

IMMUNIZATIONS

The Problem

It is always disturbing when a young child is incapacitated by a disease. It is heartbreaking when the disease leaves the child maimed or dead. But it is infuriating when the infection could have been prevented by simple immunization.

By age two, a child should be immunized against diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, measles, mumps, rubella (German measles), Hepatitis B, and a severe flu (Haemophilus influenzae type b). The worldwide averages for immunization have reached an impressive 80 percent, but the actual immunization levels of two-year-olds are often considerably below this. For example, in the United States, the immunization rate for two-year-old children was 67 percent (CDC, 1995).

Generally, children don't get vaccinated because barriers prevent parents from making the arrangements. These barriers include: lack of public transportation, incomplete medical records on the children, advance appointment requirements, limited office hours at the clinic, long waiting times, requirements for comprehensive physical examinations, and limits on the number of immunizations given per day. Some parents have inadequate insurance or job benefits to have their children immunized. And others don't understand the need for immunizations. Even when children are in offices or clinics, doctors sometimes miss the opportunity to update immunization records and provide vaccines if children are behind.

Ideally, children should receive their immunizations as part of a comprehensive health care program. But

children cannot afford to wait as systems are created or improved. This bulletin outlines what a club can do to define and respond to local needs for immunizations now.

What Kiwanis Can Do

Working in partnership with government agencies, medical groups, and other concerned service organizations Kiwanis clubs can make sure that all young children in the community are fully immunized.

The World Health Organization estimates that 3.2 million children a year are saved from death by immunizations. Further immunization efforts can save lives of an additional 2 million children each year.

Getting Started

Gather the Experts

To learn about immunization needs in your community, you will need to gather the experts on health issues at a meeting. Contact the heads of the county or district health department, hospital pediatric departments, and clinics that provide immunizations; invite them to meet with members of your Kiwanis club and other community leaders to discuss the level of immunizations among two-year-olds. This can be an informal meeting

which helps you learn whether Kiwanis help is needed in the area of immunizations. There are five basic questions that can be asked:

1. Do parents understand the need for immunizations?
2. Are immunization services readily available?
3. Are there barriers to receiving immunizations?
4. Are immunizations free or low cost?
5. Is there a tracking system to make sure every child is fully immunized?

Identify the Needs

You may conclude that the first thing the club should do is work with the health department to gather statistics on the number of children under school age who need to be immunized. This will involve gathering records on the number of young children in the community (comparing birth records, health records, census data, and school records) and comparing them to immunization records (from the health department, clinics, hospitals, and pediatricians). Confidentiality of the medical records will complicate this process, but you can develop reasonable estimates of the number of children needing immunizations.

As you help the health department gather and analyze this data, you also can be developing a list of families to contact about having their children immunized. This experience may provide insights about the need for an unified, comprehensive method of maintaining immunization records and tracking children. Discuss whether you could help the health department develop and put in place such a system.

A survey of families with young children will help you understand what parents know about the need for immunizations, what has kept them from immunizing their children, and whether they would bring them to an immunization site. Make sure the survey is conducted in several different public places or neighborhoods and truly reflects the economic and cultural diversity of the community.

Build the Partnership

Armed with data, you can educate community leaders and build a partnership or coalition to immunize young children. Invite business leaders, officers of service clubs and other civic organizations, government agencies and organizations that help families and children, clergy, the health department, clinics, hospitals, doctors, nurses, and other health providers. Explain the need for an immunization effort to make sure that every child is fully immunized by age two. Ask how they would be

willing to help and who would represent them at meetings of an immunization partnership.

CREATING THE PROGRAM

Planning the Components

The program the coalition develops will depend on the size of the community, the level of need for vaccinations, attitudes of families, and the immunization barriers identified by families. There are four possible problems that the partnership may have to address:

Education/Public Awareness—In some cases parents don't know why their children should be immunized. In other cases, the challenge is publicizing when and where immunizations are available and perhaps offering incentives to interest families.

Greater Access to Immunization—Parents don't take their children to be immunized because they don't have transportation, they've moved from one community to another, they have no medical records on the children, or they cannot afford it. The program that is supposed to help families immunize their children may throw up administrative barriers by setting hours that prevent working parents from bringing their children, requiring appointments that must be made weeks in advance, requiring a medical exam, or scheduling appointments that make families wait for hours.

More Immunization Resources—Limited personnel, equipment, space, sites, vaccine, ultimately a lack of funding, may hamper efforts.

Tracking—To make sure that every child is fully immunized by age two, the coalition will need to develop a system to track the children who are born or move into the community. This will require a uniform, shared record system and a contact-with follow-up procedure for every family with young children.

The coalition will need to identify which problems it is addressing and assign tasks to various coalition members. In the sections below are possible strategies your club can offer to implement.

PUBLICITY AND AWARENESS ACTIVITIES

Working with the Media

Probably the best way to garner heavy publicity for immunization efforts is to ask one newspaper, radio station, and television station to join the coalition or partnership and become official sponsors of the effort.

Print Public Service Ads—First, ask local newspapers to run public service advertisements and op-ed pieces that explain the need for immunizations and outline the recommended schedule. Then, ask them to run public service ads for the immunization event or new clinic hours where vaccinations are available.

News stories—Contact news directors at radio and TV stations or city desk editors at papers and arrange for news stories and interviews on immunizing children. Use the statistics gathered during the needs analysis and have a doctor or nurse explain what immunizations are necessary at each age.

Press Conference—Hold a press conference to announce the results of your needs analysis and recommendations for all parents. Schedule it for mid-morning on a week day when no important events are planned. Use your best speakers (preferably with experience in front of TV cameras) from the partnership as spokespeople. Arrange for public officials or local celebrities to participate.

Plan the agenda carefully so the entire event lasts no more than 20 minutes. Keep introductions short and get to your messages quickly. At the end of the official announcements, leave time for questions. Then, offer individual interviews with your spokespeople.

Send an invitation to your press conference at least a week in advance. Follow up with a phone call.

Radio PSAs—Give radio stations typed scripts for public service announcements that remind parents about the importance of immunizing children. Describe your immunization event or clinic location and hours.

Television PSAs—Ask television stations to air the Kiwanis immunization public service announcements. Details about your local activities can be added to the end of the announcements. Simply borrow a tape from the Kiwanis International Public Relations Department and ask each station to make its own copy, adding local information to the end of the announcement.

Other Ways to Publicize Immunizations

Flyer—Create and print a flyer for posting and distribution that announces where and when vaccinations will be available and the recommended immunization schedule. Place the flyers in government and private agencies that serve families, health clinics, child care centers and homes, churches, grocery stores, pharmacies, schools, toy stores, and any other place families might see it.

AAP—The American Academy of Pediatrics has several pieces of information on immunizations. Check out the AAP website for their latest catalog. Or contact them at: AAP Division of Public Education, 141 Northwest Point Blvd., Elk Grove Village, IL 60007; (800) 433-9016, ext. 6757. 847/4344000 Fax: 847/434-8000 www.aap.org

Baby Bottles—The Kiwanis Club of Nacogdoches, Texas, gives a baby bottle to new parents that has printed on its side an immunization message. A club could have the immunization schedule or clinic phone number and address put on baby bottles, too.

Businesses—Ask employers to urge their employees to immunize their children. If the company holds employee meetings, ask to have a representative speak at one.

Houses of Worship—Ask clergy to announce the availability of immunizations or organize a phone program to all members of the congregation who have small children.

Direct Contacts—Send letters or make phone calls to the parents of every child who has received a birth certificate, been born in a hospital, or been christened in the past three to four years.

Children who fall behind in their booster shots are most likely to do so at 15 to 18 months.

Providing Incentives

Entertainment—Arrange to have entertainment at the event. This could be a music or puppet group, story teller, clown, magician, or theater troupe.

Celebrity—Feature the star of a local sports team, a radio or television personality, or a famous mascot or spokesperson (Ronald McDonald, Bugs Bunny, or Jeffrey the Giraffe, for example).

Location—Hold the immunization event at a site that will draw children, such as a fast food restaurant, playground, toy store, or movie theater.

Existing Event—If there's an event that draws families every year, arrange to make the immunization effort part of the larger event.

Give-A-ways—Solicit donations from businesses and coupons for free food from fast-food restaurants. Then, publicize and offer prizes at your immunization event. Or, guarantee a prize for the child or the family when the entire immunization schedule is completed.

PROVIDING ACCESS

Transportation

If transportation to a health clinic is the major barrier to immunization, Kiwanis clubs can provide service directly or serve as the catalyst for creation of a transportation system to serve the needs of the community.

Rides by Appointment—If appointment-by-phone or transportation request systems exist, a club could commit to providing a volunteer once a week to transport families to and from immunization appointments. Or, an on-request program could be implemented so that requests would be referred to the club. The volunteer driver would then work directly with the family to make arrangements.

Regular Routes—In a larger area, it might be necessary to schedule a regular rotation of routes. For instance, the first Thursday of a month, a driver would pick up families in the northern part of the county. The second Thursday would serve the west, and so forth.

Special City Bus—If a greater need for transportation to a health clinic can be documented, it may be possible to persuade a city to set up a special bus route one Saturday a month or one night each week to cover the area served by the clinic.

Purchasing a Van—Some Kiwanis clubs have purchased a van for use by health facilities that need to provide transportation on a daily basis.

Client-Oriented Service

Phones—Volunteers can answer phones, make appointments, and call families to remind them that it's time to come in or make an appointment for the next immunization.

Post Cards—Several club members could put together a post-card mailing once every few weeks to remind families that it's time for another check-up and immunization.

Extra Hours—If a clinic needs to open additional hours in the evening or on a weekend, volunteers can help with registration, paperwork, and other supportive tasks.

IMMUNIZATION EVENT

Improving services and tracking may be the long-term solutions to increasing the level of immunization among young children, but the community can “catch up” with children who are not immunized currently by holding a large-scale event. The purpose of an event is to draw hundreds, or even thousands, of families to a special site for a one-day immunization program. This will get children onto an immunization track, and families can be instructed about where to go for future vaccinations.

Donations of Materials—Collecting in-kind donations will be the first challenge. Chances are that the health department and clinics will not have all the medical supplies (or a budget to purchase them) for a large-scale event. Target a specific number of children to immunize. Then, solicit supplies from hospitals, pharmacies, and medical supply companies.

Paper, printing, and incentive gifts also may be solicited. Kiwanis contacts should prove helpful for arranging these donations.

Facility—The location for the event should be easy to reach, have enough space to handle the expected crowd (entertainment/waiting area, processing area, immunization area, parking), rest rooms, facilities to prepare vaccines, and phone lines. It may be wisest to hold the event at an existing health clinic and use additional space in the building. Events have been held in shopping malls, schools, churches, and parks. The team that chooses the site, draws up the floor plans, and makes the equipment list should include medical personnel (for knowledge of vaccine holding,

preparation, and immunizations), records-keepers (to plan the paperwork processing system for the event), and the people who will oversee the greeting, waiting, and entertainment areas.

Renting and Borrowing—The necessary material will depend on the size, location, and style of the event. Tables, chairs, ropes and stanchions, and pipe and drape will probably be needed. Extension cords, lights, a small refrigerator, sink, tent, and portable rest rooms may be needed for outdoor locations. A sound system and small stage may be helpful. This equipment should be lent to the event, and that will require a committee of solicitors contacting businesses throughout the community. Make sure every contributor is listed on the flyers handed out at the event, press releases, and a large sign at the registration area.

The day before the event, teams of volunteers should collect the items, bring them to the site, and set them up. Then, immediately after the event, the same teams will take everything apart and haul it away.

Staffing the Event— Since medical personnel should handle only the medical concerns during the event, several groups will be necessary:

1. Sign hangers to put up signs and posters that direct people to the correct street or parking area.
2. Greeters at street corners or parking areas to direct families to the immunization site.
3. Records keepers to register each family as it arrives (and behind-the-scenes records keepers to integrate this information into the health department system).
4. Waiting area attendants to help families find seats, provide children with games, puzzles, or other entertainment, give parents information on immunizations, and answer any questions.
5. Escorts to help families move to the immunization area.
6. Assistants for the doctors and nurses.
7. Departure clerks to thank the family for coming, present any coupons or prizes, explain how to get future immunizations (and perhaps qualify for some other incentive gift), and ask how future immunization events could be improved.

Follow-up

After the immunization event, members of the partnership or coalition should meet to evaluate the event and note improvements for future efforts. They

also will need to make plans to publicly thank donors and workers in letters, newspaper ads, and club meetings. The partnership may want to hold an awards dinner to thank supporters of the effort.

The immunization event also may set the stage for a discussion of how to institutionalize the immunization process. It will give the health system a large group of families that it will need to continue working with to make sure children are fully immunized. Volunteers can help with the development and mailing of letters of congratulations or thanks to the children and their families. They can prepare reminder notices to be sent to families when the next vaccination is due.

These mailings also provide an opportunity to survey the families, learn what other health needs exist, and link them to services that can help.

ADDITIONAL RESOURCES

The coalition may conclude that the health system requires more resources in order to provide additional immunizations and accomplish its other objectives. The challenge will then be to develop those resources.

Advocacy

The best long-term solution will be to change the regulations or funding formula for the health system in the community to ensure that immunizations and other primary health care are higher priorities. To bring about this kind of basic change, the coalition will need to educate the public and its elected leaders—and to keep the problem in the public mind until changes are made.

The public awareness campaign can use many of the strategies described above, including press conferences, public service announcements, and flyers. The messages to convey are the lack of resources (supported by statistics) and ways the problem can be solved. Since the campaign will run over several months, the coalition may want to divide the messages and focus on the problem at the beginning, later shifting to addressing solutions. This provides additional opportunities for publicity-garnering announcements.

Also, the coalition can schedule community meetings, where everyone in the community is invited to come and learn more. Representatives of the coalition can offer to speak to other organizations in the community, from the chamber of commerce to church groups.

Personal meetings or closed briefing sessions for public officials at the beginning of the campaign will provide elected leaders an opportunity to prepare their responses.

Fund Raising

If a one-time fund-raising effort will provide the funds for needed medical materials, the partner organizations can work together on it. The more people working on fund-raising, the greater the potential. The specific fund-raising activity needs to be one that the entire coalition can support enthusiastically.

Collection Efforts—Placing coin canisters in businesses (and later collecting them) or posting solicitors (perhaps with peanuts or happy face pins) at entrances to businesses or street corners can raise an impressive amount of money in one day. However, the amount raised is directly related to the number of people involved.

High-Ticket Events—Some organizations raise funds with upscale events (dances, dinners, auctions) where a single ticket may be \$50, \$100, or even more. The two challenges are to have contacts to sell to the likely supporters of such an event and to solicit successfully the in-kind donations that keep expenses low.

Low-Ticket Events—A sports event, chili cook-off, or concert can be an effective fund-raiser if the coalition can pre-sell enough tickets and publicize the event so heavily that the general public responds with interest.

In-Kind Donations

If the needs identified are more office space, additional equipment, or more sites, members of the coalition can organize teams to solicit assistance from companies. A company that plans to upgrade the level of its personal computers or remodel its office may be persuaded to make a charitable contribution of its old equipment.

A company operating in a neighborhood targeted for a clinic site might be willing to set aside some space for a clinic. Or, if there are several unrented store fronts on one block available from the same real estate company, it may be willing to offer a site rent-free for a year, in the hopes of drawing paying clients once the block looks busier.

Success in soliciting these donations would probably lead to a need for additional donations of building supplies, wiring, electrical outlets, and light fixtures.

And, of course, volunteers would be needed to remodel the future clinic site.

Volunteers

If the coalition is broad-based, there will be several sources of volunteers for whatever needs are identified: mailings, phone support, records entry, appointments secretary, publicity coordinator, filing, cleaning and painting, outreach efforts (door-to-door surveys, home visitation programs), computer instruction, financial analysis, or management advice.

As a volunteer system develops, it will be important to involve an increasing number of volunteers from the community being served. This will give the neighborhood a sense of ownership in the clinic, and it will increase the effectiveness of outreach efforts. It is also important to remember that volunteers burn out or fade away, so a system for regular recruitment and training must be in place.

Tracking

Tracking is probably the greatest challenge to developing an ongoing system that ensures all two-year-olds are fully immunized. In the United States, a number of health departments on the state and county levels are now trying to develop tracking systems that use available computer and information resources. Members of the partnership may be able to help in such an effort.

In Lynchburg, Virginia, the Kiwanis club has worked on a tracking system with the county health department for several years. The club developed a program it calls “Baby Saver” with a computer program for tracking immunizations, a manual on its use, and publicity materials. It is now selling this kit for \$2,500.

EDUCATIONAL MATERIALS

The following organizations have education materials on immunizations that range from handout items to videos to posters, etc. Please contact these organizations for additional information.

Immunization Education and Action Committee
National Healthy Mothers, Healthy Babies Coalition
121 North Washington Street, Ste. 300
Alexandria, VA 22314
Phone: 703/836-6110
Fax: 703/836-3470
Email: info@hmhb.org
Web: www.hmhb.org

National Partnership for Immunization
121 North Washington Street, Ste. 300
Alexandria, VA 22314
Phone: 703/836-6110
Fax: 703/836-3470
Email: npi@hmhb.org
Web: www.partnersforimmunization.org

National Association of County and City Health
Officials (NACCHO)
1100 17th Street, Second Floor
Washington, DC 20036
Phone: 202/783-5550
Fax: 202/783-1583
Web: www.naccho.org

Pennsylvania Chapter of the AAP
Dayton Building, Suite 220
610 Old Lancaster Road
Bryn Mawr, PA 19010
Phone: 484/446-3000 Main Number
484/446-3007 Immunization Education
Fax: 484/446-3255
Web: www.paaap.org

Information/Distribution Center (E-34)
National Immunization Program
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
Phone: 404/639-3534
800/311-3435
Fax: 404/639-8614
Web: www.cdc.gov

The Advertising Council
261 Madison Avenue, 11th Floor
New York, NY 10016
Phone: 212/922-1500
Fax: 212/922-1676
Email: info@adcouncil.org
Web: www.adcouncil.org

Every Child By Two
666 11th Street NW, Ste. 202
Washington, DC 20001
Phone: 202/783-7034
Fax: 202/783-7042
Email: info@ecbt.org
Web: www.ecbt.org

National Network for Immunization Info
301 University Blvd
CH 2.218
Galveston, TX 77555-0351
Phone: 409/772-0199
Fax: 409/747-4995
Email: nnii@i4ph.org
Web: www.immunizationinfo.org

Public Awareness Campaign Flyer

Parents: Protect Your Children from These Nine Killers!

- Polio** They crippled and killed kids for centuries. Not now. Your child can be immunized
- Tetanus** against all nine of these deadly diseases.
- Whooping Cough** Some of these killers attack little babies. So don't wait. When your baby your
- Measles** baby reaches two months, take him/her in for his/her first vaccinations.
- Mumps**
- German Measles** If your child is already older, don't wait any longer. Start immunizing him/her tomorrow.
- Hepatitis B**
- Haemophilus** To learn more or set up an appointment, call your family doctor or your County health department at _____.
- Influenzae b** Free immunizations are available. Don't wait.

Sponsored by All Their Shots While They're Tots.
A campaign to immunize all the children in Iron County.

Sample Poster

Come to the Immunization Sensation

Free immunizations for all children.
Coupons to McDonald's for each participating child.
Autographs from Green Bay Packer Tom Robbins.
Free balloons.
Puppet shows and story tellers.

Saturday, April 24

10:00am - 3:00pm
in the K-Mart parking lot, 86th Street and Michigan Road

Saturday, May 8

10:00am - 3:00pm
in the Walker Building, Monroe Street and 12th Avenue

**Protect your children from nine childhood diseases
and have a good time with them, too!**

For more information about immunizations, call 555-8929.
Sponsored by the Wesley Kiwanis club, K-Mart, the Walker Company, and the Lake County Health Department.

For Immediate Release

Contact: Escanaba Kiwanis
Douglas Adams, Chairman
555-3421

All Their Shots While They're Tots

In Iron County, hundreds of children are unprotected from preventable diseases, according to a study by the Iron County Immunization Action Partnership. Health experts recommend that every child should be immunized against nine common diseases by age two, but more than 700 local kids between two and six aren't fully immunized. Another 300 children under age two are already behind on their immunization schedules.

“We have the potential for a serious outbreak of a childhood disease, such as measles,” declares County Health Commissioner Jim Merit. “We must take action to protect them from these preventable illnesses that can disable and kill.” The largest outbreaks of measles in decades have occurred over the past three years, infecting 55,000 children and killing 150.

The Immunization Partnership plans to develop a public education campaign that will culminate in a special immunization week. During that week, immunizations will be offered at sites across the county. The Immunization Partnership also plans to develop a tracking system to ensure that all children born in the county become fully immunized.

The Iron County Immunization Partnership was formed by the Kiwanis Club of Escanaba three months ago to investigate the level of immunizations among children in Iron County. Twelve organizations are now in the Immunization Partnership, and spokesperson Jim Merit says they hope more organizations will join.

The next meeting of the Partnership will be at the United Methodist Church of Escanaba, 114 S. Main St., at 7:30 pm on Tuesday, January 26. Everyone interested in helping the partnership is welcome. For more information, contact Douglas Adams at 555-8787.

Sample Proclamation

Proclamation of Immunization Month

There are now nine contagious diseases for which effective childhood vaccines exist. However, three in ten infants and toddlers are going without adequate childhood immunizations, leaving them at risk for life-threatening or disabling illnesses.

This tragic toll of unnecessary outbreaks of preventable childhood diseases must be reversed. Children can be vaccinated against measles, mumps, rubella, polio, diphtheria, pertussis (whooping cough), tetanus, haemophilus influenza type b, and hepatitis B through a series of shots beginning as early as birth. We cannot wait until a child enters school to vaccinate against these diseases; infants and toddlers are at highest risk.

Each of us who cares for children—families and health care givers alike—and all of us who care about children as our most precious resource must make this commitment: none of our children shall go without the health protection so easily obtained through age-appropriate immunizations.

During this special month—and throughout the year we must emphasize the importance of childhood immunizations and take the necessary steps to make such immunizations available to all infants and children.

Now, therefore, I, William B. Baggins, Mayor of Frodo City,

do hereby proclaim May 1993 as

Child Immunization Month

In witness whereof, I have hereunto set my hand this first day of May

in the year of our Lord nineteen hundred and ninety-four.

Sample Radio Public Service Announcements

All Their Shots While They're Tots

30 seconds

Do you remember the stories of the old days when children were crippled by polio and killed by measles? Well, the old days will be the new days if our children don't get immunized. If you're not sure your kids are fully immunized, call your family physician or the county health department at 555-7249. All their shots while they're tots!

A message from this radio station and the Iron County Immunization Action Partnership.

15 seconds

Yes, your boy may cry when he's immunized. Sure, the baby may be fussy for a day or two. But if they get their shots, they won't get hit by diseases that could leave them deaf, paralyzed, or even dead. Call 555-7249 for an appointment.

A message from this radio station and the Immunization Action Partnership.

15 seconds

You can keep nine deadly diseases from ever bothering your baby. Just take your baby in for immunizations at 2, 4, 6, 12, and 18 months. To learn more or make an appointment, call 555-7249.

A message from this radio station and the Kiwanis Club of Ironwood.

15 seconds

You can't give your kids the powers of Superwoman or Spider Man, but you can give them the power to fight off nine deadly diseases. Make sure they get fully immunized. Call 555-7249 for an appointment.

A message from this radio station and the All Their Shots While They're Tots campaign.

15 seconds

Polio cripples and kills. So do measles, tetanus, and six other preventable diseases. You can protect your children from all of them. Just make sure they're fully immunized. Call 555-7249 to make an appointment.

A message from this radio station and the All Their Shots While They're Tots campaign.

Immunization Fact Sheet

Immunizations

Immunizing children protects them from diseases that can kill or permanently disable (physically or mentally). Every year 3.2 million children survive because they have been immunized. Another 2 million die because they were not immunized. Giving more than one vaccine at the same time will not increase reactions to the immunizations.

Diphtheria

- Easily spread through coughing or sneezing
- Early symptoms are a sore throat, slight fever, and chills.
- Can interfere with swallowing and cause suffocation.
- Can cause heart failure or paralysis if allowed to go untreated.
- Can be prevented with the DTP (Diphtheria, Tetanus, Pertussis) vaccine.

Tetanus (Lockjaw)

- Enters the body through a wound.
- Produces a poison which attacks the body's nervous system.
- Symptoms are headache, irritability, and stiffness in the jaw and neck.
- Eventually causes muscle spasms in the jaw, neck, arms, legs, and abdomen.
- May require intensive hospital care.
- In the U.S., three of every 10 people who get tetanus die from it.
- It is preventable through the use of DTP vaccine.

Pertussis (Whooping Cough)

- Highly contagious.
- Causes severe spells of coughing which can interfere with eating, drinking, and breathing.
- Complications may include pneumonia, convulsions, or encephalitis (inflammation of the brain).
- In the U.S., about 65% of reported cases occur in children under age five.
- In recent years, an average of 3,500 cases have been reported in the U.S.
- It is preventable through the use of DTP vaccine.

Polio

- Serious cases cause paralysis or death.
- Mild cases cause fever, sore throat, nausea, headaches, and stomach aches. Pain and stiffness in the neck, back, and legs also occur.
- Can be prevented by immunization with OPV (oral polio vaccine), a weakened strain of live polio virus that's drunk in a liquid.

Measles

- Highly contagious.
- Causes a rash, high fever, cough, runny nose, and watery eyes, lasting for one or two weeks.
- Causes ear infections and pneumonia in one out of every 20 children who get it.

- Causes encephalitis (inflammation of the brain) in one out of every 1,000 who get it. This can cause convulsions, deafness, or mental retardation.
- Of every 1,000 children who get measles, one or two will die.
- A person not immunized with MMR (Measles, Mumps, Rubella) vaccine will most likely contract the disease during his/her life.

Mumps

- Causes fever, headache, and inflammation of the salivary glands, resulting in swelling of cheeks or jaw.
- One out of every 10 who get mumps may develop meningitis (inflammation of the coverings of the brain and spinal cord). Sometimes causes encephalitis.
- Can result in permanent hearing loss.
- MMR vaccine prevents this disease.

Rubella (German Measles)

- Most serious in pregnant women; with an infection early in pregnancy, there is an 80% chance it will cause birth defects in the unborn child.
- Symptoms include mild discomfort, slight fever for 24 hours, and a rash on the face and neck, lasting for two or three days.
- MMR vaccine prevents this disease.

Haemophilus influenzae type b (Hib Disease)

- Strikes one child out of 200 before age five and few after age five.
- More serious in infants under one year of age.
- Causes pneumonia and infections of the blood, joints, bones, soft tissues, throat, and the covering of the heart.
- Causes meningitis in about 12,000 children per year; about one in four suffers permanent brain damage, and about one in 20 dies.
- Hib vaccine prevents this disease.

Hepatitis B Virus

- Infants born to HBV-infected mothers have up to an 85% chance of getting the infection.
- HBV infection is spread within families and communities.
- Infection at birth or during early childhood can result in long-term chronic illness.
- Chronically infected persons can develop chronic liver disease and a rare form of cancer.
- HBV vaccine prevents this disease.

Reproduce this page and distribute it to parents.

10 Things You Need To Know About Immunization

1. *“Why should my child be immunized?”*

Children need immunizations (shots) to protect them from several dangerous childhood diseases. These diseases have serious complications and can even kill children.

2. *“What diseases do vaccines prevent?”*

- Measles
- Mumps
- Polio
- Rubella (German measles)
- Pertussis (Whooping cough)
- Diphtheria
- Tetanus (Lockjaw)
- Haemophilus influenzae type b (Hib disease)
- Hepatitis B

3. *“How many shots does my child need?”*

The following vaccinations are recommended by age two and can be given in five visits to a doctor or clinic:

- 1 vaccination against measles/mumps/rubella (MMR)
- 3-4 vaccinations against Hib (a major cause of spinal meningitis)
- 3 vaccinations against polio (OPV)
- 4 vaccinations against diphtheria, tetanus, and pertussis (DTP)
- 3 vaccinations against Hepatitis B

4. *“Are the vaccines safe?”*

Serious reactions to vaccines are extremely rare but do occur. However, the risks of serious disease from not vaccinating are far greater than the risks of serious reaction to the vaccination.

5. *“Do the vaccines have any side effects?”*

Yes, possible side effects can occur with vaccination: slight fever, rash, or soreness at the sight of injection. Slight discomfort is normal and should not be a cause for alarm. Your health care provider can assist you with additional information.

6. *“What do I do if my child has a serious reaction?”*

If you think your child is experiencing a persistent or severe reaction, call your doctor or get the child to a doctor right away. Write down what happened and the date and time it happened. Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Report form or call 1-800/338-2382.

7. *“Why can't I wait until school to have my child immunized?”*

Immunization should begin at birth and most vaccinations completed by age two. By immunizing on time, you can protect your child from being infected and prevent the infection of others at school or at day-care centers. The young are especially susceptible to disease because their bodies have not built up necessary defenses to fight infection.

8. *“Why is a vaccination health record important?”*

A vaccination health record helps you and your health care provider keep your child on schedule. A record should be started at birth when your child should receive his/her first vaccination and updated each time your child receives the next scheduled vaccination. This information will help you should you move to a new area, change health care providers, or enroll your child in day-care or school. Remember to bring this record with you every time your child has a health care visit.

9. *“Where can I get free vaccines?”*

The Vaccines for Children Program will provide free vaccines to needy children. About 60 percent of children are eligible, including those without health insurance coverage, all those who are eligible for Medicaid, and Native Americans/Alaskan natives.

10. *“Where can I get more information?”*

You can call the National Immunization Hotline for further immunization information at 1-800/CDC-2522 (English) or at 1-800/CDC-0233 (Spanish).

Child Immunization Record Card for Parents

Adapt this card to local needs. Make sure the immunization schedule is the one followed by your county health department. Put the name of your club or coalition on the card. Then, print the card on heavy stock and distribute to families.

Please note that two alternate back samples are provided. Sample A lists immunizations by type; Sample B lists immunizations by date. Choose either sample to use on the back of your club's immunization record card.

Card Front

Immunization Record Card

Name _____ Birth Date _____

Use this card to keep track of your child's vaccinations. On each line, there is a recommended time for each vaccine. Write the date of each vaccination next to the recommended age. If you fall behind, DON'T STOP. Keep taking in your child until all lines are filled—and immunizations are complete.

LIST ANY ALLERGIES OR REACTIONS TO VACCINES HERE:

Card Back—Sample A

Record month/day/year for each vaccine.

DTP	Hib (type _____)	MMR
2mo. _____	2 mo. _____	12-15 mo. _____
4mo. _____	4 mo. _____	4-6 yr. _____
6mo. _____	6 mo. _____	
12-18 mo. _____	12-15 mo. _____	Td
4-6 yr. _____		11-16 yr. _____
Polio	Hepatitis B	Others
2 mo. _____	0-2 mo. _____	_____
4 mo. _____	2-4 mo. _____	_____
6-18 mo. _____	6-18 mo. _____	_____
4-6 yr. _____		_____
	TB Test	_____
	12 mo. _____	_____

Card Back—Sample B

Record the Dates of Your Child's Immunizations

2 Months	6 Months	4-6 Years	
D-T-P _____	D-T-P _____	D-T-P Boost. _____	
Polio _____	Polio _____	Polio Boost _____	D=Diphtheria
Hib _____	Hib _____	M-M-R _____	Hib=Haemophilus B
Hep B _____	Hep B _____		Hep. B=Hepatitis B
			M=Measles
4 Months	12 Months	14-16 Years	M=Mumps
D-T-P _____	TB Test _____	D-T Booster _____	P=Pertussis
Polio _____			R=Rubella
Hib _____	15 Months	Other	T=Tetanus
Hep. B _____	M-M-R _____	_____	TB=Tuberculosis
	D-T-P _____	_____	
	Hib Booster _____	_____	

**Please contact the
Center for Disease Control
Or your local medical provider
For an updated
Immunization schedule.**

Centers for Disease Control and Prevention
16000 Clifton Road
Atlanta, GA 30333
404/639-3311
www.cdc.gov

Public Inquiries
404/639-3534
800-311-3435



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