

Stars in Action

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National Immunization Awareness Month

August is National Immunization Awareness Month (NIAM). Immunizations reflect one of the greatest public health accomplishments of the 20th century. Although we may think we received all the vaccinations we need as children, adults need vaccinations too! We should all be up-to-date on our vaccination status, including vaccines we receive once a year to those we may receive only once during our lifetime, and should have any vaccination needs assessed during visits to healthcare providers.



In this issue, we will focus on the importance of vaccinations we may need as adults to protect not only our health, but also the health of our family members and community. For more information on immunizations for adults and children, visit the National Public Health Information Coalition (NPHIC) website at: <https://www.nphic.org/niam/>

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Why get vaccinated?

- ◆ Vaccination is important because it not only protects the person receiving the vaccine (you), but also helps prevent the spread of disease.
- ◆ Certain populations, including infants and young children, the elderly, and individuals with chronic conditions and weakened immune systems, are more vulnerable to serious complications if they become sick with a vaccine-preventable disease. In addition, some individuals or groups (such as infants under 6 months of age), cannot be vaccinated against serious diseases, and depend on others who are vaccinated to protect them against illness.

Which vaccines do I need?

- ◆ All adults, including pregnant women, should get the flu vaccine every year to protect against seasonal flu.
- ◆ Tdap (Tetanus, Diphtheria, and Pertussis) vaccine is also recommended for adults who did not receive the Tdap as a teen.
- ◆ Td (tetanus and diphtheria) vaccine is recommended once every 10 years.
- ◆ Adults 60 and older should receive the shingles vaccine.
- ◆ Adults 65 and older should receive one or more pneumococcal (pneumonia) vaccinations.
- ◆ Other vaccines may be recommended by your healthcare provider, depending on your age, occupation, travel, and medical conditions.
- ◆ Some adults younger than age 65 with certain high-risk conditions should also receive one or more pneumococcal vaccinations.



Influenza (Flu) vaccine

- ◆ Most people 6 months of age and older should get a flu vaccine every year. Here's why:
- ◆ In the United States, millions of people are sickened, hundreds of thousands are hospitalized and thousands or tens of thousands of people die from the flu every year.
- ◆ The vaccine can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations.
- ◆ Most healthy adults may be able to infect others with the flu beginning 1 day **before** symptoms develop and up to 5 to 7 days **after** becoming sick. Some people, especially young children and people with weakened immune systems, might be able to infect others for an even longer time.
- ◆ Some people are at higher risk of flu-related complications, including people 65 years and older, people of any age with certain chronic medical conditions (such as asthma, diabetes, or heart disease), pregnant women, and young children.
- ◆ People 65 years and older have two flu shots available to choose from — a regular-dose flu vaccine and a newer, high-dose vaccine. The “high-dose vaccine” contains 4 times the amount of antigen as the regular flu shot and is associated with a stronger immune response following vaccination.
- ◆ Some people should not get a flu shot, including people with severe, life-threatening allergies to flu vaccine or any ingredient in the vaccine. Speak to your doctor if you have any concerns regarding receiving the vaccine.
- ◆ As of June 2016, the nasal vaccine is not recommended for children or adults due to studies that have shown that it is less effective than injectable vaccine.



Tdap Vaccine

- ◆ Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus were reported in the United States each year.
- ◆ Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis.
- ◆ Adolescents 11 through 18 years of age (preferably at age 11-12 years) should receive a single dose of **Tdap**.
- ◆ One dose of Tdap is also recommended for adults 19 years of age and older who did not get Tdap as an adolescent.
- ◆ Pregnant women should get a dose of Tdap during **every pregnancy**, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Shingles vaccine

- ◆ Almost 1 out of every 3 people in the United States will develop shingles, also known as zoster or herpes zoster, in their lifetime.
- ◆ Anyone who has recovered from chickenpox may develop shingles; even children can get shingles, although the risk increases with age.
- ◆ Shingles is a painful rash that develops on one side of the face or body.
- ◆ The most common complication of shingles is a condition called post-herpetic neuralgia (PHN). People with PHN have severe pain in the areas where they had the shingles rash, even after the rash clears up. This pain may last for months or years.
- ◆ The Centers for Disease Control and Prevention (CDC) recommends that people 60 years old and older get the shingles vaccine to prevent shingles and PHN.
- ◆ Zostavax® is the only shingles vaccine currently approved for use in the United States.

Adult Immunization Schedule

Recommended Adult Immunization Schedule—United States, 2016

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended immunization schedule for adults aged 19 years or older, by vaccine and age group¹

VACCINE ▼	AGE GROUP ▶	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥65 years
Influenza ^{2,3}				1 dose annually			
Tetanus, diphtheria, pertussis (Td/Tdap) ^{3,9}				Substitute Tdap for Td once, then Td booster every 10 yrs			
Varicella ^{4,4}				2 doses			
Human papillomavirus (HPV) Female ^{5,5}			3 doses				
Human papillomavirus (HPV) Male ^{5,5}			3 doses				
Zoster ⁶						1 dose	
Measles, mumps, rubella (MMR) ^{7,7}			1 or 2 doses depending on indication				
Pneumococcal 13-valent conjugate (PCV13) ^{8,8}						1 dose	
Pneumococcal 23-valent polysaccharide (PPSV23) ⁹				1 or 2 doses depending on indication			1 dose
Hepatitis A ^{9,9}				2 or 3 doses depending on vaccine			
Hepatitis B ^{9,10}				3 doses			
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4) ^{11,11}				1 or more doses depending on indication			
Meningococcal B (MenB) ¹¹				2 or 3 doses depending on vaccine			
<i>Haemophilus influenzae</i> type b (Hib) ^{12,12}				1 or 3 doses depending on indication			

* Covered by the Vaccine Injury Compensation Program
 Report all clinically significant postvaccination reactions 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.

Recommended for all persons who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection; zoster vaccine is recommended regardless of past episode of zoster

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, NW, Washington, DC 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8:00 a.m.–8:00 p.m. Eastern Time, Monday–Friday, excluding holidays.

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. The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG), and American College of Nurse-Midwives (ACNM).



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