

Medical Rounds Adult Immunization

Since the polio epidemic paralyzed this country with fear in the 1950s with its horrific images of iron lungs, and a plague-like number of casualties (more than 57,000 in 1952 alone), immunization against such disease has become a routine practice in the responsible caring of our children; so routine in fact that we easily forget the necessary and often overlooked recommendations regarding adult immunizations. It's hard to imagine a world threatened so acutely by invisible but debilitating infectious diseases that when cures were at last discovered, church bells rang out across the land. But it is important to remember that it is only through persistent immunization programs and applications that continue into adulthood that these harmful and often deadly viruses and bacterial infections remain in check and we remain healthy. Spurred on by local health care providers, world health organizations, and the Center for Disease Control, adult immunization programs are beginning to receive more attention. It is clear that education and awareness by the general public regarding the need for adult immunization will ensure the success of these programs on a community and state as well as a national level. Many people believe that immunizations start and end in childhood. Health care providers remind us that as we reach adulthood, we remain susceptible to many infections that can be prevented by a good and regular immunization plan. Some of those are outlined below.



- Tetanus was first chronicled in the 14th century and even though the often-fatal disease is rare and preventable, at least 50 cases are reported annually. All cases of tetanus are contracted by people who have never been immunized or have not had a tetanus booster within the last 10 years. The bacterium that causes tetanus is found world wide in soil, dust, and manure and can live there in a dormant state for over eighty years. It enters the bloodstream through a break in the skin. Deep cuts and abrasions are particularly susceptible. Recommendation: Once every ten years. If serious injuries occur, once every five years as recommended by your healthcare provider.
- The pneumonia vaccine provides protection from over 23 types of bacteria and viruses that can cause this respiratory infection. Since 1987, pneumonia has been increasing in the United States at an alarming rate. Last year over 500,000 cases were reported and the disease accounts for at least 20,000 deaths per year. At greater risk for catching pneumonia are the elderly and people whose immune systems are already compromised by other conditions such as HIV, diabetes, and cirrhosis. Despite consistent rumors, that the vaccine can cause the infection to develop, there is no proof this is true. Pneumonia and influenza, which can sometimes accompany one another, are the seventh leading cause of death in the United States and the fifth leading cause in people 65 and older. Recommendation: One booster every five years until age 65 and then only once after 65.
- Influenza is a very contagious viral infection that afflicts about 20% of the population every year. It spreads easily from person to person especially when the resulting

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symptoms such as coughing and sneezing take hold. It is difficult to battle because the virus changes from year to year. For this reason it is imperative to receive a flu vaccine annually. Between 1972 and 1995 flu epidemics caused over 60,000 fatalities. Though the number increases substantially during “flu season,” (December-March), influenza and influenza-related illnesses send over 100,000 people to the hospital annually. Influenza can manifest itself in many different strains. In 1918, an outbreak of Spanish flu killed more than 20 million people worldwide and in the late sixties, the “Hong Kong flu” was responsible for over 34,000 deaths in the United States. Recommendation: Once every year; preferably during the months of autumn.

- Other vaccinations are recommended for people with lifestyles and/or conditions, which put them at risk. Intravenous drug users, people with multiple sexual partners, and health care workers should receive the Hepatitis B vaccine, which is administered with three injections over a six-month period. Immunization against measles, mumps, and rubella should be given to adults born after 1956. Adults who work in school settings, day care, or institutional settings may be at risk for developing chickenpox if they have never had the disease and if they have never received the varicella vaccine that prevents chickenpox.

During the past few decades, there has been an insurgence away from immunization schedules. People are sometimes worried that the very vaccine that may protect them will make them sick. It is important to remember that health care providers all over the world consider vaccines safe. They are the cure before the disease sets in, a shield that protects us from being suitable hosts to the many viruses and bacterium looking for a vulnerable entry. We are lucky to have immunization programs so readily at our disposal. But without awareness and education and most importantly *action* about what immunizations are needed for adults, these remedies are useless. Last year, 60,000 adults died because they did not receive the vaccine that could have and would have prevented their deaths.

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