Teaching Today's Students for Tomorrow's America (TTSTA)
Staff Development: Refugee Culture and Health E-mail Campaign with Resource Links and Attachments

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TTSTA Tuesdays
Week #1

Good Afternoon Everyone,

Welcome to Teaching Today's Students for Tomorrow's America—>TTSTA Tuesdays, a weekly staff development email, quiz, and chance to win prizes at our bi-monthly cross-site meetings. As I mentioned to some of you recently, TTSTA is not a new way of serving the community, but an extension of our services to the Immigrant and Refugee population. The weekly staff development emails will aid in increasing our cultural awareness and later on, increasing our skills in inter-professional teams and education. I am excited to be on this journey with all of you.

The Refugee Mentor Handbook (attached) is written for Refugee Mentor's in Texas. Although some of the information is specific to TX, this Handbook gives good insight into what refugees may experience when resettling in the US. To learn about the refugee experience, review pages 4-7. Skim pages 8-19 using your learning needs and interests as a guide—these pages provide more specific information for the TX Refugee Mentor program. Please review and reflect on pages 20-21 on Cross-Cultural Basics and page 27 to review the Health Care system goal. Also attached is a true and false quiz based on the handbook pages I mentioned. Please complete the quiz and email it back to me.

I will draw a name from the persons who completed the quiz by Friday, October 9th for a prize at the cross site meeting. If there is 100% participation for this quiz, and the one for next week, there will be a prize for everyone. My intention is to make this fun and interesting as we learn to serve the Milwaukee I&R community and teach health care students in a team environment.

Please let me know what your learning needs are, and I will support the team with targeted staff development. Also, if you happen upon useful I&R information, please email it to me.

I welcome feedback and suggestions.

Warmly,
TTSTA Tuesday #1
Staff Development Quiz

FREECITY International: Refugee Mentor Handbook

A refugee is anyone who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinions, is outside the country of his nationality, and is unable to, or owing such fear, is unwilling to avail himself of the protection of that country” (United Nations Refugee Convention of 1951).

Please circle the correct answer.

1. True or False: Emotions that refugees may experience regarding their resettlement may include grief, anger, gratitude, excitement, and disillusionment.
2. True or False: Many refugees live in a refugee camp before their arrival in the U.S., with the average wait in a refugee camp of less than 1 year.
3. True or False: A well-developed cultural awareness will enable easier acquisition of the information that makes up one’s cultural intelligence.
4. True or False: ‘Pragmatism, Efficiency, and Doing’ are possible cultural values of refugees.
5. True or False: ‘Tradition, Formality, and Fate’ are possible cultural values of refugees.
Refugee Mentor Handbook
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Free City International (FCI) is a grass-roots, humanitarian organization working to bring relief and restoration to refugee communities.

The vision of FCI is to see refugee communities living in a holistically healthy and sustainable way. We engage this vision by equipping people and communities to be able to access the knowledge and resources needed to improve the well-being of their lives and overcome the issues and obstacles that lead to poverty, oppression, and at times, famine and war. FCI provides a range of interventions, engaged through a community-focus, tailored to the context and centered on the mentor relationship.

FCI works with people regardless of their religion, ethnicity, or gender.
Imagine living in constant fear. Fear so pervasive and intense that you would leave your home, suffer the loss of your possessions, and travel miles to a foreign land to live in a slum, ghetto, or shantytown. For some this nightmare is a part of their story—the first leg on the journey of a refugee.

The United Nations Refugee Convention of 1951 defines a refugee as anyone who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.”

Refugees are forced to live as strangers—unable to return home and often unwanted in the country to which they’ve fled. They find themselves in crowded camps with limited access to food, education, and healthcare. There are no jobs, no opportunity, and very little hope of leaving. Years may pass in such conditions, as they slowly forget what it means to live a normal life.

If they are lucky enough to make it to the U.S. a new phase of the journey begins, no less bewildering and scarcely less frightening. After years of being in fear for their lives, treated like an unwanted guest, they arrive in a place wholly unlike their homeland where they must try to recover the community, dignity, and purpose with which they once lived. Another leg of their journey has begun.
HOW A REFUGEE RESETTLES IN THE U.S.

1. **The Refugee Flees Homeland to a Country of First Asylum**

2. **In the Country of First Asylum the Refugee Registers with the United Nations High Commissioner for Refugees (UNHCR), and the American Embassy.**

3. **Refugee is Interviewed by the Joint Voluntary Agency (JVA) Representative to Grant Refugee Status.**
   
   If a refugee has relatives in the USA, they must file an affidavit of relationship form at this time.

4. **Refugee is Interviewed by U.S. Immigration and Naturalization Service (INS) to Grant Refugee Status.**

   **If Approved:**
   - Biographical data is sent to the refugee data center in New York.
   - Refugee is now allocated to one of several resettlement agencies, such as the IRC, RST or Catholic charities, at a weekly meeting of all joint voluntary agencies.
   - Refugee’s biographical data is sent to the resettlement agencies.
   - That agency allocates the refugee to one of their regional offices to begin the resettlement process.
   - The refugee flies to their new city and at the airport meets with the RA staff and if possible their mentor.

   **If Rejected:**
   - Refugee must file request for reconsideration; second interview with JVA, if approved; second interview with INS, if approved.
   - If not approved: Refugee must stay in country of first asylum or if approved by JVA but not by INS, they may apply to another country.
THE REFUGEE EXPERIENCE

Refugees face the same difficulties that are common to all immigrants to the United States. The feelings of culture shock pervade every aspect of life. Food, clothing, social norms, language, ways of thinking, even the way houses and cities are constructed; all are new. The things about life in America that provide familiarity and comfort to those born into this culture can be foreign, frustrating, and intimidating to the refugee. Moreover everything about life that was familiar or comforting has disappeared. The sights, smells, sounds, the favorite foods, the holidays, the social gatherings. All gone. Though many refugee communities come together to recreate these things, it will never be like it was before.

Even more devastating are the personal losses they suffer—loss of their dignity through torture or abuse, loss of innocence through witnessing the horrors of war or persecution, even the loss of family members, some who may have died in the violence, disease, or hunger others that simply have been left behind in camps or their country of origin.

The emotions refugees must go through are intense and complicated. There will be grief over all that has been suffered, anger at the injustice that made the journey necessary, gratitude that they have made it through so many dangers, excitement at a chance to make a new life in America, and disillusionment as it becomes clear that the streets are not paved with gold. How they respond is unique to each refugee, but the emotions themselves are common to all humanity.

Free City International seeks to help refugees navigate this phase of their journey. Through partnership with a mentor, FCI wants to see refugees empowered to work their way through this transition. By helping to increase their capacity to participate in and contribute to this new and complex society the mentor will help them attain a sense of normalcy and wellbeing.

In all of this the goal of the mentor should be to enhance the ability of the refugee to successfully take part in American life and culture. Rather than merely handing them all of the things they want and need, the mentor should equip them with the tools that will enable them to attain those things for themselves.

Education & Employment are two foundational keys to FCI’s philosophy of personal responsibility.

EDUCATION PROVIDES:
- Accelerated language learning
- Vital cultural and intellectual information
- A path toward sustainable employment
- Exposure to a variety of people and situations
- Acculturation to their new country

EMPLOYMENT PROVIDES:
- Financial control
- Accelerated language learning
- Means of taking personal responsibility
- Earlier chance for upward mobility
- Acculturation to their new country
- Exposure to a variety of people and situations

Instead of fostering dependence, the mentor should foster dignity and a positive attitude that affirms the abilities of the refugee and the opportunities available to them. Instead of telling the refugee what life in America should look like and how to get there, the mentor should help them figure out what kind of life they’d like to live and then work with them to determine what steps it will take to get there.

Ultimately the goal of mentorship is not to assimilate the refugee into American culture but to help them to be able to live bi-culturally—to effectively participate in American culture while still maintaining those unique aspects of their home culture that give them a sense of identity and self-worth. For this reason it is important for the mentor to come to understand and appreciate the culture of the refugee. The deeper the mentor understands the culture of their refugee the more they will be able to help them find points of connection between the two. Such cultural understanding will deepen their friendship, make communication easier and more fluid, as well as enrich the life of the mentor as their understanding of the world and human experience expands.

The average wait in a refugee camp is 7 YEARS. Many refugees have lived in camps for 18+ YEARS.

FCI focuses on the two key aspects of education and employment, to develop this capacity. Education paves the way to gainful and sustainable employment and employment provides financial independence, and a chance of upward mobility. Both will provide the opportunity for accelerated language learning and acculturation as well as a sense of personal achievement.
Prior to a refugee's arrival in America the resettlement agency is responsible for ensuring the crucial elements of housing, food, and basic furnishings are ready. Resettlement agencies try to find housing that is affordable on the small stipend given to refugees. They will also furnish it with necessities like beds, cookware, toiletries, and dishes as well as stock it with a week’s worth of food.

Upon arrival, a representative of the resettlement agency meets the refugee at the airport. Many RA staff are former refugees, so frequently the caseworker assigned to the refugee comes from a similar cultural background, sometimes even being able to act as translator. The caseworker, or other representative, will take the refugee to their apartment and give them a basic orientation to their new home.

Within 24 hours the caseworker will make their first home visit to make sure the family is adjusting well, answer any questions, and make sure they have everything they need for the immediate future. Over the next week the RA will provide a more thorough orientation and a resettlement plan will be drafted for each refugee. This will outline their professional abilities, skills, education level, linguistic proficiency, and goals for employment and education. This will be the outline the caseworker will use in their follow-up with the refugee and to help tailor the search for employment.

Caseworkers will have additional follow up meetings with the refugees to discuss any questions that have arisen since resettlement. Over the course of these meetings the caseworker will discuss issues of safety, finances, health, employment, education, and children.

After three months the caseworker will perform a second home visit to assess the refugee’s employment and financial status. After six months the RA will interview the family to assess whether or not they are self-sufficient. If so, they will close out the case file. If not, they will connect them with other social services like welfare and social security.

Only 10 countries worldwide have resettlement programs:
Australia, Canada, Denmark, Finland, The Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United States.

Depending on the financial assistance the refugee qualifies for the RA will provide service for up to 120 days. The main focus is to ensure that the refugee has connected to all the assistance they are entitled to and have as good a start to their journey in America as possible. Mentors come alongside the RA and continue after their work with the refugee is done. Mentors provide a personal connection and continued assistance that RAs are unable to. Most caseworkers have dozens of refugees they are trying to serve, whereas mentors are partnered with a single family. FCI also asks that mentors commit to a year with each family, and encourage the relationship to continue as long as there is interest and enjoyment on both ends.
MOST REFUGEES ARRIVE WITH just one suitcase.

SOME REFUGEES ARRIVE WITH JUST THE CLOTHES ON THEIR BACKS.
The goal is to enable each refugee to achieve social and economic self-sufficiency and to build a new life in freedom.

**BEFORE A REFUGEE ARRIVES:** The Resettlement Agency staff ensures that housing, food, and basic furnishings are provided.

**AFTER A REFUGEE ARRIVES:** The caseworker becomes actively involved in the following areas of responsibility:

1) **Arrival**
   a. Meeting clients at the airport and providing community transportation to their new home.
   b. Providing pocket money within 24 hours.
   c. Taking clients grocery shopping within their first two days in the country

2) **Orientation**
   a. Refugee Rights/Responsibilities
   b. Agency Responsibilities/Goals
   c. Various community information (safety, health, employment)
   d. Issuing cash assistance for food and basic needs
   e. Immigration Orientation (filing for relatives, adjustment of status, AR-11’s, citizenship)
   f. Housing and Utilities – review of lease, rent payment, tenant and landlord responsibilities
   g. International Organization of Migrations (IOM) Loan Repayment
   h. Apartment Overview – how to use the stove, air conditioner, phone, etc. This takes place during the 24-hour home visit.

3) **Social Security Card**
   a. Obtaining a Social Security Card

4) **Human Services**
   a. Applying for Medicaid, food stamps and Women’s, Infants & Children (WIC)
   b. Applying for supplemental security income
   c. Referring clients to other social services and resources (RSS, DARS, etc)
   d. Referring and helping clients to enroll in ESL classes
   e. Obtaining Texas ID card

5) **Health Appointments**
   a. Health screening at the Department of Health

6) **Enroll Children in School**
   a. Enroll children in school
   b. Provide information for Higher Education and ESL Classes

7) **Employment**
   a. Caseworkers and employment staff collaborate to find positions for refugees
   b. Goal is to secure employment within 120 days
   c. Have weekly workshops on topics such as: public transportation, financial literacy, etc.

8) **Case Files and Documentation**
   a. Caseworkers document pertinent information in refugee files up to 120 days for most cases, but up to 180 days and beyond if necessary. The caseworker works closely with clients until they are employed (usually within the first 90 – 120 days). Caseworkers work with clients for an indefinite period of time depending on individual needs and may refer to long-term case management programs in needed.

9) **Cash Assistance**
   a. Enrollment into TANF, RCS or Match Grant for the first 120 days
**FINANCIAL ASSISTANCE**

For every sponsored Family for 30 days after arrival including:
- Rent & Deposit
- Furniture
- Household Supplies

To eligible families for 120 days from arrival including:
- Rent & Utilities
- Monthly Stipend

**SUPPORT SERVICES**

- Orientation
- Adjustment Counseling
- School Registration
- Identification Cards
- Family Support Services
- Job Readiness
- Job Placement

After 6 months all services provided at the clients' request including the following additional services:
- Family Support Services
- Counseling & Referral for:
  - Educational Resources
  - Career Upgrades

**VOLUNTEERS AND MENTORS**

Integration Services to all clients and community members
- Adjustment of Status
- Naturalization
- Temporary Protective Status
- Travel Documents
- Family Reunification
- Employment Authorization

Services provided in client languages.
Mentors
To be a Free City International Mentor or Mentor Team member is to be a friend and guide to a refugee individual or family.

Effective mentors reflect an attitude of openness and accessibility. You want the refugee to feel they can ask you questions and that you will treat their beliefs and concerns with respect. This relationship building between you and the refugee is especially significant because you provide the invaluable friendship and trustworthy moral support that a newcomer needs.

Some of the things you will do as a mentor/mentor team member are:

- Attend the Mentor Training Workshop
- Complete the application process
- Attend additional equipping/training classes
- Determine the amount of time you can commit to your refugee family each week
- Learn about and respect the home culture of your refugee
- Take the time to learn a “travel-amount” of the heart language of your refugee family
- Be a friend, teacher, agent of peace, and advocate for justice.
HOW TO GET STARTED

CHOOSE AN AREA OF SERVICE
Areas of service are divided into Pre-Arrival and Post-Arrival categories:

Pre-Arrival:
- Welcoming Team Committee and/or Mentor Team Volunteers

Post-Arrival:
- Refugee Mentor, ESL Mentor and/or Mentor Team

APPLICATION
The first step in getting started is to complete the Free City International application. If you already have a relationship with a refugee family you can request to be placed with them. Other preferences will be taken into consideration such as originating country, people groups, and apartment complexes.

Once the volunteer application and background check has been received and approved, FCI will contact you with information on your family. Material is available on the majority of countries represented in FCI’s client population. FCI will provide you with cultural background information on the clients’ countries of origin, but you will learn the most from the refugees themselves.

FIRST MEETING
A mentor’s introduction to a refugee can be an intimidating time for both parties. A staff member from the refugee’s Resettlement Agency will be present to introduce you to your refugee and help break the ice. It is important to take the first meeting slowly. Try to establish common ground with the refugee and to make them feel at ease. Introduce yourself, talk about your family, your siblings, favorite foods. Ask simple straight-forward questions about family, work, hobbies, sports, etc. Try to focus on positive aspects of life, not the difficult experiences that necessitated leaving their homes. Let them know that you want to be their friend.

Some things to consider when meeting your refugee:
• Introductions are important, it may be more comfortable for your refugee if this process is formal and goes rather slowly.
• Consider bringing a photo of yourself and your family or friends.
• It may be that your initial focus has to breaking down walls of fear and distrust. Remember they have suffered much to arrive in a strange and frightening place, it may take more time than expected for your refugee to trust you.
• Ask questions that show your interest in who they are and their life experiences, show them that you are not just there to teach them, but to be their friend.
• If possible, establish a few tangible things you can do to help your refugee family (i.e. English tutoring, job hunting, trips to the doctor). This might help the refugee see value in the relationship and get them invested as well as provide a framework for future meetings.
• Make sure you communicate clearly about your preferred mode and amount of communication. Some refugees come from cultures where social interaction is constant and may think calling their mentor several times a day is normal.
• Determine the time and place of future meetings, most meetings will be held at the refugees apartment. It is helpful to give the refugees a wall calendar so they can have a visual representation of when they can next expect a visit.
• Be patient with the refugee and with yourself. There is no step-by-step method of building a strong cross-cultural relationship, each one is different and they all take time.
• Be sure to clearly communicate expectations concerning timeliness. If you have agreed that you will meet them at their apartment at 5:00 pm make sure they know that means it is expected that they will actually be there at 5:00 pm, not sometime after lunch and before sunset.
• Work to build the refugee’s self-esteem. Set reasonable expectations for yourself and the refugee. Offer frequent encouragement and acknowledge even the smallest achievements.
• Whenever possible use positive language rather than negative. It is better, even in little things, to affirm what the refugee can do as opposed to prohibit things that they can’t. (i.e. “Please call before 10 pm”, is preferred to “Please don’t call after 10 pm”)
• Show respect for your refugee’s opinion, ideas, values, and culture. You don’t have to agree with them, but listening carefully and suspending judgment will help build trust.
• Remember you cannot solve every problem.
Refugees arriving to the United States can have widely divergent needs. Some will be highly educated, have professional training, and speak fluent English. Others will have no formal education, speak a tribal dialect, and have only worked in subsistence farming. Obviously no one program will meet every refugee’s needs. The following list is meant to offer helpful suggestions and spark creativity on the part of the mentor on ways a mentor may be able to build a relationship and offer support to their refugee friends.

- Host the family for a holiday dinner, use the time spent to educate them about American culture.
- Perform minor household repairs for the refugee, show them what you are doing and explain why.
- Take the refugees clothes shopping at a clothes closet or thrift store.
- Explain household safety hazards, and help childproof their home.
- Talk about career opportunities that interest them and help them write a résumé. Visit a job fair together and help them fill out any applications they picked up.
- Cook together. Have them teach you how to prepare traditional cuisine from their culture and show them how to cook some of your favorite recipes.
- Play board games or sports together.
- Go over finances together. Help them create a budget and teach them about bills, banking, and credit.
- Visit a museum, library, park, sporting event, movie, concert or any other culturally interesting public space or event.
- Take them on a tour of your workplace (with your supervisor’s approval!). Talk about what you do and any differences in the workplace environment between their culture and America.
- Read a book out loud together. Let the mentee choose a book that interests them and is appropriate to their level of English. Talk about any vocabulary they don’t understand.

As with any relationship it is important to spend time together and to talk. Depth of relationship will follow time spent together.
“I can’t afford my rent.”

REALITY: Refugee Agencies always place refugees in apartments where they can afford the rent. RA case managers know in advance what monthly income refugees will have here (cash assistance programs, employment programs) and rent accordingly.

WHY REFUGEES SAY THAT: Refugees almost always feel that the rent is too high (they may come from places where a person can live on $500 per year) and they may also be confused and insecure about where their money comes from. Case managers spend a lot of time educating refugees about rent payments, budgeting, and other basic financial issues, but the learning curve can be steep.

BEST RESPONSE: “I am sure it seems high, but you have enough money to pay it every month. If you are worried about it, you should talk to your caseworker.”

“I don’t have any money.”

REALITY: RA’s pay refugees’ first month’s rent, provides basic furniture and supplies, and gives them money for food and small personal items. Case managers either enroll them in our employment programs or apply for welfare programs if necessary.

WHY REFUGEES SAY THAT: Their entire financial situation seems precarious to them. Everything seems very expensive. In the case of food stamps, money comes on a card once a month and they have to learn how to access and budget that money over the course of a month.

BEST RESPONSE: Listen and be sympathetic. Offer help shopping for bargains and planning a budget. Refer refugees to case managers if the question is about their particular financial assistance or food stamps case. Through long and painful experience, we have become experts on these issues.

WORST RESPONSE: “I’ll lend/give you some money.”

“I’m getting all these medical bills.”

REALITY: Yes, they are probably getting a lot of medical bills. RA caseworkers refer refugees for health appointments immediately upon arrival. They are referred to a refugee clinic that is able to see refugees before they get there Medicaid approval. RA’s apply for Medicaid for them ASAP, but it can take up to 45 days for a case to be approved. In the meantime, medical bills may start to arrive. Medicaid coverage is retroactive to the refugee’s day of arrival, so these bills are covered.

WHY REFUGEES SAY THAT: Because it is true!

BEST RESPONSE: “It’s ok. Medicaid will pay for that.”

WORST RESPONSE: “Well, don’t go to anymore medical appointments!”

“It has been three weeks and my children aren’t enrolled in school! They need to start right away!”

REALITY: Refugee children always need additional vaccinations, a TB test, and a doctor’s evaluation before they can enroll in school. They must wait for their initial health screening (mentioned above) which should occur within the first few weeks.

WHY REFUGEES SAY THAT: Refugee’s tend to place a high value on their children’s education. They often view it as their best hope for the future here and the one positive outcome of all they have gone through.

BEST RESPONSE: “Unfortunately, they cannot start until they get their shots and TB test. They will go to school. You have to be patient a little longer. Maybe we could check some children’s books out of the library, go over numbers and letters with them, go to a science museum, go for a hike, etc.”

WORST RESPONSE: Taking them to another medical provider for immunizations. These bills will NOT be covered by Medicaid. Their children will still need to go to their appointments at the refugee clinic.

Note: Caseworkers do appreciate a volunteer’s help with school enrollment, but only if the volunteer wants to take on the task.

“Please call my caseworker and talk to him/her about X.”

REALITY: Refugees know how to contact their case manager and we communicate with them frequently, either on the phone or in person. They have the RA office number and they know how to get to the office. Besides their case manager, they know everyone else in the office and have talked to them all. Why refugees say that: They are
case manager, they know everyone else in the office and have talked to them all.

**WHY REFUGEES SAY THAT:** They are trying to get as much help as possible. Maybe they didn’t understand the case manager’s answer or maybe they didn’t like the answer. Maybe they had to wait to see their case manager. They may feel that the volunteer cares about them more than the case manager and that the volunteer is in a better position to advocate for them.

**BEST RESPONSE:** If you feel you can give advice or help with the problem, do so. If you don’t feel you can be helpful, remind them that they can and should contact their case manager directly. If you are having doubts about how to handle the situation, call the volunteer coordinator.

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“I need a television, CD player, sewing machine, computer, etc.”

**REALITY:** Refugees may want these and many other things as well. As we all do, refugees want the things that make life easier and more interesting: TV’s, toys, small appliances, radios, etc. RA development staff solicits donations of these types of items. Volunteers can, if they want, communicate refugees’ wishes to the volunteer coordinator. FCI cannot guarantee that every refugee will receive desired items, so please don’t make any promises. It may also take time to provide them with the items. If a volunteer wants to give something to their refugee mentee or solicit donations from friends, that is fine. We strongly advise against buying things for refugees as that can lead them to have unrealistic expectations. Also, if you lend something to a refugee, you may not get it back. We have seen some serious misinterpretations over such “loans.”

**WHY REFUGEES SAY THAT:** RA’s can only provide the basics, e.g. beds, cooking pots, dishes, towels, sheets, toothbrushes, etc.

**BEST RESPONSE:** Contact volunteer coordinator.

**WORST RESPONSE:** “Let’s go to the mall!”
Refugees resettling in the United States are required to fill out large amounts of paperwork. Immigration law can be fairly complicated, so do not hesitate to contact the Volunteer Coordinator if your mentee is having legal questions that you are not able to answer. Furthermore, encourage your mentee to talk to their case manager.

As a mentor there are some basic immigration topics you should be familiar with:

**I-94’S:** An I-94 card is given to all individuals when they first enter the United States. For a refugee, the I-94 card is incredibly important. The I-94 is proof that they are legally in the country. I-94’s should be carried at all times until a green card is received.

**ID CARDS:** Refugees must apply for and receive ID cards in order to maintain access to government services. Prior to arriving in Dallas, an application for an Employment Authorization Document (EAD) has been completed for each individual and should arrive within a few weeks. The RA also helps clients apply to Texas ID’s. It is very important that these documents are kept safe; if they are lost or stolen a police report should be filed.

**GREEN CARDS:** Refugees are eligible to apply for their green card after being in the United States for one year. The law states that they must apply after one year, so it is important to encourage your family to do so. When applying, help should be sought from an immigration attorney or an organization like the RA.

**FAMILY PETITIONS:** Not all families come to the United States together. There is a special application for refugees to help reunite families. The principal applicant can apply for his/her spouse and unmarried children under the age of 21. If your mentee has left a spouse or children behind, have him/her talk to the Immigration Department about ways to have their family members come to the United States.

Mistakes you should urge your mentee to avoid:

- Remind your mentee not to drive without a Driver’s License, current insurance, and the title of the vehicle
- **DO NOT** under any circumstances fill out legal paperwork for your refugee friend. It is illegal for anyone other than the refugee or a licensed attorney to fill out these forms.
- Remind your mentee that their signature must be consistent on all forms.
- Urge your mentee to have their legal work done by a licensed immigration attorney or BIA accredited representative.
- Make sure your mentee knows that it is illegal to show copies of government documents (such as their social security card, I-94, etc.) If a government official asks to see a document, it must be the original or the refugee will be charged with a misdemeanor.
- If your mentee mentions a second or third spouse, tell the Volunteer Coordinator, Case Manager, or Immigration Department immediately. Refugees can be deported for illegal actions. If your mentee tells you he is considering taking a second wife, you can explain that this practice is illegal in the United States and can affect their legal status.
- Make sure your mentee family knows that our laws treat domestic violence very differently from their home country. Let them know that any violation can lead to legal action and deportation. If you suspect domestic violence, inform the Volunteer Coordinator at the RA immediately.
# CHARACTERISTICS OF A GOOD RELATIONSHIP

## Contributions of the Mentor

- Reassurance
- Confidentiality
- Protective Measures
- Calmness

- Friendliness and warmth
- Attention and interest
- Concern/Compassion/Sympathy
- Sensitivity

- Not judging/preaching/lecturing/chiding
- Reassuring about ‘normality’
- Respecting concerns and taking them seriously
- Showing acceptance and unconditional positive regard
- Validating/appreciating

- Empathetic understanding and reflective learning
- Openness
- Matching
- Support for person’s goals
- Responsiveness to the person’s experience

- Making clear what is being offered
- Clarity about goals, process, and roles
- Providing a basis for informed choice

- A collaborative, rather than a one-up/one-down relationship
- Not interrogating
- Affirming the person’s resources
- Encouraging the person to take some risks and make choices
- Honesty

- Humor and playfulness
- Focusing on the desired future and on solutions
- Strengthening a sense of direction

- Most of the above

## The Mentee Experience

- Feeling safe and secure

- Feeling nourished, nurtured and supported.
  - Confident that needs will be met.

- Feeling valued/valuable

- Feeling a sense of connection/rapport

- Having a sense of control over the communication process

- Feeling empowered

- Enjoyment and pleasure
  - Feeling hope for a positive future

- Trust

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1 Geoff Mortimore, Centre for Education Development and Academic Methods, Australian National University
As with most relationships in life, most problems in mentorship are caused by miscommunication. It is especially important that the expectations of both the mentor and the mentee are clearly communicated and understood. Language and cultural barriers will make maintaining healthy avenues of communication all the more difficult and important. That is why it is best to address any tension or strain in the relationship as openly and directly as you can.

As the mentor relationship develops there may be an increase in demand on your time. It is crucial to the healthy longevity of the relationship that you define and maintain boundaries on your time, resources, and emotional reserves. It is better in the long term to occasionally say “No” to a request that infringes on the boundaries you have decided upon than it is to say “Yes” to everything and emotionally burn out in a few months.

While setting good boundaries is important it can be difficult. Before starting your mentorship determine how much time you actually have to commit, how much you are willing to communicate with your family and the times that such communication should take place, as well as in what areas you are and are not willing to offer service. Communicate these boundaries in a manner that is both clear and gentle. Do this early on and don’t be afraid to enforce them. Your mentee may initially feel hurt or that you are withholding from them. If this happens take time to communicate with your refugee that you value them and your friendship but that you have other responsibilities as well in your life.

As the relationship progresses be aware of signs of burn out. Be mindful of feeling overwhelmed or worn down with the responsibility of mentorship. If you find yourself dreading to meet with your mentee and feeling drained after every interaction it is probably healthy to review your boundaries and assess how well you are following them and if they need to be revised.
CROSS-CULTURAL BASICS

One of the most rewarding aspects of mentorship is the development of a cross-cultural friendship. Culture is a dynamic and often amorphous entity. It is a set of values, beliefs, assumptions, language, aesthetics, ideas, and expectations that is shared between people that share a similar geographical and historical space. It is formed by the collective experience of many and it informs the experience of each participant. While each of us is in part a product of our cultural heritage no one is a cultural paradigm perfectly embodying every aspect of a given culture. Each of us stands both in and in contrast to our own culture.

Even still, most of us spend the majority of our time relatively oblivious to our own culture. It is our the framework for our social lives as important and unconsciously accepted as the air we breath. This unconscious acceptance is one of the contributing factors to tension in cross-cultural situations. During these interactions the framework of cultural is shifted and input A no longer results in the expected output B. If we are unaware of cultural differences the usual response will be frustration, impatience, perhaps even anger and being offended.

For this reason it is important to develop cultural awareness. This can exist independently of any specific knowledge of another culture. This is merely an active awareness of one’s own enculturation, and the enculturation of others. It is a mode of self-aware critique, seeing oneself as well as those around you as cultural actors. It is a lens that can give color and shape to those invisible aspects of one’s own culture and reveal those places of commonality upon which a deep and lasting friendship can be built.

As the faculty of awareness develops so too will one’s cultural intelligence. This refers to the specific understanding of a culture, the particular values, sensibilities, language, and artifacts that make that culture unique. A well-developed cultural awareness will enable easier acquisition of the information that makes up one’s cultural intelligence.

The following table may be useful as you begin to explore the areas of cultural awareness and intelligence. The chief weakness in any such list is that the world is not divided up into American culture and everyone else, and each person from a society will express their culture in a unique way. As such it is important to remember that you may not encounter each of these differences with someone from another culture and you almost certainly experience others not listed here.

<table>
<thead>
<tr>
<th>Anglo-American Cultural Values</th>
<th>Possible Contrasting Cultural Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time-orientation</td>
<td>Human interaction orientation</td>
</tr>
<tr>
<td>Progress</td>
<td>Tradition</td>
</tr>
<tr>
<td>Informality</td>
<td>Formality</td>
</tr>
<tr>
<td>Directness and honesty</td>
<td>Saving face and maintaining honor</td>
</tr>
<tr>
<td>Pragmatism and efficiency</td>
<td>Idealism and ritual</td>
</tr>
<tr>
<td>Scientific materialism</td>
<td>Spiritualism</td>
</tr>
<tr>
<td>Individualism</td>
<td>Group welfare</td>
</tr>
<tr>
<td>Personal control of circumstance</td>
<td>Fate</td>
</tr>
<tr>
<td>Egalitarianism</td>
<td>Hierarchy and status</td>
</tr>
<tr>
<td>Doing</td>
<td>Being</td>
</tr>
</tbody>
</table>

The more interaction you have with people of other cultures the more you may find beauty and worth in values that contrast with your own. This is where cross-cultural friendships really begin to be rewarding and valuable. They can challenge us to view our own cultural framework in a way that is refining and enriching. Even those aspects of our own culture that we ultimately maintain will be enriched through the process of examination and reassertion.
COMMUNICATING ACROSS CULTURES

While certainly enriching, cross-cultural relationships can also be very difficult. The greater the difference in foundational assumptions about how the world works and what is valuable the more difficult it will be to communicate in meaningful ways. The following guidelines may help in breaking through misunderstanding and allow you to communicate more easily and develop a friendship more quickly.

**PAY ATTENTION:** Try to clear your mind of preoccupation so you can concentrate on what is being said. Try hard to listen and HEAR what is being said.

**SET YOUR ASSUMPTIONS AND VALUES ASIDE:** Try to hear not only what the other people are saying, but also what they mean by what they say. It is easier to understand if you set aside your ideas and try to explore theirs thoroughly.

**WITHHOLD JUDGMENT:** Remember that other people do not have to agree with your ideas and you do not have to agree with theirs. You will have more success in communicating with them if they know you are trying to understand rather than judge them.

**BE COMPLETE AND EXPLICIT:** Be ready to explain your point in more than one way, and even be ready to explain why you are trying to make a particular point in the first place. Communication is more successful when all involved know the context of the conversation.

**PAY ATTENTION TO THE RESPONSE OF OTHERS:** You can usually tell whether you have blundered or been unclear by noting the verbal and nonverbal reactions to what you have said. If you don’t understand a gesture or response, ask them to explain what they mean.

**PARAPHRASE:** After someone has spoken and before you respond, restate what you heard that person say and what you thought was meant: e.g., “As I understand it, you are saying … is that correct?” Add your comments only after the person has assured you that you have understood correctly. This helps prevent situations in which you and the other person are assigning different meanings to the same word or phrase.

**ASK FOR VERIFICATION:** After you have spoken, try to confirm that you have been understood. Ask the person to restate what you have said: e.g., “I want to be sure I made myself clear, so would you tell me what you understood me to say?” It does not usually work to ask the other person “do you understand?” Most people will say “yes” whether they understood or not.

**BE ALERT FOR DIFFERENT MEANING BEING ASSIGNED TO CERTAIN WORDS, PHRASES OR ACTIONS.** Sometimes you will think you understand what the other person is saying, when suddenly you realize you do not. When this happens, stop your conversation and discuss the point of misunderstanding.
Resources
LIFE SKILLS CHECK LIST

This check list is a helpful starting point for when you begin meeting with your mentee family. It can help you to assess which areas they need the most assistance in.

FAMILY’S NAME: ____________________________

VOLUNTEER: ____________________________

As you enter
• keys
• personal safety
• lock your door behind you, keep your doors locked
• do not invite anyone you do not know into your home

Inside
• lights
• opening/closing doors and windows
• electrical outlets
• adjusting the AC/Heat (keep it LOW!)
• smoke detectors/batteries

Bedroom
• closets / hangers
• under bed storage
• alarm clocks / time
• plastic mattress pads (as appropriate)

Kitchen
• refrigerator / freezer – cold foods
• plastic wrap
• cupboards – canned foods/can openers
• dishes
• pots / pans
• stove
• oven
• sink (disposal)
• dish soap
• washing dishes
• trash can / trash bags
• trash stickers / taking the trash out

Bathroom
• shower / tub
• soap / shampoo in the shower
• towels
• toilet / toilet paper (what NOT to flush)
• diapers (as appropriate)
• sink / soap / hand washing
• toothbrush / toothpaste
• deodorant
• feminine hygiene products (as appropriate)

Cleaning
• cleanliness
• cleaning supplies
• laundry / laundry detergent

The Bus
• closest stop to their home
• tickets – how much they cost
• where/how to buy additional tickets
• the bus driver is your friend / don’t be afraid to ask questions
• routes / schedules
• how to get to:
  -the RA
  -the Health Department
  -Parkland
  -the grocery store
  -the Laundromat
  -how to get home

The Laundromat
• frequency of washing clothes
• sorting the clothes
• laundry baskets
• need for quarters (can get change at most Laundromats) OR
• need for laundry card (purchase at apartment complex office)
• laundry detergent
• washing machines (how they work, how much to fill, water temp)
• dryers

The Post Office
• what mail is
• mail sent to a person vs. “junk mail”
• point out that important bills come in the mail
• where their mailbox is, how it works, don’t lose the key
• visit the post office
• purchasing and using stamps
• how to mail something at the post office
• blue mail boxes

The Grocery Store
• Tom Thumb, Super Target and Fiesta
• membership cards
• store brands vs. name brands
• general overview of what kinds of food is there
• Lone Star Cards (food stamps)
• WIC
ESL GUIDE—BASIC LIFE SKILLS ESL

The Following are basic life skills that are crucial for the families to know. Having this knowledge and the confidence to use it will make their transition much easier.

PERSONAL INFORMATION
Name: Understands correct name order and married names
Address: Reads and writes name, complete address, and telephone number. Understands concepts of city, state, and country.
Birth Date: able to read and write

LIFE APPLICATION:
• Address an envelope.
• Fill out a library card.

BASIC CONVERSATION SKILLS
Greeting: Vocabulary needed for introductions
Telephone: Vocabulary needed for communication on the telephone with friends, doctors’ offices, employers, etc.
Answering Machine: Leaving messages on an answering machine; phone etiquette.

LIFE APPLICATION:
• Help clients call Medicaid transportation to arrange transportation for their next doctor’s appointment.
• Call the FCI office after hours and practice leaving a message on voicemail.

FOOD/GROCERY
Food: Names of common foods/staples, storing food safely, nutrition, reading expiration dates.
Cooking: Following recipes, safety in cooking
Grocery Shopping: Basic vocabulary with cashiers and workers, Understanding how to find foods in a store, food stamps, coupons, taxes, making change with money, shopping within your budget, comparing process.

LIFE APPLICATION:
• Go to the supermarket and grocery shop together.
• Go to their kitchen and explain food storage, how to use cooking appliances, etc.

MONEY MANAGEMENT
Cash: counting, understanding the value of bills, making change, when to use it
Checks: how to write a check, balancing a check book
Credit Cards: purposes and dangers of using one
At the Bank: opening a checking and/or savings account, reading a bank statement, understanding the services of a bank.
Budget: living on a monthly budget
Paying bills: reading the information on a bill (due dates, late fees, etc.)

LIFE APPLICATION:
• Go to the bank and open up an account.
• Pay one month of bills.

HEALTH CARE
Taking Care of Self: proper nutrition and cleanliness
Children & Infant Care: caring for illnesses, nutrition, vaccinations, safety
At the Doctor: how to make an appointment on the telephone, when to visit the doctor, the importance of being on time to your appointment, how to describe basic illnesses
Emergencies: what defines an emergency and when to 911
Medicine: the difference between over the counter and prescription medicines, how to read labels and directions for usage.

LIFE APPLICATION:
• Read various medicine labels and discuss when to take them.
CITY ORIENTATION

Goal: To find their way to common places such as the bank, post office, shopping centers, etc.

Vocabulary:
- Places such as post office, bank, supermarkets, ATM’s, mall, playgrounds, library, theatres, gas stations, laundromat, barber, churches, mosque, etc.
- Items such as stamps, letter, library card, etc.
- Prepositional phrases such as: in the bank, at the supermarket, on Pineland, at the corner of Fair Oaks and Park Lane.

Life Application:
- Take them on a tour of the city and show them places of interest like post offices, banks, ATM’s, playgrounds, the mall, the Dollar stores, thrift stores, etc.
- Give them a map of the area and ask them to mark certain locations.
- Explain what various warning signs mean (don’t walk, no littering, no smoking). Ask them to identify as signs you see them.

Comprehension Questions:
- Where do you go to buy food?
- Where do you go to buy stamps and mail letters?
- Where can you take your family for a picnic?
- Where do you wash clothes?
- Where do you buy clothes?
EMPLOYMENT

Goals: Develop the skills necessary for obtaining employment.

Vocabulary:
- Occupations such as: waiter, janitor, housekeeper, cook, secretary, carpenter, maid, hairdresser, driver
- Work places such as: hotels, factory, restaurant, library, office, construction site, cafeteria
- Skill, experience, education, interview, application form, references, insurance, vacation, benefits, taxes, supervisor, manager, overtime
- Verbs such as: apply, work, learn, start, stop, need call

Life Application:
- Conduct mock interviews
- Teach clients how to look for jobs using the newspaper, public job boards, etc.
- Teach them to ask for a job application and fill it out.
- Present hypothetical work situations and ask the client how they would respond, (for example: You need a day off to take your child to the doctor, how do you ask?)

COMPREHENSION QUESTIONS:

Employer Questions
- What hours are you available to work?
- What are your skills?
- Do you have work experience?
- What kind of job did you have in your country?

Employee Questions
- Is this a part-time or full-time job?
- What days would I work?
Goals: Become familiar with the healthcare system.

Vocabulary
- Adjectives: sore, broken, tired, sick, dizzy, weak, healthy
- Nouns: hospital, nurse, doctor, dentist, clinic, vaccination, medicine, pharmacy, ambulance, pills, appointment, insurance, prescription, ache, allergy, temperature, thermometer, shot
- Verbs: hurt, buy, call, break, take, open, close, visit, make an appointment
- Common illnesses: fever, cold, flu, headache, stomachache, toothache, earache, backache, cut, bruise, burn

Life Application
- Practice using a thermometer and reading temperatures. Make sure they understand what a normal temperature is and understand low, mid-grade, and high fevers.
- Talk about following written/oral prescriptions for medication.
- Show clients how to make appointments with a doctor.
- Practice calling in sick to work.
- Practice calling a child’s school or writing a note to the child’s teacher to report illness/absence.
- Identify parts of the body.

Comprehension Questions
- How do you feel?
- What’s the matter? What’s wrong?
- Do you have a fever? Do you have a temperature?
- Where does it hurt?
- Would you like to make an appointment?
Goals: To become familiar with the education system.

Vocabulary:
- Nouns: bus, school, cafeteria, classroom, teacher, grade, homeroom, homework, principal, immunization, test, class, report card, progress report, teacher conference.
- Verbs: study, learn, communicate, teach, do homework, be tardy, be absent.
- School Subjects: math, science, social studies, English, language arts, music, gym.

Life Application:
- Discuss the American school system (elementary through high school, community college and universities.)
- Find out names of the students' teachers and what the policy is for communicating.
- Practice reading a report card or progress report.
- Explain the school's attendance policy.
- Help the clients practice writing notes to teachers.
- Explain the PTA and the importance of involvement in their child's education.
- Discuss the importance of responding to notes from the school.
- Discuss their schedule of vaccinations from the health department.

Comprehension Questions:
- What is the name of your child's school?
- What is the name of your child's teacher(s)?
- When is your parent/teacher conference?
- What time does school start/end?
OPENING A BANK ACCOUNT

Goals: To be able to open and maintain a checking and/or savings account. To know how to deposit and withdraw money from their bank account.

Vocabulary:
- Nouns: bank, check, account, statement, fee, interest rate, budget, income, expenses, savings, etc.
- Verbs: wait, order, give, open, lend, apply, deposit, withdraw, charge, balance, etc.

Life Application:
- Take the clients to the bank to open a bank account.
- Teach the client how to fill out a deposit and withdrawal slip.
- Teach the client how to write and endorse a check.
- Help clients read a bank statement.
- If they have an ATM or debit card, make sure they know how to use it properly.

Comprehension Questions:
- What is your account number?
- May I see your I.D. card please?
- What is my account balance?
- I need to withdraw money from my check account please.
- Can I have a deposit slip?

LIVING ON A BUDGET

Goals: Create a monthly budget and learn how to live by it. Understand how to read and pay bills.

Vocabulary:
- Budget, expenses, minimum wage, hourly pay, taxes, bills, income, payment, envelope, stamp, letter, mail, savings.

Life Application:
- Set up a monthly budget plan and see it through the month with the client.
- Go shopping and place a limit on how much the client can spend.
- Pay one month of bills together.

Comprehension Questions:
- How much money do I have at the end of the month?
- How much money do I make every month?
- When is this bill due?
Recording Your Time

**IT IS IMPORTANT TO MAINTAIN RECORDS OF YOUR TIME.**

This is a requirement of the Mentor Program. A report should be submitted at the end of the month in which the time you spend with your mentee is officially recorded.

To record your time each month go to: www.FreeCity.org/report or simply visit the FCI homepage (FreeCity.org) and click “REPORT” at the top right hand corner.

“Off-Site” Activities with Children

FCI does not permit “off-site” activities with children when the parent(s) are not present.
**RESOURCE LIST**

**Child Care**
Contact Free City International and/or their RA.

**Department of Public Safety**

*Dallas Downtown Office*
1500 Marilla 1B South
City of Dallas Building
Phone number: 214.651.1859
Hours: Monday – Friday from 8:00 AM – 5:00 PM
*No written or driving examinations are administered at this location!*

*Dallas East*
11411 E Northwest Highway Ste 111
Dallas, TX 75218
Phone number: 214.553.0033
Hours: Monday – Friday from 7:00 AM – 5:00 PM

*Dallas Southwest*
5610 Red Bird Center Ste 500
Dallas, TX 75237
Phone number: 214.330.3958
Hours: Monday – Thursday from 7:30 AM – 5:00 PM

**Hospitals**

*Parkland Health and Hospital System*
5201 Harry Hines Blvd
Dallas, TX 75235
Phone number: 214.590.8000
Hours: Open 24 hours everyday

*Presbyterian Hospital of Dallas*
8200 Walnut Hill Lane
Dallas, TX 75231
Phone number: 214.345.6789
Hours: Open 24 hours everyday

**Post Office**

*Vickery Station*
6640 Abrams Road
Dallas, TX 75231
Phone number: 214.553.1842 or 800.ASK.USPS
Hours: Open Monday – Friday 8:30 AM – 5:00 PM
Open Saturday from 8:30 AM – 3:00 PM

**State Programs**

*Texas Department of Human Services*
Food Stamps and Temporary Assistance to Needy Families (TANF)
5455 Blair Road
Dallas, TX 75231
Phone number: 214.750.4619
Hours: Open Monday – Friday from 8:00 AM – 5:00 PM

*Women’s, Infant and Children (WIC)*
10260 North Central Expwy, Suite 220
Dallas, TX 75231
Phone number: 214.939.2275 or 800.942.3678
Hours: Open Tuesday – Friday from 7:30 AM – 4:45 PM

**Social Security Office**
10824 North Central Expwy
Dallas, TX 75231
Phone number: 800-772-1213
Hours: Open Monday – Friday from 9:00 AM – 4:00 PM

**Libraries**

There are numerous libraries located in Dallas. Below are a few libraries located nearby. A complete list of locations and other information relevant to Dallas libraries is available online at [http://dallaslibrary.org](http://dallaslibrary.org) or by calling the main Dallas Public Library at 214.670.1740.

*Forest Green Branch Library*
9015 Forest Lane
Dallas, TX 75243
Phone number: 214.670.1335
Hours: Monday, Tuesday, and Thursday from 10:00 AM – 9:00 PM
Wednesday and Saturday from 10:00 AM – 5:00 PM
Closed Friday and Sunday

*Skillman Southwestern Branch Library*
5707 Skillman Street
Dallas, TX 75206
Phone number: 214.670.06078
Hours: Monday, Tuesday, and Thursday from 10:00 AM – 9:00 PM
Wednesday and Saturday from 10:00 AM – 5:00 PM
Closed Friday and Sunday

**Local City Parks**

*Harry S Moss Park*
On the corner of Greenville and Royal

*Fair Oaks Park*
Between Pineland and Walnut Hill
**RESOURCE LIST**

**Grocery Stores**

Fiesta  
6401 Abrams Rd (Corner of Abrams and Skillman)  
Dallas, TX 75231  
Phone number: 214.221.6654  
Hours: Open seven days a week from 7:00 AM – 11:00 PM

Super Target  
Dallas Northeast  
6419 Skillman Street (Intersection of Skillman and Abrams)  
Dallas, TX 75231  
Phone number: 214.348.0240  
Hours: Open Monday – Saturday from 8:00 AM – 10:00 PM  
Open Sunday from 8:00 AM – 9:00 PM

WalMart  
9301 Forest Lane  
Dallas, TX 75243  
Phone number: 972.437.9146  
Hours: Open seven days a week from 8:00 AM – 10:00 PM

**Ethnic Grocery Stores**

West African Foods  
7015 Greenville Ave  
Dallas, TX 75231  
Phone number: 214.750.0828  
Hours: Open Monday – Thursday from 9:30 AM – 9:00 PM  
Open Friday – Saturday from 9:30 AM – 10:00 PM  
Closed Sundays

Mediterranean/Middle Eastern/S. Asian Foods  
13434 Floyd Circle  
Dallas, TX 75243  
Phone number: 972.480.9911  
Hours: Open seven days a week from 10:00 AM – 8:00 PM  
*Muslims that need Halal food can purchase it here.

**Multi-Purpose Stores**

Super Target  
Dallas Northeast  
6419 Skillman Street (Intersection of Skillman and Abrams)  
Dallas, TX 75231  
Phone number: 214.348.0240  
Hours: Open Monday – Saturday from 8:00 AM – 10:00 PM  
Open Sunday from 8:00 AM – 9:00 PM

WalMart  
9301 Forest Lane  
Dallas, TX 75243  
Phone number: 972.437.9146  
Hours: Open seven days a week from 8:00 AM – 10:00 PM

**Big Lots!**  
6500 Skillman Street  
Dallas, TX 75231  
Phone number: 214.343.4323  
Hours: Open Monday – Saturday from 9:00 AM – 9:00 PM  
Open Sunday from 10:00 AM – 7:00 PM

**Dollar Store – Sam’s $1.00**  
6300 Skillman Ste 150  
Dallas, TX 75231  
Phone number: 214.503.7779  
Hours: Monday – Sunday from 10:00 AM – 8:00 PM

**Thrift Stores**

Thrift Shop  
6300 Skillman Street, Ste 147A  
Dallas, TX 75231  
Phone number: 214.348.0240  
Hours: Open Monday – Sunday from 9:00 AM – 8:30 PM

Catholic Charities Thrift Store  
9850 Kingsley Road, Ste 405 (at the corner of Kingsley and Audelia)  
Dallas, TX 75238  
Phone number: 214.342.8231  
Hours: Open Monday – Saturday from 10:00 AM – 6:00 PM

**Halal Meat Stores**

Holy Land Bakery (Hand Made Bread)  
850 S. Greenville Ave. Suite 110, Richardson, TX 75081  
TEL: 972-744-9599

Zaytuna World Food Market  
907 N. Coit Rd, Richardson, TX 75080

Indo Pak & India Imports Supermarket  
323 East Polk Street, Richardson, TX 75081

Sara Bakery Mediterranean Foods  
750 S Sherman St, Richardson, TX 75081  
www.sarafood.com

World Food Warehouse  
13434 Floyd Cir, Dallas, TX 75243

Zabiha Halal Meat Market  
4550 B W. Buckingham Rd, Garland, Tx 75042

Shandiz Mediterranean Grill and Market  
4013 W. Parker Rd, #230, plano, tx 75093

International Food Market  
909 W. Spring Creek Pkwy, #225, Plano, Tx 75023

New World of Spices  
13340 Audelia Rd, #136, Dallas, Tx 75240
**RESOURCE LIST**

*Halal Meat Resturants*

**Shish Kabob’s Cafe**  
1498 W. Spring Valley Rd, Richardson, Tx 75080

**Oasis Palace Mediterranean Cuisine**  
327 W. Spring Valley Rd, Richardson, Tx 75081  
[www.oasispalace.com](http://www.oasispalace.com)

**Ali Baba Mediterranean Grill**  
1901 Abrams Rd, Dallas, Tx 75214  
[www.alibabacafe.com](http://www.alibabacafe.com)

**Fadi’s Mediterranean Grill**  
3001 Knox St, #110, Dallas, TX 75205  
[www.fadiscuisine.com](http://www.fadiscuisine.com)

**Chilli Pepper**  
1820 Valley View Ln, #134, Irving, Tx 75061

**Afrah restaurant and Pastries**  
314 E. Main St, Richardson, Tx 75081  
[www.afrah.com](http://www.afrah.com)

**TOVI Mediterranean Cafe and Bakery**  
100 South Central Expwy, Suite 49, Richardson, Tx 75080

**TAWA CAFE Restaurant and Party Hall**  
13340 Audelia Rd, #135, Dallas, TX 75243

**Siedos Mediterranean Grill**  
3758 S. Carrier Pkwy, Grand Prairie

**Chameli Restaurant**  
201 S. Greenville, #203, Richardson, Tx 75081

**Noodle Wave**  
1490 W. Spring Valley, Richardson, Tx 75080

**Taste of Galilee**  
2301 N. Central Expwy, #165, plano, Tx75075  
[www.galileecuisine.com](http://www.galileecuisine.com)

**Sultan Cafe**  
201 S. Greenville Ave, #211, richardson, Tx 75081  
[www.sultantexas.com](http://www.sultantexas.com)

**Busy Boy Sandwiches**  
5722 Hillcroft St, Dallas, TX 75227  
[www.busyboysubs.com](http://www.busyboysubs.com)

**Paradise Mediterranean Cuisine**  
107 E. Polk, Richardson, Tx

**7-Spices of Indo Pak Grill**  
909 W. Spring Creek Pkwy, #450, Plano, Tx 75023

**Grand Cafe**  
1887 N. Plano Rd, Richardson, Tx 75081
We owe much credit to the International Rescue Committee (IRC), Catholic Charities, and Rescue Services of Texas (RST), as much of the information and data compiled in this handbook was derived from the work, experience, and research of these fellow agencies.

PHOTOGRAPHY COURTESY OF:

N Barrett Photography
nbarrettphotography.com

Corbis Images
TTSTA Tuesdays Part 1 of 2
Week #2

Good Afternoon!
I hope you are all well and staying warm and dry. This week's staff development will be a two-part 'series' focusing on the experience of Bhutanese Refugees.
The Office of Refugee Resettlement is a great resource for us to learn more about the refugees we will serve. On their site, is an area devoted to Refugee Health (Linked Below). As you scroll down the page, you will see a link to Stories of Hope from Bhutanese Refugees: Moving from Distress to Wellness. This link will take you to a 10-minute video-with English subtitles, describing the plight of a number of Bhutanese Refugees. The 10-minute video, and shorter 2-3 minute profile videos are part of a suicide prevention project. Mental health challenges of Bhutanese Refugees, and other refugees are well established, but how to best support refugees with those challenges has been difficult to discern. This project's audience is Bhutanese Refugees, but it will inform us-from personal interviews-how our clients may be struggling. Over the next 2 weeks, please take the time to watch the Stories of Hope from Bhutanese Refugees: Moving from Distress to Wellness 10-minute video plus some of the 2-4 minute profile videos.

Please consider how these videos will help you with interactions with Bhutanese and other Refugees. Be ready to briefly discuss some of these insights at the Cross Site meeting on Oct 12th.

Next week, I will send a reminder to review the videos.
Office of Refugee Resettlement: Refugee Health
Stories of Hope from Bhutanese Refugees: Moving from Distress to Wellness

I look forward to an engaging discussion and hopefully giving you all a fun prize for 100% participation.
Be well, and please let me know if you have any questions.

Thank you,
Good Morning!

As promised last week, this is your reminder email to view the *Stories of Hope from Bhutanese Refugees: Moving from Distress to Wellness*, a 10-minute video profile and several of the shorter profile videos before Monday, October 12th. I look forward to our discussion next week.

I would *really* like to bring prizes for the whole group to our Monday Cross site meeting, but I need everyone's participation. I have only received the short T/F quiz from TTSTA Tuesday #1 from Michele. Thank you Michele! To put you on the spot, I need responses from everyone who is part of the HRSA I&R cooperative agreement: Kristie, Vanessa, Tiffany, Patty, and Amy. ~Thank you!!!

The intent of TTSTA Tuesdays is to develop our team to ensure we continue to deliver person-centered care to a new population.

My original email from last week is below:

I hope you are all well and staying warm and dry. This week's staff development will be a two-part 'series' focusing on the experience of Bhutanese Refugees. The Office of Refugee Resettlement is a great resource for us to learn more about the refugees we will serve. On their site, is an area devoted to Refugee Health (Linked Below). As you scroll down the page, you will see a link to *Stories of Hope from Bhutanese Refugees: Moving from Distress to Wellness*. This link will take you to a 10-minute video-with English subtitles, describing the plight of a number of Bhutanese Refugees. The 10-minute video, and shorter 2-3 minute profile videos are part of a suicide prevention project. Mental health challenges of Bhutanese Refugees, and other refugees are well established, but how to best support refugees with those challenges has been difficult to discern. This project's audience is Bhutanese Refugees, but it will inform us-from personal interviews-how our clients may be struggling.

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Office of Refugee Resettlement: Refugee Health

Stories of Hope from Bhutanese Refugees: Moving from Distress to Wellness

I look forward to an engaging discussion and hopefully giving you all a fun prize for 100% participation.

Thank you for coming on this journey with me!
Good Morning!

Gina Thompson is providing us with a 'Current Events' version of TTSTA Tuesdays. Many of you have heard of the refugee crisis in Europe. This summary will provide you with the easy to understand headlines of the crisis. In our last executive meeting with the TTSTA Partners, the PACA representatives briefly explained that although there is talk of the U.S. accepting more refugees from Syria, the screening process to get to the U.S. is extensive. The procedures to get through the Homeland security measures take 1-2 years. Therefore, refugees in this crisis will not be on U.S. soil imminently.

Best,
The Problem
Europe is experiencing the largest refugee & immigrant crisis since WWII.

Germany has become the destination for many refugees – approximately 300k immigrants and refugees (I&R) entered Germany from Hungary in September alone, and 10,000 refugees enter Germany every day.

Turkey has absorbed 1.9M, Lebanon 1.1M, and the UK has welcomed only 2,400 refugees.

NPR: The Migrant Crisis, By the Numbers

8M refugees are displaced inside Syria, and 4M surrounding Syria that need homes. Worldwide, 60M people are displaced from their homes.

Besides Syria, the countries of Afghanistan, Iraq, and the North Africa region are experiencing instability and an inability to care for their own citizens.

Collapse of humanitarian architecture
Established post-WWII, the structure was intended to help to help developing countries become stronger and better at providing for the safety, structure and livelihood of their own citizens. However, over the last five years humanitarian aid workers (domestic and international) have not been allowed access to war-torn regions of the Middle East and Africa. The Syrian government is blocking U.N. aid workers from reaching the citizens in need of help.

Most refugees in the world do not live in camps but are located in urban cities. In the Middle East, ¾ of refugees live in a non-camp setting. Since the refugees are not organized in single location, it is more difficult to deliver aid.
The world has entered an era where crises begin, but do not end. The cumulative wars in Africa (south Sudan, Syria) are straining the humanitarian system. There is a desperate need more aid funding due to the sheer quantity of immigrants.

Lack of Anticipation
The world did not anticipate the current influx of refugees. Countries are choosing to fortify their borders (Hungary), instead of helping people to the Mediterranean Sea, (leading to the drowning of children and families), a lack of food, and children as young as age five working to help support their families in foreign countries.

Free movement between EU states is becoming more difficult due to walls, fences & barriers constructed to block the influx of refugees. This will lead to a massive refugee influx through southern Europe, through Greece and Spain.

History
Many comparisons have been made between the current day European refugee crisis and the years following WWII. European countries after WWII lived under military occupation for two years, with refugees living in camps and not allowed to return to their home country until the Marshall plan was enacted. The European refugee population was a more homogenous group.

NPR: Lessons from the Wake of WWII
Europe was in shambles after WWII, and millions of people had no place to live. Now, there is organized structure and we (as a world community) are asking the structure to be disrupted by taking in the millions of refugees.

Refugee vs. Migrant
A refugee is forced to leave their country due to war or violence, and is covered by the 1951 Refugee Convention (Martinez, 2015). This means the refugee is covered by international law will not be deported immediately. Migrants, however, are not covered by this law and must be processed by the receiving country’s immigration department (2015). Migrants leave their country because they can no longer earn a living and there is no opportunity available to them.

For some migrants, there may be no war in their country currently, but war has eliminated their ability to find work. They are coming from a country where they were unable to provide
for their safety and livelihood. The distinctions between migrant and refugee need to be removed and the refugee versus migrant status considered holistically.

**ABC News: Refugee Crisis - What You Need to Know**

80% of refugees stay in their home region (this is usually women and children). Those who travel to other countries are typically young men.

The average refugees are young family members who are eager to work. Europe is an aging population, and could benefit from this workforce. The questions are: how do countries integrate this population who want to work? And, how to convince countries this young worker population will be beneficial in the long run?

The average refugee arrives with minimal language skills or possessions. Each refugee receives $150, clothes, medical care, including treatment for children. Later, the refugees join the welfare system, where they receive $400-$500 per month.

So far, the atmosphere is welcoming in Germany, but will it last?

**Responsibilities of the Developed World**

Leading world countries need to address conflict before it leads to war. Wars destroy societies destabilize regions and the effects last for a long time. Industrialized countries need to develop a set of policies & agreements to a) stabilize countries and b) enable citizens to stay at home. If there is an increased possibility of safety, people will stay in their home country.

The US has supplied $4.5B in aid since 2011, and has agreed to increase its resettlement quota by 10,000.

Mental health care for refugees is urgently needed, (especially Syrian refugees), due to the horrors and trauma either witnessed or experienced. Anxiety and stress is prevalent, but the sheer numbers of refugees prevents an adequate mental health assessment. There is a need for trained volunteers to assess baseline, acute, and community mental health needs of the refugees.

Secondly, refugees are in desperate need of volunteer doctors to provide obstetric care.
A Picture is Worth A Thousand Words
The following link shares some powerful pictures of the current refugee crisis.

European Refugee Crisis in 25 Photos

Reference


Forum Summary by
Gina Thompson, RN
UWM CNL Student
10/15/15
TTSTA Tuesday
Week #5

Happy Tuesday Afternoon!

This week Gina Thompson, RN, CNL student compiled information about health-related conditions that prohibit an immigrant or refugee from coming to the U.S. The information is presented in a visually appealing and easily understood manner. Thank you Gina for sharing your time and talents with the team!

Please contact me with any topics for TTSTA Tuesdays. I want them to be meaningful to you.

All the best,
U.S. Agencies Involved in Immigration Process and Policies

Departments and Roles

- Bureau of Consular Affairs (DOS)
  Role: Issue visas

- U.S. Citizenship and Immigration Services (DHS)
  Role: Approves immigrant petitions

- Customs and Border Protection (DHS)
  Role: Inspect all visitors to U.S.

- Health and Human Services Secretary
  Role: Determines communicable disease conditions

- Centers for Disease Control & Prevention
  Role: Lead agency in charge of preventing communicable diseases

What is the process to immigrate to the U.S.?

Any foreign national wishing to live in the United States must apply for a visa, and undergo a medical examination to determine if they are eligible for admission.

Criteria for admission and inadmissibility requirements are determined by the Immigration and Nationality Act (INA).

Except where noted, all material is pulled from the Congressional Research Report dated August, 2014 (Wasem, 2014)
The Immigration Act of 1891 excluded people “suffering from a loathsome or dangerous contagious disease” (USCIS.org, 2015)

**Inadmissibility Criteria**

- Health-related Grounds
- Criminal History
- Security or Terrorism Concern
- Public Charge
- Non-proper Labor Certification
- Illegal Entry
- Immigration Law Violations
- Citizenship Ineligibility
- Previous Deportation

**Health-Related Grounds**

Consists of **4 Categories:**

1. Lacking required vaccinations
2. Communicable diseases (See pg 4)
3. Evidence of drug abuse or addiction
4. Physical or mental disorder
Communicable Diseases of “Public Health Significance”

Chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, active tuberculosis & infectious syphilis (List is determined by the HHS Secretary).

A Presidential Executive Order included the following inadmissible diseases:

Cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers, severe acute respiratory syndrome & “influenza caused by novel, or re-emergent viruses that are causing, or have potential to cause a pandemic” (Exec Order 13375, 2005).
What about HIV/AIDS?

HIV/AIDS was removed from the list of “communicable disease of public health significance” by the CDC in 2009 and is no longer an inadmissible disease (US Citizenship and Immigration Services, 2015).

Because of the fluid nature of infectious diseases, the Director of the CDC has the power to add diseases to the “communicable diseases of public health significance” list if the disease poses a threat to the health of the American public.

Vaccine-Preventable Diseases Requiring Proof of Vaccination

<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccine Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mumps</td>
<td>Measles</td>
</tr>
<tr>
<td>Rubella</td>
<td>Polio</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Diphtheria</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Influenza type B</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Hepatitis A</td>
</tr>
<tr>
<td>HPV</td>
<td>Meningococcal</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>Rotavirus</td>
</tr>
<tr>
<td>Varicella</td>
<td>Zoster</td>
</tr>
<tr>
<td>Annual influenza</td>
<td></td>
</tr>
</tbody>
</table>

Vaccination requirements determined by ACIP

ACIP = Advisory Committee for Immunization Practices
Waivers

Secretary of Homeland Security has the authority to grant health-related waivers per his/her discretion, or if the waiver is best for the “national interest.”

Waivers can also be granted to foreign nationals who are immediate family members (or family adopted lawfully) of U.S. citizens.

Denied Visas due to Missed Vaccinations

Denials are typically lifted once proof of vaccination is shown.

References


Pictures References

(Pg 2)
www.islandvibesmag.com

(Pg 3)
www.parkwayhealth.un

(Pg 4, L-R Clockwise)
www.interete.org
www.thevisafirm.com
www.shusterman.com
www.ioc.gov

(Pg 5, L-R)
www.cnn.com
www.frameworksinstitute.org
www.teacher.scholastic.com
Good Morning,

This week's TTSTA Tuesday was developed by Gina. Gina attended the Milwaukee Health Department's Vaccine Symposium and compiled the information in an engaging Newsletter format. There are hyperlinks embedded in the files to find out more information. Thank you, Gina, for being a great team member and graciously allowing me to share your great work.

Best,
Where is the flu? Track the incidences of influenza in the U.S. by state:\(^5\)

http://www.cdc.gov/flu/weekly/usmap.htm

2015-2016 Influenza Vaccine\(^6\)

- Trivalent – protects against two A strains and one B strain
- Quadrivalent options – protection for two A and two B strains
- No significant difference in LAIV and IIV effectiveness for 2015-2016

Consider measles in patients with the following clinical presentation:\(^7\)

- Febrile rash
- “The 3 C’s”:
  - Cough
  - Coryza
  - Conjunctivitis
- Isolate patients right away!

LAIV = Live, Attenuated Influenza Vaccine

IIV = Inactivated Influenza Vaccine
Vaccine Information Statements

Keep up to date with the latest VIS sheets by importing the current VIS into your website or computer. The link will automatically update anytime a change has been made. You can also sign up for VIS email alerts from the CDC.\(^8\)

Most recent VIS are available at: 
http://www.cdc.gov/vaccines/hcp/vis/

Provider information is also available to help answer patient questions that can arise regarding vaccinations.

Adolescent Vaccinations\(^9\)

The following vaccines are recommended for all adolescents:

**Tdap** – Single dose (ages 11-18) if have completed childhood DTA/DTaP vaccination series.

**Meningococcal Conjugate Vaccine (MCV4)** – Single dose at age 11-12, with a booster at age 16.

**Human Papillomavirus Vaccine (HPV)** – All 11-12 year olds receive 3 doses.

**Influenza** – Yearly vaccinations.

Health Care Provider Tips

- **Strongly recommend vaccinations to your patients**
  - “Provider recommendation is strongest predictor of vaccination.”\(^10\)

- **Patients trust your information**\(^10\)

- **Ask about vaccinations during every encounter** – sports physicals, well-woman, urgent care.\(^10\)

- **Parents may need extra education about diseases that can be prevented by vaccinations, especially pertussis, HPV or meningococcal disease.**\(^9\)

- **Age 19 is considered an adult for vaccine schedules**.\(^9\)
Let’s Talk HPV

HPV vaccination recommended for all children ages 11-12.

- Can be started as early as age 9\textsuperscript{11}

*Why so young?*

Adolescents are vaccinated before becoming sexually active and vaccination at this age triggers a robust immune response.\textsuperscript{10}

*What vaccine options are available?*\textsuperscript{11}

**Cervarix (Bivalent)**
- 2 HPV strains 16, 18. Female dosing only

**Gardasil (Quadrivalent)**
- 4 HPV strains 6, 11, 16, & 18. M/F dosing

**Gardasil\textsuperscript{9} (9-Valent) (ACIP Recommended)**
- 6, 11, 16, 18, 31, 33, 45, 52 & 58. M/F

*How many doses?*\textsuperscript{11}

Each vaccine is a three dose-series
- Dose \#2 = 1-2 months after 1\textsuperscript{st} dose
- Dose \#3 = 6 months after 1\textsuperscript{st} dose\textsuperscript{10}

*What if I missed these timelines?*\textsuperscript{11}

Catch-up doses: Females ages 13-26
Males ages 13-21, High-risk males up to age 26

---

**Fast Facts**\textsuperscript{10}

- HPV is the most common STI in the U.S.
- Does not require intercourse to acquire, just close physical contact
- 14 million newly infected each year in the U.S.
- 79 million currently infected in the U.S.
- There are 40 types of HPV, 12 cause cancer. Strains 16, 18 are most common

**HPV Can Cause....**
- Cervical Cancer
- Oropharyngeal cancer
- Anal cancer
- Penile cancer
- Vulvar and vaginal cancer
**Important information**

Females: Any HPV vaccine may be used to complete the series

Males: 4vHPV or 9vHPV may be used to complete the series.\(^{11}\)

*Give them what you have!*

**If the schedule is interrupted you do not need to re-start the series.**\(^{11}\)

**Route**

IM injection. *This shot stings, administer last if giving more than one type of vaccine.*\(^{11}\)

**How long does protection last?**

Antibody titers demonstrate immunity as long as 8 years\(^ {10}\)

*Not for use during pregnancy*\(^ {10}\)

---

**2014 Wisconsin Rates**

M/F receiving one dose = 40.4%

Receiving all three doses = 23%

**Milwaukee County: 45%/23%**\(^ {10}\)

**What is it about our message that people are not accepting the vaccine?**\(^ {10}\)

*Keep the message about cancer prevention*

*De-stigmatize the disease*

*Quantify the risk*

*Address myths surrounding side effects*

*Share your decisions*

*Make the conversation relevant*

*Strong, consistent recommendation*

*Re-visit the issue at subsequent visits*

*Use resources available to help you discuss HPV vaccination*\(^ {12}\)
Childhood Vaccinations

Visit the CDC Vaccination Schedules for complete list of pediatric recommendations\textsuperscript{13}

\url{http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf}

Important Notables:\textsuperscript{11}

**MMR Vaccination**

- First dose 12-15 months; Second dose between 4-6 years
- **Exception:** International travel.
  - Infants 6-11 months should receive 1 dose before traveling internationally. This dose does NOT count as part of the regular vaccination schedule!
  - *Always ask: do you have an upcoming vacation planned?*

**Meningococcal B Vaccinations**

- Trumenba – 3 dose series
- Bexsero – 2 dose series
  - *The same vaccine product must be used for all doses in the series*
References


10Ranta, L. (2015, September). *Talking with parents about the HPV vaccine: Understanding and addressing parental concerns.* PowerPoint Presentation at the Milwaukee Health Department Vaccination Symposium, Milwaukee, WI.


Compiled by:

_Gina Thompson, RN_  
_UWM MN CNL Student_  
10/5/2015
The 2015 Adult Immunization Schedule was approved by the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP), American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Nurse-Midwives (ACNM). On February 3, 2015, the adult immunization schedule and a summary of changes from 2014 were published in the *Annals of Internal Medicine*, and a summary of changes was published in the *Morbidity and Mortality Weekly Report (MMWR)* on February 5, 2015.

All clinically significant postvaccination reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Additional details regarding ACIP recommendations for each of the vaccines listed in the schedule can be found at www.cdc.gov/vaccines/hcp/acip-recs/index.html.

American Academy of Family Physicians (AAFP)
www.aafp.org/

American College of Physicians (ACP)
www.acponline.org/

American College of Obstetricians and Gynecologists (ACOG)
www.acog.org/

American College of Nurse-Midwives (ACNM)
www.midwife.org/
### Figure 1. Recommended adult immunization schedule, by vaccine and age group

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE GROUP</th>
<th>19-21 years</th>
<th>22-26 years</th>
<th>27-49 years</th>
<th>50-59 years</th>
<th>60-64 years</th>
<th>≥ 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td></td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap)</td>
<td></td>
<td>Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female</td>
<td></td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Male</td>
<td></td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td></td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td></td>
<td>1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate (PCV13)</td>
<td></td>
<td>1-time dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td></td>
<td>1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td>1 or more doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b (Hib)</td>
<td></td>
<td>1 or 3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Coversed by the Vaccine Injury Compensation Program*

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster.

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication).

No recommendation.

### Figure 2. Vaccines that might be indicated for adults based on medical and other indications

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>INDICATION</th>
<th>Pregnancy</th>
<th>Immuno-compromising conditions (excluding human immunodeficiency virus [HIV])</th>
<th>HIV infection CD4 T lymphocyte count</th>
<th>Men who have sex with men (MSM)</th>
<th>Kidney failure, end-stage renal disease, receipt of hemodialysis</th>
<th>Heart disease, chronic lung disease, chronic alcoholism</th>
<th>Asplenia (including elective splenectomy and persistent complement component deficiencies)</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
<th>Healthcare personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td>1 dose IIV annually</td>
<td>Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs</td>
<td>1 dose IIV or LAIV annually</td>
<td>1 dose IIV annually</td>
<td>1 dose IIV annually</td>
<td>1 dose IIV or LAIV annually</td>
<td>1 dose IIV or LAIV annually</td>
<td>1 dose IIV or LAIV annually</td>
<td>1 dose IIV or LAIV annually</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap)</td>
<td></td>
<td></td>
<td>1 dose Tdap or LA IV</td>
<td>Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs</td>
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<tr>
<td>Varicella</td>
<td></td>
<td>Contraindicated</td>
<td>2 doses</td>
<td></td>
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<tr>
<td>Human papillomavirus (HPV) Female</td>
<td></td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
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<td>Human papillomavirus (HPV) Male</td>
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<td>3 doses through age 26 yrs</td>
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<tr>
<td>Zoster</td>
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<td>Contraindicated</td>
<td>1 dose</td>
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<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td></td>
<td>Contraindicated</td>
<td>1 or 2 doses</td>
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<tr>
<td>Pneumococcal 13-valent conjugate (PCV13)</td>
<td></td>
<td></td>
<td>1 dose</td>
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<td>Pneumococcal polysaccharide (PPSV23)</td>
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<td></td>
<td>1 or 2 doses</td>
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<td>Meningococcal</td>
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<td>1 or more doses</td>
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<tr>
<td>Hepatitis A</td>
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<td></td>
<td>2 doses</td>
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<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td>3 doses</td>
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<tr>
<td>Haemophilus influenza type b (Hib)</td>
<td></td>
<td></td>
<td>1 or 3 doses</td>
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</table>

*Covered by the Vaccine Injury Compensation Program*

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster.

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication).

No recommendation.

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly recommended for adults 19 years and older, as of February 1, 2015. For all vaccines being recommended on the Adult Immunization Schedule: a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/hcp/recs/index.html). Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.
Footnotes—Recommended Immunization Schedule for Adults Aged 19 Years or Older: United States, 2015

1. Additional information
- Additional guidance for the use of the vaccines described in this supplement is available at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- Information on vaccination recommendations when vaccination status is unknown and other general immunization information can be found in the General Recommendations on Immunization at www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm.
- Additional information and resources regarding vaccination of pregnant women can be found at www.cdc.gov/vaccines/adults/rec-vac/pregnant.html.

2. Influenza vaccination
- Annual vaccination against influenza is recommended for all persons aged 6 months and older.
- Persons aged 6 months or older, including pregnant women and persons with hiv–only allergy to eggs can receive the inactivated influenza vaccine (IIV). An age-appropriate IIV formulation should be used.
- Adults aged 18 years or older can receive the recombinant influenza vaccine (RIV) (FluLink), RIV does not contain any egg protein and can be given to age-appropriate persons with egg allergy of any severity.
- Healthy, nonpregnant persons aged 2 to 49 years without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine (LAIV) (Flumist) or IIV.
- Health care personnel who care for severely immunocompromised persons who require care in a protected environment should receive IIV or RIV; health care personnel who receive LAIV should avoid providing care for severely immunosuppressed persons for 7 days after vaccination.
- The intramuscularly or intradermally administered IIV are options for adults aged 18 through 64 years.
- Adults aged 65 years or older can receive the standard-dose IIV or the high-dose IIV (Fluzone High-Dose).
- A list of currently available influenza vaccines can be found at www.cdc.gov/flu/protect/vaccine/vaccines.htm.

3. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination
- Administer 1 dose of Tdap vaccine to pregnant women during each pregnancy (preferably between 27 to 36 weeks’ gestation) regardless of interval since prior Td or Tdap vaccination.
- Persons aged 11 years or older who have not received Tdap vaccine or for whom vaccine status is unknown should receive a dose of Tdap followed by tetanus and diphtheria toxoids (Td) booster every 10 years thereafter. Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-toxoid containing vaccine.
- Adults with an unknown or incomplete history of completing a 3-dose primary vaccination series with Td-containing vaccines should begin or complete a primary vaccination series including a Tdap dose.
- For unvaccinated adults, administer the first 2 doses at least 4 weeks apart and the third dose 6 to 12 months after the second.
- For incompletely vaccinated (i.e., less than 3 doses) adults, administer remaining doses.
- Refer to the ACIP statement for recommendations for administering Td/Tdap as prophylaxis in wound management (see footnote 1).

4. Varicella vaccination
- All adults without evidence of immunity to varicella (as defined below) should receive 2 doses of single-antigen varicella vaccine or a second dose if they have received only 1 dose.
- Vaccination should be emphasized for those who have close contact with persons at high risk for serious disease (e.g., health care personnel and family contacts of persons with immunocompromising conditions) or are at high risk for exposure or transmission (e.g., teachers; 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; nonpregnant women of childbearing age; and international travelers).
- Pregnant women should be assessed for evidence of varicella immunity.
- Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the health care facility. The second dose should be administered 4 to 8 weeks after the first dose.
- Evidence of immunity to varicella in adults includes any of the following:
  - documentation of 2 doses of varicella vaccine at least 4 weeks apart.
  - persons born before 1980, except health care personnel and pregnant women; history of varicella based on diagnosis of varicella disease by a health care provider;
  - history of herpes zoster based on diagnosis or verification of herpes zoster disease by a health care provider; or
  - laboratory evidence of immunity or laboratory confirmation of disease.

5. Human papillomavirus (HPV) vaccination
- Two vaccines are licensed for use in females. Bivalent HPV vaccine (HPV2) and quadrivalent HPV vaccine (HPV4), and one HPV vaccine for use in males (HPV4).
- For females, either HPV4 or HPV2 is recommended in a 3-dose series for routine vaccination at age 11 or 12 years and for those aged 13 through 26 years, if not previously vaccinated.
- For males, HPV4 is recommended in a 3-dose series for routine vaccination at age 11 or 12 years and for those aged 13 through 21 years, if not previously vaccinated. Males aged 22 through 26 years may be vaccinated.
- HPV4 is recommended for men who have sex with men through age 26 years for those who did not get any or all doses when they were younger.
- Vaccination is recommended for immunocompromised persons (including those with HIV infection) through age 26 years for those who did not get any or all doses when they were younger.
- A complete series for either HPV4 or HPV2 consists of 3 doses. The second dose should be administered to 4 to 8 weeks (minimum interval of 4 weeks) after the first dose; the third dose should be administered 24 weeks after the first dose and 16 weeks after the second dose (minimum interval of at least 12 weeks).
- HPV vaccines are not recommended for use in pregnant women. However, pregnancy testing is not needed before vaccination. If a woman is found to be pregnant after initiating the vaccination series, no intervention is needed; the remainder of the 3-dose series should be delayed until completion or termination of pregnancy.

6. Zoster vaccination
- A single dose of zoster vaccine is recommended for adults aged 60 years or older regardless of whether they report a prior episode of herpes zoster.
- Although the vaccine is licensed by the U.S. Food and Drug Administration for use among and can be administered to persons aged 50 years or older, ACIP recommends that vaccination begin at age 60 years.
- Persons aged 60 years or older with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication, such as pregnancy or severe immunodeficiency.

7. Measles, mumps, rubella (MMR) vaccination
- Adults born before 1957 are generally considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the measles vaccine or laboratory evidence of immunity to each of the three diseases.
- Documentation of provider-diagnosed disease is not considered acceptable evidence of immunity for measles, mumps, or rubella.

Measles component:
- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who:
  - are students in postsecondary educational institutions,
  - work in a health care facility, or
  - plan to travel internationally.
- Persons who received inactivated (killed) measles vaccine or measles vaccine of unknown type during 1963–1967 should be revaccinated with 2 doses of MMR vaccine.

Mumps component:
- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who:
  - are students in postsecondary educational institution,
  - work in a health care facility, or
  - plan to travel internationally.
- Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g., persons who are working in a health care facility) should be considered for revaccination with 2 doses of MMR vaccine.

Rubella component:
- For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and birth to discharge from the health care facility.

Health care personnel born before 1957:
- For unvaccinated health care personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, health care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval for measles and mumps or 1 dose of MMR vaccine for rubella.

8. Pneumococcal (13-valent pneumococcal conjugate vaccine [PCV13] and 23-valent pneumococcal polysaccharide vaccine [PPSV23]) vaccination
- General information
  - When indicated, only a single dose of PCV13 is recommended for adults. No additional dose of PPSV23 is indicated for adults vaccinated with PCV13 at or after age 65 years.
  - When both PCV13 and PPSV23 are indicated, PCV13 should be administered first; PCV13 and PPSV23 should not be administered during the same visit.
  - When indicated, PCV13 and PPSV23 should be administered to adults whose pneumococcal vaccination history is incomplete or unknown.
- Adults aged 65 years or older who
  - have not received PCV13 or PPSV23:
    - Administer PCV13 followed by PPSV23 in 6 to 12 months.
    - Have not received PCV13 but have received a dose of PPSV23 at age 65 years or older.
    - Administer PCV13 at least 1 year after the dose of PPSV23 received at age 65 years or older.

(Continued on next page)
8. Pneumococcal vaccination (continued)

- Have not received PCV13 but have received 1 or more doses of PPSV23 before age 65: Administer PCV13 at least 1 year after the most recent dose of PPSV23; administer a dose of PPSV23 6 to 12 months after PCV13, or as soon as possible if this time window has passed, and at least 5 years after the most recent dose of PPSV23.
- Have received PCV13 but not PCV23 before age 65: Administer PPSV23 6 to 12 months after PCV13, or as soon as possible if this time window has passed.
- Have received PCV13 and 1 or more doses of PPSV23 before age 65: Administer PPSV23 at least 6 months after PCV13, or as soon as possible if this time window has passed, and at least 5 years after the most recent dose of PCV13.
- Adults aged 19 through 64 years with immunocompromising conditions or anatomical or functional asplenia (defined below) who
  - Have not received PCV13 or PPSV23: Administer PCV13 followed by PPSV23 at least 8 weeks after PCV13; administer a second dose of PPSV23 at least 5 years after the first dose of PCV13.
  - Have not received PCV13 but have received 1 dose of PPSV23: Administer PCV13 at least 1 year after the PPSV23; administer a second dose of PPSV23 at least 8 weeks after PCV13 and at least 5 years after the first dose of PPSV23.
  - Have not received PCV13 but have received 2 doses of PPSV23: Administer PCV13 at least 1 year after the most recent dose of PPSV23.
  - Have received PCV13 but not PPSV23: Administer PCV13 at least 8 weeks after PCV13; administer a second dose of PPSV23 at least 5 years after the first dose of PCV13.
- Have received PCV13 and 1 dose of PPSV23: Administer a second dose of PPSV23 at least 5 years after the first dose of PPSV23.
- Adults aged 19 through 64 years with cerebrospinal fluid leaks or cochlear implants: Administer PCV13 followed by PPSV23 at least 8 weeks after PCV13.
- Adults aged 19 through 64 years with chronic heart disease (including congestive heart failure and cardiomyopathies, excluding hypertention), chronic lung disease (including chronic obstructive lung disease, emphysema, and asthma), chronic liver disease (including cirrhosis), alcoholism, or diabetes mellitus: Administer PPSV23.
- Adults aged 19 through 64 years who smoke cigarettes or reside in nursing home or long-term care facilities: Administer PPSV23.
- Routine pneumococcal vaccination is not recommended for American Indian/Alaska Native or other adults unless they have the indications as above; administer a dose of PPSV23 6 to 12 months after the first dose of PCV13.
- Have not received PCV13 but have received 1 dose of PPSV23: Administer PCV13 at least 1 year after the PPSV23; administer a second dose of PPSV23 at least 8 weeks before the PCV13.
- Adults aged 19 through 64 years with HIV infection (whether asymptomatic or symptomatic HIV infection).
- Anatomical or functional asplenia that are indications for pneumococcal vaccination are: Congenital or acquired immunodeficiency (including B- or T-lymphocyte deficiency, complement deficiencies, and phagocytic disorders excluding chronic granulomatous disease), HIV infection, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, generalized malignancy, multiple myeloma, solid organ transplant, and iatrogenic immunosuppression (including long-term systemic corticosteroids and radiation therapy).
- Anatomical or functional asplenia that are indications for pneumococcal vaccination are: Sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia, splenic dysfunction, and splenectomy. Administer pneumococcal vaccines at least 2 weeks before immunosuppressive therapy or an elective splenectomy and as soon as possible to adults who are newly diagnosed with asymptomatic or symptomatic HIV infection.

9. Meningococcal vaccination

- Administer 2 doses of quadrivalent meningococcal conjugate vaccine (MenACWY [Menactra, Menevo]) at least 2 months apart to adults of all ages with anatomical or functional asplenia or persistent component deficiencies. HIV infection is not an indication for routine vaccination with MenACWY. If an HIV-infected person of any age is vaccinated, 2 doses of MenACWY should be administered at least 2 months apart.
- Administer a single dose of meningococcal vaccine to microbiologists routinely exposed to isolates of Neisseria meningitidis, military recruits, persons at risk during an outbreak attributable to a vaccine serogroup, and persons who travel to or live in countries in which meningococcal disease is hyperendemic or endemic.
- First-year college students up through age 21 years who are living in residence halls should be vaccinated if they have not received a dose on or after their 16th birthday.
- MenACWY is preferred for adults with any of the preceding indications who are aged 55 years or younger as well as for adults aged 56 years or older who a) were vaccinated previously with MenACWY and are recommended for revaccination, or b) for whom multiple doses are anticipated. Meningococcal polysaccharide vaccine (MPSV4 [Menomune]) is preferred for adults aged 56 years or older who have not received MenACWY previously and who require a single dose only (e.g., travelers).
- Revaccination with MenACWY every 5 years is recommended for adults previously vaccinated with MenACWY or MPSV4 who remain at increased risk for infection (e.g., adults with anatomical or functional asplenia, persistent complement component deficiencies, or microbologists).

10. Hepatitis A vaccination

- Vaccinate any person seeking protection from hepatitis A virus (HAV) infection among persons with any of the following indications:
  - Men who have sex with men and persons who use injection or noninjection illicit drugs;
  - Persons working with HAV-infected primates or with HAV in a research laboratory setting;
  - Persons with chronic liver disease and persons who receive clotting factor concentrates;
  - Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A;
  - Unvaccinated persons who anticipate close personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. (See footnote 1 for more information on travel recommendations.) The first dose of the 2-dose hepatitis A vaccine series should be administered as soon as adoption is planned, ideally 2 or more months before the anticipated arrival.
  - Single-antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6 to 12 months (Havrix), or 0 and 6 or 18 months (Vyacta). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, administer doses at 0, 1, and 6 months; alternatively, a 4-dose schedule may be used, administered on days 0, 7, and 21 to 30 followed by a booster dose at month 12.

11. Hepatitis B vaccination

- Vaccinate persons with any of the following indications and any person seeking protection from hepatitis B virus (HBV) infection:
  - Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than 1 sex partner during the previous 6 months); persons seeking evaluation or treatment for a sexually transmitted disease (STD); current or recent injection drug users; and men who have sex with men;
  - Health care personnel and public safety workers who are potentially exposed to blood or other infectious body fluids;
  - Persons with diabetes who are younger than 60 years as soon as feasible after diagnosis; persons with diabetes who are age 60 years or older at the discretion of the treating clinician based on the likelihood of acquiring HBV infection, including the risk posed by an increased need for assisted blood glucose monitoring in long-term care facilities, the likelihood of experiencing chronic sequelae if infected with HBV, and the likelihood of immune response to vaccination;
  - Persons with end-stage renal disease, including patients receiving hemodialysis, persons with HIV infection, and persons with chronic liver disease;
  - Household contacts and sex partners of hepatitis B surface antigen–positive persons, clients and staff members of institutions for persons with developmental disabilities, and international travelers to countries with high or intermediate prevalence of chronic HBV infection; and
  - All adults in the following settings: STD treatment facilities, HIV testing and treatment facilities, facilities providing drug abuse treatment and prevention services, health care settings targeting services to 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 nonresidential day care facilities for persons with developmental disabilities.
- Administer missing doses to complete a 3-dose series of hepatitis B vaccine to those persons not vaccinated or not completely vaccinated. The second dose should be administered 6 to 12 months after the first dose; the third dose should be given at least 2 months after the second dose (and at least 4 months after the first dose). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, give 3 doses at 0, 1, and 6 months; alternatively, a 4-dose Twinrix schedule, administered on days 0, 7, and 21 to 30 followed by a booster dose at month 12 may be used.
- Adult patients receiving hemodialysis or with other immunocompromising conditions should receive 1 dose of 40 mcg/mL (Recombivax HB) administered on a 3-dose schedule at 0, 1, and 6 months or 2 doses of 20 mcg/mL (Engerix-B) administered simultaneously on a 4-dose schedule at 0, 1, 2, and 6 months.

12. Haemophilus influenzae type b (Hib) vaccination

- One dose of Hib vaccine should be administered to persons who have anatomical or functional asplenia or sickle cell disease or are undergoing elective splenectomy if they have not previously received Hib vaccine. Hib vaccination 14 or more days before splenectomy is suggested.
- Recipients of a hematopoietic stem cell transplant (HSCT) should be vaccinated with a 3-dose regimen 6 to 12 months after a successful transplant, regardless of vaccination history; at least 4 weeks should separate doses.
- Hib vaccine is not recommended for adults with HIV infection since their risk for Hib infection is low.

13. Immunocompromising conditions

- Inactivated vaccines generally are acceptable (e.g., pneumococcal, meningococcal, and inactivated influenza vaccine) and live vaccines generally are avoided in persons with underlying immunocompromising conditions. Information on specific conditions is available at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
### TABLE. Contraindications and precautions to commonly used vaccines in adults

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Contraindications</th>
<th>Precautions</th>
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<tbody>
<tr>
<td>Influenza, inactivated (IIV)²</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine or to a vaccine component, including egg protein</td>
<td>• Moderate or severe acute illness with or without fever</td>
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<td></td>
<td>• History of Guillain-Barré Syndrome within 6 weeks of previous influenza vaccination</td>
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<td></td>
<td></td>
<td>• Adults who experience only hives with exposure to eggs may receive RIV or, with additional safety precautions, IIV²</td>
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<tr>
<td>Influenza, recombinant (RIV)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after previous dose of RIV or to a vaccine component. RIV does not contain any egg protein¹</td>
<td>• Moderate or severe acute illness with or without fever</td>
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<td>• History of Guillain-Barré Syndrome within 6 weeks of previous influenza vaccination</td>
</tr>
<tr>
<td>Influenza, live attenuated (LAIV)²,³</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine, or to a previous dose of any influenza vaccine.</td>
<td>• Moderate or severe acute illness with or without fever</td>
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<td>• In addition, ACIP recommends that LAIV not be used in the following populations:</td>
<td>• History of Guillain-Barré Syndrome within 6 weeks of previous influenza vaccination</td>
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<td>— pregnant women</td>
<td>• Asthma in persons aged 5 years and older</td>
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<td>— immunosuppressed adults</td>
<td>• Other chronic medical conditions, e.g., other chronic lung diseases, chronic cardiovascular disease (excluding isolated hypertension), diabetes, chronic renal or hepatic disease, hematologic disease, neurologic disease, and metabolic disorders</td>
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<td>— adults with known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy, or patients with human immunodeficiency virus (HIV) infection who are severely immunocompromised)</td>
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<td></td>
<td>• Pregnancy</td>
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<tr>
<td>Tetanus, diphtheria, pertussis (Tdap); tetanus, diphtheria (Td)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component. For pertussis-containing vaccines: encephalopathy (e.g., coma, decreased level of consciousness, or prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of Tdap, diphtheria and tetanus toxoids and pertussis (DTP), or diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td></td>
<td>• Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy, or patients with human immunodeficiency virus (HIV) infection who are severely immunocompromised)</td>
<td>• Guillain-Barré Syndrome within 6 weeks after a previous dose of tetanus toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine.</td>
</tr>
<tr>
<td>Varicella¹</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>• Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)⁵</td>
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<td></td>
<td>• Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppressive therapy, or patients with HIV infection who are severely immunocompromised)</td>
<td>• Moderate or severe acute illness with or without fever</td>
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<tr>
<td></td>
<td>• Pregnancy</td>
<td>• Pregnancy</td>
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<tr>
<td>Human papillomavirus (HPV)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>• Moderate or severe acute illness with or without fever</td>
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<tr>
<td></td>
<td>• Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppressive therapy, or patients with HIV infection who are severely immunocompromised)</td>
<td>• Pregnancy</td>
</tr>
<tr>
<td>Zoster¹</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) to a vaccine component.</td>
<td>• Moderate or severe acute illness with or without fever</td>
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<td></td>
<td>• Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppressive therapy, or patients with HIV infection who are severely immunocompromised)</td>
<td>• Receipt of specific antivirals (i.e., acyclovir, foscarnet, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)³</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>• Moderate or severe acute illness with or without fever</td>
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<td></td>
<td>• Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, or long-term immunosuppressive therapy, or patients with HIV infection who are severely immunocompromised)</td>
<td>• Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)³</td>
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<td></td>
<td>• Pregnancy</td>
<td>• History of thrombocytopenia or thrombocytopenic purpura</td>
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<td></td>
<td>• Receipt of specific antivirals (i.e., acyclovir, foscarnet, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination</td>
<td>• Need for tuberculin skin testing¹</td>
</tr>
<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including any vaccine containing diphtheria toxoid.</td>
<td>• Moderate or severe acute illness with or without fever</td>
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<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td>Meningococcal, conjugate (MenACWY); meningococcal, polysaccharide (MPSV4)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
<tr>
<td>Haemophilus influenza Type b (Hib)</td>
<td>• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.</td>
<td>• Moderate or severe acute illness with or without fever</td>
</tr>
</tbody>
</table>

1. Vaccine package inserts and the full ACIP recommendations for these vaccines should be consulted for additional information on vaccine-related contraindications and precautions and for more information on vaccine recipients. Events or conditions listed as precautions should be reviewed carefully. Benefits of and risks for administering a specific vaccine to a person under these circumstances should be considered. If the risk from the vaccine is believed to outweigh the benefit, the vaccine should not be administered. If the benefit of vaccination is believed to outweigh the risk, the vaccine should be administered. A contraindication is a condition in a recipient that increases the chance of a serious adverse reaction. Therefore, a vaccine should not be administered when a contraindication is present.

2. For more information on use of influenza vaccines among persons with egg allergies and a complete list of conditions that CDC considers to be reasons to avoid receiving LAIV, see CDC. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2014–15 Influenza Season. MMWR 2014;63(32):691–97.

3. LAIV, MMR, varicella, or zoster vaccines can be administered on the same day. If not administered on the same day, live vaccines should be separated by at least 28 days.

4. Immunosuppressive steroid dose is considered to be ≥2 weeks of daily receipt of 20 mg of prednisone or the equivalent. Vaccination should be deferred for at least 1 month after discontinuation of such therapy.

5. Providers should consult ACIP recommendations for complete information on the use of specific live vaccines among persons on immune-suppressing medications or with immune suppression because of other reasons.

6. Vaccine should be deferred for the appropriate interval if replacement immune globulin products are being administered. See CDC. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011;60(No. RR-2). Available at www.cdc.gov/vaccines/pubs/pinkbook/index.html.

7. Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine may be administered on the same day as tuberculin skin testing. If testing cannot be performed until after the day of MMR vaccination, the test should be postponed for at least 4 weeks after the vaccination. If an urgent need exists to skin test, do so with the understanding that reactivity might be reduced by the vaccine.


9. Regarding latex allergy, consult the package insert for any vaccine administered.
2015 Recommended Immunizations for Adults: By Age

If you are this age, talk to your healthcare professional about these vaccines:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Flu Influenza</th>
<th>Td/Tdap</th>
<th>Shingles Zoster</th>
<th>Pneumococcal</th>
<th>Meningococcal</th>
<th>MMR</th>
<th>HPV Human papillomavirus</th>
<th>Chickenpox Varicella</th>
<th>Hepatitis A</th>
<th>Hepatitis B</th>
<th>Hib Haemophilus influenzae type b</th>
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<tbody>
<tr>
<td>19 - 21 years</td>
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<td>22 - 26 years</td>
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<td>27 - 49 years</td>
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<td>50 - 59 years</td>
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<td>60 - 64 years</td>
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<td>65+ year</td>
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</table>

**More Information:**
- There are several flu vaccines available. Talk to your healthcare professional about which flu vaccines are right for you.
- *If you are pregnant, you should get a Tdap vaccine during the 3rd trimester of every pregnancy* to help protect your babies from pertussis (whooping cough).
- You should get zoster vaccine even if you’ve had shingles before.
- There are two different types of pneumococcal vaccine: PCV13 (conjugate) and PPSV23 (polysaccharide). Talk with your healthcare professional to find out if one or both pneumococcal vaccines are recommended for you.
- Your healthcare professional will let you know how many doses you need.
- You should get zoster vaccine even if you’ve had shingles before.
- There are two HPV vaccines but only one HPV vaccine (Gardasil®) should be given to men.
- If you were born in 1957 or after, and don’t have a record of being vaccinated or having had measles, mumps and rubella talk to your healthcare professional about how many doses you may need.

**Recommended For You:** This vaccine is recommended for you unless your healthcare professional tells you that you cannot safely receive it or that you do not need it.

**May Be Recommended For You:** This vaccine is recommended for you if you have certain risk factors due to your health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

**Recommended for you if you did not get it when you were a child.**

**For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines**

If you are traveling outside the United States, you may need additional vaccines.
Ask your healthcare professional about which vaccines you may need at least 6 weeks prior to your travel.
If you have this health condition, **talk to your healthcare professional about these vaccines**

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Flu (Influenza)</th>
<th>Td/Tdap (Tetanus, diphtheria, pertussis)</th>
<th>Shingles (Zoster)</th>
<th>Pneumococcal</th>
<th>Meningococcal</th>
<th>MMR (Measles, mumps, rubella)</th>
<th>HPV (Human papillomavirus)</th>
<th>Chickenpox (Varicella)</th>
<th>Hepatitis A</th>
<th>Hepatitis B</th>
<th>Hib (Haemophilus influenzae type b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td></td>
<td>*see below</td>
<td></td>
<td>PCV13</td>
<td>PPSV23</td>
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<tr>
<td>Weakened Immune System</td>
<td>SHOULD NOT GET VACCINE</td>
<td>1 - 2 doses</td>
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<tr>
<td>HIV: CD4 count less than 200</td>
<td>1 dose of Tdap</td>
<td>1 dose</td>
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<tr>
<td>HIV: CD4 count 200 or greater</td>
<td>Flu vaccine every year</td>
<td>followed by Td booster every 10 years</td>
<td>1 dose for those 60 years or older</td>
<td>1 - 2 doses</td>
<td>1 or more doses</td>
<td>3 doses through age 26 years</td>
<td>3 doses through age 21 years</td>
<td>2 doses</td>
<td>3 doses</td>
<td>1 or 3 doses</td>
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<td>Kidney disease or poor kidney function</td>
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<td>Asplenia (if you do not have a spleen or if it does not work well)</td>
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<td>Heart disease Chronic lung disease Chronic alcoholism</td>
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<td>Diabetes (Type 1 or Type 2)</td>
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<td>Chronic Liver Disease</td>
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</tbody>
</table>

**More Information:**

- If you are pregnant, you should get a Tdap vaccine during the 3rd trimester of pregnancy to help protect your babies from pertussis (whooping cough).
- You should get zoster vaccine even if you’ve had shingles before.
- There are two different types of pneumococcal vaccine: PCV13 (conjugate) and PPSV23 (polysaccharide). Talk with your healthcare professional to find out if one or both pneumococcal vaccines are recommended for you.
- Your healthcare professional will let you know how many doses you need.
- Recommended for you if you did not get it when you were a child.
- There are two HPV vaccines but only one HPV vaccine (Gardasil®) should be given to men.
- If you are male 22 through 26 years old and have sex with men you should complete the HPV vaccine series if you have not already done so.
- Your healthcare professional will let you know how many doses you need.
- *Hematopoietic stem cell transplant*

**Recommended For You:** This vaccine is recommended for you unless your healthcare professional tells you that you cannot safely receive it or that you do not need it.

**May Be Recommended For You:** This vaccine is recommended for you if you have certain other risk factors due to your age, health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

**YOU SHOULD NOT GET THIS VACCINE**

If you are traveling outside the United States, you **may need additional vaccines.** Ask your healthcare professional about which vaccines you may need at least 6 weeks prior to your travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS251118
Tips and Time-savers for Talking with Parents about HPV Vaccine

Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines. For example, you can say “Your child needs these shots today,” and name all of the vaccines recommended for the child’s age.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents’ questions helps you save time and give an effective response. CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver.

**CDC RESEARCH SHOWS:** The “HPV vaccine is cancer prevention” message resonates strongly with parents. In addition, studies show that a strong recommendation from you is the single best predictor of vaccination.

**TRY SAYING:** HPV vaccine is very important because it prevents cancer. I want your child to be protected from cancer. That’s why I’m recommending that your daughter/son receive the first dose of HPV vaccine today.

**CDC RESEARCH SHOWS:** Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against.

**TRY SAYING:** HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both women and men. There are about 26,000 of these cancers each year—and most could be prevented with HPV vaccine. There are also many more precancerous conditions requiring treatment that can have lasting effects.

**CDC RESEARCH SHOWS:** Parents want a concrete reason to understand the recommendation that 11–12 year olds receive HPV vaccine.

**TRY SAYING:** We’re vaccinating today so your child will have the best protection possible long before the start of any kind of sexual activity. We vaccinate people well before they are exposed to an infection, as is the case with measles and the other recommended childhood vaccines. Similarly, we want to vaccinate children well before they get exposed to HPV.

**CDC RESEARCH SHOWS:** Parents may be concerned that vaccinating may be perceived by the child as permission to have sex.

**TRY SAYING:** Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

**CDC RESEARCH SHOWS:** Parents might believe their child won’t be exposed to HPV because they aren’t sexually active or may not be for a long time.

**TRY SAYING:** HPV is so common that almost everyone will be infected at some point. It is estimated that 79 million Americans are currently infected with 14 million new HPV infections each year. Most people infected will never know. So even if your son/daughter waits until marriage to have sex, or only has one partner in the future, he/she could still be exposed if their partner has been exposed.

**CDC RESEARCH SHOWS:** Emphasizing your personal belief in the importance of HPV vaccine helps parents feel secure in their decision.

**TRY SAYING:** I strongly believe in the importance of this cancer-preventing vaccine, and I have given HPV vaccine to my son/daughter/grandchild/niece/nephew/friend’s children. Experts (like the American Academy of Pediatrics, cancer doctors, and the CDC) also agree that this vaccine is very important for your child.

**CDC RESEARCH SHOWS:** Understanding that the side effects are minor and emphasizing the extensive research that vaccines must undergo can help parents feel reassured.

**TRY SAYING:** HPV vaccine has been carefully studied by medical and scientific experts. HPV vaccine has been shown to be very effective and very safe. Like other shots, most side effects are mild, primarily pain or redness in the arm. This should go away quickly, and HPV vaccine has not been associated with any long-term side effects. Since 2006, about 57 million doses of HPV vaccine have been distributed in the U.S., and in the years of HPV vaccine safety studies and monitoring, no serious safety concerns have been identified.

**CDC RESEARCH SHOWS:** Parents want to know that HPV vaccine is effective.

**TRY SAYING:** In clinical trials of boys and girls, the vaccine was shown to be extremely effective. In addition, studies in the U.S. and other countries that have introduced HPV vaccine have shown a significant reduction in infections caused by the HPV types targeted by the vaccine.

**CDC RESEARCH SHOWS:** Many parents do not know that the full vaccine series requires 3 shots. Your reminder will help them to complete the series.

**TRY SAYING:** I want to make sure that your son/daughter receives all 3 shots of HPV vaccine to give them the best possible protection from cancer caused by HPV. Please make sure to make appointments on the way out, and put those appointments on your calendar before you leave the office today!