

PREVENTIVE MEDICINE

Richard Burns M.D.

"Disease prevention through the use of screening tests and promoting healthy behavior"

I. Common office issues

- Immunizations
 - Tetanus and diphtheria toxoids
 - Influenza
 - Pneumonia
 - Other in selected groups (MMR, Hep A & B, Varicella)
- Tobacco/ETOH/other addictions
- Counseling
 - Stress management
 - Depression/anxiety
 - Safe sex/STDs
 - Injury prevention
 - Dental hygiene
 - Diet/Nutrition/Vitamin supplements
 - Exercise
- Specific disease (HTN, DM, Cholesterol, & Cancer)
 - Hypertension-Check BP every 2 years in normotensive adults
 - Diabetes-Check FBS every 3 years at age 45, or earlier if high-risk*
 - *Guidelines per NIH
 - Cholesterol-Check random total cholesterol and HDL starting at age 20.
 - If <200, check q 5 years
 - If 200-240 and no CAD risk factors, check in one year
 - If 200-240 with CAD risk or >240, obtain FLP*
 - *Guidelines per NCEP
 - Osteoporosis-Discuss HRT/Ca⁺⁺ supplement/DEXA scan
 - Cancer-See below
- Further lab/other investigations to consider in certain risk groups
 - HIV
 - Syphilis
 - HGB/Hct
 - TFTs
 - PPD
 - ECG
 - DEXA
 - Vision/hearing screen
 - MMSE

Examples of Preventive Care NOT Routinely Recommended for Asymptomatic,
Normal-Risk Individuals



Vaccinations for Adults

You're NEVER too old to get shots!

Many adults don't know they are supposed to get immunized against diseases. They think shots are for kids. There are millions of adults in this country who need influenza, pneumococcal, tetanus, and other shots. Are you one of them?

Getting immunized is a lifelong, life-protecting job. Make sure you and your health care professional keep your shots up-to-date! Don't leave your clinic without making sure that you've had all the shots you need.

Influenza "flu shot"	The "flu shot" is recommended every fall for: people age 65 or older; women who will be in their 2nd or 3rd trimester of pregnancy during flu season; residents of long-term care facilities; people younger than 65 who have medical problems such as heart or lung disease (including asthma), diabetes, kidney disease, or an immune system weakened by disease, medication, or a physical condition; and for those who work with or live with any of these individuals.		
Pneumococcal "pneumococcal shot"	The "pneumococcal shot" is recommended one time at age 65 (or older if it was not given at 65). This shot is also recommended for people younger than 65 who have certain chronic illnesses. Some individuals with particular health risks will need a one-time revaccination dose 5 years later. Consult your doctor.		
Tetanus, diphtheria (Td) often referred to as "tetanus shot"	If you haven't had at least 3 basic tetanus-diphtheria shots in your lifetime, you need to complete the series listed below:	And then all adults need a booster dose every 10 years	
Hepatitis A (Hep A) for those at risk*	first dose now	second dose one month later	third dose six months after the second dose
Hepatitis B (Hep-B) for those at risk*	first dose now	second dose one month later	third dose is usually given five months after the second dose
Measles, mumps, rubella (MMR)	One dose is recommended for those born in 1957 or later if that person has not been previously vaccinated. (A second dose of MMR may be required in some work or school settings, or recommended for international travel.) People born before 1957 are usually considered immune.		
Varicella (Var) for those who have never had chickenpox	first dose now	second dose 4-8 weeks later	

Consult your health care professional to determine your level of risk and need for this vaccine.

Do you travel outside the United States? If so, you may need additional vaccines, including hepatitis A. Consult your doctor or nurse about recommended and/or required vaccines. The Centers for Disease Control and Prevention operates an international traveler's immunization hot line. Call 404-332-4559 to obtain information about required and/or recommended shots for your destination.

Item #P4030 (10/97)

Summary of Recommendations for Adult Immunization - side 1

Adapted from the Advisory Committee on Immunization Practices (ACIP) by the Immunization Action Coalition with review by ad hoc team - October 1997

Vaccine name and storage temperature	For whom it is recommended	What is the usual schedule?	Schedule for those who have fallen behind	Contraindications and precautions*	Rules of simultaneous administration	Route
Influenza "flu shot" 35-46°F 2-8°C	<ul style="list-style-type: none"> • People who are 65 years of age or older. • People under 65 with medical problems such as heart disease, lung disease, diabetes, renal dysfunction, hemoglobinopathies, immunosuppression, and/or those living in chronic care facilities. Adults working or living with these people should be vaccinated as well. • Healthy pregnant women who will be in their 2nd or 3rd trimesters during the influenza season. • Pregnant women who have underlying medical conditions should be vaccinated before the flu season, regardless of the stage of pregnancy. • Anyone who wishes to reduce the likelihood of becoming ill with influenza. 	<ul style="list-style-type: none"> • October through November is the optimal time to receive a flu shot to maximize protection, but the vaccine may be given at any time during the influenza season. 	<ul style="list-style-type: none"> • May be given anytime during the influenza season, including the winter months, as long as cases are still occurring in the community. 	<ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine, to any of its components, or to eggs. • Moderate or severe acute illness. 	<ul style="list-style-type: none"> • Can give with all others but at a separate site. 	IM
Pneumococcal "pneumococcal shot" 35-46°F 2-8°C	<ul style="list-style-type: none"> • All adults 65 years of age and older. • People under 65 who have chronic illness or other high risk factors including chronic cardiac and pulmonary diseases, anatomic or functional asplenia, chronic liver disease, alcoholism, diabetes mellitus, CSF leaks. Others at high risk include immunocompromised persons including those with HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, or nephrotic syndrome, those receiving immunosuppressive chemotherapy (including corticosteroids), and those who received an organ or bone marrow transplant. 	<ul style="list-style-type: none"> • Routinely given as a one-time dose. • Revaccination is recommended 5 years later for people at highest risk of fatal pneumococcal infection, or if the 1st dose was given prior to age 65. 		<ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components. • Pregnancy, unless risk of disease is greater. • Moderate or severe acute illness. 	<ul style="list-style-type: none"> • Can give with all others but at a separate site. 	IM or SC
Hepatitis B (Hep-B) (HBV) 35-46°F 2-8°C	<ul style="list-style-type: none"> • Many high-risk adults need vaccination including: household contacts and sexual partners of hepatitis B carriers; users of injectable drugs; heterosexuals with more than one sexual partner in 6 months; men who have sex with men; patients in hemodialysis units; recipients of certain blood products; health care workers and public safety workers who are exposed to blood; clients and staff of institutions for the developmentally disabled; inmates of long-term correctional facilities, and certain international travelers. Note: Prior serologic testing may be recommended depending on the specific level of risk and/or likelihood of previous exposure. <i>Editor's note: It is especially prudent to screen individuals who have emigrated from endemic areas. When HBsAg "carriers" are identified, offer them appropriate disease management. In addition, their household members and intimate contacts should be screened and, if found susceptible, vaccinated.</i> 	<ul style="list-style-type: none"> • Commonly used timing options for vaccination: 0, 1, 6 months; 0, 2, 4 months; 0, 1, 4 months 	<ul style="list-style-type: none"> • There must be one month between doses #1 and #2, and two months between doses #2 and #3. Overall there must be at least four months between doses #1 and #3. • If the series is delayed between doses, do not start the series over. Simply continue from where you left off. 	<ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components. • Moderate or severe acute illness. 	<ul style="list-style-type: none"> • Can give with all others but at a separate site. 	IM
Hepatitis A (Hep-A) 35-46°F 2-8°C	<ul style="list-style-type: none"> • Adults who travel outside of the U.S. (except for Northern and Western Europe, New Zealand, Australia, Canada, and Japan). • People with chronic liver disease; drug users; men who have sex with men; people with clotting disorders; people who work with hepatitis A virus in experimental lab settings (this does not refer to routine medical laboratories); and food handlers where health authorities or private employers determine vaccination to be cost-effective. Note: Pre-vaccination testing is likely to be cost effective for persons >40 years of age as well as for younger persons in certain groups with a high prevalence of HAV infection. 	<ul style="list-style-type: none"> • #1 • #2: If using Havrix, give second dose 6-12 months after the first dose. If using Vacta, give second dose 6 months after the first dose. 	<ul style="list-style-type: none"> • #2 dose should be given no sooner than 6 months after #1. 	<ul style="list-style-type: none"> • Previous anaphylactic reaction to this vaccine or to any of its components. • Moderate or severe acute illness. • Safety during pregnancy has not been determined, so benefits must be weighed against potential risk. 	<ul style="list-style-type: none"> • Can give with all others but at a separate site. 	IM

For specific ACIP immunization recommendations refer to the full statements which are published in the *MMWR*. To obtain a complete set of ACIP statements, contact your state health department or call 800-232-2522. The references most frequently used in creating this table include recent ACIP statements, *General Recommendations on Immunization*, *MMWR*, 1/28/94, and *Update on Adult Immunization*, *MMWR*, 1/11/91.

* Note: While moderate or severe acute illness is reason to postpone vaccination, mild acute illness is not.

This table was developed to combine the recommendations of adult immunization onto one page. It was devised especially to assist health care workers in determining appropriate use and scheduling of vaccines. It can be posted in immunization clinics or clinicians' offices. The table will be revised approximately once a year because of the changing nature of national immunization recommendations.

Item #P2011 (10/97)

Summary of Recommendations for Adult Immunization - side 2

Vaccine name and storage temperature	For whom it is recommended	What is the usual schedule?	Schedule for those who have fallen behind	Contraindications and precautions*	Rules of simultaneous administration	Route
Td (Tetanus, diphtheria) 35-46°F 2-8°C	After the primary series has been completed, a booster dose is recommended every 10 years. Make sure your patients have received a primary series of 3 doses.	Booster dose every 10 years after completion of the primary series of 3 doses.	The primary series is: • #1 given 1 month later • #2 given 6-12 months after #1.	• Previous anaphylactic reaction to this vaccine or to any of its components. • Moderate or severe acute illness.	Can give with all others but at a separate site.	IM
MMR Measles, Mumps, Rubella 35-46°F 2-8°C	• Adults born in 1957 or later need one dose of the MMR, if there is no proof of immunity or documentation of a dose given on or after 1st birthday. • Adults in high-risk groups, such as health care workers, students entering post secondary schools, and international travelers may need a second dose. Note: Adults born before 1957 are usually considered immune but proof of immunity may be considered for health care workers.	• #1 recommended, is given no sooner than 1 month after #1. • #2, if recommended, is given no sooner than 1 month after #1.	#2 may be given as early as 1 month after dose #1.	• Previous anaphylactic reaction to this vaccine, or to any of its components. (Anaphylactic reaction to eggs is no longer a contraindication to MMR, so skin testing isn't needed prior to vaccination.) • Pregnancy or possibility of pregnancy within 3 months. • HIV positivity is NOT a contraindication to MMR except for those who are severely immunocompromised. • Immunocompromised: includes cancer, leukemia, lymphoma, immunosuppressive drug therapy, including high dose steroids. • If blood products or immune globulin have been administered during the past 11 months, consult the ACIP recommendations regarding time to wait before vaccinating. • Moderate or severe acute illness. Note: MMR is NOT contraindicated if a PPD test was done recently. However, PPD should be delayed if MMR was given 1-30 days before the PPD.	Can give with all others but at a separate site. If varicella is not given at the same time, space varicella and MMR at least 30 days apart.	SC
Varicella "Chickenpox shot" (Var) 5°F -15°C or colder	• All susceptible adults should be vaccinated. Note: Adults with reliable histories of chickenpox (such as self or parental report of disease) can be assumed to be immune. For those who have no reliable history, serologic testing may be cost effective to determine immunity since most adults are immune.	All adults need two doses: Give dose #2 4-8 weeks after dose #1.	• Give #2 no sooner than 4 weeks after #1.	• Previous anaphylactic reaction to this vaccine or to any of its components. • Pregnancy, or possibility of pregnancy within 1 month. • Immunocompromised persons due to malignancies and primary or acquired immunodeficiency including HIV/AIDS. Note: For those on high dose immunosuppressive therapy, consult ACIP recommendations regarding delay time. • Moderate or severe acute illness. Note: Manufacturer recommends that salicylates be avoided for 6 weeks after receiving varicella vaccine.	Can give with all others but at a separate site.	SC or IM
Polio vaccine IPV 35-46°F 2-8°C	Not routinely recommended for adults 18 years of age and older. Note: Adults living in the U.S. who never received or completed a primary series of polio vaccine, need not be vaccinated, unless they intend to travel to areas where exposure to wild-type virus is likely. Health care workers should have completed a primary series.	Refer to ACIP recommendations regarding unique situations, schedules, and dosing information. If polio vaccine is indicated for adults, IPV is generally preferred.		Refer to ACIP recommendations.		

* Note: While moderate or severe acute illness is reason to postpone vaccination, mild acute illness is not.

Your comments are welcome. Please send them to Lynn Baha, PHN, or Deborah Wecker, MD, Immunization Action Coalition, 1573 Sady Ave., Suite 234, St. Paul, MN 55104, 612-647-9009, fax 612-647-9131, mail@immunize.org.

The Coalition thanks William Atkinson, MD, Tamara Kiser, BS, Gregory Gilmer, MD, John Grabenstein, MS Pharm, Neal Halsey, MD, Muriel Hoyt, BSN, Sam Katz, MD, Anne Kaelin, PHN, Edgar Marcuse, MD, Margaret Morrison, MD, Craig Shapiro, MD, Ray Strikas, MD, Walter Williams, MD, and Richard Zimmerman, MD, for their review and comments on this table. Final responsibility for errors or omissions lies with the editors.

1. follow the rules of the road. If you follow the rules of immunization, you won't get lost!

