Supporting the Immunization Needs of Internationally-Born Children

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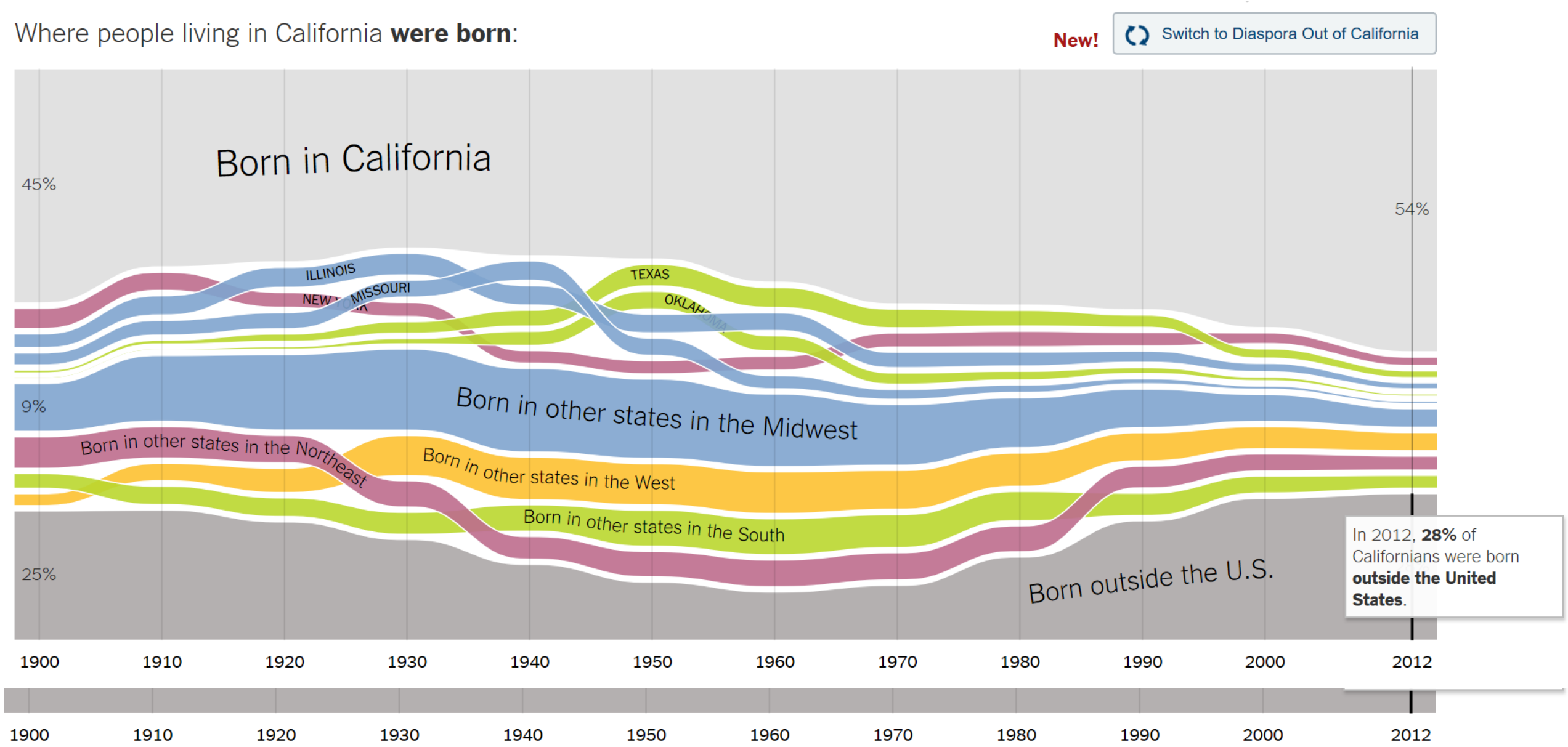
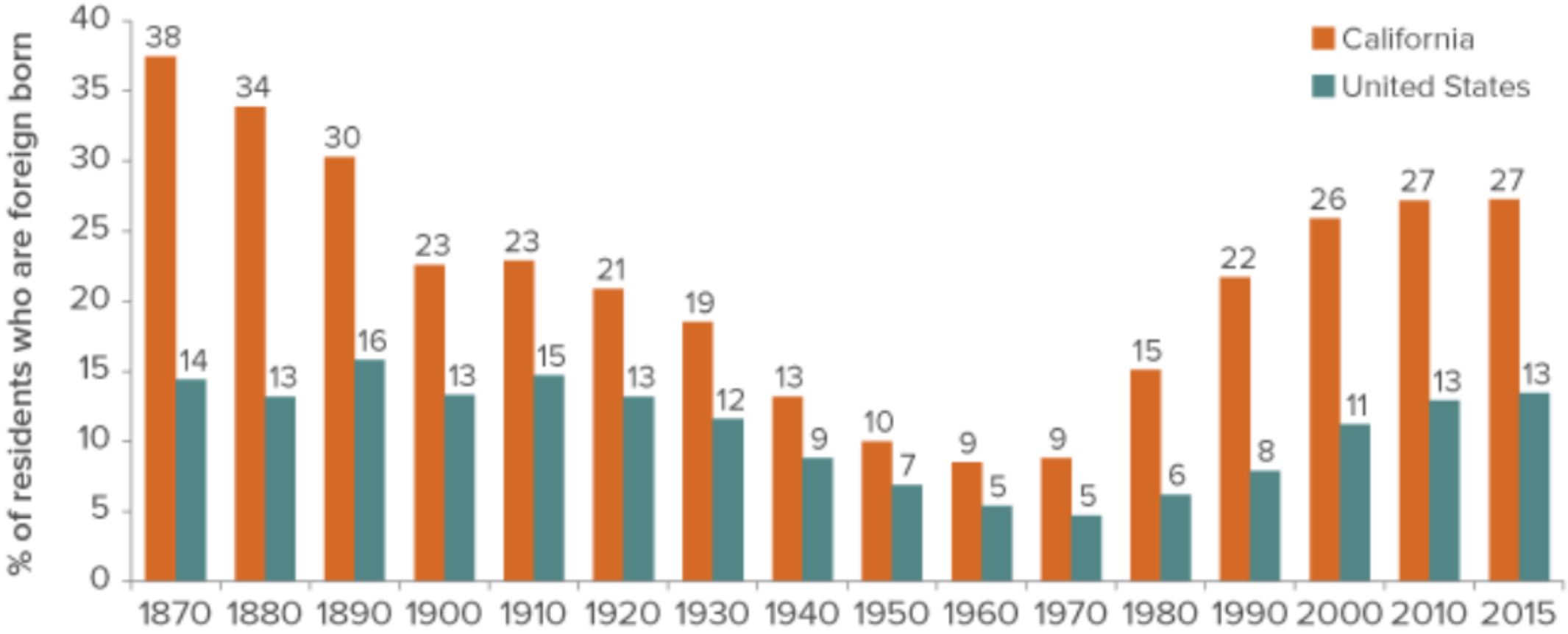
Objectives:

1. Compare / inform practitioners regarding examples of differences in the immunization schedules between the United States and other countries
2. Engage the audience in an interactive exploration of cases that highlight issues that may arise in the management the needs of international students who arrive in the United States but who are not fully immunized.
3. Highlight resources that can assist clinicians as they assess, treat and communicate with internationally born children and their parents.



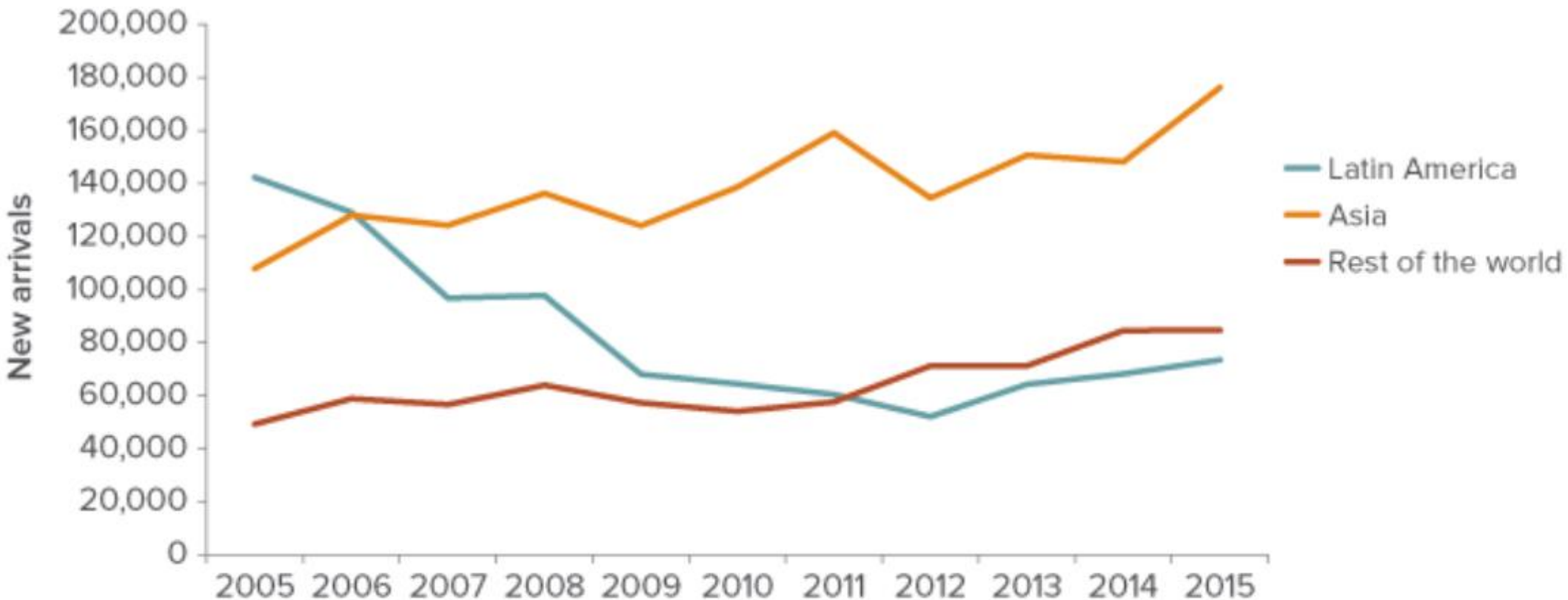
https://www.nytimes.com/interactive/2014/08/13/upshot/where-people-in-each-state-were-born.html

California has had high shares of foreign-born residents for decades



SOURCE: US Census Bureau, Decennial Censuses and the American Community Survey.

Asia has surpassed Latin America as the leading source of recent immigrants to California



SOURCE: American Community Survey.

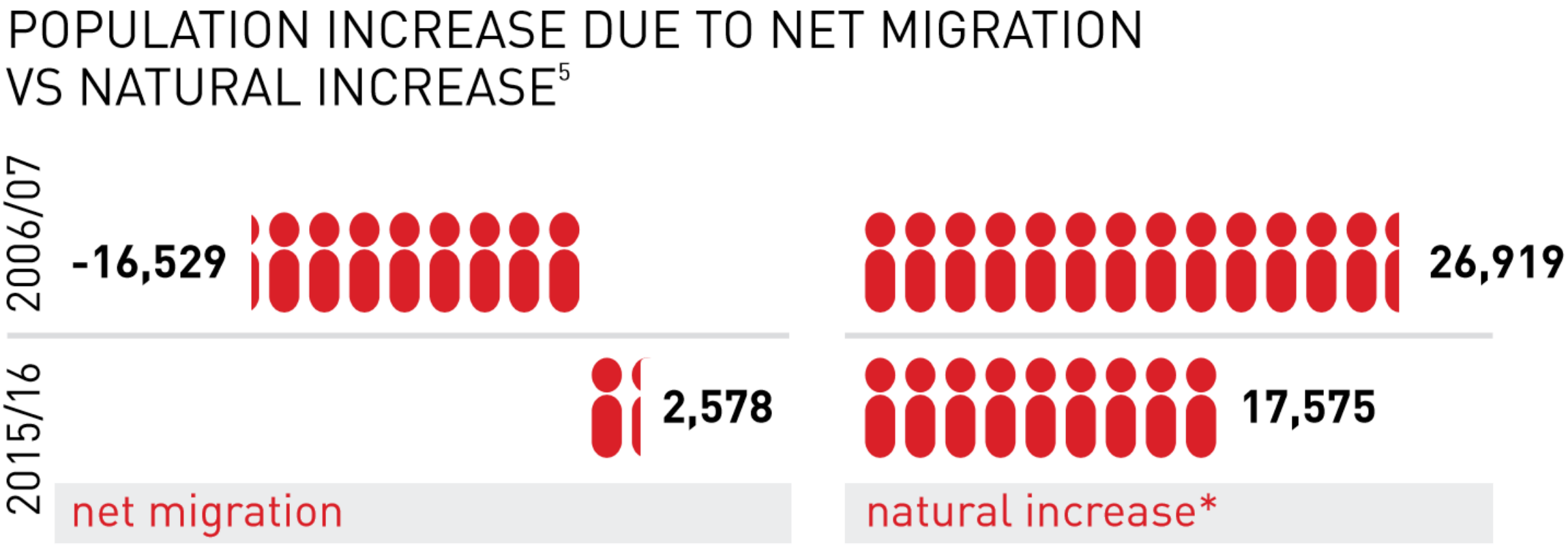
NOTE: New arrivals are based on the place of residence one year prior to the survey.

How Many OC Residents are Foreign Born?

- US Census data from 2011-2015:
  - California 27%
  - Orange County, CA 30.5%
- U.S. share of the worldwide international college student population has decreased in recent years
  - 23 % in 2000
  - 19% in 2013
  - International student enrollment in U.S. colleges and universities = 975,000
  - Enrollment increased 10 % between school year (SY) 2013-14 and SY 2014-15, the highest growth rate in 35 years, reaching a record high of

https://www.census.gov/quickfacts/fact/table/orangecountycalifornia,CA/PST045216

Data from the Institute for International Education (IIE), U.S. Immigration and Custom Enforcement (ICE) and NAFSA: Association of International Educators



According to the Pew Research Center's Hispanic Trends Project, 6.9 percent of K-12 students had parents of illegal immigrants in 2012, while far less — 1.4 percent — of all students were illegal immigrants themselves.

2017 Binational Immunization Resource Tool for Children from Birth Through 18 Years

Vaccine doses administered in Mexico may be counted as valid in the United States (including vaccines not licensed for use in the U.S.) if the dose or doses are documented in writing (including the date of administration) and comply with the minimum intervals and minimum ages as recommended by the Advisory Committee on Immunization Practices.
See www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

Vaccines for Infants and Adolescents

MEXICO — DOSES RECOMMENDED BY AGE			DISEASES	USA — DOSES RECOMMENDED BY AGE				
		Antihepatitis B at birth, 2, 6 months[1]	Hepatitis B	HepB birth, 2, 6 through 18 months		Pediarix 2, 4, 6 months		
			Meningococcal (Private sector only in Mexico)	MenACWY 2 months through 10 years (high-risk) 11 through 12 years, 16 years	MenB 10 through 18 years (high risk) 16 through 18 years (subject to individual clinical decision making)	MenHibrix 2, 4, 6, and 12 through 15 months (high-risk)		
		Pentavalente Acelular[§] 2, 4, 6, 18 months	*H. influenzae* type b	Hib 2, 4, 6[§], 12 through 15 months				
Td 10-18 years	DPT 4 through 6 years		Tosferina / Pertussis	DTaP 2, 4, 6, 15 through 18 months, 4 through 6 years	Tdap 11 through 12 years (required in many states for 7th grade entry)**	Pediarix 2, 4, 6 months	Pentacel 2, 4, 6, 15 through 18 months	Kinrix or Quadracel 4 through 6 years
			Difteria / Diphtheria					
			Tétanos / Tetanus					
	Sabin (OPV) 2 doses per year [3], from 6 to 59 months of age (administered during National Health Weeks)		Poliomielitis / Polio	IPV 2, 4, 6 through 18 months, 4 through 6 years				
		Rotateq 2, 4, 6 months	Rotavirus	RotaTeq 2, 4, 6 months or Rotarix 2, 4 months				
		Neumocóccica Conjugada (PCV13) 2, 4 months 12 through 15 months	Neumococo / Pneumococcal	PCV13 2, 4, 6, 12 through 15 months, 16 months through 18 years (high risk)	PPSV23 2 through 18 years (high risk)			
		Influenza (yearly) 6 through 59 months, 60 months through 9 years (high risk only)[4]	Influenza	Influenza* (yearly) 6 months or older				
	SR 10 years	Triple Viral SRP 12 months, 6 years	Sarampión / Measles	MMR 12 through 15 months, 4 through 6 years	MMRV 12 through 15 months, 4 through 6 years			
			Rubéola / Rubella					
			Parotiditis / Mumps					
		Varicela 12 months, 4-6 years [2]	Varicela / Varicella	Varicella 12 through 15 months, 4 through 6 years				
		Antihepatitis A 12 months[2]	Hepatitis A	HepA 12, 18 months				
		HPV 9 through 12 years (2 doses) (girls only)	Virus del Papiloma Humano / Human Papillomavirus	HPV 11 through 12 years (can start at 9) 2 or 3 doses				
		BCG at birth	Tuberculosis (Not offered in the U.S.)					

Vacunas Combinadas/ Vaccination Combinations

Triple Viral SRP = MMR

[§]Pentavalente Acelular = DTaP+IPV+Hib (August 2007 to present)

Pentavalente = DPT + Hib + HepB (Prior to July 2007)

FOOTNOTES

[1] For those who have not had the full series by age 11 years, give two doses 1 month apart at 11 years

[2] Offered to high-risk groups only

[3] Administered after at least 2 doses of IPV (Pentavalente)

[4] Two doses given at least four weeks apart are recommended for children who are getting a flu vaccine for the first time and then 1 dose per year.

Vaccination Combinations

Pediarix = DTaP-HepB-IPV
MenHibrix = Hib-MenCY
ProQuad = MMRV
Pentacel = DTaP-IPV/Hib
Kinrix or Quadracel = DTaP-IPV

FOOTNOTES

* Two doses given at least four weeks apart are recommended for some children aged 6 months through 8 years of age who are getting a flu vaccine for the first time. See Influenza recommendations for details: **www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html**.

** For a listing of Tdap requirements for secondary schools, visit **http://www.immunize.org/laws/tdap.asp**. Some children who were lapsed may have received a dose of Tdap at ages 7 through 10 years.

[§] Depending on which Hib vaccine is used, a child may not need the dose at 6 months of age.

See back for immunization tool protocol and translation of common terms

Reviewing Immunization Records from Mexico

- Review the child's Mexican immunization record, which is part of the National Health Card (Cartilla Nacional de Salud).
  - There are two versions of the Health Cards. One is for children from birth through age 9, and the other is for 10 through 19.
  - These are the official documents used throughout Mexico to record immunization and other health information
- The vaccine records are located on pages 10-11 of the Health Cards for the children from birth through 9 years and on pages 7-8 for the pre-teens and teens (ages 10-19).

Binational Tool Protocol

CS272886-A

1. Determine what immunizations are needed for the child based on his or her age and the United States' Recommended Immunization Schedule (www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html).

2. Review the child's Mexican immunization record, which is part of the National Health Card (Cartilla Nacional de Salud). There are two versions of the Health Cards. One is for children from birth through age 9, and the other is for 10 through 19. These are the official documents used throughout Mexico to record immunization and other health information. The vaccine records are located on pages 10-11 of the Health Cards for the children from birth through 9 years and on pages 7-8 for the pre-teens and teens (ages 10-19).

The table below provides translations of terms that may be found on the Health Cards and the immunization records sections of those cards.

English	Spanish
January	Enero
February	Febrero
March	Marzo
April	Abril
May	Mayo
June	Junio
July	Julio
August	Agosto
September	Septiembre
October	Octubre
November	Noviembre
December	Diciembre
Month(s)	Mes(es)
Years(s)	Año(s)
At birth	Al nacer
Next	Próxima

Demographic Information

The first section on the inside of this document contains demographic information.

- Name Section includes a "primer y segundo apellido (first and second last name)" or paternal and maternal last names, respectively.
- Dates in Mexico are written Day/Month/Year (día/mes/año). For instance, 20/1/2008 is Jan 20, 2008.

Basic Immunization Schedule

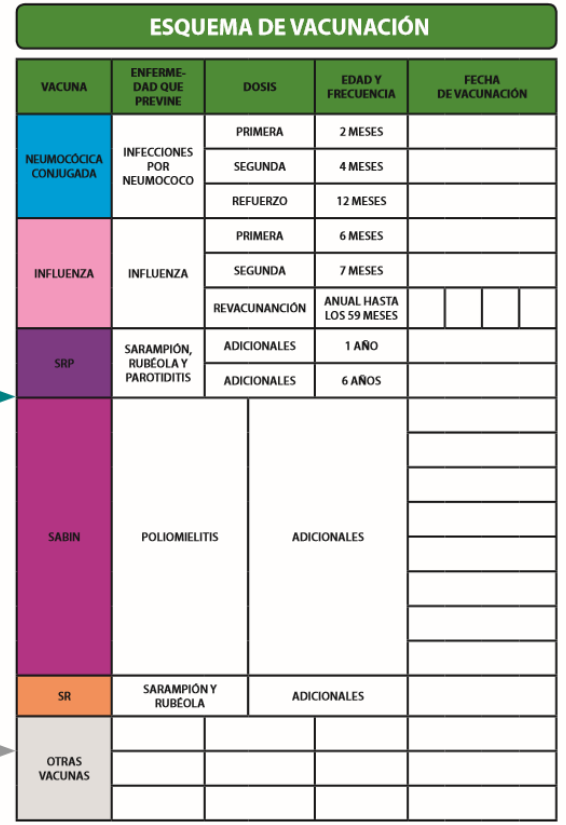
The second part of the document contains information on the basic childhood immunization schedule, outlined in 5 columns:

1 - VACUNA (Vaccine)
2 - ENFERMEDAD QUE PREVIENE (Preventable Disease)
3 - DOSIS (Dose)
4 - EDAD Y FREQUENCIA (Age & Frequency)
5 - FECHA DE VACUNACIÓN (Date of Vaccine Administration)

- Dates of vaccine administration are recorded in pen.
- Next due date is always recorded in pencil.
- Clinic stamp or signature of person administering

Private Sector Vaccines

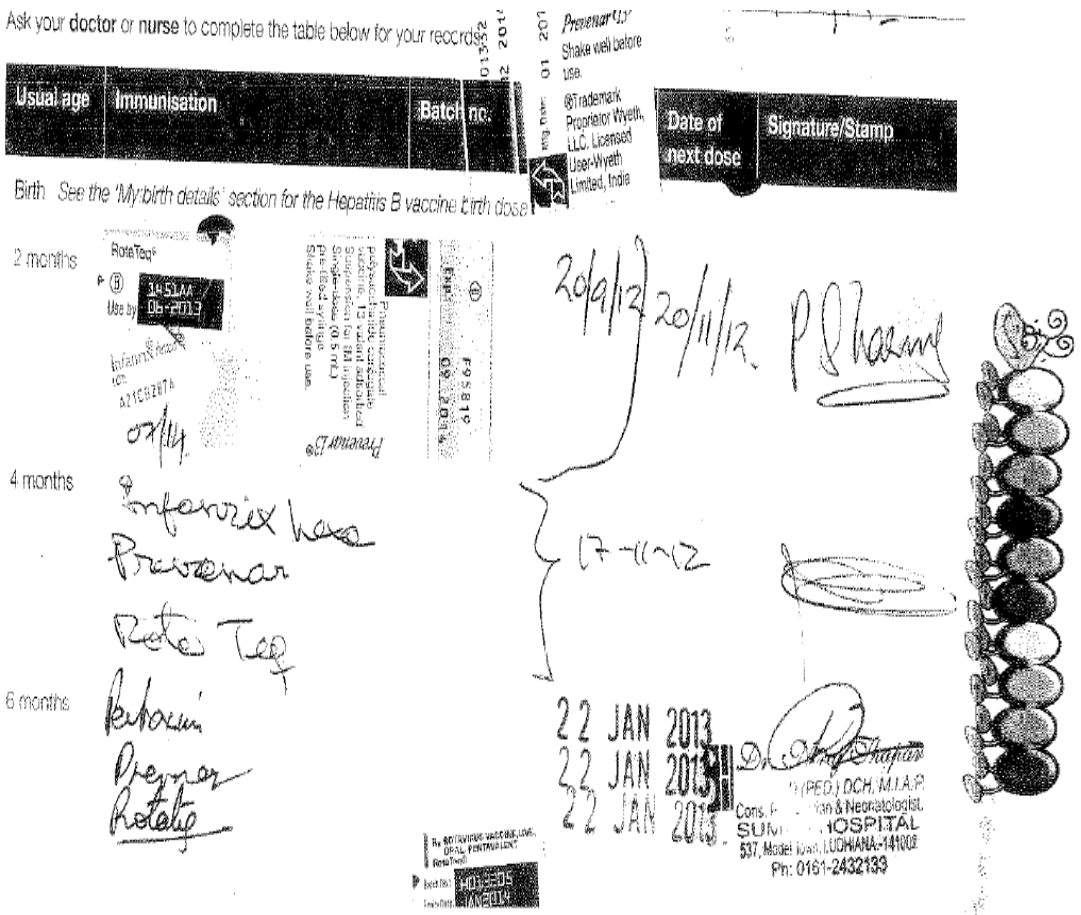
Vaccines administered in the private sector are recorded in the gray section: OTRAS VACUNAS (other vaccines)

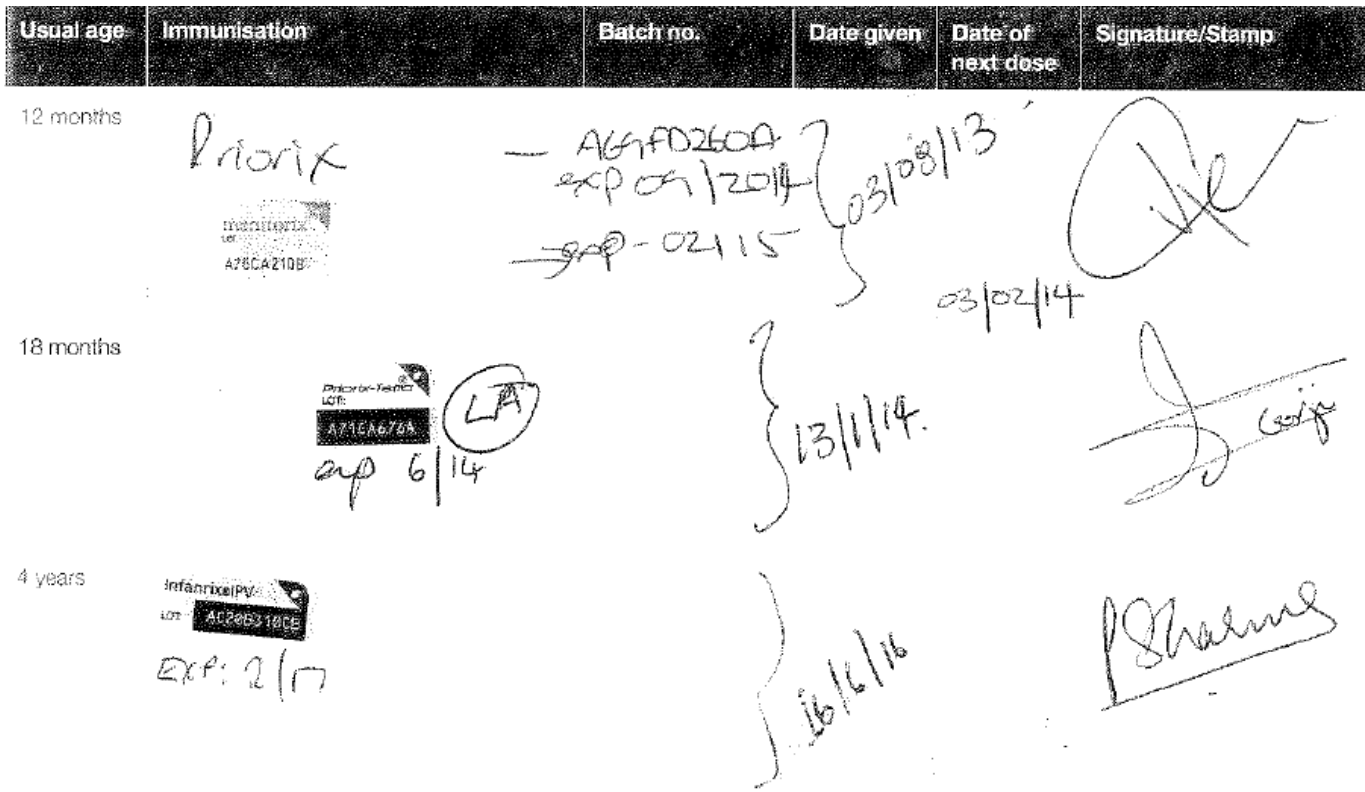


3. Match Mexican records with left side of guide (Mexico Doses Recommended by Age).
4. Review any immunization records obtained in the United States.
5. Match the U.S. records with right side of guide (USA Doses Recommended by Age).
6. Check insets, as they contain important information about combination vaccines. For example, in Mexico, Pentavalente Acelular is a combination vaccine, which includes DTaP, IPV, and Hib.
7. If a given vaccination recommendation for particular vaccine preventable disease is fulfilled for EITHER side of the vaccination chart, the child/adolescent can be considered vaccinated against that disease.
8. Check for contraindications, provide Vaccine Information Statement (VIS), and discuss any questions with the parent. Then, administer any vaccinations that are due or need to be caught up.
9. Document in official chart and patient's personal medical record any vaccinations that are given.
10. Encourage patient to obtain available medical records from all clinicians and healthcare providers in the future and continue to document vaccinations received. Patient should be encouraged to take these records to any subsequent healthcare visits.

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

Is this Child Ready for School? Need Some Help?





WHO vaccine-preventable diseases: monitoring system. 2017 global summary

Immunization schedule selection centre:

The Regions, Countries, Vaccines lists are multiselect-enabled;
You are free to select any amount of any combination of items.

Regions list;

AFR
AMR
EMR
EUR
SEAR
WPR

Countries list

Hungary
Iceland
India
Indonesia
Iran (Islamic Republic of)
Iraq

Vaccines list

aP.....Acellular pertussis vaccine
BCG.....Bacille Calmette-Guérin vaccine
CHOLERA.....Cholera vaccine
Dip.....Diphtheria vaccine
Diphteria.....Diphtheria vaccine
DT.....Tetanus and diphtheria toxoid childrens' dose
DTaP.....Diphtheria and tetanus toxoid with acellular pertussis vaccine
DTaPHep.....Diphtheria and tetanus toxoid with acellular pertussis and HepB vaccine
DTaPHepBIPV.....Diphtheria and Tetanus and Pertussis and Hepatitis B and Polio
DTaPHepIPV.....Diphtheria and tetanus toxoid with acellular pertussis, HepB and IPV vaccine
DTaPHib.....Diphtheria and tetanus toxoid with acellular pertussis and Hib vaccine
DTaPHibHepB.....Diphtheria and tetanus toxoid with acellular pertussis, Hib and HepB vaccine

↑Select all vaccines | Unselect all vaccines↑

OK

WHO National Immunization Schedule

(78 vaccines such as aP, BCG, CHOLERA, Dip, Diphteria, DT, DTaP, DTaPHep, DTaPHepBIPV, DTaPHepIPV, DTaPHib, etc. DTwPH, etc.)

	Antigens			Entire Country	Comments
India	BCG	Bacille Calmette-Guérin vaccine	birth;	Yes	
	DTwP	Diphtheria and tetanus toxoid with whole cell pertussis vaccine	16-24 months; 5 years;	Yes	
	DTwPHibHepB	Diphtheria and Tetanus and Pertussis and Haemophilus influenzae and Hepatitis B vaccine	6, 10, 14 weeks;	Yes	
	HepB	Hepatitis B vaccine	Birth;	Yes	
	IPV	Inactivated polio vaccine	6, 14 weeks;	Yes	
	JE_LiveAtd	Japanese encephalitis live vaccine	9, 16-24 months;	No	
	Measles	Measles vaccine	9-12, 16-24 months;	Yes	
	MR	Measles and rubella vaccine	9 months - 2 years;	No	From February 2017
	OPV	Oral polio vaccine	birth; 6, 10, 14 weeks; 16-24 months;	Yes	
	Pneumo_conj	Pneumococcal conjugate vaccine	Up to 1 year;	No	From April 2017
	Rotavirus	Rotavirus vaccine	6, 10, 14 weeks;	No	
	TT	Tetanus toxoid vaccine	10, 16 years;	Yes	and pregnant women
	VitaminA	Vitamin A supplementation	9, 18, 24, 30, 36, 42 months;	Yes	

http://apps.who.int/immunization_monitoring/globalsummary

‘Frequent Issues in Westminster School District’

- Students who have lost their records and need to start over.
- Translation issues, although we can usually figure this out with the resources we have.
- Students from Vietnam often get their first MMR prior to the first birthday. It can be difficult to explain to parents (and even some doctor’s offices), why the student will need another MMR (which makes it a total of 3, since the first one didn’t count)

Thank you to Roberta "Bobbie" Cox RN BSN PHN; Coordinating Nurse, Westminster School District

Children and adolescents age 7 through 18 years

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses		
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4
Meningococcal[11] (MenACWY-D ≥9 mos; MenACWY-CRM ≥ 2 mos)	N/A	8 weeks[11]		
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis[12]	7 years[12]	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.	6 months if first dose of DTaP/DT was administered before the 1st birthday.
Human papillomavirus[13]	9 years	Routine dosing intervals are recommended.[13]		
Hepatitis A[10]	N/A	6 months		
Hepatitis B[1]	N/A	4 weeks	8 weeks **and** at least 16 weeks after first dose	
Inactivated poliovirus[6]	N/A	4 weeks	4 weeks[6]	6 months[6]
Measles, mumps, rubella[8]	N/A	4 weeks		
Varicella[9]	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older		

CDC: The'Pink Book'

Bosnian	
Beseže	BCG
Detepe	DPT
Difterija	Diphtheria
Dječja paraliza	Polio
Gripa	Influenza
Ljudski papilloma virus	Human Papillomavirus
Male boginje	Rubella
Ospice	Chickenpox
Rubeola	Measles
Tuberkuloza	Tuberculosis
Upala pluća	Pneumonia
Veliki boginje	Smallpox
Veliki kašalj	Pertussis
Zauške	Mumps
Žutica	Hepatitis
Chinese	
疫 苗	Vaccine
痲 疹	Measles
腮 腺 炎	Mumps

Veliki boginje	Smallpox
Vodene kozice	Varicella
Zapaljenje	Hepatitis
Zaušnjaci	Mumps
Žutica	Hepatitis
Czech	
Davivy Kasel	Pertussis
Difterie	Diphtheria
Hepatitida	Hepatitis
Parotitida	Mumps
Pertuse	Pertussis
Poliomyelitis	Polio
Plané Nestovice	Chickenpox
Spalnicky	Measles
Subinuira	Influenza
Zardenky	Rubella
Zaškrt	Diphtheria
Zlutá Zimnice	Yellow Fever
Danish	
Bornelammelse	Polio
Difteritis	Diphtheria
Faaresyge (Fåresyge)	Mumps

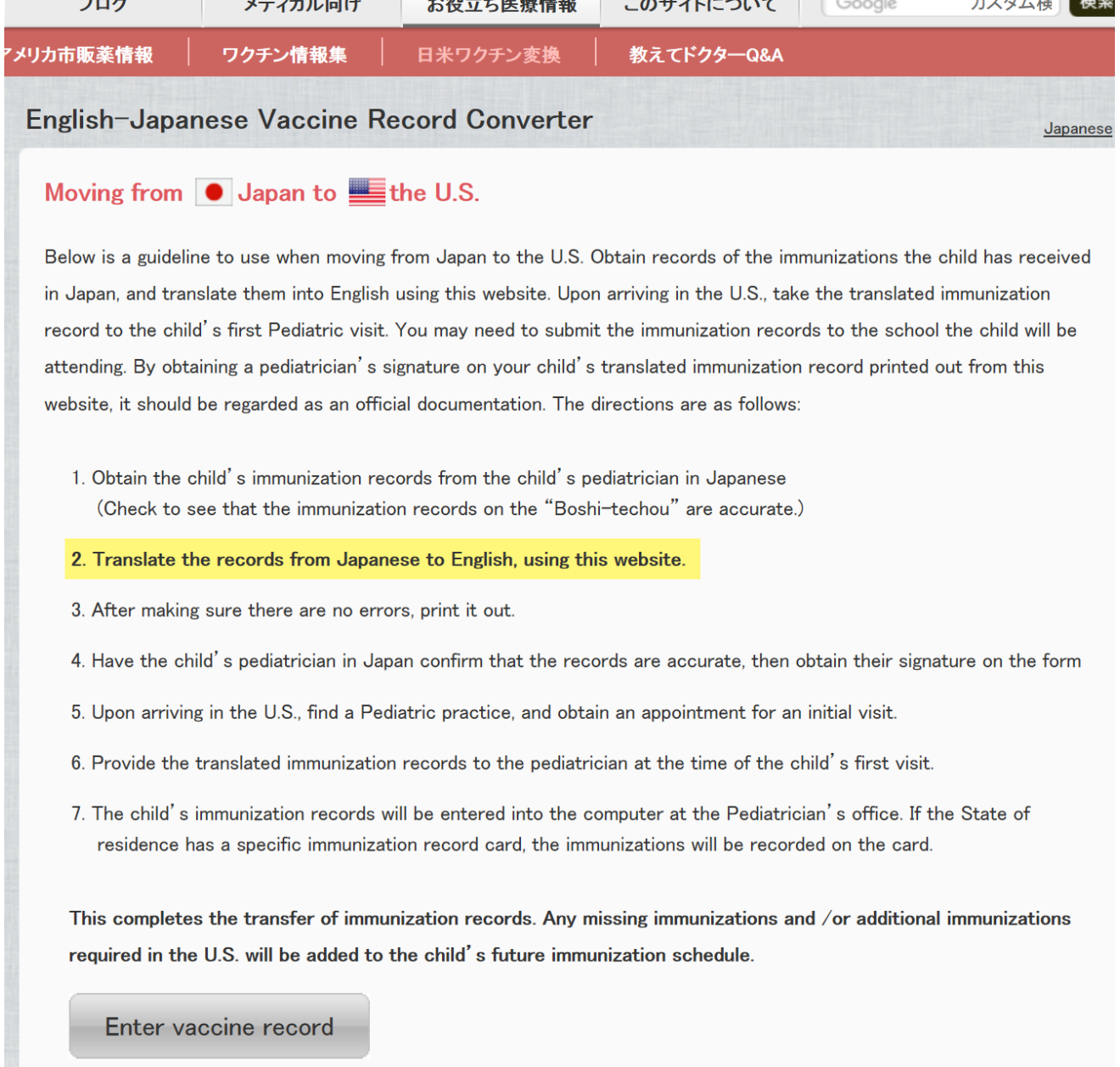
https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf

Quick Chart of Vaccine-Preventable Disease Terms in Multiple Languages

Eastern European Languages								
English	**Bosnian**	**Croatian**	**Polish**	**Romanian**	**Russian**	**Serbian**	**Slovak**	**Ukrainian**
DTP	Detepe	Detepe		Di-Te-Per	АКДС	Detepe	DiTePe	
Diphtheria	difterija	difterije	przeciwko błonicy	difteriei	дифтерия	дифтерије	záškrt	дифтерії
Haemophilus influenzae type b	*Hemofilična influenca* tipa B	Haemophilus influenzae tipa b	Haemophilus influenzae typu b	Haemophilus influenzae tip b boala	гемофільной инфекции типа B	Хаемопхилус инфлуензае тип Б болести	Haemophilus influenzae typ b ochorenia	гемофільної інфекції типу B захворювань
Hepatitis A	Žutica A, Hepatitis A	Žutica A, hepatitisa A	wirusowemu zapaleniu wątroby typu A	hepatita A	гепатит A	хепатитиса A	hepatitída A	гепатиту S
Hepatitis B	Žutica B, Hepatitis B	Žutica B, hepatitisa B	wirusowemu zapa-leniu wątroby typu B	hepatita B	гепатит B	хепатитиса Б	hepatitída B	гепатиту B
Human papillomavirus	Ljudski papiloma virus	papilomavirusi čovjeka	wirus brodawczaka ludzkiego	papilomavirus uman	вирус папилломы человека	људски папилома вирус	ľudský papillomavírus	вірус папіломи людини
Influenza	gripa	gripe	grypa	gripa	грипп	грип	chrípka	грипу
MMR	MMR					MMR		
Measles	rubeola	ospice	odra	pojarul	корЬ	Мале богиње	morbilli, osýpky	
Meningococcal conjugate		meningokoknog konjugirati	meningokokom sprzężenia	conjugate meningococice	менингококковая сопряженных	менингококне коњуговано	meningokokove j konjugovanou	менінгококова сполучених
Mumps	zauške	zaušnjaci	swinka	oreionul, oreion	свинка, паротит	Эаушке	parotitis	кір
Pertussis	veliki kašalj	kašalj hripavac	krztuścowi	tusei convulsive	коклюша	великог кашља	čierny kašeľ	кашлюку
Poliomyelitis	dječja paraliza	dječje paralize	polio	poliomielita	полиомиелит	дечје парализе	detská obrna	поліомієліту
Pneumococcal conjugate	upala pluća	pneumokoka konjugirano	skoniugowanej szczepionki pneumokokowej	pneumococic conjugat	пневмококковоя конъюгированной	Пнеумоцоццал коњунговане	konjugovaná pneumokoková	пневмококковой конъюгированной

http://www.immunize.org/catg.d/p5122.pdf

Japanese to English Record Converter



http://ameilog.com/vaccine-en-instr

English–Japanese Vaccine Record Converter

Japanese

Name: (English)

(Japanese)

Date of Birth: (MM/DD/YYYY)

Input the date of vaccination. (MM/DD/YYYY)

type of vaccine	1st	2nd	3rd	4th	5th
ジフテリア 破傷風 百日咳					
ポリオ（経口）					
ポリオ（注射）					
インフルエンザ桿菌b型					
肺炎球菌（7価）					
B型肝炎					
はしか（麻疹） 風疹					
MMR（はしか おたふく 風疹）					
おたふく					
水ぼうそう					
A型肝炎					
パピローマウィルス					
髄膜炎菌					

Vaccines required for applicants to Enter the US

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Measles
- Mumps
- Rubella
- Rotavirus
- Haemophilus influenzae type b (Hib)
- Hepatitis A
- Hepatitis B
- Meningococcal disease
- Varicella
- Pneumococcal disease
- Influenza

Assisting an African-born Child To Enter School

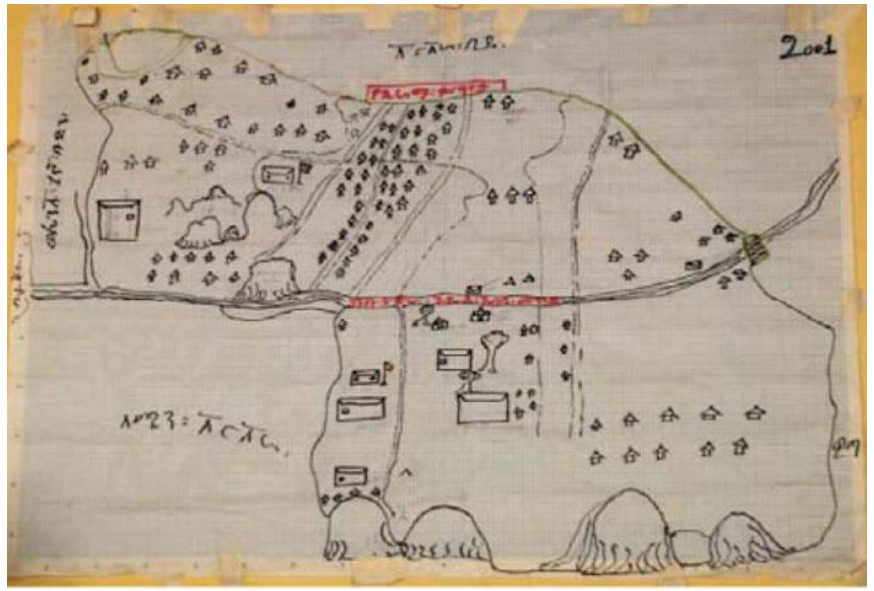
4 YO child born in Ethiopia, care by father whose English was limited

Enrolled for the fall in the Buena Park pre-KG

Vaccinations from an American hospital in Ethiopia. Child had received MMR and one DPT

During KG registration another document provided from Ethiopia (not understandable)

Dad went to OC Public Health Clinic to get document transcribed and get any missing shots



The distances (by travel time by walking) between the Ethiopian health centre, Health Post, and the furthest members of the community

Dad sent out to resource for translation that was going to charge (not affordable)

Dad took child to a local Buena Park doctor to get his second MMR and varicella vaxs. SN notes dates off

SN called the Ethiopian Consulate in Los Angels, waited for over 45 minutes to get through.

Ethiopians use a calendar that is 7 years and a few months different

SN used suggested website to transcribe the child's immunization record.

Child was registered for school for 2017/2018.

“The Dates Don’t Make Sense”

- Most countries around the world use the 365 day, January-to-December Gregorian calendar
- Ethiopia employs its own calendar with unique months
- the Ethiopian year begins on the 11th or 12th of September in the Julian calendar and continues through 13 months until the next new year
- Converting an Ethiopian date to the Gregorian calendar is easiest using an online conversion tool

http://mtesfaye.net/date.html

Has This Happened to You?

- We have a kiddo that enrolled this year - she is from Turkey - but all her immunizations are in Chinese.
- No one was able to translate.

- We have several issues with immunizations for our International students.

    1. The records are not in English and it is very difficult to translate.

    2. Once we get the records, get them translated, and find more immunizations are needed, it is sometimes very difficult for them to find a doctor.

Thanks to Michelle DeHaven and Eileen Mori

Issues in an OC Middle School

- The parent who loses their shot record. They had the card going through immigration but it gets lost somehow. In one case I was trying to get a card from the American embassy in Pakistan and I was able to use the internet with our record release (they did not like our medical release but that was all i had). They did not want to send a copy of the card but at the last moment it was in my work email.
- Trying to read letter characters that are so different to English
  - Tried calling the district office to get teachers or anyone who could read those languages
  - Found some card example translations online but that made it difficult to enter dates if I did not know what the card said
  - Parents had poor language skills in their own country/language
  - The dates are usually day/month/year

Thanks to Katherine Mras RN, PHN, BSN, M.Ed

International Students at a Private OC High School

Problems:

1.Immunization documentation that is not translated

2.Immunization documentation that is translated but do not have the students name, date of birth, doctor's stamp, etc.

3.Immunization documentation that is provided by the Home Stay company (concerns about fraudulent dates or content

4. Students often don't have needed Tdap but when asked them to get it in their homeland they get a Td

Things that work:

1. We tell international students to get their Tdap in the US.
2. We update a list of providers within a 5 mile radius of our school with prices and the vaccines that they offer.
3. Int students arrive 2 weeks before school starts for daily orientation. The Nurse office is part of an orientation that begins 2 weeks prior to school. RNs speak to the students, parents and host parents about immunizations.
4. SNs created specific forms to help this process. We do accept documents by mail, fax, drop off, or email.

Thank you to Lisa Volpo RN, BSN and Rebecca Wood RN, BSN

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- Self-reported immunization

Polleverywhere Answer:

- ANSWER: FALSE
- Influenza vaccine and pneumococcal polysaccharide vaccine, self-reported doses of vaccine without written documentation are acceptable

General Best Practice Guidelines for Immunization

- Providers should only accept written, dated records as evidence of vaccination
- US health care providers must ensure that the permanent medical record of the recipient indicates:
  - The date the vaccine was administered
  - The vaccine manufacturer
  - The vaccine lot number
  - The name, address, and title of the person administering the vaccine
  - The edition date of the VIS distributed and the date those materials were provided.
- The Act considers a health-care provider to be any licensed health care professional, organization, or institution, whether private or public (including federal, state, and local departments and agencies), under whose authority a specified vaccine is administered. This information should be kept for all vaccines

https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html

When Documentation Is Not Possible

- If records cannot be located or will definitely not be available anywhere because of the patient's circumstances, the children should be considered susceptible and

1. Should be started on the age-appropriate vaccination schedule

OR

2. Serologic testing for immunity is an alternative to vaccination for certain antigens (e.g., measles, rubella, or hepatitis A,) or in determining tetanus and diphtheria antitoxin levels for children whose records indicate 3 or more doses of DTP or DTaP.

Interpreter Services and Vaccinations

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Resources:

- News & Views: Interpreting Foreign Immunization Records and Immunizing Newly Immigrated Populations

http://www.chop.edu/news/news-views-interpreting-foreign-immunization-records-and-immunizing-newly-immigrated

- WHO vaccine-preventable diseases: monitoring system. 2017 global summary

http://apps.who.int/immunization_monitoring/globalsummary/schedules

- "Pink Book" — CDC's "Epidemiology and Prevention of Vaccine-Preventable Diseases Course Textbook" (13th Edition – 2015).

https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf

U.S. – Mexico Immunization Comparison Chart
https://www.cdc.gov/vaccines/schedules/downloads/child/binational-schedule-pr.pdf