Immunize Georgia

Georgia Department of Public Health
dph.georgia.gov

A publication of the Georgia Department of Public Health

FALL 2014

WHAT'S INSIDE

- Tracy Kavanaugh Receives 2014 Clay Coleman Excellence in Customer Service Award
- A Farewell to Jan
- New ACIP Recommendations
- Adult and Child Immunization Charts
- Frequently Asked Vaccine Questions: What You Should Know
- New Standards Aim to Improve Low Adult Immunization Rates
- How Much Do You Really Know About Haemophilus Influenza Type b (Hib)?
- Promoting Immunization in the Community
- Measles: The Souvenir You Don't Want To Bring Back

Congratulations to the Recipients of the 2014 Walt Orenstein Champions for Immunization Awards

The Georgia Department of Public Health's Immunization Office announced the winners of the 2014 Walt Orenstein Champions for Immunization awards at the 21st Annual Immunize Georgia Conference, which took place September 11, 2014 at Georgia International Convention Center in College Park, Georgia.

Named after Walt Orenstein, M.D., this award honors those who exemplify a standard in immunization care set forth in the Standards for Child Adolescent and Adult Immunization Practices. These standards are a national strategy to protect America's children against vaccine-preventable diseases and provide guidelines and resources to follow when providing immunizations. Orenstein achieved the highest immunization levels ever in the United States during his tenure of 26 years with the then Centers for Disease Control (CDC) focusing on infectious disease and immunizations. He later worked as the Deputy Director for vaccine-preventable diseases at the Bill and Melinda Gates Foundation, but returned to Atlanta to renew his appointment as professor of medicine in the Department of Medicine and serve as associate director of the Emory Vaccine Center.

The 2014 recipients of the Walt Orenstein Champions for Immunization awards:

WellStar Health System best exemplified two guidelines set forth in the Standards for Child, Adolescent and Adult Immunization Practices:

1. Utilize all clinical encounters to screen and, when indicated, immunize children/adolescents.
2. Operate a tracking system.

Wellstar implemented a system to screen all patients for up-to-date immunizations at every visit. They also used GRITS and CoCASA to generate missing immunization reports and proactively called patients who were past due to schedule appointments, ensuring all adolescents would get vaccinated. Their exemplary dedication resulted in 15 of their offices (with high children/adolescent patient populations) exceeding the national and Georgia averages with regard to Tdap rates. Fourteen of which also exceeded national and Georgia averages for MCV4 rates as well. These offices now incorporate these practices to increase HPV rates and 11 of the 15 offices show increased series completion rates as compared to early 2014.

Representatives of WellStar Health System with Walt Orenstein, M.D.

continues on pg. 2...

Spalding County Health Department was recognized for their exemplary work to ensure preparedness for identifying and responding to outbreaks of vaccine preventable diseases and working to decrease disparities in immunization coverage and access. On October 22-23 2013, Spalding County Health Department employees worked with 10 community partner agencies to test their county's capacity to respond to a public health event, relying solely on local resources. The health department set up a drive-thru point of dispensing for county residents to receive influenza vaccine. With a max time of 3 minutes and 15 seconds per client, 17 Health department staff members worked 12 hour shifts each day starting at 6 a.m. to successfully vaccinate 947 residents. This exercise helped them test and modify their emergency response plan while strengthening the working relationship among community partners and successfully vaccinating a large part of their community.

Monroe County Health Department was recognized for best exemplifying the following Standards:

1. Partner with immunization stakeholders and support activities and policies to improve awareness of adult vaccination recommendations, increase vaccine rates and reduce barriers.
2. Determine community needs, vaccination capacity, and barriers to adult immunization.

For nearly 15 years, the staff of the Monroe County Health Department worked with law enforcement agencies during their training phase at the Georgia Public Safety Training Center to educate and vaccinate thousands of officers against hepatitis B, hepatitis A, influenza, tetanus, diphtheria and pertussis. In the last three and a half years, they've partnered with the Department of Corrections to reach more than 5,000 cadets from all over Georgia through an ongoing education effort during their basic correctional officer training.

Kaiser Permanente of Georgia developed performance-improvement methodologies to sustainably improve HPV vaccine series completion rates based on their front-line patient care experiences and the voices of their patients. They collaborated with their OB/GYN department and implemented a multifaceted approach to address the drivers of vaccine hesitancy in their communities, improving HPV completion rates for females age 11-13 years old from 19 percent in June 2013 to 24 percent in June 2014. They employed such strategies as educational tools to providers, nurses and patients; instituting standardized office processes to ensure system level improvements; and aligning outreach to patients due for one or more health assessments with patients eligible for the HPV vaccine. Kaiser Permanente of Georgia in their efforts demonstrated 15 of the 18 Standards for Pediatric Immunization Practice.

Bertina Little on behalf of Spalding County Health Department with Walt Orenstein, M.D.

A representative of Kaiser Permanente of Georgia with Walt Orenstein, M.D.

Meredith Deas with Walt Orenstein, M.D.

Judy McChargue on behalf of Monroe County Health Department with Walt Orenstein, M.D.

Meredith Deas was recognized for her exceptional dedication to Christ Community Health Services Augusta (CCHSA), a Federally Qualified Health Center, in providing immunization care to pediatrics and adolescents and best exemplifies Standard 16: Providers operate with patient-oriented and community-based approaches. For the third consecutive year, Meredith led her clinic in an annual school flu vaccine clinic where they provided 1,400 free pediatric flu vaccines along with immunization education to both English- and Spanish-speaking families at 12 local elementary schools over two weeks. She continually goes above and beyond to help coordinate care for patients and outreach events for the community. She is an asset to CCHSA and a benefit to the August-Richmond County community.

Tracy Kavanaugh Receives 2014 Clay Coleman Excellence in Customer Service Award

The Clay Coleman Excellence in Customer Service award is presented annually to a Georgia Immunization Program employee who exhibits excellent customer service. The award is named for Clay Coleman, who received the Service Excellence award from the Georgia Immunization Program for his commitment to provide exceptional customer service for the program from 1993 to 2006.

As program coordinator for the Georgia Perinatal Hepatitis B Prevention Program, Tracy works tirelessly and selflessly with health care providers, local health departments and district perinatal hepatitis B case managers to identify hepatitis B-infected pregnant women in order to prevent the disease from spreading to newborns. Tracy's passion and innovative spirit shines in all her endeavors to educate birthing hospitals, health care providers, public health colleagues, and new mothers to ensure babies born to hepatitis B-infected mothers are protected through immunizations. A few highlights of her accomplishments:

- Secured a grant to purchase 1,000 "Baby's First Year" calendars for hepatitis B-infected mothers to keep track of when their babies needed vaccinations
- Developed a "Hep B" wallet card for infected pregnant women to show the obstetrician or hospital at the time of delivery, as a reminder that the newborn will need hepatitis B immune globulin (HBIG) and hepatitis B vaccine
- Worked with Vital Records to create and implement a guide for hospital birth clerks to correctly enter the birth dose and HBIG on birth certificates, ensuring correct input in GRITS

Tracy Kavanaugh with Clay Coleman

To quote her nomination, *"Tracy's willingness to take on additional job duties to make sure Georgia's newborns are protected from hepatitis B infection represents her giving character and dedication to public health. If you closely examine Tracy's work and listen to her talk about the program, it is easy to ascertain how much she genuinely cares about the women and newborns she works diligently to educate and vaccinate."*

Congratulations Tracy.

A Farewell to Jan

Jan Slaughter is a great communicator, leader and champion for her work with the Georgia Immunization Program. With a career spanning from private health care with a pediatrics group to helping launch the Vaccines for Children (VFC) Program with the Georgia Department of Public Health (DPH) and rolling out the Georgia Registry of Immunization Transactions and Services (GRITS), Slaughter is retiring with plenty of accomplishments of which to be proud.

Slaughter graduated from Georgia State University with a degree in allied health sciences with a specialization in pediatrics, and worked with a private pediatrics group for nearly 24 years before making the leap to public health in the late 1990s.

continues on pg. 4...

NEW Advisory Committee on Immunization Practices (ACIP) Recommendations

There are two new recommendations from the Advisory Committee on Immunization Practices (ACIP), the panel of immunization experts that advise the Centers for Disease Control and Prevention (CDC). One for children as part of the 2014-2015 influenza prevention and control recommendations and the other is a new recommendation for pneumococcal conjugate vaccine for adults 65 years of age and older.

- At the June ACIP meeting, the committee voted to recommend a preference for using the nasal spray flu vaccine (LAIV) instead of the flu shot for healthy children 2 to 8 years of age when the flu vaccine is immediately available.
- The ACIP also recommends pneumococcal conjugate vaccine (Prevnar 13, also known as PCV13) as well as pneumococcal polysaccharide vaccine (Pneumovax, also known as PPSV23) for all adults 65 years of age and older. Below are additional specifications to the recommendation:
  - Those who have not previously received pneumococcal vaccine or those whose vaccination history is unknown should receive a dose of PCV13 first, followed by a dose of PPSV23 at least 6 months later.
  - The two vaccines should NOT be co-administered.
  - The minimum acceptable interval between PCV13 and PPSV23 is 8 weeks.
  - Adults 65 years old and older who previously received one or less doses of PPSV23, but have NOT received PCV13 should receive a dose of PCV13 at least 1 year after receipt of their most recent PPSV23 dose.
  - When an additional dose of PPSV23 is indicated, it should be given 6 - 12 months after PCV13 and 5 years after the most recent dose of PPSV23.
  - There are no changes in recommendation for the routine use of PCV13 in adults aged 19 years of age and older with any of the following:
    - immunocompromising conditions
    - functional or anatomic asplenia
    - cerebrospinal fluid leak
    - cochlear implants

A Farewell to Jan continued...

"Jan was the first person we ever brought in from a private pediatrician's office," said Mike Chaney, who then served as the director of the Georgia Immunization Program. "You could always tell she was passionate about what she was doing and a great communicator. Jan came at a time when we had not worked much with the private sector but knew with the new VFC program, we needed someone who could help us bridge that gap."

"YOU COULD ALWAYS TELL SHE WAS PASSIONATE..."

Slaughter initially served on the advisory committee for the VFC program as a representative for her pediatric group before joining DPH.

"Her customer service and her attitude was just what we needed as we entered this new territory," said Chaney.

Beginning in March 1998, Slaughter spent the next six years traveling the state as part of the VFC private staff, visiting doctor's offices throughout rural Georgia to explain, train and implement the program.

Introducing the VFC program was only one of the many great accomplishments in Slaughter's tenure at DPH. She considers her proudest accomplishment – and also her biggest challenge – to be the rollout of GRITS following the Georgia Immunization Registry law, which required reporting by "any person who administers a vaccine or vaccines licensed for use by the U.S. Food and Drug Administration."

Thank you, Jan Slaughter. For your time and great efforts to help raise immunization rates in Georgia, DPH thanks you, and wishes you all the best.

Immunize Georgia

Vaccine Administration Record for Adults

Patient Name_____

Vaccine	Type of Vaccine	Date given (mo/day/yr)	Route & Site	Vaccine		Vaccine Information Statement (VIS)	
				Lot #	Mfr.	Date on VIS	Date given
Tetanus, Diphtheria, Pertussis							
Hepatitis A							
Hepatitis B							
Human papillomavirus							
Measles, Mumps, Rubella (MMR)							
Varicella							
Pneumococcal							
Meningococcal							
Influenza							
Hib							
Zoster (Zos)							
Other							

Immunizations and Developmental Milestones for Your Child from Birth Through 6 Years Old

Immunize Georgia

Child's Name_____ Birth date_____

		Birth	1 Month	2 Months	2 Months	6 Months
Recommended Immunizations	Hepatitis B	❍ Hepatitis B	❍ Hepatitis B[1]			❍ Hepatitis B
	Rotavirus			❍ RV	❍ RV	❍ RV
	Diphtheria, Tetanus, Pertussis			❍ DTap	❍ DTap	❍ DTap
	Haemophilus influenzae type b			❍ Hib	❍ Hib	❍ Hib
	Pneumococcal			❍ PCV	❍ PCV	❍ PCV
	Inactivated Poliovirus			❍ IPV	❍ IPV	❍ IPV
	Influenza					❍ Influenza first doese[2] ❍ Influenza second doese
Growth	At each well child visit, enter date, length, weight, and percentile information to keep track of your child's progress.	WEIGHT / PERCENTILE LENGTH / PERCENTILE HEAD CIRCUMFERENCE	WEIGHT / PERCENTILE LENGTH / PERCENTILE HEAD CIRCUMFERENCE	WEIGHT / PERCENTILE LENGTH / PERCENTILE HEAD CIRCUMFERENCE	WEIGHT / PERCENTILE LENGTH / PERCENTILE HEAD CIRCUMFERENCE	WEIGHT / PERCENTILE LENGTH / PERCENTILE HEAD CIRCUMFERENCE
	Shaded boxes indicate the vaccine can be given during shown age range.	VISIT DATE_____	VISIT DATE_____	VISIT DATE_____	VISIT DATE_____	VISIT DATE_____

		12 Months	15 Months	18 Months	19-23 Months	2-3 Years	4-6 Years
Recommended Immunizations	Hepatitis B	❍ Hepatitis B	(Final dose administered between 6 and 18 months)			❍ Hepatitis B	
	Diphtheria, Tetanus, Pertussis		❍ DTap				❍ DTap
	Haemophilus influenzae type b	❍ Hib					
	Pneumococcal	❍ PCV					
	Inactivated Poliovirus	❍ IPV					❍ IPV
	Measles, Mumps, Rubella	❍ MMR					❍ MMR
	Influenza	❍❍ Influenza first dose[2] ❍❍ second dose (if needed)				AGE AGE 2 3 ❍❍ Influenza first dose[2] ❍❍ second dose (if needed)	AGE AGE AGE 4 5 6 ❍❍❍ Influenza first dose[2] ❍❍❍ second dose (if needed)
	Varicella	❍ Varicella					❍ Varicella
	Hepatitis A	❍❍ Hep A[3]					
Growth	At each well child visit, enter date, length, weight, and percentile information to keep track of your child s progress.	WEIGHT / PERCENTILE LENGTH / PERCENTILE HEAD CIRCUMFERENCE	WEIGHT / PERCENTILE LENGTH / PERCENTILE HEAD CIRCUMFERENCE	WEIGHT / PERCENTILE LENGTH / PERCENTILE HEAD CIRCUMFERENCE	WEIGHT / PERCENTILE LENGTH / PERCENTILE HEAD CIRCUMFERENCE	WEIGHT / PERCENTILE LENGTH / PERCENTILE HEAD CIRCUMFERENCE	WEIGHT / PERCENTILE LENGTH / PERCENTILE HEAD CIRCUMFERENCE
	Shaded boxes indicate the vaccine can be given during shown age range.	VISIT DATE_____	VISIT DATE_____	VISIT DATE_____	VISIT DATE_____	VISIT DATE_____	VISIT DATE_____

[1] The second dose of Hepatitis B may be given either at the 1 month or 2 month visit.

[2] Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.

[3] Two doses of Hepatitis A vaccine are needed for lasting protection. The first dose of Hepatitis A vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. Hepatitis A vaccination may be given to any child 12 months and older to protect against Hepatitis A. Children and adolescents who did not receive the Hepatitis A vaccine and are at high-risk, should be vaccinated against Hepatitis A.

If your child has any medical conditions that put him or her at risk for infections, or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

FREQUENTLY ASKED VACCINE QUESTIONS: WHAT YOU SHOULD KNOW

Q. Why is gelatin in vaccines?

Gelatin is used in some vaccines as a stabilizer. Stabilizers are added to vaccines to protect the active ingredients from degrading during manufacture, transport and storage. Gelatin, made from the skin or hooves of pigs, can sometimes cause concern as some people (roughly 1 of every 2 million) may have a severe allergic reaction to it.

There are sometimes concerns that stem from religious beliefs which follow dietary rules that prohibit pig products: Jews, Muslims and Seventh Day Adventists. However, all religious groups have approved the use of gelatin-containing vaccines for their followers for several reasons:

1. Vaccines are injected, not ingested (except the rotavirus vaccine, which does not contain gelatin).
2. Gelatin in vaccines has been highly purified and hydrolyzed (broken down by water), so it is much smaller than that found in nature; therefore, religious leaders believe it to be different enough that it does not break the religious dietary laws.
3. Leaders from these religious groups believe that the benefits of receiving vaccines outweigh adherence to religious dietary laws.

Q. What are the CDC guidelines regarding use of multiple dose vaccine vials?

Vaccines in multidose vials can be used through the expiration date on the vial unless indicated otherwise by the manufacturer. For example, inactivated polio vaccine in a multidose vial can be used through the expiration date on the vial. For some vaccines, however, the manufacturer specifies that once the multidose vial has been entered or the rubber stopper punctured, the vaccine must be used within a certain number of days. This is commonly referred to as the "beyond-use date" (BUD).

Any vaccine not used within the BUD should be discarded. Specific information regarding the BUD can be found in the product information. Package inserts for vaccines can be found at www.immunize.org/packageinserts.

Q. What is the shelf life for influenza vaccine and can I administer expired FluMist?

An influenza (flu) vaccination is recommended for all persons aged 6 months and older every year. There are two approved vaccine types in the United States: injectable inactivated influenza vaccine (IIV) and live attenuated influenza vaccine (LAIV). A common LAIV is FluMist, which is administered intranasally. Flu season starts as early as August and the influenza vaccine is available as early as late summer or early fall. The injectable type has a standard expiration date of June 30 for any given influenza season (i.e. July 1 through June 30 of the following year). The LAIV type generally has a shelf life of 18 weeks.

Health care providers should NOT administer expired LAIV. Especially from November through the end of the flu season (often extending to May of the following year), health care providers should be extra cautious and aware of the LAIV short shelf life. More importantly, offices and clinics should implement measures to avoid administering any expired doses. Although data does not indicate that administration of expired LAIV poses a health risk, revaccination with a valid dose is always advised.[1]

Q. For the purpose of vaccine spacing, what constitutes a month: 28 days (4 weeks), 30 days, or 31 days?

For intervals of 3 months or less, you should use 28 days (4 weeks) as a "month." For intervals of 4 months or longer, you should consider a month a "calendar month": the interval from one calendar date to the next, a month later.[2]

continues on pg. 8...

[1] www.cdc.gov/mmwr/preview/mmwrhtml/mm6335a3.htm Cached September 5, 2014 / 63(35);773-773
[2] Stokley S, Maurice E, Smith PJ, et al. American Journal of Preventive Medicine, 2004: 26[1]: 34–40

NEW Standards Aim to Improve Low Adult Immunization Rates

The National Vaccine Advisory Committee (NVAC) revised the Standards for Adult Immunization Practice in 2013 after noticing several deficiencies. Adult vaccination rates are extremely low because many adults are not aware that they need vaccines. The NVAC also noted that health care professionals are missing opportunities to vaccinate adults because they are not regularly assessing the vaccination status of their adult patients.

Out of its assessment, the NVAC came up with new standards in a simple four-step outline for health care professionals, found to the right.

By following these steps, we can all work to improve low adult immunization rates, resulting in a healthier community.

01 ASSESS:

Assess the immunization status of all your patients at every clinical encounter. To help streamline the process, stay informed with the latest recommendations from the Centers for Disease Control and Prevention (CDC) on adult immunizations and routinely review patients' vaccine needs.

02 RECOMMEND:

The study showed that the strongest predictor of whether patients got vaccinated was if a health care professional recommended it to them. Therefore, physicians need to strongly recommend vaccines that patients need. While patients are in for a routine visit, health care professionals can address questions about the vaccination and explain why it is right for the patient.

03 ADMINISTER OR REFER:

After recommending the vaccine, you should either administer the vaccine(s) needed or refer the patient to a provider that has the ability to vaccinate.

04 DOCUMENT:

Finally, it is important to document the vaccines that your patient receives. This prevents the initial unawareness by both the patient and health care provider. By participating in the State's immunization registry, your office and other offices that your patient may visit will know which vaccines have been administered and which are still needed.

Frequently Asked Questions continued...

Q. Can a patient receive vaccinations if they are on steroids?

Steroids, which can weaken the immune system, are often given to people with diseases such as asthma, rheumatologic diseases and poison ivy. If people are taking steroids for any reason, they should discuss with their doctor whether it is safe to proceed with the vaccination schedule.

In general, the following rules apply:

- Steroid creams or sprays (aerosols)
  - It is safe to be vaccinated. The use of topical or inhaled steroids does not prevent the administration of vaccines.
- Steroids taken by mouth for less than two weeks
  - It is safe to be vaccinated.

Q. Can a patient receive vaccinations if they've been on high doses of steroids taken by mouth for more than two weeks?

People should not receive live, "weakened" vaccines if they have been taking high doses of steroids by mouth for more than two weeks. (A high dose is considered to be an amount greater than 2 milligrams [mg] per kilogram [2.2 pounds] of prednisone per day). The live viral vaccines include measles, mumps, rubella, varicella (chickenpox), shingles, rotavirus and the intranasal version of influenza. These vaccines can be given roughly three months after steroids have stopped, although the rotavirus vaccine has age restrictions and the influenza vaccine is seasonal. If unsure, patients should always discuss their situation with their health care provider.[3]

[3] http://www.chop.edu/service/vaccine-education-center/vaccine-considerations.html#steroids

How Much Do You Know About Haemophilus Influenza Type b (Hib)?

A closer look at the bacterium that infects the lining of the brain and causes meningitis

Haemophilus influenzae type b (Hib) is a bacterium that infects the lining of the brain, and causes a number of diseases, but most commonly meningitis. Meningitis is caused by several different bacteria; however, before the Hib vaccine, Hib was by far the most common cause of meningitis. Children with meningitis often have fever, stiff neck and drowsiness. Symptoms can progress to include coma and death. Some children recover from the disease but are left permanently paralyzed, deaf, blind or mentally disabled. Other diseases caused by Hib include:

- Sepsis (bloodstream infection)
- Epiglottitis (severe swelling of the epiglottis, a tissue that closes off the windpipe during swallowing)
- Arthritis (infection of the joints)
- Osteomyelitis (infection of the bones)
- Pneumonia (infection of the lungs)

How do you catch Hib?

Hib is a bacterium that is commonly found lining the surface of the nose and the back of the throat. Many children will come in contact with Hib sometime in the first two years of life, but because most adults have immunity to Hib, a mother will passively transfer antibodies from her own blood to the blood of her newborn baby before the baby is born. The antibodies that the baby gets before birth usually last for a few months. After that time, the baby is unprotected and should receive a vaccine.

How is the Hib vaccine made?

The Hib vaccine is made from the sugar coating (polysaccharide) of the bacteria. Antibodies directed against the Hib polysaccharide protect the child against an infection that could result in permanent disabilities or death. Unfortunately, children less than 2 years of age do not develop strong immune responses to this polysaccharide, even if exposed to it through infection. For this reason, children under the age of 2, who contract Hib and survive the infection, are still recommended to receive the Hib vaccine.

Scientists learned that by taking the Hib polysaccharide and linking it to a harmless protein, young children have a stronger immune response to the polysaccharide. This "conjugated" version of the Hib vaccine works extremely well.

What are the side effects of the Hib vaccine?

The Hib vaccine does not have serious side effects. Some children may feel pain or soreness in the local area of the shot and occasionally get a low-grade fever.

Does the Hib vaccine prevent all cases of meningitis?

Although the Hib vaccine prevents what was once the most common cause of bacterial meningitis, it does not prevent all causes of meningitis. Other causes of bacterial meningitis include pneumococcus and meningococcus. In 2000, the ACIP began recommending the pneumococcal vaccine for all infants, and in 2005, the committee recommended the meningococcal vaccine for all adolescents. Some viruses also cause meningitis; however, viral meningitis is often less severe than that caused by bacteria.

Do the benefits of the Hib vaccine outweigh its risks?

Yes. The Hib vaccine causes no serious side effects, and over the years have brought a dramatic decline in the incidence of meningitis, bloodstream infections and pneumonia caused by Hib. Unfortunately, some parents – due to safety concerns – refused the Hib vaccine for their children and in 2009, four children died as a result. Though Hib bacteria still circulates in the community and occasionally causes disease, the benefits of the Hib vaccine clearly outweigh its risks.[1]

[1] Plotkin SA, Orenstein W, and Offit PA. Haemophilus influenzae vaccines in Vaccines, 6th Edition. 2012, 167-182

Promoting Immunization in the Community

Year-round, Georgia Immunization Coordinators work hard within their districts to promote immunization awareness and participate in or implement activities to help raise vaccination rates throughout the state. Education is an important aspect of raising awareness and here is a collection of ways our health districts promote immunization in their communities:

- Distribute coloring pages branded with your logo to child care centers.
- Sponsor influenza drive-thru clinics.
- Partner with Sanofi Pasteur for the American Gift program and secure free Tdap doses for the community.
- Gain visibility by displaying at community events.
- Partner with WIC.
- Participate in County's annual farmer's markets and set up booths to share information.
- Partner with the Board of Health to gain entry into schools through the Board of Health's prep courses.
- Work with SafeKids during a car seat safety check, so families can have their car seats safety-tested and immunizations checked at the same time.
- Give books or backpacks with school supplies to every child who gets vaccinated.
- Attend a business expo and hand out immunization information to all the business partners in attendance.
- Create buttons, posters and banners promoting immunization like this one for HPV vaccination, "If there were a vaccine for cancer, wouldn't you get it for your kids?"
- Replace water bottle labels with immunization facts and hand out the water bottles at meetings or events.
- Work with Hispanic community and secure an article every month in a Hispanic-circulated magazine in their district relating to immunization news.

Measles: The Souvenir You Don't Want To Bring Back

The number of measles cases in the United States is the highest it has been in 20 years. Measles is particularly dangerous among children younger than 5 years of age and women who are pregnant. It is important to remind ourselves, those around us and our communities, the importance of getting their measles vaccination – especially before international travel. For those who travel overseas, while it may not be on your packing checklist, measles is a serious health risk in many overseas destinations and it is imperative to get vaccinated before leaving the country. Not only are measles very contagious, but they can also cause serious illness.

Thanks to successful immunization efforts and vaccinations, measles is a disease nearly eradicated from the United States. Reported cases are usually the result of international travel, where travelers get infected in other countries, and return to the United States – bringing the disease back with them. The disease spreads easily through the air by breathing, coughing or sneezing – so much so that any unvaccinated person exposed to it will likely contract the disease. Symptoms include fever, runny nose, red and watery eyes, and an all-over body rash.

Approximately 3 in 10 people with measles will develop one or more other complications including pneumonia, ear infection or diarrhea. The best protection against measles is to get vaccinated. If you travel internationally, monitor your health for three weeks after your return to the United States. If you or a family member gets sick with a rash or fever, call your physician and disclose where you traveled.

As always, consult your physician regarding what vaccinations are needed to travel safely abroad. For more information, visit http://dph.georgia.gov/measles.