). 21

6.2. **DOCUMENTATION OF VACCINES**

The CDC offers many resources for recording and documenting immunizations. Below are some electronic and paper forms to help providers and patients document their vaccinations:

**CDC Vaccine Schedules App for Clinicians and Other Immunization providers:** Free downloadable tools for providers are available that help determine needed vaccinations according to the CDC schedule. The vaccine schedule is sorted by age group and medical condition. The tools also provide information on vaccine contraindications and precautions:

6.3. **VACCINE DELIVERY IMPROVEMENT**

Tools to improve the administration and documentation of vaccines:

**SUGGESTIONS TO IMPROVE YOUR IMMUNIZATION SERVICES** - Contains tips for healthcare providers to assess and improve efficiency in administering vaccines.

**SKILLS CHECKLIST FOR IMMUNIZATION** - Use this form as a self-assessment tool to identify areas for improvement in vaccine administration.

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SUPPLIES YOU MAY NEED AT A COMMUNITY IMMUNIZATION CLINIC - A checklist to prepare your practice and/or clinic to administer vaccines.

6.4. RESOURCES FOR PATIENTS

<table>
<thead>
<tr>
<th>PATIENT RESOURCES IN SPANISH:</th>
<th>PATIENT RESOURCES IN ENGLISH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendario de Inmunizacion Recomenada para Adultos</td>
<td>2019 RECOMMENDED IMMUNIZATIONS FOR ADULTS</td>
</tr>
</tbody>
</table>

RESOURCES IN SPANISH:

CDC Vaccines & Immunizations in Spanish, visit:
https://www.cdc.gov/vaccines/spanish/materials.html

INFLUENZA
La Influenza Y Usted - Folleto con información sobre la influenza (gripe)
Vacuna contra la gripe - Hoja informativa

TÉTANO
Td – Hoja informativa
Tdap – Hoja informativa

VARICELA
La Varicela – Hoja informativa

VPH
Infección genital por el virus del papiloma humano (VPH) – Hoja informativa
VPH & El cáncer orofaríngeo - Hoja informativa
Información para jóvenes sobre la vacuna contra el VPH - Hoja informativa
Virus del papiloma humano genital – la realidad - Folleto para padres sobre el VPH

HERPES ZÓSTER
Vacuna contra la culebrilla: lo que usted necesita saber - Folleto sobre la vacuna

RESOURCES IN ENGLISH:

CDC 2019 Recommended Immunizations for Adult by Age, visit:

INFLUENZA
Flu & You – Brochure about the flu vaccine

TETANUS
Td – Vaccine information sheet
Tdap – Vaccine information sheet.

VARICELLA
Varicella – Vaccine basics for adults.

HPV
Genital HPV Infection - CDC fact sheet for patients and providers
HPV & Oropharyngeal Cancer - CDC basic information
HPV Vaccination Information for Young Women - CDC HPV vaccine facts
HPV Vaccine - A guide for parents

HERPES ZOSTER
Herpes Zoster Vaccine - CDC vaccine information sheet
ADDITIONAL RESOURCES

Access to any state health department website:

Further information and recommendations for the prevention and control of seasonal influenza:
https://www.cdc.gov/mmwr/volumes/68/rr/rr6803a1.htm?s_cid=rr6803a1_w

Using Health Text Messages to Improve Consumer Health Knowledge, Behaviors and Outcomes: A document containing information regarding mobile health programs, etc. Published by U.S. Health and Human Services:

Additional CDC resources on the flu can be found here:
http://www.cdc.gov/flu/freeresources/print.htm
References


“Español.” Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, espanol.cdc.gov/enes/flu/resource-center/freeresources/print/print-
spanishhtm#Pregnant.


“Flu Vaccination Coverage* by Race/Ethnicity, Adults 18 Years and Older, United States, 2016-17 Season.” 2017, Center for Disease Control and Prevention. https://www.cdc.gov/flu/fluuvaxview/coverage-1617estimates.htm#table-footnotes


“Información Para las Mujeres Jóvenes Sobre la Vacuna Contra el VPH: Hoja


“Pregnancy and Vaccination.” Centers for Disease Control and Prevention, U.S.


“Using Health Text Messages to Improve Consumer Health Knowledge, Behaviors, and Outcomes.” *Health Resources and Services Administration*, U.S. Department of Health


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