

## New York City VacScene

New York City VacScene is published by the Bureau of Immunization New York City Department of Health and Mental Hygiene

2 Lafayette Street, 19th Floor, CN21

New York, NY 10007

212-676-2259

FAX: 212-442-8091

[nyc.gov/health](http://nyc.gov/health)



**Michael R. Bloomberg**  
Mayor

**Thomas R. Frieden, MD, MPH**  
Commissioner

### Editorial Staff:

Jane R. Zucker, MD, MSc  
Assistant Commissioner

Sheila L. Palevsky, MD, MPH  
Medical Specialist-Provider Liaison

### Written by:

Sheila L. Palevsky, MD, MPH  
Medical Specialist-Provider Liaison

## RECOMMENDED ADULT IMMUNIZATION SCHEDULE—UNITED STATES, 2006–2007

The Advisory Committee on Immunization Practices (ACIP) released the 2006–2007 Recommended Adult Immunization Schedule in October 2006.<sup>1</sup> These recommendations, approved by the American Academy of Family Physicians (AAFP) and the American College of Obstetricians and Gynecologists (ACOG), define the standard of immunization practices for persons 19 years and older – a population for which there is a substantial burden of vaccine-preventable disease.

This schedule presents a tabular, color-coded summary of vaccines by age group (Figure 1) and by indication (Figure 2). Footnotes included are summaries of the most recent ACIP statements for the specific vaccines.

### New vaccine recommendations include:

- A one-time single dose of Tdap in lieu of Td for persons 19 to 64 (less than 65) years of age, in order to provide protection against and limit the spread of pertussis.
- Human papillomavirus vaccine (HPV) vaccine for women 19 to 26 (less than 27) years of age.

### ACIP now recommends:

- A second dose of mumps-containing vaccine for adults in certain age groups and with certain risk factors.
- All adults without evidence of immunity to varicella should receive a two-dose series of vaccine.
- Influenza vaccine for all close contacts of children 0–59 months of age.
- Vaccination of any adult seeking protection from hepatitis B virus infection and vaccination of adults in specific settings.

<sup>1</sup>The Recommended Adult Immunization Schedule is available at [www.cdc.gov/nip/recs/adult-schedule.htm#print](http://www.cdc.gov/nip/recs/adult-schedule.htm#print)

Have your staff  
had their flu shots?  
**HAVE YOU???**

# RECOMMENDED ADULT IMMUNIZATION SCHEDULE — UNITED STATES, OCTOBER 2006 – SEPTEMBER 2007<sup>‡</sup>

## FIGURE 1: BY VACCINE AND AGE GROUP

Vaccine ▼	Age group ▶	19–49 years	50–64 years	≥65 years
Tetanus, diphtheria pertussis (Td/Tdap) <sup>1*</sup>		1-dose Td booster every 10 yrs		
		Substitute 1 dose of Tdap for Td		
Human papillomavirus (HPV) <sup>2*</sup>		3 doses (females)		
Measles, mumps, rubella (MMR) <sup>3*</sup>		1 or 2 doses	1 dose	
Varicella <sup>4*</sup>		2 doses (0, 4–8 wks)	2 doses (0, 4–8 wks)	Shingles Vaccine**
Influenza <sup>5*</sup>		1 dose annually	1 dose annually	
Pneumococcal (polysaccharide) <sup>6,7</sup>		1–2 doses		1 dose
Hepatitis A <sup>8*</sup>		2 doses (0, 6–12 months)		
Hepatitis B <sup>9*</sup>		3 doses (0, 1–2, 4–6 mos)		
Meningococcal <sup>10</sup>		1 or more doses		

\*\* see page 5 for information

## FIGURE 2: BY VACCINE AND OTHER INDICATIONS

Indication ▶	Pregnancy	Congenital immunodeficiency, leukemia, <sup>11</sup> lymphoma, generalized malignancy, cerebrospinal fluid leaks, therapy with alkylating agents, anti-metabolites, radiation, or high-dose, long-term corticosteroids	Diabetes, heart disease, chronic pulmonary disease, chronic alcoholism	Asplenia <sup>11</sup> (including elective splenectomy) and terminal complement component deficiencies	Chronic liver disease, recipients of clotting factor concentrates	Kidney failure, end-stage renal disease, recipients of hemodialysis	Human immunodeficiency virus (HIV) infection <sup>3,11</sup>	Health care workers
Tetanus, diphtheria pertussis (Td/Tdap) <sup>1*</sup>	1 dose Td booster every 10 yrs							
	Substitute 1 dose of Tdap for Td							
Human papillomavirus (HPV) <sup>2*</sup>	3 doses for women through age 26 yrs (0, 2, 6 mos)							
Measles, mumps, rubella (MMR) <sup>3*</sup>		1 or 2 doses						
Varicella <sup>4*</sup>		2 doses (0, 4–8 wks)						2 doses
Influenza <sup>5*</sup>	1 dose annually		1 dose annually		1 dose annually			
Pneumococcal (polysaccharide) <sup>6,7</sup>	1–2 doses	1–2 doses					1–2 doses	
Hepatitis A <sup>8*</sup>	2 doses (0, 6–12 mos)			2 doses	2 doses (0, 6–12 mos)			
Hepatitis B <sup>9*</sup>	3 doses (0, 1–2, 4–6 mos)			3 doses (0, 1–2, 4–6 mos)				
Meningococcal <sup>10</sup>	1 dose		1 dose	1 dose				

<sup>‡</sup> NOTE: These recommendations must be read along with the footnotes that follow.

\*Covered by the Vaccine Injury Compensation Program.



For all persons in this category who meet the age requirements and who lack evidence of immunity (lack documentation of vaccination or have no evidence of prior infection)



Recommended if some other risk factor is present (based on medical, occupational, lifestyle, or other indications)



Contraindicated

## FOOTNOTES

### 1. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination.

Adults with uncertain histories of a complete primary vaccination series with diphtheria and tetanus toxoid-containing vaccines should begin or complete a primary vaccination series. A primary series for adults is 3 doses, with the first 2 doses separated by at least 4 weeks, and the third dose 6–12 months after the second. Administer a booster dose to adults who have completed a primary series and if the last vaccination was received  $\geq 10$  years previously. Tdap or tetanus and diphtheria (Td) vaccine may be used; Tdap should replace a single dose of Td for adults aged  $< 65$  years who have not previously received a dose of Tdap. Only one of two Tdap products (Adacel® [sanofi pasteur]) is licensed for use in adults. A one-time administration of 1 dose of Tdap with an interval as short as 2 years from a previous Td vaccination is recommended for postpartum women (including women who are breastfeeding), close contacts of infants aged  $< 12$  months, and all health care workers with direct patient contact. If the pertussis component is indicated, an interval shorter than 2 years may be used. For adults  $< 65$  years of age who require tetanus toxoid-containing vaccine as part of wound management, a single dose of Tdap is preferred to Td if they have not previously received Tdap. (See [www.cdc.gov/mmwr/PDF/rr/rr5517.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5517.pdf) and page 5.)

**2. Human papillomavirus (HPV) vaccination.** HPV vaccination is recommended for all women aged  $\leq 26$  years who have not completed the vaccine series. Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, women who are sexually active should still be vaccinated. Sexually active women who have not been infected with any of the HPV vaccine types receive the full benefit of the vaccination. Vaccination is less beneficial for women who have already been infected with one or more of the four HPV vaccine types. A complete series consists of 3 doses. The second dose should be administered 2 months after the first dose; the third dose should be administered 6 months after the first dose. Vaccination is not recommended during pregnancy. If a woman is found to be pregnant after initiating the vaccination series, the remainder of the 3-dose regimen should be delayed until after completion of the pregnancy (See box on page 5).

**3. Measles, mumps, rubella (MMR) vaccination.** *Measles component:* adults born before 1957 can be considered immune to measles. Adults born during or after 1957 should receive 1 or 2 doses of MMR unless they have a medical contraindication, documentation of  $\geq 1$  dose, history of measles based on health care provider diagnosis, or laboratory evidence of immunity. A second dose of MMR is recommended for adults who: 1) have been recently exposed to measles or are in an outbreak setting; 2) have been previously vaccinated with killed measles vaccine; 3) have been vaccinated with an unknown type of measles vaccine during 1963–1967; 4) are students in post-secondary educational institutions; 5) work in a health care facility; or 6) plan to travel internationally. Withhold MMR or other measles-containing vaccines from HIV-infected persons with severe immunosuppression. *Mumps component:* adults born before 1957 can generally be considered immune to mumps. Adults born during or after 1957 should receive 1 dose of MMR unless they have a medical contraindication, history of mumps based on health care provider diagnosis, or laboratory evidence of immunity. A second dose of MMR is recommended for adults who: 1) are in an age group that is affected during a mumps outbreak; 2) are students in post-secondary educational institutions; 3) work in a health care facility; or 4) plan to travel internationally. For unvaccinated health care workers born before 1957 who do not have other evidence mumps immunity, consider giving 1 dose on a routine basis and strongly consider giving a second dose during an

outbreak. *Rubella component:* administer 1 dose of MMR vaccine to women whose rubella vaccination history is unreliable or who lack laboratory evidence of immunity. For women of childbearing age, regardless of birth year, routinely determine rubella immunity and counsel women regarding congenital rubella syndrome. Do not vaccinate women who are pregnant or who might become pregnant within 4 weeks of receiving vaccine. Women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health care facility.

**4. Varicella vaccination.** All adults without evidence of immunity to varicella should receive 2 doses of varicella vaccine; there is no upper age limit for this vaccine. Special consideration should be given to those who: 1) have close contact with persons at high risk for severe disease (e.g., health care workers and family contacts of immunocompromised persons); or 2) are at high risk for exposure or transmission (e.g., teachers of young children; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; non-pregnant women of childbearing age; and international travelers). Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) U.S.-born before 1980 (although for health care workers and pregnant women, birth before 1980 should not be considered evidence of immunity); 3) history of varicella based on diagnosis or verification of varicella by a health care provider (for a patient reporting a history of or presenting with an atypical case, a mild case, or both, health care providers should obtain laboratory confirmation of disease); 4) history of herpes zoster based on health care provider diagnosis; or 5) laboratory evidence of immunity or laboratory confirmation of disease. Do not vaccinate women who are pregnant or might become pregnant within 4 weeks of receiving the vaccine. Assess pregnant women for evidence of varicella immunity. Women who do not have evidence of immunity should receive dose 1 of varicella vaccine upon completion or termination of pregnancy and before discharge from the health care facility. Dose 2 should be administered 4–8 weeks after dose 1.

**5. Influenza vaccination.** *Medical indications:* chronic disorders of the cardiovascular or pulmonary systems, including asthma; chronic metabolic diseases, including diabetes mellitus, renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or HIV); any condition that compromises respiratory function, the handling of respiratory secretions or that can increase the risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, or seizure disorder or other neuromuscular disorder); and pregnancy during the influenza season. No data exist on the risk for severe or complicated influenza disease among persons with asplenia; however, influenza is a risk factor for secondary bacterial infections that can cause severe disease among persons with asplenia. *Occupational indications:* health care workers and employees of long-term care and assisted living facilities. *Other indications:* residents of nursing homes and other long-term care and assisted living facilities; persons likely to transmit influenza to persons at high risk (i.e., in-home household contacts and caregivers of children aged 0–59 months, or persons of all ages with high-risk conditions); and anyone who would like to be vaccinated. Healthy, nonpregnant persons aged 5–49 years without high-risk medical conditions who are not contacts of severely immunocompromised persons in special care units can receive either intranasally administered influenza vaccine (FluMist®) or inactivated vaccine. Other persons should receive the inactivated vaccine.

**6. Pneumococcal polysaccharide vaccination.** *Medical indications:* chronic disorders of the pulmonary system (excluding asthma); cardiovascular diseases; diabetes mellitus; chronic liver diseases, including liver disease as a result of alcohol abuse (e.g., cirrhosis); chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]); immunosuppressive conditions (e.g., congenital immunodeficiency, HIV infection [vaccinate as close to diagnosis as possible when CD4 cell counts are highest], leukemia, lymphoma, multiple myeloma, Hodgkin's disease, generalized malignancy, or organ or bone marrow transplantation); chemotherapy with alkylating agents, antimetabolites, or high-dose, long-term corticosteroids; and cochlear implants. *Other indications:* Alaska Natives and certain American Indian populations and residents of nursing homes or other long-term care facilities.

**7. Revaccination with pneumococcal polysaccharide vaccine.** One-time revaccination after 5 years for persons with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); immunosuppressive conditions (e.g., congenital immunodeficiency, HIV infection, leukemia, lymphoma, multiple myeloma, Hodgkin's disease, generalized malignancy, or organ or bone marrow transplantation); or chemotherapy with alkylating agents, antimetabolites, or high-dose, long-term corticosteroids. For persons aged  $\geq 65$  years, one-time revaccination if they were vaccinated  $\geq 5$  years previously and were aged  $< 65$  years at the time of primary vaccination.

**8. Hepatitis A vaccination.** *Medical indications:* persons with chronic liver disease and persons who receive clotting factor concentrates. *Behavioral indications:* men who have sex with men and persons who use illegal drugs. *Occupational indications:* persons working with hepatitis A virus (HAV) infected primates or with HAV in a research laboratory setting. *Other indications:* persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A (a list of countries is available at [www.cdc.gov/travel/diseases.htm](http://www.cdc.gov/travel/diseases.htm)) and any person who would like to obtain immunity. Current vaccines should be administered in a 2-dose schedule with a minimum interval of 6 months between doses. If the combined hepatitis A and hepatitis B vaccine is used, administer 3 doses at 0, 1, and 6 months.

**9. Hepatitis B vaccination.** *Medical indications:* persons with end-stage renal disease, including patients receiving hemodialysis; persons seeking evaluation or treatment for a sexually transmitted disease (STD); persons with HIV infection; persons with chronic liver disease; and persons who receive clotting factor concentrates. *Occupational indications:* health care workers and public-safety workers who are exposed to blood or other potentially infectious

body fluids. *Behavioral indications:* sexually active persons who are not in a long-term, mutually monogamous relationship (i.e., persons with  $> 1$  sex partner during the previous 6 months); current or recent injection-drug users; and men who have sex with men. *Other indications:* household contacts and sex partners of persons with chronic hepatitis B virus (HBV) infection; clients and staff members of institutions for persons with developmental disabilities; all clients of STD clinics; international travelers to countries with high or intermediate prevalence of chronic HBV infection (a list of countries is available at [www.cdc.gov/travel/diseases.htm](http://www.cdc.gov/travel/diseases.htm)); and any adult seeking protection from HBV infection. Settings where hepatitis B vaccination is recommended for all adults: STD treatment facilities; HIV testing and treatment facilities; facilities providing drug-abuse treatment and prevention services; health care settings providing services for injection-drug users or men who have sex with men; correctional facilities; end-stage renal disease programs and facilities for chronic hemodialysis patients; and institutions and non-residential day care facilities for persons with developmental disabilities. *Special formulation indications:* for adult patients receiving hemodialysis and other immunocompromised adults, 1 dose of 40  $\mu\text{g}/\text{mL}$  (Recombivax HB<sup>®</sup>) or 2 doses of 20  $\mu\text{g}/\text{mL}$  (Engerix-B<sup>®</sup>).

**10. Meningococcal vaccination.** *Medical indications:* adults with anatomic or functional asplenia, or terminal complement component deficiencies. *Other indications:* first-year college students living in dormitories; microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*; military recruits; and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa during the dry season [December–June]), particularly if their contact with local populations will be prolonged. Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj. Meningococcal conjugate vaccine is preferred for adults with any of the preceding indications who are aged  $\leq 55$  years, although meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative. Revaccination after 5 years might be indicated for adults previously vaccinated with MPSV4 who remain at high risk for infection (e.g., persons residing in areas in which disease is epidemic).

**11. Selected conditions for which *Haemophilus influenzae* type b (Hib) vaccine may be used.** Hib conjugate vaccines are licensed for children aged 6 weeks–71 months. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults with the chronic conditions associated with an increased risk for Hib disease. However, studies suggest good immunogenicity in patients who have sickle cell disease, leukemia, or HIV infection or who have had splenectomies; administering vaccine to these patients is not contraindicated and vaccine may be given.

This schedule, approved by the Advisory Committee on Immunization Practices (ACIP) ([www.cdc.gov/nip/acip](http://www.cdc.gov/nip/acip)), the American College of Obstetricians and Gynecologists ([www.acog.org](http://www.acog.org)) and the American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)), indicates the recommended age groups and medical indications for routine administration of currently licensed vaccines for persons age  $\geq 19$  years. Licensed combination vaccines may be used whenever any component of the combination is indicated and the other components are not contraindicated. Consult the respective ACIP statements at [www.cdc.gov/nip/publications/acip-list.htm](http://www.cdc.gov/nip/publications/acip-list.htm) for detailed recommendations about each vaccine.

Information on how to file a Vaccine Injury Compensation Program claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or at 1-800-338-2382.

#### Reporting Adverse Reactions

Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Events Reporting System (VAERS) at [www.vaers.hhs.org](http://www.vaers.hhs.org) or 800-822-7967, or call the NYC DOHMH Bureau of Immunization at 212-676-2284/88.

#### Disease Reporting

Report suspected cases of vaccine-preventable disease to the NYC DOHMH Bureau of Immunization Surveillance Unit at 212-676-2284/88; after hours, call 212-POISONS.

## SUMMARY OF RECOMMENDATIONS FOR USE OF Tdap VACCINE IN ADULTS

A tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap), formulated for use in adults and adolescents, was licensed in June 2005 for persons 11–64 years (ADACEL<sup>®</sup>, sanofi pasteur). This vaccine has been recommended to reduce pertussis morbidity among adults, to maintain the standard of care for tetanus and diphtheria prevention, and to reduce the transmission of pertussis to infants and in health care settings. The Advisory Committee on Immunization Practices (ACIP) recommends:<sup>2</sup>

- **Routine use:** Adults should receive a single dose of Tdap if they received their most recent tetanus toxoid-containing vaccine (e.g., Td)  $\geq 10$  years ago.
- **Short intervals between Td and Tdap:** To protect against pertussis, Tdap is recommended at an interval as short as 2 years from the last Td. If the pertussis component is indicated, an interval shorter than 2 years may be used.
- **Vaccination of close contacts of infants <12 months:** Adults who have, or who anticipate having, close contact with an infant aged <12 months (e.g., parents, grandparents, child care providers, or health care providers) should receive a single dose of Tdap. Women, including those who are breastfeeding, should receive a dose of Tdap in the immediate postpartum period if they have not previously received Tdap. Ideally Tdap should be administered at least 2 weeks before beginning close contact with the infant. Any woman who might become pregnant is encouraged to receive a single dose of Tdap.
- **Vaccination of health care workers (HCWs):** HCWs in all settings who have direct patient contact should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap. Priority should be given to vaccination of HCWs who have direct contact with infants <12 months of age.
- **Wound care:** Tdap is preferred to Td for adults <65 years of age who were vaccinated  $\geq 5$  years earlier who require a tetanus toxoid-containing vaccine as part of wound management, and who have not previously received Tdap.
- **Simultaneous administration:** Tdap should be administered with any other vaccine(s) that is/are indicated at that visit.

For complete details including special situations and contraindications to the use of Tdap, please see [www.cdc.gov/mmwr/PDF/rr/rr5517.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5517.pdf)

<sup>2</sup>Centers for Disease Control and Prevention. Preventing Tetanus, Diphtheria, and Pertussis Among Adults: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine. *MMWR* 2006;55(RR17) (available at [www.cdc.gov/mmwr/PDF/rr/rr5517.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5517.pdf)).

## PREVENT CERVICAL CANCER: HUMAN PAPILLOMAVIRUS VACCINE

In June 2006 the FDA licensed and the ACIP recommended\* the use of a quadrivalent human papillomavirus (HPV) vaccine (Gardasil<sup>®</sup>, Merck) to prevent precancerous lesions, cervical cancer and genital warts in females 9–26 years of age. This vaccine is not currently licensed for use in women 27 years and older, or in males.

Women 19–26 years of age should receive three doses of HPV vaccine at the intervals of 0, 2, and 6 months.

- Cervical screening using Papanicolaou (Pap) or HPV tests is not recommended prior to administration of this vaccine.
- Women with abnormal Pap tests, positive polymerase chain reaction (PCR) tests for HPV, or genital warts will be afforded protection for vaccine HPV types that have not already been acquired. These women should be vaccinated.
- Cervical cancer screening recommendations have not changed for females who receive HPV vaccine.
- Females who are immunocompromised from either disease or medication can receive HPV vaccine; the immune response to vaccination and vaccine efficacy may be less than in immunocompetent women.

For additional information see [www.cdc.gov/nip/vaccine/hpv/default.htm](http://www.cdc.gov/nip/vaccine/hpv/default.htm)

\* these recommendations are considered provisional until published in MMWR

## A VACCINE TO PREVENT HERPES ZOSTER (SHINGLES)

Zoster vaccine (Zostavax<sup>™</sup>, Merck) licensed in May 2006 was recommended by the ACIP on October 25, 2006 for the prevention of herpes zoster and post-herpetic neuralgia. Provisional recommendations\* are:

- A single dose of zoster vaccine is recommended for adults 60 years of age and older whether or not they report a prior episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition.

For additional information see [www.cdc.gov/nip/vaccine/zoster/default.htm](http://www.cdc.gov/nip/vaccine/zoster/default.htm)

\* these recommendations are considered provisional until published in MMWR

## CONTINUE GIVING INFLUENZA VACCINE! OVER PAST SEASONS, FLU HAS PEAKED IN FEBRUARY AND MARCH.

*It's not too late to vaccinate!* Flu activity usually peaks beginning in late January and continues through May.

Continue giving your patients flu shots. Be certain that you and your staff have been vaccinated this flu season. If you need flu vaccine, it is available at no cost to you – call 1-866-NYC-DOH1 or order online at [www.nyc.gov/html/doh/html/imm/flu-vaccine-orderform.shtml](http://www.nyc.gov/html/doh/html/imm/flu-vaccine-orderform.shtml)

The use of brand names does not imply endorsement of any product by the New York City Department of Health and Mental Hygiene.

**NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE BUREAU OF IMMUNIZATION**

Citywide Immunization Registry (CIR) .....212-676-2323  
or [www.nyc.gov/health/cir](http://www.nyc.gov/health/cir)

Vaccines for Children Program (VFC).....212-447-8175

Immunization Disease (Case) Reporting .....212-676-2284/88  
after hours.....212-POISONS

Vaccine Adverse Event Reporting .....212-676-2284/88  
or 1-800-822-7967  
or [www.vaers.hhs.org](http://www.vaers.hhs.org)

Immunization Medical Consultation .....212-676-2259

Perinatal Hepatitis B Program .....718-520-8245

Adult Immunization Initiatives .....212-676-2283

Public Health Education and Training .....212-368-9600

Bureau of Immunization Hotline .....212-676-2273

Bureau of Immunization – all other inquiries .....212-676-2259

Immunization Home Page.....  
[www.nyc.gov/html/doh/html/imm/immprog.shtml](http://www.nyc.gov/html/doh/html/imm/immprog.shtml)

Immunization Provider Page .....  
[www.nyc.gov/html/doh/html/imm/immpinf.html](http://www.nyc.gov/html/doh/html/imm/immpinf.html)

For other DOHMH inquiries:

Providers should call .....866-NYC-DOH1

**Free Subscription Order Form**

**Yes!** Add me to the mailing list of the

**NYCVACSCENE**

New Subscription

Address/Name Change only

Name

Title

Organization

Address

Telephone

**Please fax or mail to:**

NYC Department of Health and Mental Hygiene,  
Bureau of Immunization  
2 Lafayette Street, 19th Floor, CN21  
New York, NY 10007  
Fax: 212-442-8091

To order free childhood or adult Immunization Cards (providers only), call the NYC Department of Health and Mental Hygiene Provider Access Line at 1-866-NYC-DOH1.



New York City Department of Health and Mental Hygiene  
Bureau of Immunization  
2 Lafayette Street, 19th Floor, CN21  
New York, NY 10007  
212-676-2259  
FAX: 212-442-8091  
[nyc.gov/health](http://nyc.gov/health)

PRST STD  
U.S. POSTAGE  
PAID  
NEW YORK, NY  
PERMIT NO. 6174