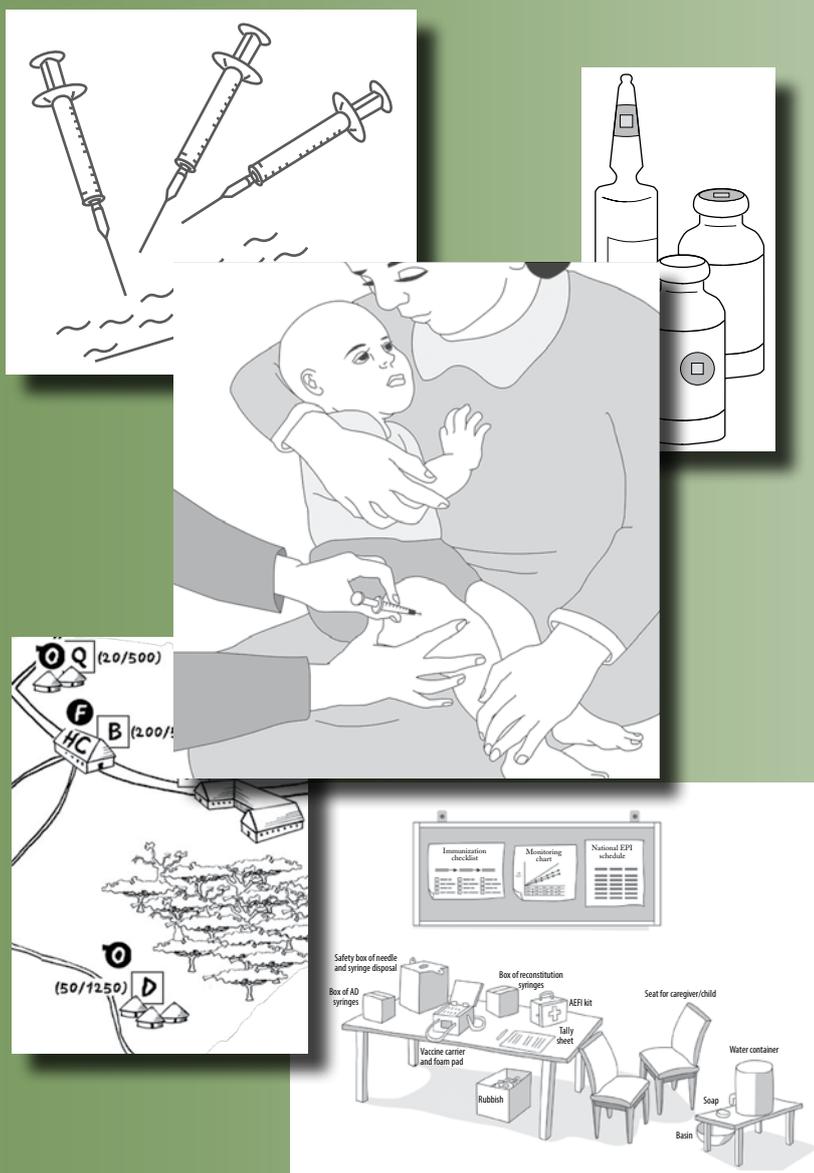


Immunization in Practice

A practical guide for health staff

2015 update



1 Diseases and vaccines

2 The vaccine cold chain

3 Ensuring safe injections

4 Microplanning for reaching every community

5 Managing an immunization session

6 Monitoring and surveillance

7 Partnering with communities



World Health Organization



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Abbreviations and acronyms

AD	Auto-disable (syringes or prefilled injection devices)
AEFI	Adverse Event Following Immunization
AIDS	Acquired immune-deficiency syndrome
BCG	Bacille Calmette-Guérin vaccine that protects against tuberculosis
CRS	Congenital rubella syndrome
CTC	Controlled temperature chain
DOTS	Directly observed treatment schedule for tuberculosis
dT	Diphtheria-tetanus toxoids vaccine with lower concentration of diphtheria toxoid
DT	Diphtheria-tetanus toxoids vaccine
DTP	A combination vaccine containing diphtheria, tetanus toxoid, and pertussis vaccines
DTP+HepB	A combination vaccine containing DTP and hepatitis B vaccines
DTP+HepB+Hib	A combination vaccine containing DTP, HepB and <i>Haemophilus influenzae</i> type b vaccines
DTR	Electronic temperature logger
EPI	Expanded Programme on Immunization
GAPPD	Integrated Global Action Plan for Pneumonia and Diarrhoea
HC	Health centre
HepB	Hepatitis B
Hib	<i>Haemophilus influenzae</i> type b
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
ID	Intradermal
ILR	Ice-lined refrigerators
IM	Intramuscular
IPV	Inactivated polio vaccine
IU	International unit (unit in vitamin A supplements)
JE	Japanese encephalitis
M	Measles only vaccine
MCV	Measles-containing vaccine
Men (as in MenA)	Meningitis
MM	A combination vaccine containing measles and mumps vaccines
MMR	A combination vaccine containing measles, mumps, and rubella vaccines
MMRV	A combination vaccine containing measles, mumps, rubella and varicella vaccines
MNT	Maternal and neonatal tetanus
MR	A combination vaccine containing measles and rubella vaccines
NGO	Nongovernmental organization
NIDs	National Immunization Days (for polio eradication)
OPV	Oral polio vaccine

ORS	Oral rehydration solution
PAB	Protected at birth
PATH	Program for Appropriate Technology in Health
PCV	Pneumococcal conjugate vaccines
RUP	Reuse prevention feature
RV	Rotavirus vaccine
SC	Subcutaneous
TB	Tuberculosis
Td	Tetanus-diphtheria toxoids vaccine
TT	Tetanus toxoid vaccine
TTCV	Tetanus toxoid-containing vaccine
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USA	United States of America
VAD	Vitamin A deficiency
VAPP	Vaccine associated paralytic polio
VVM	Vaccine vial monitor
WHO	World Health Organization
WPV	Wild polioviruses
YF	Yellow fever

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Preface

With the previous edition of Immunization in Practice (IIP) having been translated and used throughout the world, we realized the tremendous responsibility we had when we embarked on this new version. This new edition has seven modules instead of eight as we concluded that merging target diseases and vaccines would make the flow more useful for our readers. Several new vaccines that have become more readily available and used in recent years have been added. Also the section on integration with other health interventions has been expanded as exciting opportunities and experiences have become evident in the years following the previous edition.

There were also some fundamental issues to resolve. The first was to decide whether IIP should be a training document and therefore written in a teaching style, or remain a practical and resource information guide. The decision was that it should, as before, remain as a book to turn to for information rather than one to be used for training purposes. Nonetheless it is very suitable as a resource during immunization workshops.

The second issue was defining the target audience. IIP is obviously meant to be used by people at the health service delivery level and it needs therefore to be as practical as possible. Being aware, however, that the book is also used at almost every level, we decided that the target audience would be “health facility and sub-national level”, that is for those at the grassroots and the next level up. In reality there is a lot of overlap between the functions of these two levels, so it has not always been necessary to present material differently.

The third issue was to decide what to leave out. We have not tried to include every vaccine available today, only the ones in common use, nor have we provided technical material on supplementary immunization strategies as these are dealt with elsewhere.

The revision of IIP was intended to meet the demand to improve immunization services so as to reach more infants in a sustainable way, building upon the experiences of polio eradication. We have thus included material adapted from polio on planning,

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