

Immunity Care for Community Care

Pneumovax & Other Recommendations for
Protecting EMS Personnel

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Before the Shot by Norman Rockwell

Recommended Adult Immunization Schedule, by Vaccine and Age Group UNITED STATES • OCTOBER 2006–SEPTEMBER 2007

Vaccine ▼	Age group ►	19–49 years	50–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		1-dose Td booster every 10 yrs Substitute 1 dose of Tdap for Td		
Human papillomavirus (HPV) ²		3 doses (females)		
Measles, mumps, rubella (MMR) ^{3,*}		1 or 2 doses	1 dose	
Varicella ^{4,*}		2 doses (0, 4–8 wks)	2 doses (0, 4–8 wks)	
Influenza ^{5,*}		1 dose annually		1 dose annually
Pneumococcal (polysaccharide) ^{6,7}		1–2 doses		1 dose
Hepatitis A ^{8,*}		2 doses (0, 6–12 mos, or 0, 6–18 mos)		
Hepatitis B ^{9,*}		3 doses (0, 1–2, 4–6 mos)		
Meningococcal ¹⁰		1 or more doses		

*Covered by the Vaccine Injury Compensation Program. NOTE: These recommendations must be read with the footnotes (see reverse).

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

This schedule indicates the recommended age groups and medical indications for routine administration of currently licensed vaccines for persons aged ≥19 years, as of October 1, 2006. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/hip/publications/acip-ist.htm).

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, 800-922-7987.

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, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule and contraindications for vaccination is also available at www.cdc.gov/hip or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

Recommended Adult Immunization Schedule, by Vaccine and Medical and Other Indications UNITED STATES • OCTOBER 2006–SEPTEMBER 2007

Vaccine ▼	Indication ►	Pregnancy	Congenital immunodeficiency; leukemia; ¹¹ lymphoma; generalized myeloma; ¹² cerebrospinal fluid leaks; therapy with alkylating agents, antimetabolites, radiation, or high-dose, long-term corticosteroids	Diabetes; heart disease; chronic pulmonary disease; chronic alcoholism	Asplenia ¹³ (including elective splenectomy and terminal complement component deficiencies)	Chronic liver disease; recipients of clotting factor concentrates	Kidney failure; end-stage renal disease; recipients of hemodialysis	Human immunodeficiency virus (HIV) infection ¹⁴	Health-care workers
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		1-dose Td booster every 10 yrs Substitute 1 dose of Tdap for Td							
Human papillomavirus (HPV) ²		3 doses for females through age 26 yrs (0, 2, 6 mos)							
Measles, mumps, rubella (MMR) ^{3,*}		1 or 2 doses							
Varicella ^{4,*}		2 doses (0, 4–8 wks)							2 doses
Influenza ^{5,*}		1 dose annually		1 dose annually		1 dose annually			
Pneumococcal (polysaccharide) ^{6,7}		1–2 doses		1–2 doses					1–2 doses
Hepatitis A ^{8,*}		2 doses (0, 6–12 mos, or 0, 6–18 mos)			2 doses		2 doses (0, 6–12 mos, or 0, 6–18 mos)		
Hepatitis B ^{9,*}		3 doses (0, 1–2, 4–6 mos)			3 doses (0, 1–2, 4–6 mos)				
Meningococcal ¹⁰		1 dose		1 dose		1 dose			

*Covered by the Vaccine Injury Compensation Program. NOTE: These recommendations must be read with the footnotes (see reverse).

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

Contraindicated

Approved by
the Advisory Committee on Immunization Practices,
the American College of Obstetricians and Gynecologists,
the American Academy of Family Physicians,
and the American College of Physicians



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



What We Won't Cover

Smallpox

Avian Flu

HPV



Old Favorites

Measles, Mumps, Rubella (MMR)
Once before and once after age 50

Varicella
Once before and once after age 50

Influenza
Annually

New Recommendation

Tetanus, Diphtheria, Pertussis

Instead of Td every 10 years, the new recommendation is for Tdap (tetanus, diphtheria, acellular pertussis) every 10 years



Poynteronline

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Friday Edition: Whooping-Cough Outbreak

Bad girls... Why do girls get involved in criminal activity?... Fantasy Congress.

By [Al Tompkins](#) ([more by author](#))



It may sound like an illness that you thought was wiped out long ago, but whooping cough is making a comeback from Texas to New England. (Thanks to Al's Morning Meeting reader Mike Stucka for the tip on this one.)

[In Boston](#), whooping cough infected one patient and 15 hospital staff members. Sixty more hospital workers are being tested.

I have seen whooping-cough stories from [North Carolina](#), [Chicago](#), [Connecticut](#) and [Indiana](#), on [the Purdue campus](#).

[In Plano, Texas](#), students in local schools have symptoms. WFAA-TV reports:

Nationwide, more school-aged children are coming down with whooping cough. That's why, for the first time, the federal [\[Department of Health and Human Services\]](#) is now offering a booster to anyone 11-years-old or older.

Whooping cough first presents itself with nasal congestion and possibly fever. A mild cough can get worse and can last two to three months. Once patients start taking antibiotics, they are no longer contagious after five days. Infants are most at risk. Last year in Texas, eight children died from whooping cough.

[FDA \(Food and Drug Administration\) Consumer magazine points out:](#)

With the number of reported outbreaks of whooping cough (pertussis) on the rise in the United States, the Centers for Disease Control and Prevention (CDC) says there is a need to protect adolescents and adults, as well as children, against this highly contagious respiratory infection.

Commonly thought of as a childhood illness, pertussis actually affects people of all ages. According to the CDC, 5,000 to 7,000 cases are reported in the United States each year. Moreover, pertussis has been increasingly reported among adolescents and adults in the last several years. This is important because those who have a cough may not realize that they have pertussis and may be the primary source of infection for infants, who have the greatest risk of dying from the disease.

While there is no lifelong protection against pertussis, immunization by vaccine is the best preventive measure available. Vaccines currently licensed by the Food and Drug Administration to prevent the disease and reduce related illness and death are available for children up to age 7, and for adolescents between 10 and 18. The children's vaccine is part of a routine series of childhood immunizations called diphtheria-tetanus-acellular pertussis (DTaP) that is strongly recommended by the [National](#)

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Others We Have all Gotten (Maybe)

Hepatitis B

Healthcare workers and public-safety workers who are exposed to blood or other potentially infectious body fluids

Hepatitis A?

Persons traveling to or working in countries that have high or intermediate endemicity of Hepatitis A



For High Risk Populations

Meningococcal

Adults with anatomic or functional asplenia

First Year College Students

Military Recruits



For High Risk Populations

Pneumococcal

Chronic disorders of the pulmonary system (excluding asthma, including smoking, prior pneumonia)

Cardiovascular diseases (CAD, CHF, Emphesema)

Diabetes

Chronic Liver Disease

Chronic Renal Failure or Nephrotic Syndrome

Functional or Anatomic Asplenia

Immunosuppressive Conditions

Cancers

Chemotherapy

Corticosteroid Therapy (Long-term)

Alcoholism

Autoimmune Disorders

Our Approach

Anonymous Survey

154 of 950 personnel had one or more risk factors

The average hospital stay for pneumonia is 5 days

The cost for 308 doses of vaccine is less than
\$2,500

We offer the vaccine to any personnel who
identify themselves as being at risk

Contact

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QUESTIONS?

