

Vaccinations are not just kid stuff

By JESSICA RONGITSCH, M.D.

My friend, Nancy, an attorney from New Orleans, recently complained to me that her primary care provider made her get a tetanus shot, when she went in for a routine physical. Her arm hurt, and she wondered if it was really necessary.



Then, last weekend, Nancy was hosting a barbecue in her back yard, on a beautiful sunny

afternoon. I was sitting at a picnic table with some friends admiring her vegetable garden, when she came hobbling out of the driveway.

"Y'all, I just stepped on a rusty nail. It went right through my flip flop," she said, limping over to the table. "Good thing I just got my tetanus shot." She managed a laugh, as she surveyed the damage.

Fortunately the nail just grazed her heel, causing a superficial wound and, even better, she had just had a tetanus shot. She was able to clean and bandage the wound, and cook up her famous shrimp creole, instead of spending half a day

in the emergency room waiting for a tetanus toxoid vaccine.

It's true, getting a tetanus shot, may seem superfluous these days. Thanks to the U.S.'s vaccination programs, tetanus—an often fatal illness, characterized by "lockjaw"—is very uncommon in this country. I have never seen a case of it, and I must admit, when I see patients with multiple medical problems, or concerns, I don't always find the time to ask if their vaccinations are up to date. But we should not become complacent.

More than 1,000,000 cases of tetanus occur annually in developing nations, and a recent study in the U.S. demonstrated that only 30 percent of adults over the age of 70 were adequately protected.

Unfortunately, as doctors are able to spend less and less time with their patients, patients must become educated, and serve as their own advocates. You should know your vaccination record, and you should remember to discuss what you might need with your doctor, as vaccination needs vary according to prior immunization schedules, and different medical conditions.

Here is a rough guide for adult immunizations:

Tetanus, diphtheria (Td): If you haven't had at least three tetanus and diphtheria-containing shots sometime in your life (usually given in childhood) you need them now. You also need a booster every ten years. If you sustain a deep or dirty wound, you'll

need a tetanus shot if you haven't had one in the previous five years.

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Pneumococcal (Pneumovax): All adults age 65 or older need a single pneumovax for life-time immunity. Persons under 65 with chronic medical conditions such as diabetes, liver disease, pulmonary disease, cancer, HIV, or suppressed immune systems need one too. If pneumovax is given before age 65, a second dose is often indicated.

Measles, Mumps, Rubella (MMR): You need at least one dose of MMR if born in

1957 or later. You may also need an additional dose. Sometimes blood work can be done to determine immunity if you are unsure.

Varicella (chickenpox): If you are an adult, and have never had chickenpox, you should get vaccinated now.

Influenza: A yearly dose is recommended if you have a chronic health problem, are a health care worker, live in a chronic care facility, or have contact with people who are at high risk.

Meningococcal: Typically advised for persons with certain

immune deficiencies such as asplenia; and if you are a young adult going to live in a college dorm., ask your doctor if you need it.

Hepatitis A: Typically recommended for individuals with chronic liver disease, and before international travel.

Hepatitis B: Also recommended for persons with liver disease, as well as health care professionals, and those with certain high-risk behaviors.

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