...Getting Immunized will Protect Ourselves as well as the Children We Care For.

About NAPNAP
The National Association of Pediatric Nurse Practitioners (NAPNAP) is the professional association for PNPs and other advanced practice nurses who care for children. Established in 1973, NAPNAP now boasts approximately 7,000 members and has been actively advocating for the children’s health by providing funding, education, and research opportunities to PNPs; influencing legislation that affects maternal/child health care; and producing and distributing educational materials to parents and families.

Our Mission
NAPNAP’s mission is to promote optimal health for children every day through the application of leadership, practice, advocacy, education, and research. We strive to educate healthcare providers about the importance of becoming immunized to protect the health and well-being of those we serve – infants, children, and teens. NAPNAP’s members also focus their education efforts on families, teachers, and other professionals who come into contact with children. Together, we can work toward the immunization and protection of the children not only in our care but throughout the nation.

FOR MORE INFORMATION ON IMMUNIZATIONS, PLEASE VISIT:

- CDC’s Adult Immunization Schedule http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/07-08/adult-schedule-6x4-5.pdf


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Immunization Recommendations

In order to preserve the health and well-being of the children we serve, NAPNAP strongly urges our members and other healthcare providers to stay current on all immunizations, and especially to receive the following vaccinations if you do not have evidence of immunity:

- Hepatitis B
- Influenza (annually)
- Measles, mumps, and rubella (MMR)
- Tetanus, diphtheria, and pertussis (Tdap)
- Varicella

Why Immunization is CRITICAL for Those Who Care for Children

According to the Centers for Disease Control (CDC), disease prevention is the key to public health. Vaccines prevent disease in the people who receive them as well as in those unvaccinated individuals with whom they come in contact. It is well known that vaccines prevent infectious diseases and save lives. In spite of these facts, thousands of people, including healthcare workers, choose not to get immunized. WHY? The most common reason is misinformation about the safety and reliability of vaccines. Following are some of the most common myths (and FACTS!) about immunizations.

Common Immunization Myths

**INFLUENZA/FLU**

**FLU MYTH #1:** The flu shot can cause the flu.  
**FACT:** False. The viruses in inactivated influenza vaccines have been killed, so you cannot get influenza from the vaccine. It takes up to two weeks for protection to develop, and it lasts up to one year.

**FLU MYTH #2:** Healthcare workers are not at risk for getting the flu because we’ve been exposed to so many germs that we are immune to everything.  
**FACT:** False. Healthcare workers can have an increased risk of exposure to the flu and other diseases due to the nature of the job.

**FLU MYTH #3:** Many staff members in the facility where I work don’t get vaccinated against the flu-so, if I get vaccinated, it won’t make a difference.  
**FACT:** False. You can demonstrate your leadership by getting vaccinated against the flu and show that the quality of patient care is important to you. The CDC recommends an annual flu vaccination, especially for adults at high risk of complications from the flu and those with whom they are in contact. Flu infections have been documented in health care settings, and healthcare workers have been implicated as the potential source of these infections. Annual flu vaccination is the best way to prevent the flu virus infection and its complications.

**FLU MYTH #4:** The flu vaccine doesn’t work.  
**FACT:** False. The ability of the flu vaccine to protect a person depends on the age and health status of the person getting the vaccine, and the similarity or “match” between the virus strains in the vaccine and those in circulation. The closer the match between the circulating strains and the strains in the vaccine, the better the protection. Even if not an exact match, the vaccine will provide some protection and may reduce the severity of the illness.

**FLU MYTH #5:** The flu is annoying but harmless.  
**FACT:** False. Influenza is a serious disease of the nose, throat and lungs, and it can lead to pneumonia. Each year about 200,000 people in the U.S. are hospitalized and about 36,000 people die because of the flu. Children less than two years old are at high risk as the elderly.

**FLU MYTH #6:** If you haven’t gotten the flu vaccine by November, there’s no point getting vaccinated.  
**FACT:** False. Plan to get the influenza vaccine in October or November as soon as it is available if you can. However, getting vaccinated in December or later will still help-and you should get the vaccine for as long as illnesses are occurring in your community. Influenza can occur anytime from November through May but often peaks in January or February.

**PERTUSSIS**

**PERTUSSIS MYTH #1:** I am not at risk for pertussis, so I do not need the vaccine.  
**FACT:** False. The incidence of pertussis has increased dramatically in the past three years, especially in adolescents and adults. Healthcare workers are at high risk for acquiring and transmitting pertussis, especially to infants and toddlers who are more vulnerable to severe complications and even death.

**PERTUSSIS MYTH #2:** The side effects from the vaccine are worse than the disease.  
**FACT:** False. The side effects of acellular pertussis vaccine are no greater for adults than for children. Local reactions include pain, redness and swelling at the injection site. Systemic reactions include mild fever, headache and fatigue.

**PERTUSSIS MYTH #3:** I already had a pertussis immunization or had pertussis as a child, so I don’t need the vaccine.  
**FACT:** False. Individuals with a history of pertussis should still receive the vaccine. The immunity of individuals with either natural or vaccine-induced immunity can decrease.

**PERTUSSIS MYTH #4:** I just had a Td vaccine so I cannot get the Tdap vaccine.  
**FACT:** False. A two year interval since the last Td vaccine is suggested, but not required. If the vaccine is given within a shorter interval there is no associated harm.

**PERTUSSIS MYTH #5:** Pertussis is a harmless respiratory infection for adults.  
**FACT:** False. Adults can suffer significant illness from pertussis and its complications, such as pneumonia, rib fractures and syncope.

**PERTUSSIS MYTH #6:** I am trying to get pregnant, so I should not get the Tdap vaccine.  
**FACT:** False. No evidence exists demonstrating whether Tdap in pregnant women harms the fetus or increases risk for adverse pregnancy outcomes. The decision to vaccinate a pregnant woman using Tdap should be made on a case-by-case basis, depending upon the woman’s risk of exposure and possibility of contracting pertussis.