**CDC: Ten Vaccinations Recommended for Adults**

**Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination**—Adults with uncertain histories of a complete primary needs to begin or complete initial, or "primary" vaccination series -- three doses of tetanus and diptheria toxoid-containing vaccines. The first two doses needs to be at least a month apart and the third dose should be six months to a year after the second dose.

Adults require booster vaccinations, if the primary dosage was received >10 years previously -- especially after incurring any injuries that are associated with tetanus. Especially if these injuries includes wounds/punctures caused by rust or old nails. For pregnant women received the primary dosage >10 years previously, it is considered safe to administer the booster vaccination during the second and third trimester.

If a woman is pregnant and completed the primary dosage less than ten years previously, it is considered safe to administer the booster vaccination during the immediate postpartum period.

**Human papillomavirus (HPV) vaccination**

HPV vaccination is recommended for all females aged less than 27 years who have not completed the vaccine series. History of genital warts, abnormal Papanicolaou test, or positive HPV DNA test is not evidence of prior infection with all vaccine HPV types. HPV vaccination is still recommended for exposed individuals.

Ideally, vaccine would be administered before potential exposure to HPV through sexual activity. However, females who are sexually active who have not been infected with HPV vaccine types, receive the full benefit of vaccination.

Vaccination is less beneficial for females who have already been infected with one or more of the HPV vaccine types. A complete series consists of three doses. The second dose should be administered two months after the first dose; the third dose should be administered six months after the first dose.

**Measles, mumps, rubella (MMR) vaccination**

Measles component: Adults born before 1957 can be considered immune to measles. Adults born during or after 1957 should receive more than one dose of MMR unless they have a medical contraindication, documentation of more than one dose, history of measles based on health-care provider diagnosis, or laboratory evidence of immunity.

A second dose of MMR is recommended for adults who 1) have been recently exposed to measles or are in an outbreak setting; 2) have been previously vaccinated with killed measles vaccine; 3) have been vaccinated with an unknown type of measles vaccine during 1963-1967; 4) are students in postsecondary educational institutions; 5) work in a health-care facility; or 6) plan to travel internationally.
CDC: Ten Vaccinations Recommended for Adults

Mumps component: Adults born before 1957 can generally be considered immune to mumps. Adults born during or after 1957 should receive one dose of MMR unless they have a medical contraindication, history of mumps based on health-care provider diagnosis, or laboratory evidence of immunity. A second dose of MMR is recommended for adults who 1) are in an age group that is affected during a mumps outbreak; 2) are students in postsecondary educational institutions; 3) work in a health-care facility; or 4) plan to travel internationally. For unvaccinated health-care workers born before 1957 who do not have other evidence of mumps immunity, consider administering one dose on a routine basis and strongly consider administering a second dose during an outbreak.

Rubella component: Administer one dose of MMR vaccine to women whose rubella vaccination history is unreliable or who lack laboratory evidence of immunity. Women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health-care facility.

Varicella vaccination

All adults without evidence of immunity to varicella should receive two doses of single-antigen varicella vaccine. Special consideration should be given to those who 1) have close contact with persons at high risk for severe disease (e.g., health-care personnel and family contacts of immunocompromised persons) or 2) are at high risk for exposure or transmission (e.g., teachers; child care employees; college students; and international travelers). Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) U.S.-born before 1980 (although for health-care personnel and pregnant women, birth before 1980 should not be considered evidence of immunity); 3) history of varicella based on diagnosis or verification of varicella by a health-care provider (for a patient reporting a history of or presenting with an atypical case, a mild case, or both, health-care providers should seek either an epidemiologic link with a typical varicella case or to a laboratory-confirmed case or evidence of laboratory confirmation, if it was performed at the time of acute disease); 4) history of herpes zoster based on health-care provider diagnosis; or 5) laboratory evidence of immunity or laboratory confirmation of disease.

Assess pregnant women for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the health-care facility. The second dose should be administered 4–8 weeks after the first dose.

Influenza vaccination

For adults suffering from cardiovascular or pulmonary problems or any condition that compromises respiratory function and women who are pregnant during the influenza season might be at risk and should receive the influenza vaccination. Residents of nursing homes and other long-term care and assisted-living facilities should receive this vaccination.

Pneumococcal polysaccharide vaccination

Adults diagnosed with chronic pulmonary disease (excluding asthma), chronic cardiovascular disease, diabetes mellitus, chronic liver disease, chronic alcoholism, chronic renal failure or nephritic syndrome, functional or anatomic asplenia, immunosuppressive conditions, and HIV should receive this vaccination.

Hepatitis A vaccination

People with chronic liver disease or who receive clotting factor concentrates are at increased risk of contracting Hepatitis A, as are men who have sex with men and persons who use illegal drugs. Vaccinations should take place in a two-dose schedule at either six to twelve months apart if the vaccine is Havrix or six to eighteen months apart if Vaqta is used. Twinrix is a vaccine that gives immunity to both hepatitis A and hepatitis B. It should be administered in three doses -- the second one month after the first and the third five months after that dosage.

Free Vaccinations* are available at Allegan County Health Department.

*There is a $15.00 administration fee per vaccine.
Telephone 269-673-5411 to verify eligibility and clinic hours.
Bats are remarkable creatures, often misunderstood and feared. Contrary to popular belief, they are not flying rodents. They are more closely related to primates (humans and monkeys) than they are to mice and rats. Nine different species of bats found in Michigan. The most common bats found living in homes are the Little Brown Bat, and the Big Brown Bat. The Little Brown Bat has a body weight of only 3 ounces, has a wingspan of 9 inches, while the Big Brown Bat can weigh up to 7 to 10 ounces, and has a wingspan of 14 inches.

Do bats present health hazards? Yes. Bats, like any other warm-blooded animal may be infected with the rabies viruses and are capable of transmitting the virus. The rabies virus can be passed onto humans by being bitten by an infected bat. Finding a bat on the ground, in an unusual place or flying during the day means it may be injured, but it may also be rabid. Bat urine and guano contain bacteria, viruses and parasites, which may be inhaled. In Michigan, the most common wildlife species to contract rabies are bats. Sick bats are more likely to exhibit abnormal behavior, have an encounter with a human or another animal, and be submitted for rabies testing. Abnormal behaviors include being active during the day, being found in a place where bats are not usually seen, and inability to fly.
How do you define contact? Bats have small needle like teeth. A human may not feel the bite of a bat or see any teeth marks. We have to define what contact with a bat means.

The following situations would be considered “contact with a bat”:
- A bat lands on a person
- A sleeping person awakens to find a bat in the same room
- A bat is found in a room of an unattended child or a person unable to report they had contact with a bat.

What if a human has contact with a bat: All human contacts with a bat must be assessed for risk of rabies as soon as possible. If there is a visible mark, wash the area thoroughly with soap and water. Call your physician or visit your emergency department. A physician will assess your need for rabies vaccine and contact the local health department. The capturing and testing of the bat may eliminate the need for rabies vaccine.

Continue on page 5
How do I discard a grounded bat? If there has been any human contact, use heavy leather gloves and a scoop to handle the bat. A bat may be disposed of in household garbage or in a hole in the ground.

How can a bat get into my home? An infestation begins with just one bat. Bats do not just fly into a home, they require an attractant, and that attractant is usually insects flying around illuminated swimming pools, streetlights, and flood and door lamps on the sides of homes. When near a building, openings are often detected by air movements from that opening. If this opening provides access to a good roosting area, then the bat will spend time there, constantly defecating and urinating. The smell from the feces (guano) and urine then attracts other bats, and a colony will form. Colonies may range from one or two bats to several thousand. From their roosting place, they may find other ways of getting out of the building, or further into it, such as into a bedroom or living room.

Where do I find the holes that bats use to get in? Any crack or opening greater than 3/8 inch is sufficient for entrance. Openings may be found along roof edges, eaves, gables, chimneys, attic and roof vents, under loose fitting doors, broken windows, conduits, flashing, loose shingles, poorly fitting fascia and soffits, and dormers to name a few.

Can a bat colony damage my home? Yes. Bats will not chew wood, wires, or siding, however, they are capable of creating other problems, mostly with their guano and urine. Wooden beams and joists become prone to deterioration after prolonged exposure to large amounts of bat urine. This may weaken the structure of the building and create safety hazards. Extremely large amounts of guano have caused ceilings to collapse in older structures. Bat urine and guano produces a very unpleasant odor that attracts other pests, such as insects. Consequently, a secondary infestation may result.

How do I know if I have bats in my home? High numbers of bats around your property may warrant an inspection of your home. There are numerous signs of a bat infestation apart from visual sightings inside the home. Look for rub marks around areas that have cracks and holes. The marks will be around entranceways which usually have smooth surfaces (aluminum or vinyl siding). The rub marks are created by an oily substance in the bat's fur and indicates heavy use. Feces on the wall or just below the entrance often mark bat entrances. Look for fecal droppings in the attic or crawl spaces of your home. Bat droppings are distinguished from mouse droppings by their ability to be crushed between the fingers. Bats are noisy on hot days and the house occupants can hear these noises. Noises may come from the attic, wall void or from inside the chimney. It is important to remember that birds or raccoons may also create noises in the chimney. Boards and beams that have been saturated with urine soon become whitish and powdery because the urine crystallizes. These crystals may accumulate and form stalactites and stalagmites. This occurs with heavy infestations.

How long will bats live in my home? Bats will live in your home for as long as you let them. Bats can live for 30 or more years, and numerous generations can be found in one colony. Bats will migrate, but if conditions in your home are suitable for them, they may remain year round.

How can I prevent bats from entering my home? This is done by patching holes and cracks, fitting screens on windows, fitting weather-stripping or sweeps to doors, and filling spaces between sections of fascia, soffits and siding. Repairs should be done during the cooler months of the year when the bats leave for the winter and NOT when they are, nursing young (usually from April to mid-May) otherwise the young will die and create secondary odor and insect problems. Remember, when bats leave for the winter, they will return to the same place the following year, if they leave at all.

How to reduce your pet's chance of exposure to rabies- Keep vaccinations up-to-date for all dogs, cats, ferrets, horses, cattle, and sheep. There is not any post-exposure prevention treatment available for animals. As a result, unvaccinated pets that are exposed to a potential rabid bat may be required to be euthanized. Keep your pets under direct supervision so they do not come in contact with bats or other wild animals that may be carrying rabies.

For more information, contact-
Allegan County Health Department Tel: 269-673-5411

This Fact Sheet was adapted from-
Bats & Rabies' Fact Sheet; http://elginhealth.on.ca/
Health Protection Department Elgin St. Thomas Health Unit, Province of Ontario, Canada
FACTS:

- Lyme disease is a bacterial infection transmitted to people and animals by the bite of an infected tick.
- Cases have been reported in both the upper and lower peninsula and in most of Michigan’s 83 counties.
- The risk of developing the illness is minimal in Michigan and even if infection occurs, the disease can be diagnosed and treated with antibiotics.
- The disease is most common from May through August, when ticks are most active, and humans are more active outdoors.

WHAT YOU SHOULD KNOW:

- Lyme bacteria are not transmitted from person to person contact; they are transmitted to people and animals primarily by the bite of the tick.
- Lyme disease is most often a mild illness mimicking a summer flu, but serious problems involving the heart, joints and nervous system may develop in some individuals.
- Symptoms include tiredness, fever, headache, stiff neck, muscle ache, and joint pain. Additionally, about 80% of patients will have a red, slowly expanding bulls-eye rash at the point of puncture.
- Lyme disease is difficult to diagnose because the disease mimics many other diseases and there is no definitive test for it at this time. A diagnosis should be based on a history of tick bite, the presence of a circular rash, an examination by a physician for other symptoms, and laboratory tests.
- Prompt diagnosis and treatment with antibiotics can cure the infection and prevent later complications in both humans and domestic animals.
- While there is not any sure way to completely eliminate the chance of contracting Lyme disease, there are several specific preventative measures one can take:
  
  ⇒ Wear long pants tucked into boots or socks and wear long-sleeved shirts buttoned at the cuff.
  ⇒ Use tick repellents containing 0.5% permethrin or mosquito repellents containing 30% DEET.
  ⇒ Examine clothing, skin and pets for ticks and remove them promptly.

SERVICES AVAILABLE:

If you have questions about possible exposure to Lyme disease, please contact Allegan County Health Department at 269-673-5411.

You can also contact the Michigan Department of Community Health for further information.

Michigan Department of Community Health
Communicable Disease and Immunization Division
517-335-8165
FACTS:

- West Nile virus (WNV) is a disease of birds that can cause illness in people when they are bitten by an infected mosquito. It was first detected in Michigan citizens in August of 2002.
- All residents of areas where West Nile virus activity has been identified are at risk of getting West Nile encephalitis or West Nile fever. In Michigan, the virus has been detected in 76 out of 83 upper and lower Michigan counties, making the virus endemic in the state.
- People over 50 years of age are found to be at the highest risk of developing severe disease. In addition, immunocompromised persons or people with underlying health conditions have an increased risk of developing more severe forms of WNV disease.
- The majority of people infected with West Nile virus will have no symptoms.

An estimated 20% of those infected with West Nile virus will have mild flu-like symptoms including:

⇒ Fever
⇒ Fatigue
⇒ Headache
⇒ Body aches
⇒ Swollen lymph nodes
⇒ Body rash

WHAT YOU SHOULD KNOW:

Symptoms of West Nile virus usually last for only a few days, although severe disease symptoms may last weeks. Some neurological effects may be permanent. An estimated one in 150 people infected with West Nile virus will progress to a more severe infection called West Nile encephalitis/meningitis with symptoms including:

⇒ Stiff neck
⇒ Disorientation
⇒ Stupor
⇒ Tremors
⇒ Seizures or convulsions
⇒ Paralysis
⇒ Coma
⇒ Death

There are no commercially available human vaccines for the prevention of West Nile virus. Prevention of arboviral diseases like West Nile virus centers around controlling exposure to mosquitoes and avoiding mosquito bites.

These measures include:

- Reduce time outdoors, especially at dusk, during mosquito seasons
- Wear lightweight long sleeves and long pants if you are outdoors
- If outdoors, apply insect repellent exposed skin or clothing that contains the active ingredient, DEET. (Be sure to follow the manufacturer’s instructions)
- Maintain window and door screens to keep mosquitoes out of buildings
- Avoid standing water in the yard because they are potential mosquito breeding sites. Empty standing water from flower pot bases, pet bowls, clogged rain gutters, swimming pool covers, discarded tires, buckets, barrels, cans, etc.
Keeping Food Diary Doubles Weight Loss

In a recent study by the Kaiser Permanente Center for Health Research, participants who kept food journals lost almost double the weight of their non-journaling counterparts. The study, published in the American Journal of Preventive Medicine, focused on the efficacy of various behavioral weight-loss interventions in more than 1,500 overweight and obese adults. Participants were schooled on lifestyle interventions, which included weekly group sessions, regular exercise, a heart-healthy diet, reduced alcohol consumption and the use of food diaries.

An effective “Food Diary or Journal” includes what food or drink consumed, how much, what kind, time of day, if you were alone or with whom, activity and mood. It is written as you eat and is an active process.

Prepare Training for Senior Care Organizations

Allegan County Health Department is offering Prepare Training for organizations and agencies that serve our senior residents.

Did you know?

Linda Hollinger-Smith, RN, PhD, FAAN, is director of research at Mather LifeWays Institute on Aging, Evanston, Ill and project director of PREPARE writes*, "Skilled nursing centers and other long-term care settings are mandated to have written fire and disaster procedures and educate staff on these procedures regularly. Additionally, long-term care communities often include procedures to address emergencies common to natural events in their region (e.g., tornadoes, hurricanes, earthquakes, etc.). How to deal with uncertainties, such as bioterrorism or catastrophic natural disasters, is a question addressed by very few long-term care communities. The odds of a long-term care community being the target of a terrorist threat are extremely low, but external contamination of air or water supplies from an attack in a particular area may reach one’s long-term care setting.”

She goes on to share*, "Would your staff understand the danger of such a threat and be prepared to take immediate action to save lives? In some areas, there are growing numbers of high-rise long-term care communities being built. If all power were lost due to an act of terrorism that also threatened the building's integrity, how would you evacuate your residents (many of whom use wheelchairs or walkers)? What are some of the situations that your long-term care communities might face in a disaster event? Does your current disaster plan adequately address these scenarios? Does your long-term care community regular educate staff on actions to be taken? These are just some questions for your consideration."

Ms. Hollinger-Smith, RN, PhD, FAAN stresses*, "Disaster preparedness for long-term care communities is an ongoing process that should involve all levels of managers, staff, residents, and families. Being prepared to deal effectively with disasters affecting your long-term care community should be expected; residents and their families must be assured that managers and staff members are ready to meet their special needs.”

Telephone Allegan County Health Department at 269-673-5411 to inquiry on Prepare Training for your organization or agency.

* source: http://www.extendedcarenews.com/article/5518#
The Allegan County Health Department needs your help!

During the past several years, Allegan Health County Department (ACHD) have been developing plans to use in case of extreme emergencies, everything from anthrax exposure to weather related problems. They have tested these plans and they seem to work, now they need to fill in the most critical component of the plans "YOU".

Volunteers are the backbone of these plans. The health department depend on you to provide medical, clerical, security, crowd control, administrative, and other personnel needs. It is through your assistance that these plans will work. You can sign up to be a volunteer for Allegan County Public Health as easy as going to... https://www.mivolunteerregistry.org/VolunteerMobilizer/ and click in to register.

There are not any required classes to take nor meetings to attend. Simply go on line, register, fill out the portion that helps your county know of any special skills you may have, and indicate where you would like to volunteer. You can stay locally, you can agree to go out of the county, and even out of the State. Your participation is voluntary, if you cannot respond for whatever reason, that is understood, they see if you are available the next time. Please talk to your friends and colleagues about volunteering and urge them to sign up. The more registered volunteers we have the smoother the emergency response to a major event will be. This is not just for Allegan County, but will have a positive impact on the region, the State, or even a National response should one be needed.

If you would like to have a presentation given for an organization that you belong to, a service group, or work group, contact ACHD at 269-673-5411 and they will tailor a presentation for your group's time constraints, needs, and interests. In addition, there are FREE handouts available to individuals, families and organizations.

### Allegan County Disease Incidence Quarterly Report: January-March 2008

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Hepatitis B vaccination - Persons with end-stage renal disease, including patients receiving hemodialysis, persons seeking evaluation or treatment for a sexually transmitted disease (STD), persons with HIV infection, persons with chronic liver disease, illegal drug users, men who have sex with men and people with more than one sexual partner in the previous six months are at high risk for hepatitis B. Consult a physician for vaccination guidelines.

Meningococcal vaccination - Adults with anatomic or functional asplenia, or terminal complement component deficiencies, first-year college students living in dormitories, international travelers are at high risk. Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj.

Herpes zoster vaccination - A single dose of zoster vaccine is recommended for adults aged under 61 years regardless of whether they report a prior episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition.

Free Vaccinations are available at Allegan County Health Department.

*There is a $15.00 administration fee per vaccine.

Telephone 269-673-5411 to verify eligibility and clinic hours.

The full article listing the 10 vaccinations, start on page 1