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## Abbreviations and acronyms

<b>AD</b>	Auto-disable (syringes or prefilled injection devices)
<b>AFP</b>	Acute flaccid paralysis. Also called floppy paralysis.
<b>AIDS</b>	Acquired Immune-Deficiency Syndrome
<b>BCG</b>	Vaccine that protects children against tuberculosis. The letters, B, C, and G stand for bacillus of Calmette and Guérin. “Bacillus” describes the shape of a bacterium; Calmette and Guérin are the names of the people who developed the vaccine.
<b>CRS</b>	Congenital rubella syndrome
<b>DOTS</b>	Directly observed treatment schedule (for tuberculosis)
<b>DT</b>	Diphtheria-tetanus toxoids vaccine
<b>DTP</b>	A combination vaccine containing diphtheria, tetanus toxoid, and pertussis vaccines.
<b>DTP-HepB</b>	A combination vaccine containing DTP and hepatitis B vaccines.
<b>DTP-HepB+Hib</b>	A combination vaccine containing DTP, HepB and <i>Haemophilus influenzae</i> type b vaccines.
<b>EPI</b>	Expanded Programme on Immunization
<b>GAVI</b>	The Global Alliance for Vaccines and Immunization
<b>HepB</b>	Hepatitis B
<b>Hib</b>	<i>Haemophilus influenzae</i> type b
<b>HIV</b>	Human immunodeficiency virus
<b>ID</b>	Intradermal
<b>ILR</b>	Ice-lined refrigerators
<b>IM</b>	Intramuscular
<b>IPV</b>	Inactivated polio vaccine
<b>ITN</b>	Insecticide treated mosquito nets
<b>IU</b>	International unit (unit in vitamin A supplements)
<b>JE</b>	Japanese encephalitis
<b>Mening</b>	Meningococcal vaccine
<b>MMR</b>	A combination vaccine containing measles, mumps, and rubella vaccines.
<b>MNTE</b>	Maternal and neonatal tetanus elimination programme
<b>MR</b>	A combination vaccine containing measles and rubella vaccines.
<b>NIDs</b>	National Immunization Days (for polio eradication)
<b>OPV</b>	Oral polio vaccine
<b>PAB</b>	Protected at birth

<b>PATH</b>	Program for Appropriate Technology in Health
<b>SC</b>	Subcutaneous
<b>TB</b>	Tuberculosis
<b>Td</b>	Tetanus-diphtheria toxoids vaccine
<b>TST</b>	Time, steam and temperature sterilisation indicator
<b>TT</b>	Tetanus toxoid vaccine
<b>UNFPA</b>	United Nations Population Fund
<b>UNGASS</b>	United Nations General Assembly Special Session
<b>UNICEF</b>	United Nations Children's Fund
<b>VAD</b>	Vitamin A deficiency
<b>VAPP</b>	Vaccine associated paralytic polio
<b>VVM</b>	Vaccine vial monitor
<b>WHO</b>	World Health Organization
<b>YF</b>	Yellow fever

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## Preface

WITH THE PREVIOUS EDITION of “Immunization in Practice” (IIP) having been translated and used throughout the world, we realized the tremendous responsibility we had when we embarked on this new version. The previous one had some serious omissions. For example, injection safety was hardly mentioned. There were also some other fundamental issues to resolve. The first was to decide whether IIP should be a training document and therefore written in a teaching style, or remain a practical and resource information guide. The decision was that it should, as before, remain as a book to turn to for information rather than one to be used for training purposes. Nonetheless it is very suitable as a resource during immunization workshops.

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

The third issue was to decide what to leave out. Initially there was a section on steam sterilization, but with reusable equipment likely to be completely phased out during the lifetime of this new edition, we have omitted that section. We have also not tried to include every vaccine available today, only the ones in common use, nor have we provided technical material on supplementary immunization strategies as these are dealt with elsewhere.

The revision of IIP was intended to meet the demands to improve immunization services so as to reach more infants in a sustainable way, building upon the experiences of polio eradication. We have thus included material adapted from polio on planning, monitoring and use of data to improve the service, that can be used at any level. Revising IIP has been a team exercise. There are contributions from a large number of experts, organizations and institutions, and we thank everyone who has contributed for their time and patience in reviewing the many draft versions.

IIP is firmly dedicated to the hundreds of thousands of health workers throughout the world who are responsible for protecting countless numbers of children from vaccine preventable diseases. The message to them from all contributors to IIP is: “You are already doing a great job, but this booklet is meant to help you use your time and resources even better and improve your services”.