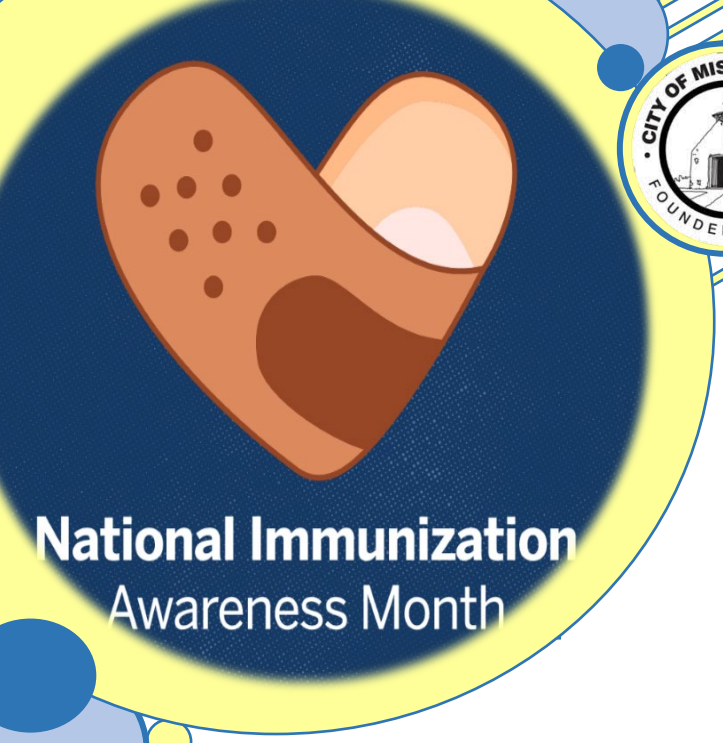

LIVE WELL, WORK WELL

August 2022

Welcome to this month's edition of Live Well, Work Well. In this issue we will be focusing on the importance of National Immunization Awareness.

Immunization awareness is a family affair

It's almost time for children to go back to school and the one thing you don't want your child to bring home is a vaccine preventable disease.

August is National Immunization and Influenza Vaccine Awareness Month so it's a good time to check vaccine records to make sure the entire family is up-to-date on all vaccines.

Vaccines protect against a number of serious and potentially life-threatening diseases including measles, whooping cough and chicken pox.

When someone isn't vaccinated, they are at an increased risk for diseases and can spread diseases to other classmates, community members and those who are too young to be vaccinated or those with weakened immune systems.

It's important that parents understand what vaccines are needed for school-age children. For example, kids ages 4-6 need boosters for four vaccines: DTaP (diphtheria, tetanus, and pertussis, also called whooping cough), chickenpox, MMR (measles, mumps, and rubella), and polio.

Pre-teens and teens need Tdap (tetanus, diphtheria, and pertussis), HPV and Meningococcal Conjugate Virus vaccines.

Adults 60 years and older should receive the shingles vaccine and those 65 and older are recommended to get one or more pneumococcal vaccines. Some adults younger than 65 years with certain high-risk conditions are also recommended to receive one or more pneumococcal vaccinations.

Yearly flu vaccines are recommended for everyone six months and older.
If you have questions about vaccines, talk with your medical provider about which vaccines are needed for your family.
https://www.army.mil/article/191672/immunization_awareness_is_a_family_affair

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What Every Adult Should Know for National Immunization Awareness Month

For many adults and parents, it is easy to let their health take a backseat to many of their other daily concerns. While they are often cognizant of their children's health and vaccination schedules, it is easy to overlook or even forget vaccinations that they may be overdue for. The CDC recommends that adults are regularly vaccinated against several different illnesses.

Thousands of adults in the United States contract preventable diseases every year, resulting in medical bills from hospitalization and other complications. Vaccines can protect you from unwanted infection as well as protect other people who cannot be vaccinated because of pre-existing medical conditions.

In addition to following the CDC's recommended schedule of adult vaccinations, the best way to make sure that you stay healthy and up to date is by taking control of your own immunization health. We have put together a list of tips for vaccination health as well as a schedule of adult vaccinations to help you stay on top of your vaccination game:

Tips for Adult Vaccination:

Keep track of your records: Unfortunately, there is no centralized location for vaccination records in the United States. If you have been seeing the same primary care physician for a number of years, they should have your records. However, if you have moved and/or changed physicians, you may need to put in some extra work into tracking down your vaccination records. You may need to contact old schools, previous employers, health offices or clinics, or the state health department to see if you are able to find records of your previous vaccinations.

If you are not sure, ask your doctor: If you think you've missed the window for a certain vaccination, ask your physician if you're still able to receive it. Your doctor can help you decide which vaccines are important for you to receive and help you schedule your appointments. If you are not sure which vaccinations that you should have received as an adult, see the list below:

Adult Vaccination Schedule:
16- 26 years old

- Influenza: 1 dose annually
- Tetanus, diphtheria, pertussis (Tdap): 1 initial dose of Tdap & boosters every 10 years
- Measles, mumps, rubella (MMR): 1-2 doses
- Varicella: 2 does (if born after 1980)
- Human papillomavirus (HPV): 2-3 doses

27 – 50 years old

- Pneumococcal polysaccharide (PPSV23): 1 dose
- Hepatitis A: 2-3 doses, if not received before
- Hepatitis B: 2-3 doses, if not received before
- Meningococcal A,C,W,Y: 1-2 initial doses, then booster every 5 years
- Meningococcal B: 2-3 doses, if not received before
- Haemophilus influenzae type b: 1-3 doses, if not received before

50+ years old

- Zoster recombinant (RZV) or Zoster live (ZVL): 1-2 doses
- Pneumococcal conjugate (PCv13): 1 dose, if not received before
- Pneumococcal polysaccharide (PPSV23): 1 dose

Additional Vaccines

Physicians also recommend that adults with certain health conditions, professions, or who will be traveling receive additional vaccinations. If you meet any of those conditions, contact your physician about any of the vaccines listed below and what they would recommend for you:

Pregnant women: If you are pregnant, vaccination is particularly important because the baby will get any disease immunity passed on from the vaccinations you receive. Doctors recommend that pregnant women are vaccinated against whooping cough, the flu, and hepatitis B. If you need additional vaccines, your doctor can recommend them based on your history.

Healthcare workers: Protecting yourself against unknown infections and diseases is crucial when you are working in a high-risk situation where other patients could carry communicable diseases. If you work in healthcare, it is recommended that you are vaccinated for hepatitis B, measles, mumps, rubella, meningococcal, chicken pox, and the flu. Check with your employer to see if they require any other additional vaccines or safety precautions.

International travelers: If you are planning to travel internationally or live out of the country, you may need to be vaccinated against additional illnesses. Using the CDC's vaccine self-assessment tool, research what vaccines you will need for the location you will be visiting. Some countries may not require additional vaccinations, while others do. Make an appointment at least 4-6 weeks in advance with your doctor to be vaccinated, so that your body can build full immunity and you have some time in case you need to come back in for any other reason.

https://www.cwcare.net/news/what-every-adult-should-know-national-immunization-awareness-month

10 Common Vaccine Myths Busted

Vaccines are widely considered one of the greatest inventions of mankind. The World Health Organization (WHO) estimates that vaccines prevented over 10 million deaths between 2010 and 2015, and many millions more were protected from illness. Despite this, there are growing anti-vaccination and vaccine hesitancy movements in Western countries. Among other problems, these movements caused significant measles outbreaks in the United States, where the potentially deadly virus was once considered eliminated. There is a lot of misinformation and misconceptions about vaccines that contribute to this growing problem. Here are the facts behind some of the most common vaccine myths.

Myth 1: You can delay routine vaccinations until the coronavirus pandemic is over.
Adult vaccines and childhood vaccines are essential for maintaining health and wellness. Both the American Academy of Pediatrics and the Centers for Disease Control and Prevention recommend staying up-to-date on routine vaccinations during the pandemic. Delaying vaccination can be harmful to your health and the health of your community. In-person care is available across the state at University of Maryland Medical System hospitals and practices during the pandemic. Find out what we're doing to keep patients safe.

Myth 2: Vaccines can make you sick.
Vaccines will not make you sick. Some people can experience mild side effects from some vaccines, such as soreness at the injection site or a low-grade fever, but they dissipate quickly. According to WHO, serious side effects from vaccines rarely occur. In fact, many adverse effects are so rare that their risk cannot be accurately assessed statistically.

Myth 3: Vaccines contain toxic ingredients.
Dosage is everything when it comes to toxicity. Any substance—even water—can be toxic in large doses. Some vaccines contain ingredients like formaldehyde and aluminum, but these trace amounts are so small that they're not considered toxic or harmful. The gelatin and egg proteins featured in some flu vaccines can cause allergic reactions in very rare cases. Those affected typically have a history of severe allergies to gelatin or eggs. If you have an allergy to any of the ingredients in the vaccine, talk to your doctor or the person administering your vaccine.

Myth 4: Vaccines can overload your immune system.
Children often require a lot of vaccinations within a short period of time. Luckily, there is no need to worry. The immune system is resilient and isn't negatively affected by receiving simultaneous vaccines. There's also no evidence that spacing out vaccines is safer for children. In fact, delaying childhood vaccinations can cause community outbreaks of preventable diseases like measles or chickenpox. A 2015 study showed that only 1% of pediatricians thought vaccines should be spread out.

Myth 5: Natural immunity is healthier and more effective than vaccine-induced immunity.
Vaccines allow you to build immunity without the damaging effects that vaccine-preventable diseases can have. These diseases can cause serious health problems and even be life-threatening. For example, Haemophilus influenzae type b (Hib) can cause intellectual disability and measles can lead to death. All of these effects can be avoided by simply getting vaccinated. When administered properly and in the recommended quantities, all vaccines provide you with the protection that you need. In some cases, a single natural infection can invoke a greater immune response than a single vaccine, which is why some vaccines require multiple doses. However, this makes no difference when it comes to preventing infection.

Myth 6: If everyone around me is immune, then I don't need to be vaccinated.
Getting vaccinated is like wearing a mask – it isn't just about protecting you, but also your community. Most vaccine-preventable diseases spread through person-to-person contact. When one person in a community gets the disease, it can easily spread to other people. The more people who are vaccinated, the fewer chances a disease has to spread.

Myth 7: We don't get vaccine-preventable diseases in the United States.
Diseases that were once common in the United States, like measles or polio, are now rare or even eliminated completely because generations of people were vaccinated to protect themselves and their communities. In our globalized world, the potential exposure to vaccine-preventable diseases is only a plane ride away. As the coronavirus pandemic has painfully reminded us, if one country has an outbreak, it's the world's concern. In all of human history, smallpox is the only disease to be eradicated from the plant completely. Failing to get vaccinated can put yourself and your entire community at risk.

Myth 8: The flu vaccine protects you against COVID-19. There is no evidence to support the claim that the flu vaccine protects against coronavirus. However, it's still important to get both of these vaccines. In fact, getting your flu vaccine is even more important in 2020. If you fail to get your flu vaccine, you could potentially be infected with coronavirus and the flu at the same time, putting strain on both your health and our health care system.

Myth 9: Vaccines can cause autism. Vaccines don't cause autism. This claim stems from a discredited and retracted study that linked the measles, mumps and rubella (MMR) vaccine to autism. Unfortunately, this flawed study has kicked off a resilient storm of misinformation. Hundreds of studies across the globe have shown time and time again that there is no connection, but a 2016 national study revealed 16.5% of parents or primary caregivers of autistic children believed vaccines caused their child's autism.

Myth 10: Vaccines are used to microchip people. The internet can be beneficial for learning more about your health, but it can also be fertile ground for misinformation -- particularly during the coronavirus pandemic.

There are some claims that vaccines are or will be used to microchip people so they can be tracked or controlled through 5G cell phone towers. This is not only false, but impossible. Evidence suggests that this conspiracy theory was spread by people seeking to sow disinformation and confusion among Americans.

https://www.umms.org/coronavirus/covid-vaccine/facts/myths-busted

Vaccine History: Developments by Year

First vaccines

Edward Jenner was the first to test a method to protect against smallpox in a scientific manner. He did his study in 1796, and although he did not invent this method, he is often considered the father of vaccines because of his scientific approach that proved the method worked.

The method Jenner tested involved taking material from a blister of someone infected with cowpox and inoculating it into another person's skin; this was called arm-to-arm inoculation. However, by the late 1940s, scientific knowledge had developed enough, so that large-scale vaccine production was possible and disease control efforts could begin in earnest.

The next routinely recommended vaccines were developed early in the 20th century. These included vaccines that protect against pertussis (1914), diphtheria (1926), and tetanus (1938). These three vaccines were combined in 1948 and given as the DTP vaccine.

The vaccine everyone was waiting for — polio vaccine

Parents were scared of the polio epidemics that occurred each summer; they kept their children away from swimming pools, sent them to stay with relatives in the country, and clamored for an understanding of the spread of polio. They waited for a vaccine, closely following vaccine trials and sending dimes to the White House to help the cause. When the polio vaccine was licensed in 1955, the country celebrated, and Jonas Salk, its inventor, became an overnight hero.

Combination vaccines

In the early 1950s, four vaccines were available: diphtheria, tetanus, pertussis and smallpox. Because three of these vaccines were combined into a single shot (DTP), children received five shots by the time they were 2 years old and not more than one shot at a single visit.

By the mid-1980s, seven vaccines were available: diphtheria, tetanus, pertussis, measles,mumps, rubella and polio. Because six of these vaccines were combined into two shots (DTP and MMR), and one, the polio vaccine, was given by mouth, children received five shots by the time they were 2 years old and not more than one shot at a single visit.

Since the mid-1980s, many vaccines have been added to the schedule. The result is that the vaccine schedule has become more complicated than it once was, and children are receiving far more shots than before (see Vaccine Safety for answers to the questions: "Are vaccines safe?"; "Do vaccines weaken the immune system?" and more). Now, children could receive as many as 27 shots by 2 years of age and up to six shots in a single visit. However, in the same way that the DTaP and MMR vaccines were combined, new combinations are being made to reduce the number of shots. Used in different age groups of children, the following combinations of vaccines are now available:

- Diphtheria, tetanus and acellular pertussis
- Diphtheria, tetanus, acellular pertussis, and inactivated polio
- Diphtheria, tetanus, acellular pertussis, inactivated polio and hepatitis B
- Diphtheria, tetanus, acellular pertussis, inactivated polio and Haemophilus influenzae type b
- Diphtheria, tetanus, acellular pertussis, inactivated polio, Haemophilus influenzae type b, and hepatitis B
- Measles, mumps and rubella
- Measles, mumps, rubella, and varicella
- Hepatitis A and hepatitis B (only for those 18 years of age and older)

Vaccines for adults — increasing opportunities for health

Historically, vaccines were deemed to be "only for children." However, vaccines for adults are becoming increasingly common and necessary. Most adults think only of the tetanus booster recommended every 10 years and even then, many adults only get the vaccine if they injure themselves. In 2005, the Tdap vaccine was licensed as an improved version of the typical tetanus booster, Td. The newer version also contains a component to protect against pertussis (whooping cough). All adults, especially those who are going to be around young infants, should get the Tdap vaccine. Adults often unwittingly pass pertussis to young infants for whom the disease can be fatal. In 2012, the CDC recommended that pregnant women get a dose of Tdap during **each** pregnancy between 27 and 36 weeks' gestation. In 2019, the CDC recommended that Tdap or Td vaccine could be used for booster dosing every 10 years.

Influenza vaccines, available since the 1940s, are now recommended for most adults. Vaccines like MMR and chickenpox are recommended for adults who have not had the diseases, and vaccines including hepatitis A, hepatitis B, pneumococcus, and meningococcus are recommended for sub-groups of the adult population. The HPV vaccine became available in 2006. In 2018, the license was expanded to include people up to 45 years of age.

The first shingles vaccine, Zostavax®, was licensed in 2006; a second shingles vaccine, Shingrix®, licensed in 2017, produces a more robust immune response than Zostavax did. Two doses of this vaccine, separated by two to six months, are recommended for people 50 years and older. In 2019, Zostavax was no longer available.

In late 2020, the first COVID-19 vaccines were approved for use in response to the COVID-19 pandemic. Most adults were recommended to get this vaccine.

https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-history/developments-by-year

Did You Know?

Adults

Immunizations

- Hepatitis A
- Hepatitis B
- Haemophilus Influenzae Type B (Hib)
- Human Papillomavirus (HPV)
- Influenza (Flu)
- Measles, Mumps, Rubella

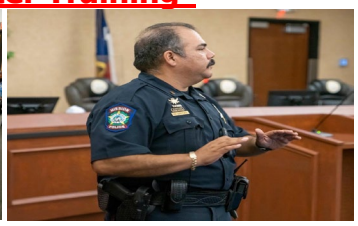
za

- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella (Chickenpox)
- Zoster

Learn more on recommendations of adults immunization schedule:
http://www.cdc.gov/vaccines/schedules/hcp/adult.html

Last Month's Events:

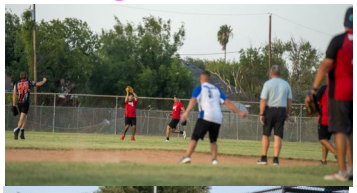
"Active Shooter Training"

"CPR Training"

July 7, 2022

"Battle of the Badges"

Upcoming Events:

Open Enrollment Week
August 1st through August 5th
CEED Building

Walking Program
Tuesdays and Thursdays
4:30PM at your designated facility

Health and Wellness Seminar
UV Safety
Friday, August 12, 2022
Via Zoom:
https://us02web.zoom.us/j/9904662781?pwd=SGVIL3JZRFVRdENzWXI5VUxFT1ZUQT09

Health & Wellness Seminar
"Immunization Awareness"
Thursday, August 18, 2022
2:30 PM – 3:30 PM
Via Zoom:
https://us02web.zoom.us/j/9904662781?pwd=SGVIL3JZRFVRdENzWXI5VUxFT1ZUQT09

Let's Get Moving

THE PLAN

DAY 1: 6 reps of each	**DAY 11:** 5 reps of each, repeat 4x	**DAY 21:** 10 reps of each, repeat 3x
DAY 2: 10 reps of each	**DAY 12:** Rest	**DAY 22:** 8 reps of each, repeat 2x
DAY 3: 6 reps of each, repeat 2x	**DAY 13:** 7 reps of each, repeat 3x	**DAY 23:** 8 reps of each, repeat 4x
DAY 4: Rest	**DAY 14:** 6 reps of each, repeat 2x	**DAY 24:** Rest
DAY 5: 5 reps of each, repeat 3x	**DAY 15:** 5 reps of each, repeat 5x	**DAY 25:** 7 reps of each, repeat 5x
DAY 6: 10 reps of each	**DAY 16:** Rest	**DAY 26:** 6 reps of each, repeat 3x
DAY 7: 8 reps of each, repeat 2x	**DAY 17:** 9 reps of each, repeat 3x	**DAY 27:** 9 reps of each, repeat 4x
DAY 8: Rest	**DAY 18:** 5 reps of each, repeat 3x	**DAY 28:** Rest
DAY 9: 9 reps of each, repeat 2x	**DAY 19:** 7 reps of each, repeat 4x	**DAY 29:** 12 reps of each, repeat 3x
DAY 10: 6 reps of each, repeat 2x	**DAY 20:** Rest	**DAY 30:** 10 reps of each, repeat 4x