



## EDUCATING PARENTS ABOUT VACCINES

Healthcare providers often face patients and parents who have reservations about getting vaccinations for themselves or their children or are unsure which vaccines are needed. As a healthcare provider, one of your responsibilities is to listen to and try to understand a patient's or parent's concerns, fears and beliefs about vaccination and to take them into consideration when offering vaccines. These efforts will not only help to strengthen the bond of trust between provider and patient but will also help each provider decide which, if any, perspectives might be the most effective in encouraging patients to accept vaccination.

While effective, empathetic communication is important in responding to questions, it is also important to provide factual information in an understandable language to address the concerns. Some important tips include:

- Educate parents about the dangers of vaccine-preventable disease and the risks of not vaccinating as they relate to the child, family and community
- Express personal support for

vaccinations and share experiences you have had with children with vaccine-preventable diseases

- Provide educational materials to be taken home and refer the parent to other credible sources of information
- Address misconceptions with facts

It is always good to remind the parents that no vaccine is 100% effective but most childhood vaccines are effective for 85% to 95% of recipients.

If after speaking with the parents, they still do not want to vaccinate themselves or their children, the next step would be to educate the parents of their responsibilities to protect their family and community members. These responsibilities include:

- Keeping sick children at home and others away to limit the spread of infection
- Knowledge of state school or childcare entry laws (e.g. stay home from school during outbreaks of vaccine-preventable diseases)

On patient's or parent's next visit, don't forget to keep the lines of communication open with parents who choose to defer or refuse vaccination by periodically assessing the parent's willingness to vaccinate at every well child visit.

### Top 6 Vaccine Misconceptions

1. Diseases had already begun to disappear before vaccines were introduced, because of better hygiene and sanitation
2. The majority of people who get a disease have been vaccinated
3. There are "hot lots" of vaccine that have been associated with more adverse events and deaths than others
4. Vaccines cause many harmful side effects, illnesses and even death
5. Vaccine-preventable disease have been virtually eliminated from the United States
6. Giving a child multiple vaccinations for different diseases at the same time increases the risk of harmful side effects and can overload the immune system

*Information provided by the CDC.*



#### Inside this issue:

Measles 2  
Independence Health Department Flu Clinics 2

Recommendations for Influenza Vaccine 3  
Prevent the Spread of Disease in Your Office 3

QuickStats 3  
September CD Report 4



# MEASLES

More measles cases have been reported in the United States since Jan. 1, 2008 than during the same period in any year since 1996, according to a report released today in the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report.

Between January 1 and July 31, 2008, 131 cases were reported to CDC's National Center for Immunization and Respiratory Diseases (NCIRD). At least fifteen patients, including four children younger than 15 months of age, were hospitalized. No deaths have been reported.

In the decade before the measles vaccination program began, an estimated 3-4 million persons in the United States were infected each year. Of these, 400-500 died, 48,000 were hospitalized, and another 1,000 developed chronic disability from measles encephalitis.

"Measles can be a severe, life-threatening illness" said Dr. Anne Schuchat, director of NCIRD. "These cases and outbreaks serve as a reminder that measles can and still does occur in the United States. "

Of the 131 patients, 112 were unvaccinated or had unknown vaccination status. Among the 112 unvaccinated U.S. residents with measles, 16 were younger than 12 months of age and too young for vaccination, and one had presumed evidence of measles immunity because the person was born before 1957.

Of the 95 patients eligible for vaccination, 63 were unvaccinated because of their or their parents' philosophical or religious beliefs.

Although immunization coverage rates for measles vaccine

remain high, unvaccinated persons are at risk for measles, and sizeable measles outbreaks can occur in communities with a high number of unvaccinated persons.

Measles is consistently one of the first diseases to reappear when immunization coverage rates fall. Increases in the proportion of the population declining vaccination for themselves or their children might lead to large-scale outbreaks in the U.S. Currently, Israel and a number of countries in Europe -- including Switzerland, Austria, Italy,

United Kingdom -- are reporting sizeable measles outbreaks among populations refusing vaccination.

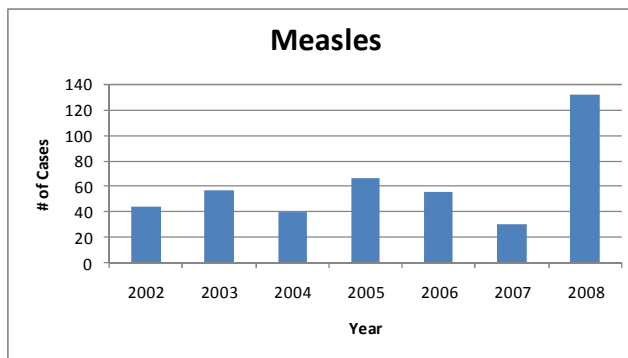
"These cases resulted primarily from failure to vaccinate, many because of philosophical or religious belief, " said Dr. Schuchat. "The vaccine against measles is highly effective in preventing infections, and high

immunization levels in the community are effective at preventing or drastically decreasing the size of outbreaks. "

Reports include cases from Illinois (32 cases), New York (27), Washington (19), Arizona (14), California (14), Wisconsin (7), Michigan (4), Hawaii (5), Arkansas (2), and Washington, D.C., Georgia, Louisiana, Missouri, New Mexico, Pennsylvania, and Virginia (1 each).

Nine of the imported cases were in U.S. residents who had traveled abroad, and 8 were foreign visitors. Most of the imported cases have occurred among school-aged children who are eligible for vaccination but whose parents have chosen not to vaccinate them.

*Information obtained from the CDC.*



## INDEPENDENCE HEALTH DEPARTMENT FLU CLINICS

### Drive Thru Flu Clinic

Thursday, October 23rd  
11:00 AM– 6:00 PM  
Adventure Oasis Parking Lot  
2100 S. Hub Drive  
(near 23rd St and 291 Hwy)

Must be 18 or older

\$20 or Medicare Part B is accepted  
Questions? Call 325-7185

### Walk– in Flu Clinic

Every Wednesday beginning October 29th  
9:00 AM– 4:00 PM  
Independence Health Department  
515 S. Liberty





## RECOMMENDATIONS FOR INFLUENZA VACCINE

The Advisory Committee on Immunization Practices (ACIP) recently expanded its recommendations for influenza vaccination to include all persons aged 6 months-18 years. Vaccine providers should begin vaccinating all persons in this population during the 2008-09 influenza season, if feasible, but this recommendation should be fully implemented no later than the 2009-10 influenza season .

In addition, vaccination efforts should continue to be targeted toward persons who are at increased risk for influenza complications, including

1. Children aged 6 months-4 years,
2. Adults aged  $\geq 50$  years,
3. Children and adults of any age who are immunosuppressed or have other chronic medical conditions that might predispose them to influenza-related complications,

4. Persons who reside in nursing homes or chronic care facilities, or
5. Females who will be pregnant during the influenza season.

Household and other close contacts of persons at greater risk for influenza infection, including health-care workers and contacts and out-of-home caregivers for all children aged <5 years, also should be vaccinated. Health-care providers should begin offering influenza vaccination as soon as vaccine becomes available and should continue vaccination efforts throughout the influenza season

*Information provided by the CDC.* Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2008;57(No. RR-7).

## PREVENT THE SPREAD OF DISEASE IN YOUR OFFICE

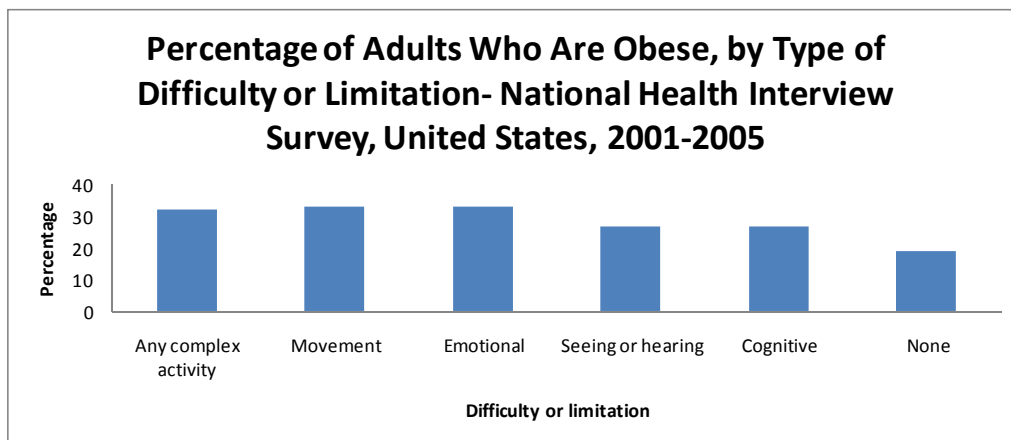
Because of the upcoming flu season we would like to remind you how important to wash your hands or use alcohol-based hand rubs, and make sure that supplies are available for all staff. Other tips to prevent the spread of germs is to keep the environment clean, cover their noses and mouths when sneezing or coughing with your elbows and to encourage staff members to stay home when they are sick.

The Independence Health Department's Communicable Disease staff would like to offer a blood-borne pathogen, hand-washing, or germs in the workplace class to your office.

To set up a class or if you have any questions, please call 816-325-7185.

## QUICKSTATS

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS



During 2001-2005, the prevalence of obesity was greater among adults with movement (33%), emotional (33%), seeing or hearing (27%), or cognitive (27%) difficulties and among those with any complex activity limitation (32%) than among adults with no disabilities (19%).

*Information provided by the CDC.* Altman B, Bernstein A. Disability and health in the United States, 2001–2005. Hyattsville, MD: National Center for Health Statistics; 2008. Available at <http://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf>.



## September Communicable Disease Report

Disease/Condition		Jul-08	Aug-08	Sep-08	Sep-07	YTD 2008	cases investi- gated current month	% change +/- from prior month
Influenza-like Illness		4	209	<b>416</b>	2	4478	0	99.0%
Hemorrhagic Disease		0	0	<b>0</b>	0	0	0	0.0%
Gastrointestinal Illness		12	317	<b>746</b>	1013	6673	0	135.3%
Neurologic Illness		0	41	<b>181</b>	126	1358	0	341.5%
Rash Illness		0	64	<b>146</b>	66	760	0	128.1%
Fever Illness		1	169	<b>461</b>	363	4027	0	172.8%
Respiratory Illness		19	200	<b>669</b>	709	5727	0	234.5%
Chemical Exposure		0	0	<b>1</b>	0	3	0	
Animal bites		18	13	<b>13</b>	8	91	8	0.0%
GI Illness	Salmonellosis	0	0	<b>0</b>	2	11	0	0.0%
	Giardiasis	0	1	<b>0</b>	0	5	0	-100.0%
	Campylobacter	0	0	<b>2</b>	1	4	2	
	Cryptosporidium	0	1	<b>0</b>	0	1	0	-100.0%
	Shigellosis	0	0	<b>0</b>	0	0	0	0.0%
	E. Coli	0	0	<b>0</b>	0	1	0	0.0%
Respiratory Illness	Influenza A	0	0	<b>0</b>	1	333	0	0.0%
	Influenza B	0	0	<b>0</b>	0	82	0	0.0%
	Influenza, untyped	0	0	<b>0</b>	0	176	0	0.0%
	Legionellosis	0	0	<b>0</b>	0	0	0	0.0%
	Tularemia, francisella	0	0	<b>0</b>	0	0	0	0.0%
Vaccine-Preventable	Chickenpox	2	3	<b>10</b>	8	142	0	233.3%
	Rubella	0	0	<b>0</b>	0	0	0	0.0%
	H. influenzae, invasive	0	0	<b>0</b>	0	2	0	0.0%
	Measles	0	0	<b>0</b>	0	0	0	0.0%
	Mumps	0	0	<b>0</b>	0	0	0	0.0%
	Pertussis	0	0	<b>0</b>	0	2	0	0.0%
Hepatitis	A	0	1	<b>0</b>	0	1	0	-100.0%
	B	4	7	<b>5</b>	0	33	5	-28.6%
	C	19	24	<b>10</b>	11	172	1	-58.3%
Streptococcal Illness	Throat Cultures	1	0	<b>1</b>	168	1226	0	0.0%
	Strept, Group A, invasive	0	0	<b>0</b>	0	3	0	0.0%
	Strept pneumoniae, invasive	0	0	<b>0</b>	0	0	0	0.0%
CNS Illness	Encephalitis	0	0	<b>0</b>	0	0	0	0.0%
	Menigitis, viral	0	1	<b>0</b>	0	1	0	-100.0%
	Menigitis, bacterial	0	0	<b>0</b>	0	0	0	0.0%
	West Nile Virus	0	0	<b>0</b>	4	0	0	0.0%
	Lyme Disease	2	0	<b>0</b>	0	2	0	0.0%
	Erlchiosis	1	0	<b>1</b>	0	2	1	
	Rocky Mountain Spotted Fever	1	3	<b>0</b>	0	5	0	-100.0%
Other		0	0	<b>0</b>	0	0	0	0.0%
Other		0	0	<b>0</b>	0	0	0	0.0%
<b>Total</b>		<b>48</b>	<b>54</b>	<b>42</b>	<b>203</b>	<b>2295</b>	<b>17</b>	<b>-22.2%</b>