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

The National Hispanic Medical Association (NHMA) would also like to thank everyone who assisted in the research, planning, writing and editing of this document.

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INTRODUCTION

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, Hispanic populations experience extensive disparities in health outcomes, healthcare and in health determinants, showing little progress after years of interventions.

The World Health Organization acknowledges immunization as one of the most successful and cost-effective public health interventions, preventing between two and three million deaths every year\(^2\). Yet, 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 \(\geq\)65 years have persisted.\(^4\) In fact, deaths from pneumonia and influenza combined are the 9th leading cause of death among Hispanics.\(^5\) And although recommended throughout the lifespan, adult vaccination coverage remains particularly low among Hispanics (Table 1 and Table 2). 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\(^6\). Reasons for this vary, but highlight the opportunity to improve preventive care and targeted strategies to effectively reach Hispanic adults of all ages.

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.

\(^2\) http://www.who.int/campaigns/immunization-week/2013/campaign_essentials/en/
\(^3\) http://jama.jamanetwork.com/article.aspx?articleid=198357
\(^4\) http://www.cdc.gov/minorityhealth/CHDIR/2011/FactSheets/FluVaccine.pdf
\(^5\) http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a5.htm#Tab2
\(^6\) http://www.cdc.gov/mmwr/volumes/65/ss/ss6501a1.htm
Patients and health care providers know that living with a chronic disease requires that patients take their medicine, monitor their blood pressure and sugar levels, watch their cholesterol, and ensuring that they eat 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 course, it is important for all patients to keep up with their vaccinations, but it 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: https://www.cdc.gov/vaccines/hcp/adults/downloads/matte-heart-disease-consumer.pdf

CDC Vaccine Article for Patients Living with Heart Disease: https://www.cdc.gov/vaccines/hcp/adults/downloads/matte-diabetes-consumer.pdf

NEW IMMUNIZATION STANDARDS

In 2013, the National Vaccine Advisory Committee (NVAC) of the 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.

RECOMMENDED IMMUNIZATIONS FOR ADULTS

Specific immunizations are recommended for adults depending on age, health conditions, lifestyle, workplace, exposure, and travel frequency among others.8


**Table 1** | Recommended Adult Immunization Schedule by Age Group  
United States, 2019

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>19-21 years</th>
<th>22-26 years</th>
<th>27-49 years</th>
<th>50-64 years</th>
<th>≥65 years</th>
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<tbody>
<tr>
<td>Influenza inactivated (IV) or influenza recombinant (IVR)</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
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<td>Influenza live attenuated (LAIV)</td>
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<td>Tetanus, diphtheria, pertussis (Tdap or Td)</td>
<td>1 dose Tdap, then Td booster every 10 yrs</td>
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<td>Measles, mumps, rubella (MMR)</td>
<td>1 or 2 doses depending on indication (if born in 1957 or later)</td>
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<td>Meningococcal (MCV4)</td>
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<td>Human papillomavirus (HPV)</td>
<td>2 or 3 doses depending on age at initial vaccination</td>
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<td>Pneumococcal conjugate (PCV13)</td>
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<td>Pneumococcal polysaccharide (PPSV23)</td>
<td>1 or 2 doses depending on indication</td>
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<td>Menängococcal A, C, W, Y (MenACWY)</td>
<td>1 or 2 doses depending on indication, then booster every 5 yrs if risk remains</td>
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<td>Menängococcal B (MenB)</td>
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<td>Neomimius influenza type b (NIB)</td>
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**Table 2** | Recommended Adult Immunization Schedule by Medical Condition and Other Indications  
United States, 2019

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pregnancy</th>
<th>Meningococcal (CDC)</th>
<th>HIV infection CD4 count</th>
<th>Age-related deficiencies</th>
<th>End-stage renal disease, on hemodialysis</th>
<th>Heart or lung disease, arrhythmias</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
<th>Health care personel</th>
<th>Men who have sex with men</th>
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<td>Tdap or Td</td>
<td>1 dose Tdap each pregnancy</td>
<td>1 dose Tdap, then Td booster every 10 yrs</td>
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<td>MMR</td>
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<td>RZV (preferred)</td>
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<td>HPV Female</td>
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<td>HPV Male</td>
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<td>PCV11</td>
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<td>PPSV23</td>
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<td>HepA</td>
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<td>MenACWY</td>
<td>1 or 2 doses depending on indication, then booster every 5 yrs if risk remains</td>
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VACCINATION INFORMATION 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.9

<table>
<thead>
<tr>
<th>CDC recommended vaccines for travelers:</th>
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</table>

VACCINATION INFORMATION 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.10

<table>
<thead>
<tr>
<th>For recommended vaccines for pregnant women please visit the CDC:</th>
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For a health care provider toolkit regarding prenatal care and the flu shot, visit: [RESPONDING TO INFLUENZA: A TOOLKIT FOR PRENATAL CARE PROVIDERS](http://www.cdc.gov/vaccines/pubs/preg-guide.htm)

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<td>SEASONAL FLU VACCINE SAFETY AND PREGNANT WOMEN - CDC website regarding the safety of the flu vaccine.</td>
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<td>LAS MUJERES EMBARAZADAS NECESITAN LA VACUNA INYECTABLE CONTRA LA INFLUENZA - Folleto sobre la vacuna contra la gripe</td>
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VACCINE INFORMATION FOR HEALTH PROFESSIONALS

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 Whites11. 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 also have shown that getting a flu shot while you are pregnant can decrease your baby’s risk of getting the flu for up to 6 months after birth.

It is highly recommended that you customize your vaccine reminder system to include the influenza vaccine at throughout the flu season for diabetes and cardiovascular disease patients. 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

11 http://www.cdc.gov/flu/fluvoxview/coverage-1516estimates.htm

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: [http://www.cdc.gov/vaccines/vpd-vac/tetanus/hcp/index.html](http://www.cdc.gov/vaccines/vpd-vac/tetanus/hcp/index.html)

VARICELLA (CHICKENPOX)

Adults and adolescents (≥ 13 yrs.) without evidence of immunity to varicella should receive 2 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. Refer to immunization schedule footnotes for additional information: [http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-pocket-size.pdf](http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-pocket-size.pdf)

HUMAN PAPILLOMA VIRUS (HPV)

Hispanics have the highest rate of HPV-associated cervical cancer when compared to other ethnic minorities\(^{14}\) (Graph 1). This is partly due to decreased access to screenings and follow-ups. It is therefore critical to approach the subject of screening and vaccination carefully. When speaking with these 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

**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: [http://www.cdc.gov/vaccines/VPD-vac/shingles/hcp-vaccination.htm](http://www.cdc.gov/vaccines/VPD-vac/shingles/hcp-vaccination.htm)

**MEASLES, MUMP S AND RUBELLA (MMR)**

Adults born after 1957 who do not have evidence of measles immunity should also receive at least once 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/](http://www.cdc.gov/measles/hcp/)

**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.15

In August 2014, ACIP recommended routine use of PCV13 among adults aged > 65 years. PCV13 should be administered in series with PPSV23, the vaccine recommended for adults aged > 65 years since 1983. Because of the high proportion of invasive pneumococcal caused by serotypes unique to PPSV23, broader protection is expected to be provided through 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) shown 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 shown in Graph 2 include survey respondents who might have received PCV13 and/or PPSV23.16

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 for it to pump more blood to the lungs.

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15 [http://www.adultvaccination.org/pneumococcal_vaccine_vaccination_adult_immunization.htm](http://www.adultvaccination.org/pneumococcal_vaccine_vaccination_adult_immunization.htm)

16 [http://www.cdc.gov/mmwr/volumes/65/ss/ss6501a1.htm](http://www.cdc.gov/mmwr/volumes/65/ss/ss6501a1.htm)
MENINGOCOCCAL VACCINE
Two vaccines are available against meningococcal disease: the meningococcal polysaccharide vaccine (Menomune®) and the meningogoccal conjugate vaccine (Menactra®, Menveo® and MenHibrix®). Two doses are recommended between 11-18 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 meningogoccal conjugate vaccine at or after the age 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

CDC Meningococcal Information for Health Providers: http://www.cdc.gov/vaccines/vpd-vac/mening/who-vaccinate-hcp.htm

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 any person 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.
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 Hib vaccine and unimmunized older children, adolescents, and adults with certain specified medical conditions should receive Hib vaccine. For additional information please refer to the Adult Immunization Schedule footnote.

CDC Hib Information for Health Providers: http://www.cdc.gov/vaccines/vpd-vac/hib/hcp/index.html

INFORMATION ON VACCINE SAFETY

The public continues to raise concerns about vaccine necessity and safety. Myths and misinformation about vaccine safety can confuse those trying to make sound decisions. The U.S. Department of Health and Human Services launched several information/education outreach efforts, including Know what to do about the 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.

CDC Vaccination Safety Information for Health Care Professionals: http://www.cdc.gov/vaccinesafety/hcproviders/index.html

PATIENT RESOURCES IN ENGLISH:

VACCINE SAFETY: ANSWERS TO PARENTS’ TOP QUESTIONS – Page of the California Department of Public Health

VACCINE SAFETY: THE FACTS – Vaccine safety from the American Academy of Pediatrics

REPORT A POTENTIAL SIDE EFFECT - Vaccine Adverse Event Reporting System website.

PATIENT RESOURCES IN SPANISH:

LA SEGURIDAD DE LAS VACUNAS: RESPUESTAS A LAS PREGUNTAS MAS FRECUENTES DE LOS PADRES - Página del Departamento de Salud Publica de California


SISTEMA PARA REPORTAR REACCIONES ADVERSAS A LAS VACUNAS – Página con información sobre el sistema a cargo de vigilar la seguridad de las vacunas.
DOCUMENTING VACCINATIONS

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: [http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html)

PAYING FOR VACCINES

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/](https://www.healthcare.gov/) to learn more about affordable health coverage options.
The following payment methods are available to cover the costs of vaccines:

**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.

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<td>ACA Information for health providers on immunization coverage</td>
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**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.

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<tr>
<td>1) Billing and coverage</td>
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<td>2) Medicare immunization coverage</td>
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**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.  

**TRICARE** – TRICARE covers clinical preventive services—which include vaccines—for all beneficiaries.  

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**TECHNOLOGY TOOLS**

By 2013, approximately three out of four Hispanics utilized smartphones. With that in mind, many health providers are now hoping to take 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.

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<tr>
<td>CDC Social Media Toolkit</td>
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<td>CDC Writing for Social Media</td>
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- **Health care provider/clinician applications**: CDC website with links to free mobile applications for physicians. Many applications are available for download, including:

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18 [http://www.cdc.gov/vaccines/adults/find-pay-vaccines.html](http://www.cdc.gov/vaccines/adults/find-pay-vaccines.html)

a. Influenza for Clinicians and Health Care Professionals
b. Morbidity and Mortality Weekly Report
c. Vaccine Schedules

For Health Care Professionals: CDC downloadable Mobile Apps

- 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

VACCINE EDUCATION FOR HEALTH 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) 20.

For Health Care Professional Staff: CDC Immunization Courses

For Health Care Professionals: CDC Education & Training

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

20 http://www.cdc.gov/vaccines/acip/about.html
VACCINE INFORMATION FOR PATIENTS

RESOURCES IN ENGLISH:

CDC 2018 Recommended Immunizations for Adult by Age, visit:

INFLUENZA
Flu & You – A flu brochure.
Time to Get a Flu Vaccine - 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 fact sheet
HPV Vaccination Information for Young Women - CDC HPV vaccine fact sheet
HPV Vaccine - A guide for parents

RESOURCES IN SPANISH:

CDC 2018 Recommended Immunizations for Adult by Age in Spanish, visit:

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

VARICELLA
La Varicela – Hoja informativa

VPH
Infección Genital por el virus del Papiloma Humano (VPH) – Hoja informativa
VPH & El Cáncer Orofaringeo – 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

MMR
MMR Vaccine: What you need to know - Vaccine information sheet.

PNEUMOCOCCAL
Pneumococcal polysaccharide vaccine: What you need to know - Vaccine information statement.
Pneumococcal conjugate vaccine: What you need to know - Vaccine information statement

MENINGOCOCCAL

RESOURCES IN SPANISH:

Sarampión, las paperas y la rubéola.
La vacuna MMR – Folleto sobre el sarampión, las paperas y la rubéola.

Enfermedad Neumocócica
La vacuna Neumocócica Polisacárida: Lo que usted necesita saber - Hoja informativa.
La vacuna Neumocócica Conjugada: Lo que usted necesita saber - Hoja Informative

Meningocócica
Vacunas Meningocócicas: Lo que usted necesita saber
ADDITIONAL RESOURCES

Access to any state health department website:

- [http://www.cdc.gov/mmwr/international/relres.html](http://www.cdc.gov/mmwr/international/relres.html)


- Additional CDC resources on the flu can be found here: [http://www.cdc.gov/flu/freeresources/print.htm](http://www.cdc.gov/flu/freeresources/print.htm)
For more information about this toolkit, contact:
National Hispanic Medical Association,
1920 L St. NW, Suite 725
Washington, DC 20036
www.nhmamd.org