

## Technical Instructions to Civil Surgeons for Vaccination Requirements

### I. INTRODUCTION

On September 30, 1996, the U.S. Congress amended the Immigration and Nationality Act (INA) by adding to the health-related grounds of inadmissibility a new subsection, “Proof Of Vaccination Requirements For Immigrants”. This new subsection requires any person who seeks an immigrant visa or adjustment of status for permanent residence to show proof of having received vaccination against vaccine-preventable diseases as recommended by the U.S. Advisory Committee on Immunization Practices (ACIP). The ACIP is an advisory committee to the Centers for Disease Control and Prevention (CDC) that makes general recommendations on immunizations, including safe and effective vaccination schedules. Updated ACIP recommendations are available at CDC’s National Immunization Program (NIP) websites: <http://www.cdc.gov/nip/recs/child-schedule.htm> and <http://www.cdc.gov/nip/recs/adult-schedule.htm>.

The Bureau of Citizenship and Immigration Services (BCIS), formerly the Immigration and Naturalization Services (INS), has determined that the vaccination requirements do not apply to refugees at the time of their initial admission to the United States. However, refugees must meet the vaccination requirements when applying for adjustment of status or permanent resident status in the United States (one year or more after arrival). For a refugee, the adjustment of status application includes the medical examination report issued by a panel physician overseas, and Supplemental Form To I-693 (Appendix A) indicating the results of the vaccination assessment performed by a civil surgeon or designated health department in the United States.

<b>Significant changes in the <i>Technical Instructions</i> for immunization requirements</b>
<ul style="list-style-type: none"><li>• Hepatitis B vaccine required through 19 years of age.</li><li>• Influenza vaccine required for those 50 years of age or older.</li><li>• Pneumococcal conjugate vaccine required for children younger than 24 months of age.</li><li>• Exclusive use of inactivated polio vaccine (IPV).</li><li>• Additional information on distinguishing contraindications from other conditions when vaccines may be given.</li><li>• Emphasis on physician’s medical judgement in consideration of existing precautions.</li><li>• Emphasis on the physician’s educating applicants on the importance of completing vaccine series and providing a record of “Vaccines To Complete” (Appendices B and C).</li><li>• Resources for additional publications and materials to assist the physician.</li></ul>



CDC’s Division of Global Migration and Quarantine (DQ) staff are available for consultation on issues relating to interpretation of the *Technical Instructions to Civil Surgeons for Vaccination Requirements* and can be reached by fax at 404-498-1633. These *Technical Instructions* and

updates on immunization requirements are available via the Internet on DQ's site online at: <http://www.cdc.gov/ncidod/dq/technica.htm>.

In providing the vaccination assessment and necessary vaccinations, civil surgeons have a unique opportunity to help educate applicants about the important benefits of receiving vaccinations. In relocating to the United States, this population is adjusting to many cultural and language differences, and preventive medicine might be a new concept. Civil surgeons are responsible for encouraging applicants to develop good preventive health care habits in general and to have their vaccination needs assessed on a regular basis.

## **II. ROLE OF THE CIVIL SURGEON**

The civil surgeon is responsible for following CDC procedures and guidelines in providing services.

### **Vaccination Requirements for Refugees and Procedure for Determining Refugee Status**

All refugees must be assessed for vaccination requirements only. A civil surgeon must obtain the applicant's I-94 form (arrival/departure record) to determine whether the applicant was admitted to the United States as a refugee pursuant to Section 207 of the INA. The civil surgeon must verify that the I-94 form belongs to the applicant by comparing it with other identification documents, keeping in mind that many refugees might not have passports.

### **Vaccination Assessment**

Once it is determined that an applicant is a refugee or a person applying for adjustment of status in the United States, the civil surgeon must review all vaccination records presented by the applicant during this process and record the vaccination assessment results on Supplemental Form To I-693. Those vaccines determined to be required must be administered.

### **Final Action**

After the civil surgeon administers any needed vaccines, he or she must complete Supplemental Form To I-693, Vaccination Record, and for adjustment of status applicants, also complete Form I-693, Medical Examination Report, and give the documents to the applicant in a sealed envelope, which the applicant will present to the BCIS. **A copy of the completed Supplemental Form To I-693 must also be provided to the applicant for his or her personal records.** At this point, the applicant will have fulfilled the vaccination requirements; however, if any vaccine series is not complete, it is imperative that the civil surgeon stress the need for the applicant to complete the series. A copy of "Vaccines to Complete" (Appendices B and C) must be provided to the applicant and updated each time a vaccine is administered. Eradication of vaccine-preventable diseases in the United States can occur only when each physician and applicant realizes the need for vaccination.

## **Health Departments Acting as Civil Surgeons for Refugees**

In 1998, the BCIS provided a blanket designation for health departments to function as civil surgeons for refugees adjusting their status. This blanket designation to health departments applies only to the vaccination assessment of refugees; to act as a civil surgeon, a health department must have a physician or physicians who meet the legal definition of a civil surgeon. The terms of the blanket civil surgeon designation do not apply to the vaccination assessment of an applicant who has been granted asylum. Such an applicant must schedule an appointment with a physician who has been designated as a civil surgeon under the usual procedure and complete the full health assessment.

### **III. VACCINATION HISTORY**

#### **Review of Vaccination Records**

The civil surgeon should encourage the applicant to submit all available written records of vaccination history for review. These records can include records from the applicant's country of origin; personal vaccination records from U.S. health care providers; and, for refugees, records of vaccination from refugee camps or countries of asylum.

#### ***Records in Languages Other Than English***

Although some civil surgeon offices might have the ability to translate records into English, the responsibility lies with the applicant to provide reliable English translations of all records.

#### ***Vaccinations Received Outside the United States***

The majority of vaccines used worldwide are from reliable local or international manufacturers; it is reasonable, therefore, to assume that any vaccine received by an applicant outside of the United States was of adequate potency. However, the vaccination schedules and vaccine strains included in vaccinations, such as influenza vaccine, should be consistent with those recommended in the United States. If there are questions, DQ, CDC may be contacted at 404-498-1600 or by fax at 404-498-1633.

#### ***Vaccination Documentation***

Acceptable vaccination documentation must come from a vaccination record, either a personal vaccination record or copy of a medical chart record with entries made by a physician or other appropriate medical personnel. Self-reported doses of vaccines without written documentation are not acceptable. Only those records of doses of vaccines that include the dates of receipt (month, day, and year) are acceptable. The document must not appear to have been altered, and dates of vaccinations should seem reasonable and not made up. The civil surgeon's judgment in assessing the validity of the records is expected and acceptable.

## Review History of Acute, Vaccine-Preventable Diseases

The civil surgeon should obtain a good history of acute, vaccine-preventable diseases, including measles, mumps, rubella, and varicella, from the applicant to identify any naturally acquired diseases for optional laboratory confirmation (see section IV, “Laboratory Support”). Applicants who provide a reliable written or oral history of varicella disease do not require laboratory confirmation or further vaccination.

## Identify Any Past or Present Condition That Might Be a Contraindication to Vaccination

### *General Contraindications for the Administration of a Vaccine*

- A history of anaphylactic or anaphylactic-like reactions for a specific vaccine or a vaccine constituent.
- Presence of a moderate or severe illness with or without a fever.
- Severely immunocompromised conditions for receiving live attenuated vaccines: measles-mumps-rubella (MMR) vaccine, oral poliovirus vaccine (OPV), and varicella vaccine.
- Pregnancy for receiving live attenuated vaccines (MMR, OPV, and varicella), and inactivated poliovirus vaccine (IPV).
  - MMR: MMR and its component vaccines should not be administered to women known to be pregnant. Nonpregnant women should avoid becoming pregnant for one month after receiving MMR or other rubella-containing vaccines.
  - Polio: Although no adverse effects of IPV or OPV have been documented in pregnant women or their fetuses, vaccination should be avoided on theoretical grounds.
  - Varicella: The effects of varicella vaccine on the fetus are unknown. Pregnant women should not be vaccinated, and nonpregnant women should avoid becoming pregnant for one month after receiving varicella vaccine.

Major contraindications to specific vaccines are shown in Table 3. For pregnant women, contraindications and precautions are shown in Table 4.

### ***Not Contraindications for the Administration of a Vaccine***

- Mild to moderate local reactions to a previous dose of vaccine.
- Mild acute illness with or without low-grade fever.
- Recovering from an illness.
- Pregnancy for tetanus and diphtheria toxoids (Td) vaccine, tetanus toxoid (TT) vaccine, or hepatitis B (HepB) vaccine.
  - Td/TT: There is no known risk of adverse effects to developing fetuses when Td/TT is administered to pregnant women.
  - HepB: There is no known risk of adverse effects to developing fetuses when HepB is administered to pregnant women.
- Breast-feeding.
- Diarrhea.
- Current antimicrobial therapy.

Certain conditions are considered precautions rather than true contraindications for vaccination.

### ***Precautions for the Administration of a Vaccine***

- Fever of 40.5° Celsius (C) (105° Fahrenheit [F]) or more within 48 hours after vaccination with a prior dose of diphtheria and tetanus toxoids and pertussis vaccine (DTP) or diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). Because such febrile reactions are usually attributed to the pertussis component, vaccination with DT should not be discontinued.
- Seizures within 3 days of receiving a prior dose of DTP or DTaP.
- Persistent, inconsolable crying lasting 3 hours or longer within 48 hours of receiving a prior dose of DTP or DTaP.

There can be circumstances, such as a high incidence of disease or disease-related morbidity or mortality, in which the potential benefits outweigh possible risks of vaccination, particularly if these events are not associated with permanent sequelae. The civil surgeon should weigh these risks and benefits and determine vaccine eligibility. If the decision to defer a vaccine is reached, this decision should be recorded as a medical contraindication.

## **IV. LABORATORY SUPPORT**

### **Evidence of Immunity**

Laboratory evidence of immunity is acceptable for the following diseases: measles, rubella, mumps, hepatitis B, polio, and varicella (normally not necessary unless a history of varicella disease is questionable).

## Serologic Tests

Acceptable tests for the presence of antibodies consist of U.S. Food and Drug Administration (FDA)-approved kits, Clinical Laboratory Improvement Amendments (CLIA)-certified kits, or kits approved by similar agencies outside the United States. In the use of any approved kits, the manufacturer's guidelines or instructions must be followed, including not using a kit which is past its expiration date or which has not been maintained according to manufacturer's directions (for example, not refrigerated as required). Standard precautions in drawing blood (for example, disposable gloves or sterile needles) and appropriate needle disposal must also be followed (see section VI).

## V. DIAGNOSIS AND CLASSIFICATION: PROCEDURE FOR VACCINATION ASSESSMENT STATUS AND COMPLETION OF SUPPLEMENTAL FORM TO I-693, VACCINATION RECORD

### Tools To Perform Vaccination Assessment

The following instructions and accompanying tables are based on recommendations by the ACIP. ACIP recommendations are directed to health care providers who are generally in primary care medicine and provide vaccinations. However, because circumstances and disease prevalence often differ in other countries, and because civil surgeons normally see applicants only one time, the ACIP's recommendations are not completely applicable to applicants for adjustment of status in the United States. As a result, these instructions and tables have been developed to provide guidance to civil surgeons performing the medical examinations and health departments authorized to act as civil surgeons for the purpose of performing vaccination assessments.

The tables and figures in the following lists are to be utilized in conjunction with the written instructions.

Table 1	Required Vaccines for Adjustment of Status Applicants With Incomplete Records by Age Group.
Table 2	Vaccine Schedule for Routine Immunizations.
Table 3	Major Contraindications to Vaccinations Listed in Tables 1 and 2.
Table 4	Vaccines for Pregnant Women.
Appendix A	Supplemental Form To I-693.
Appendix B	Vaccines To Complete for Children and Adolescents.
Appendix C	Vaccines To Complete for Adults.

### Procedure for Determining Vaccine Status For Each Vaccine

The civil surgeon is responsible for:

- Determining the age of each applicant.
- Reviewing each applicant's medical history and records.

- Determining the vaccines each applicant needs.
- Assessing contraindications.
- Assessing each applicant's laboratory needs.

Assessing laboratory needs includes:

- Scheduling a follow-up visit to complete assessment for a vaccine if the applicant chooses to have laboratory tests for immunity.
- Reviewing the applicant's laboratory results for immunity.

After following the preceding procedures, the civil surgeon can determine the initial vaccine status of an applicant. If the civil surgeon determines that the vaccination status of the applicant is incomplete, the civil surgeon is responsible for:

- Determining that vaccines to be given are potent.
- Administering a vaccine dose to the applicant if results do not indicate immunity.
- Scheduling a follow-up visit to complete the assessment for a vaccine if the applicant is referred to another health care provider for the required vaccine dose.
- Reviewing the documentation of the vaccine dose administered by the other provider as soon as it is provided by the applicant.

### **Procedure for Completing Supplemental Form To I-693, Vaccination Record**

The civil surgeon is responsible for:

- Completing "1. Applicant Identifying Information".
- Copying the dates of all acceptable documented vaccinations from written records and any vaccines administered by the panel physician at the time of the overseas assessment in the appropriate "Date Received" box in "2. Immunization Record". Any vaccine administered by the civil surgeon is to be indicated in the "Vaccine Given" section.
  - Doses should be recorded chronologically (month, day, and year as numbers corresponding to mm, dd, and yyyy), from left to right.
- Completing the vaccination series.
  - If the applicant has completed the vaccination series, the "Completed Series" box for each vaccine must be checked. If a vaccine is given during the assessment resulting in the applicant's becoming fully immune, the "Completed Series" box for that vaccine must be checked.
  - If, as a result of a laboratory test, the applicant is identified as fully

immune, the month, day, and year of the test for must be written in the “Completed Series” box for each applicable vaccine.

- If a reliable written or oral history of varicella disease is given, “VH” (varicella history) must be written in the “Completed Series” box for varicella.
- Reviewing any incomplete vaccination series not medically appropriate.

In many cases, it might not be medically appropriate to administer a dose of a particular vaccine. There are four “Not Medically Appropriate” categories that are acceptable when determining an applicant’s eligibility for a blanket waiver. A blanket waiver is a waiver that is applied uniformly to a group of conditions and does not require a separate waiver application or fee to be filed with the BCIS. The four “Not Medically Appropriate” categories are:

- Not appropriate age

Table 1 shows which vaccines are indicated based on the age of the applicant at the time of the medical examination. For each vaccine for which administration is not age appropriate, the “Not Appropriate Age” waiver box must be checked. This will occur for some vaccines for each applicant, such as an infant not needing the influenza vaccine or an adult not needing the *Haemophilus influenzae* type b vaccine.

- Contraindication

The major contraindications are shown in Table 3, and the general contraindications to specific vaccines are shown under section III, “Vaccination History”. If an applicant has a contraindication, the “Contraindication” waiver box for that vaccine must be checked.

- Insufficient time interval between doses

Table 2 is the recommended routine schedule for vaccines administered in the United States. If the minimum time interval between the last documented dose and the next required dose has not passed, the “Insufficient Time Interval” waiver box for that vaccine must be checked. If administration of the single dose of a vaccine at the time of the medical examination does not complete the series for that vaccine, the “Insufficient Time interval” waiver box must be checked to indicate that additional doses would be required to complete the series for that vaccine.

- Outside seasonal administration of influenza vaccine



As indicated in Table 2, influenza vaccine is required during the influenza season (fall/winter). Although the months of October and November are the optimal time to give the influenza vaccine, the vaccine should be offered in December and throughout the influenza season as long as vaccine supplies are available. The “Not Fall/Winter (Flu season)” waiver box must be checked at other times of the year.

- Completing “3. Results”.

After reviewing entries in “2. Immunization Record” for all the vaccines, only one appropriate box under “3. Results” must be checked.

- Vaccine history complete for each vaccine.

If the applicant has met vaccination requirements for each vaccine recommended, the “Vaccine history complete for each vaccine, all requirements met” box must be checked; however, this will probably not occur.

- Vaccination history incomplete—Applicant may be eligible for blanket waivers(s).

Completion of a vaccine series is not required to conclude the medical examination because such a requirement would require multiple visits to a civil surgeon and could lead to unnecessary delay in the adjustment of status application process. If any of the boxes under the “Not Medically Appropriate” heading was checked, the “Applicant may be eligible for blanket waiver(s) as indicated above” box must be checked. This will probably always be checked because some vaccines may not be age appropriate for the applicant, unless he or she requests a waiver based on religious or moral convictions or refuses vaccination.

- Vaccine history incomplete—Applicant will request a waiver based on religious or moral convictions.

If an applicant objects to vaccination based on religious or moral convictions, the appropriate “Applicant will request an individual waiver for religious or moral convictions” box must be checked. This is not a blanket waiver, and the applicant will have to submit a waiver request to the BCIS.

- Applicant does not meet immunization requirements.

If an applicant’s vaccine history is incomplete and the applicant refuses

administration of a single dose of any recommended vaccine that is medically appropriate for the applicant, the “Applicant does not meet immunization requirements” box must be checked.

- Completing “4. Civil Surgeon’s Identifying Information”.

The civil surgeon should review the entire Supplemental Form To I-693 for completeness and accuracy before signing the document. It is important that the document be legible, and all names and dates be either printed or typed. The primary intent of this document is for presentation to the BCIS to meet immigration vaccination requirements. **However, an extra copy must be provided to the applicant; it is an important vaccination record that might be used later by other health care providers, and schools and other institutions.** The civil surgeon’s signature on this document signifies the reliability of the document to the best of the physician’s knowledge. The signature should be an original or a stamp of the civil surgeon’s signature.

- Completing “Vaccines To Complete for Children and Adolescents (or Adults)”.

The civil surgeon must also fill out the “Vaccines To Complete” form (Appendix B or C) and provide it to the applicant as a record showing vaccines that need to be further administered to complete the series of vaccination. This form is self-explanatory.

## VI. INFECTION CONTROL AND SAFETY ISSUES

### Maintaining Vaccines

The recommendations included in a vaccine product’s package inserts, including reconstitution of vaccines, expiration dates and refrigeration, must be followed closely to ensure maximum potency of the vaccines.

Correct equipment and standard operating procedures are needed to ensure the proper handling and administration of vaccines.

- Equipment
  - A commercial, standard side-by-side or top-freeze unit is sufficient. Domestic refrigerators are not recommended because they do not maintain vaccines at the correct temperature.
  - Thermometers are required to monitor both refrigerator and freezer compartments. Manufacturers may recommend resetting the controls in

- summer and winter.
  - Needles and syringes of appropriate sizes are required. Depending on the age of the recipient, needle length may vary from 5/8 inch (1.6 centimeters) to 1.5 inches (3.8 centimeters). A 22- to 25-gauge needle is appropriate for most intramuscular vaccines. For subcutaneous injections, a 23- or 25-gauge needle, 5/8 (1.6 centimeters) to 3/4 inch (1.9 centimeters) in length is recommended. If autodisposable needles with syringes are available, these are preferred.
  - Appropriate equipment for the safe disposal of used needles and syringes, such as a puncture-resistant container, is needed.
- Standard Operating Procedures
  - Only the amount of vaccine needed for use and an appropriate reserve should be ordered. Keeping too much stock increases the risk of vaccines reaching expiration dates.
  - A record showing the amount of each vaccine used each month must be prepared and updated as needed.
  - Vaccine shipments must be reviewed as soon as possible after arrival, and if there are any discrepancies, the supplier must be contacted immediately.
- Temperature
  - Temperatures for both refrigerator and freezer are to be monitored at the beginning and end of each day and recorded in a logbook.
  - Refrigerator temperatures should always be from 2°C to 8°C (36° to 46°F).
  - Freezer temperature should not exceed -15°C (5°F).
  - No food, drinks, or medicine should be stored in the vaccine refrigerator or freezer.
  - No vaccine should be stored in the refrigerator or freezer door.
- Storage requirements
  - Frozen vaccines (only live vaccines are safely stored in the freezer):
    - Varicella vaccine must be stored at -15°C (5°F) or colder. It must be used within 30 minutes after thawing and cannot be refrozen.
    - MMR vaccine can be stored in the freezer. If only measles vaccine is being used, it can be kept frozen or refrigerated.
  - Nonfrozen vaccines (toxoids or “killed” vaccines):
    - Hepatitis B, DTP, DtaP, Td, Hib, IPV, influenza, and pneumococcal vaccines must never be frozen.
  - Diluents may be stored at 15°C to 30°C (59°F to 86°F) room temperature and must not be frozen.

Additional guidance can be found in the CDC publication, “Vaccine Management, Recommendations for Handling and Storage of Selected Biologicals”, which can be obtained from NIP. This publication can also be found in *Epidemiology and Prevention of Vaccine-Preventable Diseases* or at [www.cdc.gov/nip](http://www.cdc.gov/nip) and under “NIP publications”, selecting “Vaccine Management, Recommendations for Handling and Storage of Selected Biologicals”. Additional guidance is available in the CDC publication “Guidelines for Vaccine Packing & Shipping”. Both publications can also be obtained by contacting the Immunization Services Division, NIP at 404-639-8823 or by fax at 404-639-8720.

### **Precautions in Administering Vaccines**

People administering vaccines should take the following necessary precautions to minimize the risk of spreading disease.

- They must wash their hands before and after seeing each applicant.
- They must wear gloves when administering vaccinations if they will have contact with potentially infectious body fluids or have open lesions on their hands.
- They must use sterile syringes and needles and preferably use disposable, autodestructible ones to minimize risk of contamination.
- They must not mix different vaccines in the same syringe unless the vaccines are licensed for such use.
- They must discard disposable needles (not recap them) and syringes in labeled, puncture-proof containers for short-term disposal to prevent inadvertent needle stick injury or reuse.
- They must use an appropriate method, such as autoclaving or incineration, for long-term disposal of used needles and syringes.

### **Vaccine Adverse Event Reporting System (VAERS)**

VAERS is a reporting system used by the U.S. Food and Drug Administration (FDA) and CDC to receive and analyze reports about adverse events that might be associated with vaccines identified in the National Childhood Vaccine Injury Act. VAERS encourages the reporting of all clinically significant adverse events following the administration of any vaccine, whether or not the vaccine is believed to be the cause of the event. The FDA monitors reports to determine whether any vaccine lot has a higher than expected reporting rate of adverse events. Anyone can report an adverse event 24 hours a day. Additional information can be obtained by calling 800-822-7967. The VAERS web sites are: <http://www.fda.gov/cber/vaers/report.htm> and [www.cdc.gov/nip](http://www.cdc.gov/nip).

## **VI. COUNSELING AND RESOURCES**

Appendix D, “Questions and Answers on General Administration of Vaccines, General Contraindications and Precautions, and Specific Vaccines for Civil Surgeons”, provides guidance on required vaccines.

Updates on vaccine shortages or other pertinent vaccine information can be found at the DQ and NIP websites: <http://www.cdc.gov/ncidod/dq/technica.htm> and <http://www.cdc.gov/nip>, respectively.

### **Vaccine Information Statements**

The National Childhood Vaccine Injury Act (NCVIA) requires all health care providers in the United States who administer vaccines to provide a copy of the relevant Vaccine Information Statement (VIS) to either the adult vaccinee or, in the case of a minor, to the parent or legal representative. For vaccines not covered by NCVIA (e.g., influenza, pneumococcal polysaccharide), use of VIS is not required but strongly encouraged. In addition to the VISs, health providers should give visual and oral explanations on vaccines. Camera-ready copies of VISs can be obtained from a local or state health department's immunization program. To determine if the VISs are the most up-to-date version, the VIS section web site at <http://www.cdc.gov/nip> of CDC's National Immunization Program (NIP) should be checked. Single copies can also be obtained through CDC's "fax-back" system by calling 888-232-3299 and entering document number 130011. An NIP "Resource Request List" will be faxed to the requestor, from which VIS (or other NIP documents) can be ordered.

There are no "official" CDC translations of the VISs into other languages. Several states have provided translations, or providers may translate the VISs into other languages. These do not have to be approved by CDC. VISs are being translated into a number of languages by the California and Minnesota immunization programs. To obtain these VISs or to obtain more information about them, the California Immunization Branch can be contacted at 510-540-2065 or the Minnesota immunization program at 612-676-5237. These VISs are also available through the Immunization Action Coalition's website at <http://www.immunize.org> and the Minnesota Department of Health's website at <http://www.health.state.mn.us>.

### **Advisory Committee on Immunization Practices (ACIP) Statements**

ACIP statements are published in the Morbidity and Mortality Weekly Report (MMWR) periodically. Copies of specific articles can be obtained by:

- Calling CDC's immunization hotline at 800-232-2522.
- Calling the applicable state immunization program.
- Using the NIP web site at <http://www.cdc.gov/nip> and selecting "ACIP".
- E-mailing a request to <nipinfo@cdc.gov>.

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### ***Epidemiology and Prevention of Vaccine-Preventable Diseases***

The book *Epidemiology and Prevention of Vaccine-Preventable Diseases* provides an overview of vaccine-preventable infectious diseases and the corresponding vaccines. It serves as a useful companion to the ACIP statements. The appendices provide considerable information and are an

invaluable aid for identifying search tools and other resources. This book and other immunization materials are available by:

- Contacting NIP at:  
National Immunization Program  
Information and Distribution Program  
Centers for Disease Control and Prevention  
1600 Clifton Road NE, MS E-34  
Atlanta, GA 30333  
800-232-2522  
FAX 404-639-8828
- Using the NIP web site at: <http://cdc.gov/nip>, and under “Publications”, selecting “Epidemiology and Prevention of Vaccine Preventable Diseases”.

### **Clinic Assessment Software Application (CASA)**

CASA is a menu-driven database developed by NIP as an assessment tool for immunization clinics and providers. This application is used for data entry and analysis of a clinic assessment and includes many special features. CASA provides an extensive body of data that can be accessed and organized to suit individual practice needs. Additional information or a copy of the application can be obtained by:

- Contacting NIP (address and telephone number previously shown).
- Using the NIP web site at: <http://cdc.gov/nip>, and selecting “CASA” (Clinic Assessment Software Application).