

New School Immunization Requirements

by Melinda G. Rowe, MD, MPH, MBA

In keeping with current recommendations by the Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the American Academy of Family Physicians, Kentucky has revised the required immunization schedule for children to attend day care centers, preschool programs, and public and private schools for the 2001-02 school year.

Pursuant to Kentucky Administrative Regulation 902 KAR 2:060, changes are as follows:

Hepatitis B Vaccination - Three (3) doses of hepatitis B vaccine are required for:

- Any child born on or after 10/1/92.
- Any child entering the 6th grade.

Varicella (chickenpox) Vaccination - one (1) dose of varicella vaccine is required for:

- Any child at least 19 months of age up to 7 years of age, unless a parent, guardian, or physician states that the child has had chickenpox disease.

Measles, Mumps, Rubella Vaccination - Just a reminder that two doses of MMR are required for:

- Any child born on or after 10/1/90.
- Any child entering 6th through 12th grade, who does not already have this completed.

Tetanus-Diphtheria School Requirement

Due to the current severe shortage of adult tetanus-diphtheria (Td) vaccine, the school requirement for routine Td boosters during adolescence has been temporarily suspended. Therefore, provided the child has documentation of a complete baseline tetanus-diphtheria series, the school requirement for a routine 10-year Td booster (usually due between the ages of 14-16 years) should be deferred until 2002 when supplies of Td are expected to become more readily available. When this routine booster is deferred, a green provisional immunization certificate should be provided for the school record. Children who have been deferred MUST have the required booster not later than the first day of the 2002-2003 school year.

Supplies of Td vaccine should become more readily available early in 2002, and it is recommended that this

deferred dose be administered as soon as possible after vaccine becomes more available.

Pediatric formulations of diphtheria-tetanus (DT) and diphtheria-tetanus-acellular pertussis vaccine (DTaP) should not be used as a substitute for Td vaccine for persons aged 7 years or older.

During the shortage, the priorities that are indicated by the CDC for Td uses are as follows:

- Persons who are traveling to a country where the risk of diphtheria is high;
- Persons requiring tetanus vaccination for prophylaxis in wound management;
- Persons who have received fewer than 3 doses of any vaccine containing Td;
- Pregnant women who have not been vaccinated with Td during the preceding 10 years.

Other requirements - Children attending day care or school programs, who are 49 months of age and less than 5 years of age must have a booster of diphtheria-tetanus-pertussis (DTaP), polio (IPV), the second dose of measles-mumps-rubella (MMR) on or after the 4th birthday. This means that children already enrolled in day care, school programs, or any other licensed child care setting MUST get these boosters when they turn four years of age in order to remain in the program.

While not yet required by Kentucky for entrance into school or day care, the Advisory Committee on Immunization Practices has recommended that the conjugate pneumococcal vaccine (Prevnar) become part of the routine immunization schedule for newborns and that it also be given on a catch-up basis to children under age two.

If the first dose is given between 2-6 months of age, three doses are required 2 months apart and the fourth dose at 12-15 months of age. If the first dose is given between 7-11 months of age, two doses are required at least two months apart and a booster dose at 12-15

months of age. If the first dose is given between 12-23 months of age, two doses are required at least 8 weeks apart. If the first dose is given between 24-59 months of age no other doses are necessary.

The vaccine is now covered under the Vaccines for Children Program and is also covered by most insurance carriers. If you have any questions about the new vaccine requirement, please phone the Rockcastle Co. Health Center at 606-256-2242.

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Early Breast Cancer Detection

The Rockcastle Co. Health Department has the ability to instruct in a method of Breast Self Examination called MammaCare. MammaCare training arms women with skills to find potentially cancerous tumors, early, before they spread and become deadly.

For years people believed that it was possible to learn the skill of breast examination by reading pamphlets or watching videos. Because breast examination is a tactile skill learning to do it well also requires special training involving the sense of touch.

The MammaCare Method of Breast Examination is highly effective because MammaCare's tactually accurate breast models teach fingers what to feel for.

Just how effective is MammaCare? The chart below shows comparative sizes of lumps found by people with various levels of training. These findings are derived directly from a number of published medical studies and are referenced on the reverse side of the MammaCare Lump Charts.

The average size lump found by accident by women untrained in BSE is 3.6 cm (about the size of a ping pong ball).	
The average size lump found by women occasionally practicing conventional BSE is 2.5 cm.	
The average size lump found by women regularly practicing convention BSE is 2.0 cm.	
The suggested standard for clinical breast examination is 1.0 cm.	
The size routinely found by clinicians or women practicing MammaCare is 0.5 cm.	
The probable lower limit of lump size detectable by clinicians or women practicing MammaCare expertly is 0.3 cm.	

In order to achieve these levels of sensitivity, our fingers must learn the feel of normal nodular breast texture and of any changes such as lumps or tissues thickening that might require attention. MammaCare accomplishes this with the aid of a model that is so lifelike it has been used to calibrate mammography machines!

After receiving MammaCare training and practicing your tactile skills on the MammaCare breast model, you will be able to perform a thorough and proficient breast examination. Unless you have been trained with this model and had the opportunity to practice on it, you have not learned MammaCare and you will not be as skilled as you could be.

For more information regarding the MammaCare Method of Breast Self Examination, please contact Diana Napier at the Rockcastle Co. Health Dept. at 256-2242.

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