

WHY IMMUNIZE?

NOVEMBER 2017

Why do we vaccinate

Vaccination is important because it not only protects the person who gets the vaccine, but also helps to keep diseases from spreading to others, like family members, classmates, and other members of the community—this is called herd or community immunity. So, when a contagious disease enters a group that has a large percentage of the population vaccinated, the spread of the disease is limited. It is difficult for disease to maintain a chain of infection when much of the population is vaccinated. This indirectly provides protection for those who can not be vaccinated or those individuals for whom vaccination was not successful.

Vaccines are one of the best ways that parents can protect infants, children, and teens from 16 potentially harmful diseases. Vaccine-preventable disease can be very serious, may require hospitalization, or can even be deadly—especially in infants and young children.

Thanks to vaccines, some diseases are almost gone from the U.S. Diseases such as polio and diphtheria are becoming very rare largely because of standard vaccinations. However, even if there are few cases, the diseases are not completely gone or eliminated. Therefore, it is important to continue vaccinating so we do not undo the years of progress that we have made toward eradication. If we stopped vaccinating these rare diseases would come back and eventually we would see epidemics of those diseases. Ultimately, more people, especially children and those with weaker immune systems, would get sick and more would die.

In the US, there is a national committee comprised of carefully screened medical and public health experts who develop recommendations on the use of vaccines in the civilian population, the Advisory Committee on Immunizations Practices. The committee's recommendations stand as public health guidance for safe use of vaccines and related biological products. The committee considers many factors, including the safety and effectiveness of a vaccine before recommending the use of any vaccine. Public Health authorities use the recommendations to create childhood immunization schedules and recommendations for adult vaccinations.

Vaccines for Children

The bulk of vaccines are administered during childhood, therefore it is extremely important that these are available and affordable to all children. The Vaccines for Children (VFC) program is a federally funded program that provides vaccines at no cost to children who may not otherwise be vaccinated because of inability to pay.

Through participation in the VFC program, the CCHD is able to offer all ACIP recommended immunizations to all children regardless of ability to pay.

The program helps ensure that all children have a better chance of getting their recommended vaccinations on schedule and that ultimately leads to healthier children, healthier families and healthier communities.

Vaccines for Adults

Vaccination does not end after childhood, even if you received all the recommended immunizations as a child, the protection from some vaccines can wear off over time. Additionally, you may be at risk for other vaccine-preventable diseases due to your age, job, lifestyle, travel, or health conditions.



Second only to safe drinking water in preventing illness and death, immunizations save approximately 3 million lives a year, or nearly 10,000 per day world-wide.

EXEMPTIONS

Certain medical conditions can prevent individuals from being able to receive certain vaccinations. Medical contraindications (a condition in a recipient that increases the risk for serious adverse reaction) for immunizations are determined by the most recent General Recommendations of the ACIP.

In addition to contraindications for immunizations, individuals may have a condition that might increase the risk for a serious adverse reaction or might compromise the ability of the vaccine to produce immunity. This is known as a precaution. Under normal conditions, vaccinations should be deferred when a precaution is present.

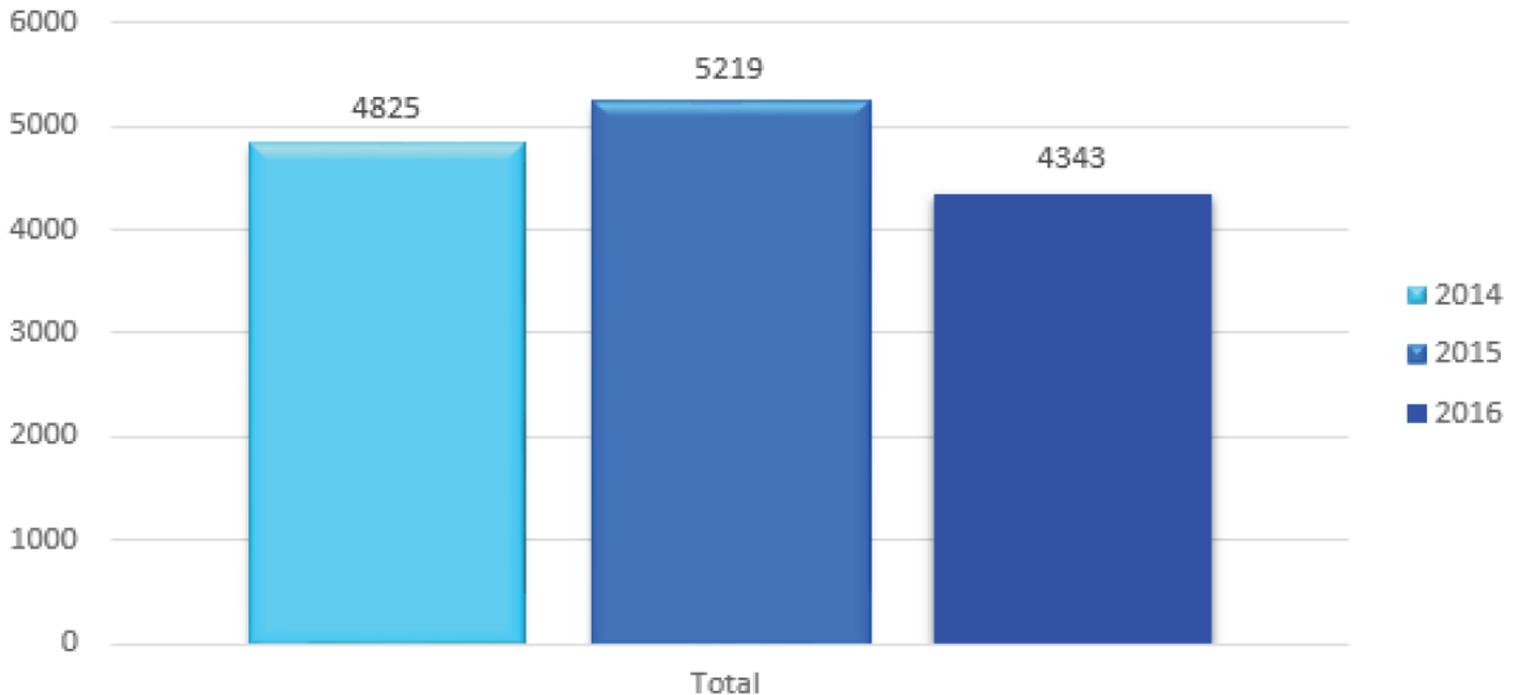
Cascade County has 0.25% of students enrolled in public school who have a medical exemption.

The state of Montana allows for medical and religious exemptions.

WHY IMMUNIZE?

NOVEMBER 2017

Total Immunizations



The above graph shows only the number of non-influenza immunizations that were given at the City-County Health Department for each of the three years. In 2015, the CCHD saw a jump in the number of vaccinations given, mostly due to the change in Montana School Immunization requirements to include varicella vaccinations and a pertussis booster. Typically, students receive the school immunizations when entering kindergarten and again before entering 7th grade. Numerous students, of all ages, needed to get vaccinated in 2015 in order to comply with the new state law. Additionally, 4173 flu shots were given during the 2016 flu season.

What's new?

HPV

In December 2016 the Advisory Committee on Immunization Practices (ACIP) updated the HPV recommendations, changing a 3-dose to a 2-dose schedule for individuals who begin the series before their 15th birthday. Three doses are still recommended for those who start the series at age 15 or older.

What's new?

MENINGOCOCCAL

There are two vaccines that provide protection against the A, C, W, & Y strains of meningococcal disease (Menactra and Menveo), and now there are two additional vaccines for meningococcal B strains (Trumenba & Bexsero). For the best protection, children should be vaccinated against all 5 strains.

What's new?

SHINGLES

In October 2017 the FDA licensed a new Shingles vaccine. Shingrix is recommended for healthy adults age 50 and older, and for adults previously immunized with Zostavax. Shingrix should become widely available in the first half of 2018.

This health profile was based on information from:
www.cdc.gov, www.immunize.org, www.historyofvaccines.org

For more information, suggestions, or contributions please contact : Paula Johnson at 791-9276