

Spring 2017

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Safety

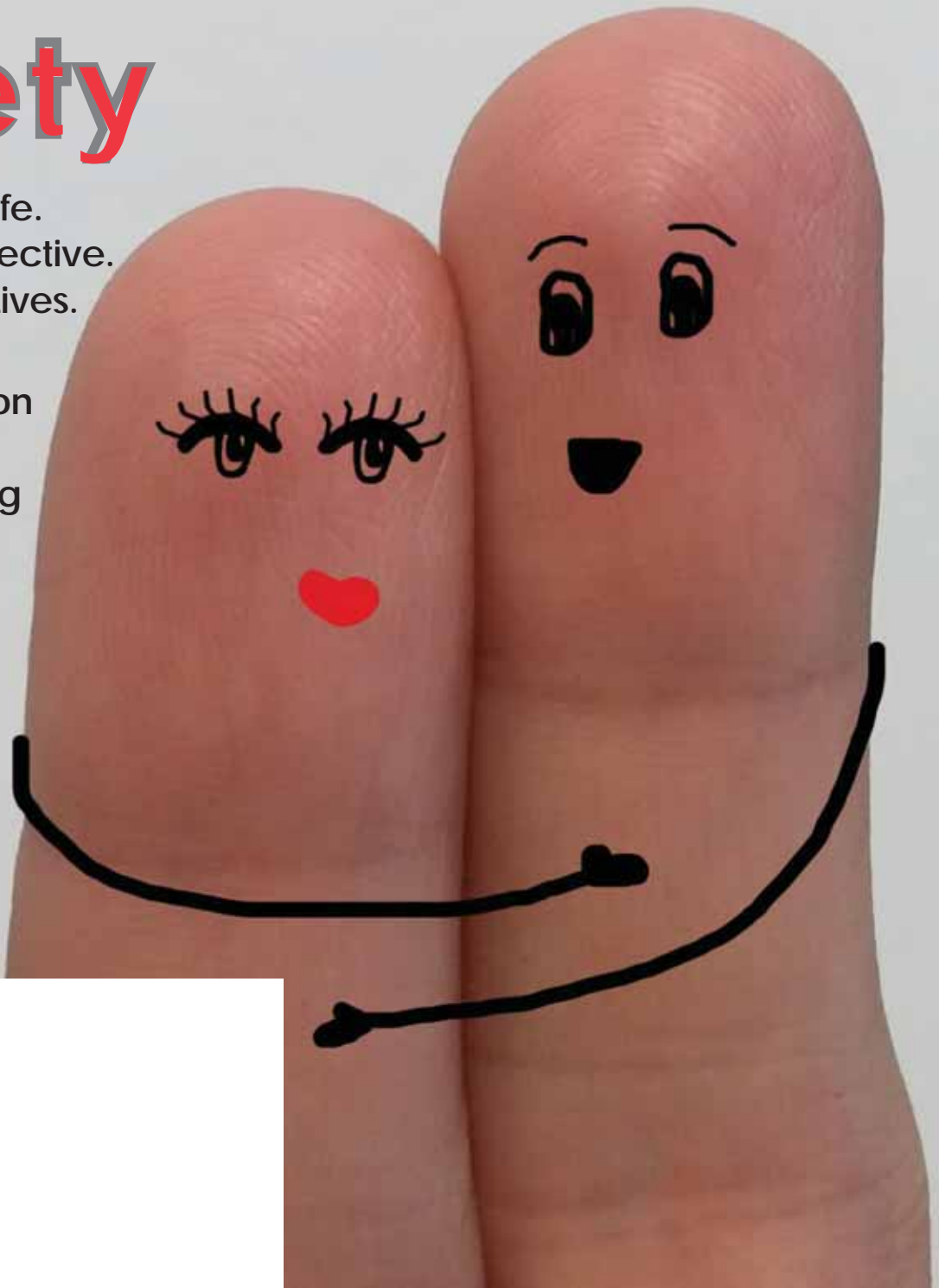
Vaccines are Safe.
Vaccines are Effective.
Vaccines Save Lives.

Deadly Distraction

Safely Navigating
Allergies

New Advances
in Stroke Care

Bicycling Fun
and Safety



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MEET OUR AUTHORS



Rick Constantino, MD

Deadly Distraction - page 6

Dr. Constantino has been an internal medicine physician in Rochester for over 35 years. In addition to having a full-time practice, he has been the President of the Rochester General and Genesee Hospitals. He has also been the President of the Rochester General Hospital Medical Dental staff and is currently a Senior Advisor and Consultant to Rochester Regional Health. Under his leadership, Rochester General Hospital was the first hospital in the country to mandate seatbelt use in 1984, in advance of the New York State mandate. He was involved in the creation of *Doctors Against Distracted Driving*, one of the first programs in the US to deal with driving distracted and cell phone texting issues. Dr. Constantino has been involved with a community youth program that has achieved 100% graduation rate from high school in the city. He has worked on a variety of programs to diminish youth violence and is currently involved on the Mayor's heroin committee. He received the Werner Koll-Morgan award for community engagement from Nazareth College and was recently awarded the Albert David Kaiser Medal from the Rochester Academy of Medicine.

Mary L. Dombovy, MD, MHS

New Advances in Stroke Care - page 8

Dr. Dombovy is the Vice President of the Neuroscience Institute at Rochester Regional Health, which includes the Golisano Restorative Neurology and Rehabilitation Center at Unity Hospital in Rochester NY. She graduated from Mayo Medical School in 1981 and is Board Certified in both Neurology and Physical Medicine and Rehabilitation. Dr. Dombovy completed her Master's in Health Systems Administration in 2001.



Brian Heppard, MD

Bicycling Fun and Safety - page 11

Dr. Heppard is board certified in family medicine, geriatrics, and palliative medicine. His work has included all settings of care including house calls in patients' homes, office based primary care, and hospitals. He served as faculty at the University of Rochester, and in administrative roles with Jewish Senior Life, Sidney Hillman Health Center, and Optum. He is currently on staff at St Ann's Community. Outside of medicine he is a passionate fly-fisherman and cyclist, diligently seeking ways to combine the two.

Anatole Kleiner, MD, FAAAAI

Safely Navigating Allergies - page 12

Dr. Kleiner is board certified in allergy, clinical immunology, and rheumatology. He is in private practice at Allergy, Asthma, Immunology of Rochester, PC. Dr. Kleiner is a fellow of the American Academy of Allergy Asthma and Immunology and clinical assistant professor in the Department of Medicine at the University of Rochester.



Carolyn Cleary, MD, FAAP

Vaccines are Safe. Vaccines are Effective. Vaccines Save Lives. - page 14

Dr. Cleary is a primary care pediatrician and partner at the Elmwood Pediatric Group. She is also the President of the American Academy of Pediatrics New York Chapter 1. She served on the MCMS Physician Communication Task Force. She is on the board of AHP. Her practice website, www.elmwoodpediatrics.com, includes helpful links to pediatric-related patient education websites.



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Message from the President

Safety is in Your Hands



Peter Ronchetti
President
Monroe County
Medical Society

“The biggest turning points in a person’s life come when they make a mistake, or when they don’t take the safe route — which is when you learn the most about becoming an adult.”

Safety takes on many facets when you are a patient or a physician. It can involve managing a chronic disease or an acute injury, it can mean being there for a family member in need during a medical crisis. Being a hand surgeon, it’s easy to talk about safety with power tools as I see many injuries associated with them. I have no problem discussing safety with a butcher who injures herself with a knife. What’s much harder is talking about how patients manage safety in their everyday lives.

No physician wants to preach to their patients, but that is often what we are tasked with doing. When I think of safety, I don’t think of being a physician, I think of being a father. To me, safety is protecting my children whenever I can. Guidance is all we have, as parents, to give our children the best direction possible. Sometimes it’s the only thing you can do. They must take their own path, make their own mistakes, and learn from their struggles, to grow as adults. I am guilty of providing a sheltered environment for my children, attempting to steer them clear of mistakes they may make. The biggest turning points in a person’s life come when they make a mistake, or when they don’t take the safe route — which is when you learn the most about becoming an adult.

Challenges will come to all of us as we face the hurdles of raising a family, but we must learn from those events and teach others around us how to avoid the pitfalls we fell into. Safety is about caring for others; it’s about giving and receiving advice we may not want or think we need, but it’s paramount to keeping those around us safe. Communication is the pinnacle of safety. The more we understand about the condition we are treating, whether we are a physician or a patient, the better we will be at controlling something that seems, at times, uncontrollable. Be an advocate for yourself, your children, and your family. Everyone will be better off, and you will feel as though you’ve done all you can do. Sometimes that’s the best medicine.

Dr. Ronchetti has been in practice in the Rochester area for 15 years, specializing in surgery of the hand and upper extremity. In private practice at Hand Surgery Associates of Rochester, he is also a Clinical Assistant Professor of Orthopaedics at the University of Rochester. Dr. Ronchetti is a member of the American Society for Surgery of the Hand. He has been a member of Monroe County Medical Society since 2002.

Being Safe Takes a Conscious Effort



Jean V. Joseph, MD, MBA
Medical Editor
Doctor's Advice

“In a number of activities we engage in as part of our daily living, there are countless encounters where we can face harmful situations. It takes awareness and a conscious effort to behave in ways that lessen the likelihood of harm.”

In a number of activities we engage in as part of our daily living, there are countless encounters where we can face harmful situations. It takes awareness and a conscious effort to behave in ways that lessen the likelihood of harm. Being safe involves engaging in behaviors to prevent harm or avoiding risky behaviors or activities associated with danger. Being safe is about making the right decisions to avoid being harmed deliberately or accidentally.

In this era where we are constantly attached to our phone, when one thinks of unsafe decisions that can lead to harm, texting and driving is a common one that comes to mind. It takes an insignificant amount of time with our eyes off the road for the car to travel great distances to an unintended path. A number of car accidents involve drivers texting on the phone. Over 3,000 car crash fatalities over the last year were associated with distracted driving. Besides texting, talking on the phone is also classified as distracted driving as our attention is shifted to the conversation at hand. Hands-free devices do not take away the distraction caused by the conversation. With over 100 car accidents taking place daily in the country, increased awareness of the harm of distracted driving is necessary to hopefully curb this ever-increasing problem. Besides behavior modifications, new approaches are necessary to help keep our attention on the road. It certainly seems technically feasible to include a feature that deactivates the talking and texting aspects of our phones, if we are moving faster than “walking speed”. We need an automatic “driving mode” for our phones. To raise awareness of the dangers of distracted driving, the National Safety Council has named April as “Distracted Driving Awareness Month”.

As we embraced the long-awaited warmer days to enjoy the outdoors, whether through yard work, or exercise activities, countless opportunities present where we could be subjected to harm. We rush to the garage to pick up our bike equipment, to hit the trails and return where we left off. We have to ensure we are in the right physical condition and our gears are ready before returning to the trails. When beginning a new exercise activity, it is important to assess the appropriateness of one’s physical condition. An awareness of one’s cardiovascular risk factors is important, as cardiovascular diseases remain among the most common causes of preventable deaths.

In addition to risky behaviors, environmental exposures often unknown to us can be quite harmful. Those of us with allergies must be increasingly aware of the triggers, how to avoid them and how to reverse a reaction should we become exposed. Also, it is important to have regular conversations with your doctor and have access to vaccines that can help prevent many potentially deadly, contagious conditions we get exposed to. Being safe involves being aware of conditions that can be harmful to our bodies.

In this issue of *Doctors’ Advice*, which focuses on safety, our expert members address a number of these issues mentioned above. Our goals remain to raise your awareness of risky behaviors to avoid, and healthy approaches to embrace, as we seek to keep you “safe and sound”.

Dr. Joseph is a professor in the Department of Urology and the Wilmot Cancer Center at the University of Rochester Medical Center. He is the Head of the Section of Urologic Laparoscopy and Robotic Surgery, and Director of the Fellowship in endourology, laparoscopy, and robotic surgery. Dr. Joseph is also the Medical Director of Patient Family Centered Care at URMC.

Deadly Distraction

by Rick Constantino, MD

“After steady declines over the last four decades, highway fatalities last year recorded the largest annual percentage increase in 50 years. And the numbers so far this year are even worse. In the first six months of 2016, highway deaths jumped 10.4 percent, to 17,775, from the comparable period of 2015, according to the National Highway Traffic Safety Administration.”

– NY Times Nov. 2016

More than 37,000 people die in car accidents each year – a number that has been rising over the past two to three years. Accidents – led by motor vehicle accidents – are the number one cause of death in teenagers and young adults and the major cause of unexpected death in individuals considered to be “healthy.”

The disturbing increase in motor vehicle accident deaths over the past few years may be partially explained by reduced gas prices and the increased cumulative mileage traveled in an improving economy. *Newsweek* reports “one of the strongest correlations tends to be between the economy and traffic fatalities...When the economy is doing well and things are growing, we tend to see more fatalities.” When people have jobs they tend to spend more time on the road driving to work have more disposable income for vacations which often include longer drives. There were nearly 44,000 motor vehicle deaths in 2007, a number that declined as the recession proceeded. Deaths remained below 40,000 per year between 2008 and 2014, but have been increasing recently.

Miles driven doesn’t explain the total increase in deaths to approximately 12.5 per 100,000 people, up from 11.1 per 100,000 in 2014. It is generally believed that speeding, alcohol impairment and distracted driving have contributed to the rise.

Distracted driving is a major concern nationally and in our region. A Carnegie Mellon University study showed that cell phone use decreases brain activity associated with driving by 37%. A Virginia Tech study indicated using a cell phone when driving increases the chances of an accident by 23 times, and that sending or receiving a text take the driver’s eyes

off the road for approximately 4.6 seconds, the same amount of time it takes to drive the length of a football field at 55 miles per hour. Shockingly, 64% of all road accidents in the US involve a cell phone and in more than 25%, texting while driving is causal.

In the Rochester area, a coalition of nonprofit organizations, health providers led by Rochester Regional Health System, government agencies, law enforcement, business, and schools have been studying distracted driving for several years. Causewave Community Partners (formerly the Ad Council of Rochester) led a study

where 11,000 drivers were observed at high-traffic intersections across our community. Researchers only counted as distracted those drivers who were visibly using their cell phones while behind the wheel, and identified 3% of all drivers as distracted. In 2014, after intensive efforts to decrease this practice – on the part of the local coalition, the state of New York and many others – this number had dropped by one-fifth, to 2.4%. A follow up study in 2016 showed the rate to be flat compared to the previous study.

According to a Causewave study in 2016, 31% of individuals reported making or receiving a call without a hands-free device; 38% sent or received a text; 19% emailed while driving; 16% used social media while driving; and 50% had been in a near-crash situation due to someone else’s cell phone use.

When you text a driver, you increase their risk of an accident by **TWENTY-THREE TIMES*** YEAH, YOU'RE THAT DISTRACTING

Visit URthatDistracting.org to see how you can help end distracted driving.

*SOURCE: DISTRACTION.GOV

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Deadly Distraction *Continued from page 6*

Powered by changes in phone technology over the past decade, texting while driving has become a major issue in all age groups, rising more than 18-fold in a decade: in the 16 to 24 age group, from just 0.3% in 2005 to 5.8% in 2014; and among older drivers (ages 25-69), from 0.1% in 2005 to 2% in 2014.

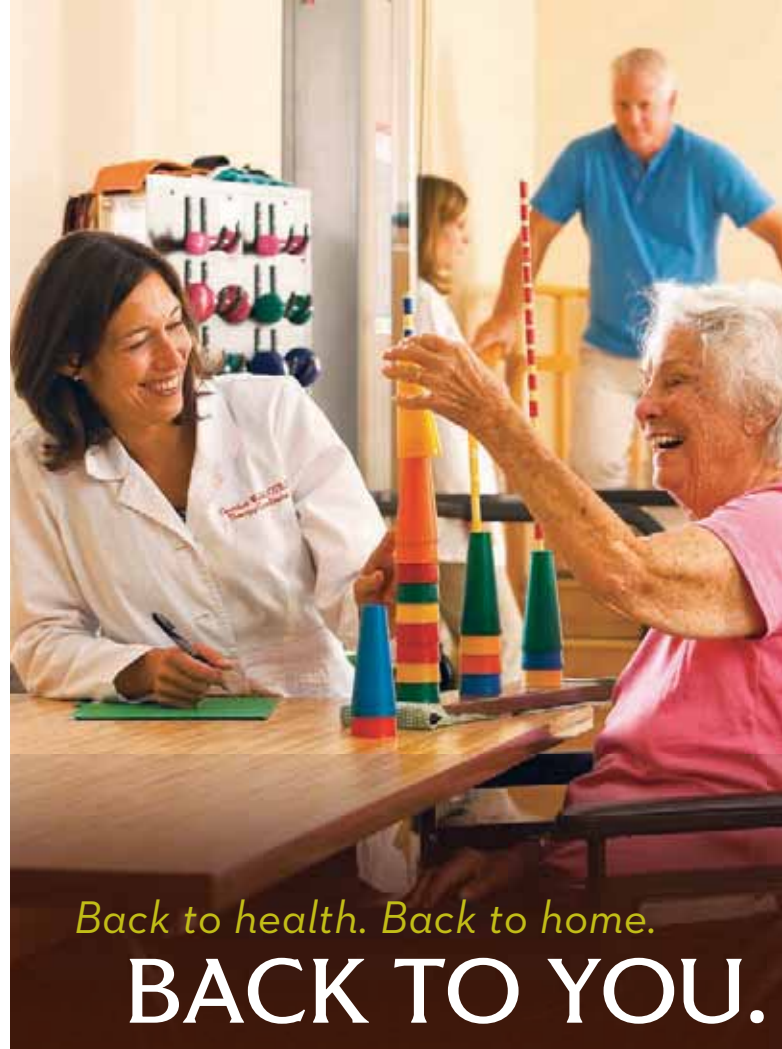
While the data continues to be daunting, community efforts are ramping up to bring this unacceptable death rate under control.

Regional statistics from surveys in our own community show that:

- 81% of people feel that it is never acceptable to use a cell phone while driving, up from 48% in 2012.
- 8% feel that it is acceptable to use a cell phone when stopped at a red light, down from 20% in 2012.
- 88% of individual surveyed are “concerned about the number of distracted driving drivers in our own area.”
- 80% of respondents indicated they are willing to stop using their cell phones when driving and
- 82% are willing to call someone back at a later time if they realized they were driving.

Distracted driving in any form increases motor vehicle accidents and death. Activities such as eating, drinking, emotional conversation, crying, manual radio station surfing, dressing, shaving, reading a newspaper, putting on make up – all activities I have observed first hand while driving – increase distraction and risk for accidents and deaths. Physician-prescribed medications and illicit drugs also can impair individuals and make them more likely to drive unsafely. But the studies all conclude that texting while driving is one of the greatest – if not the greatest – distraction while driving, even surpassing alcohol excess, to an alcohol level of .14%.

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New Advances in Stroke Care



It's important to know your risk factors and obtain treatment for them or change your lifestyle. Modification of risk factors will have the greatest impact on reducing strokes and heart attacks.

by Mary L. Dombovy, MD, MHSA

Stroke remains a leading cause of death, and perhaps more importantly, stroke is **the leading** cause of severe disability and admission to a nursing home. Stroke costs billions of dollars each year. Thus, stroke prevention and treatment are important to improving both quality of life and reducing health care costs.

Stroke is a “brain attack”. Two types of stroke exist: Bleeding into or around the brain, or “hemorrhagic stroke”, and lack of blood supply to the brain, called “ischemic stroke”. Some people may have stroke warning called a Transient Ischemic Attack (TIA). The average age of patients with hemorrhagic stroke is 60-65 years and for ischemic stroke 75 years. Stroke can occur in young adults and may be caused by heart or blood clotting problems.

Anyone with symptoms suggestive of stroke or TIA should call 911 and immediately go to an emergency room. Many of the new stroke treatments are time sensitive and time = brain. This means that the more time has passed, the more brain tissue is lost.

Lack of access to coordinated care and late arrival at the emergency room currently limit use of these therapies to 3-10% of all stroke cases.

SYMPTOMS

Stroke and TIA symptom onset is usually **sudden** (occurs over minutes to a few hours, although symptoms may fluctuate or temporarily resolve) and includes:

- Loss of vision or double vision
- Slurred speech or word-finding difficulty
- Drooling or a droopy face on one side
- Weakness of an arm, leg or both on one side
- Trouble with balance, coordination or walking
- Sudden, severe headache

All of our Rochester hospitals collaborate on stroke care, and all have protocols in place for rapid triage, diagnosis and treatment of stroke. New treatments for ischemic stroke include: tPA (what some call the “clot busting drug”) and endovascular treatments

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New Advances in Stroke Care

Continued from page 8

such as: clot retrieval devices that are threaded through an artery in an arm or leg to the artery in the brain that is occluded by a clot (thus preventing blood flow to the brain tissues); stenting or surgery for the carotid artery (one of the large arteries in your neck). Approaches to hemorrhagic stroke may include surgical removal of clots, clipping embolizing or coiling aneurysms. The number of strokes and aneurysms treatable via the endovascular approach is increasing as the design of the catheter devices improves and our understanding of stroke broadens.

Both types of stroke require acutely addressing heart arrhythmias, respiratory problems, blood pressure, blood sugar, and swallowing problems, among others.

RISK FACTORS

Risk factors for stroke are the same as those for heart attacks:

Those that can be treated:

- **high blood pressure**
- **high cholesterol**
- **diabetes**
- **smoking**
- **obesity**
- **inactivity**
- **atrial fibrillation – a heart rhythm problem**

Those that can not be changed:

- **age**
- **heredity**

It is important to know your risk factors and obtain treatment for them or change your lifestyle. Modification of risk factors will have the greatest impact on reducing strokes and heart attacks. Risk factor management is critically important if you have already had a stroke or heart attack.

Recent multicenter research identified increased physical activity as a major factor in reducing risk of stroke and in improving recovery after stroke.

Despite these efforts, many stroke patients will be left with speech impairment, weakness, incoordination, cognitive impairment to the degree that they will

need assistance with simple tasks such as walking, dressing, eating – that we all take for granted. As a result, attention is shifting to post-stroke outcome, including the mechanisms of neural repair and the pharmacologic and rehabilitative therapies that may influence recovery.

Over the past 20 years our understanding of how the brain reacts to stroke and other injuries has expanded exponentially. We have progressed from thinking that neurons in the brain have no potential for regeneration or recovery to an understanding that the brain has enormous potential to recover given the correct stimulus and environment. A number of promising therapies are emerging in the treatment of stroke, some of which may soon be paired with cell infusions, trophic factors, and other pharmacologic agents. Animal research has repetitively shown that activity (rehabilitation) is required to facilitate incorporation of these elements, and promote neuronal growth, that is ultimately associated with enhanced clinical recovery.

Although much has occurred to facilitate stroke recovery, much more needs to be done. Creative methods of care delivery and reimbursement combined are needed to facilitate implementation of treatments that we already know produce a benefit. This will require leadership from physicians both on the policy end as well as in the day-to-day management of rehabilitation programs. Rehabilitation or restorative approaches and prevention do not attract the type of research funding afforded to acute interventions. Yet, rehabilitation, education, and secondary stroke prevention have a much greater impact on stroke and the resulting economic burden than all current acute treatments combined.

Remember:

***Stroke is a “BRAIN ATTACK”**

***TIME = BRAIN**

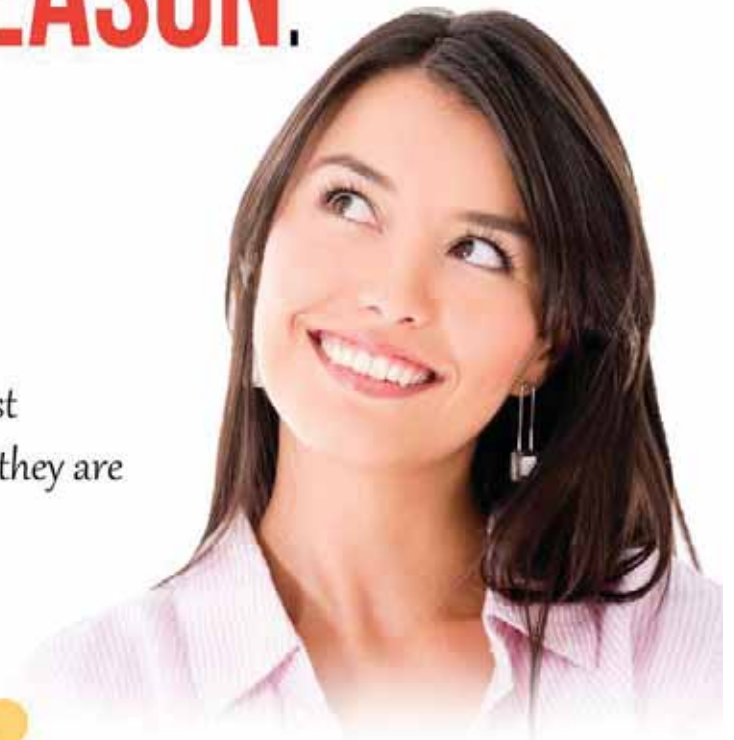
***Call 911**

***Manage your risk factors**

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YOU JUST NEED
YOUR **OWN REASON.**

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Bicycling Fun and Safety

by Brian Heppard, MD

Many of us start to think about outside activities as the days get longer and sunnier. For me and many others in our region cycling is a year round passion, but the number of cyclists on the paths, trails and roads definitely increases as spring breaks. It's never too early to start preparing for your season, and never too late to start cycling if it's something you haven't done since childhood. I still get a sense of freedom and joie de vivre when I'm on my bike. I hope the following tips might make your ride more enjoyable.

Start getting fit now. Even if you're not interested in riding outside in the colder months, there are lots of options to build fitness. Spin classes at the YMCA's and other fitness centers are social, positive energy and structured ways to build cycling specific fitness. Walking, running, snowshoeing, skating, and cross country skiing are also excellent cross training techniques. And don't forget core strength activities like yoga, stretching, pilates and tai chi. Increased core strength will serve you well when you hit the hills on your bike.

Now is also a great time to get your bike ready and will build anticipation and motivation for getting outside on the first warm day of spring. If you're not comfortable cleaning and tuning up your bike yourself, many local bike shops offer discounts for these services in the winter months. They can also be a great resource to make sure your bike fits you properly for the kind of riding you are planning to do. Nothing is more important for comfortable and safe rides than proper bike fit.

In terms of safety, visibility is paramount.

The sleek black jerseys and shorts look great in the magazines and catalogs, and may be ok if you never ride on public roads, however brighter colors will make you more obvious to both distracted and fully attentive drivers. Think white, red, orange and yellow. Also consider adding a blinking tail light for all rides, and a white front light whenever you ride in low light conditions. Bike lights are brighter and

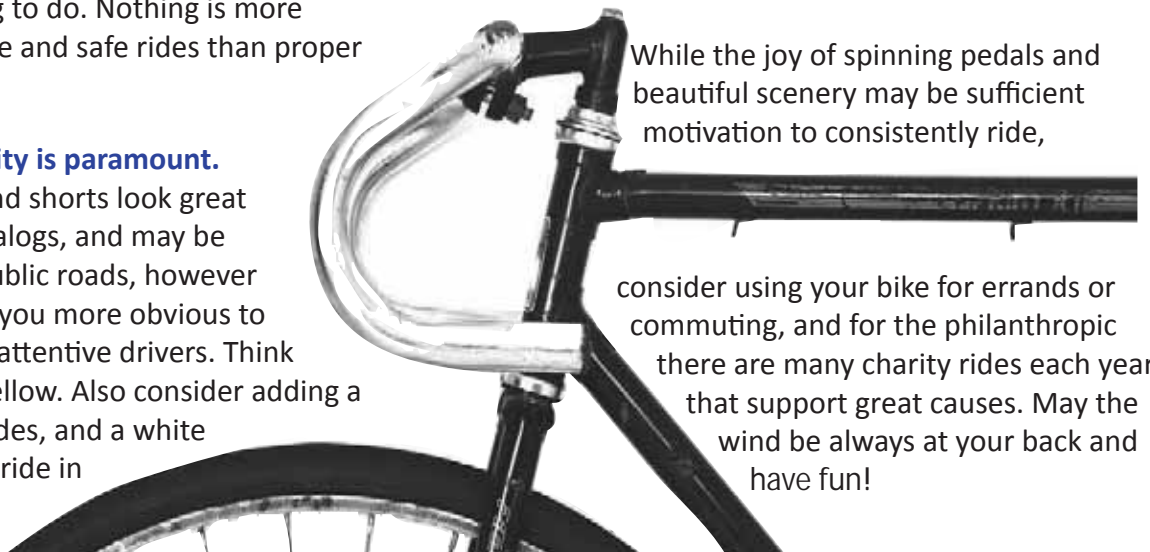
lighter than ever thanks to excellent LED technology. Finally a good fitting, properly worn helmet may be lifesaving if you are involved in a fall or accident.

Rochester and the Finger Lakes offer some of the finest roads and paths in the country for cycling. There are more bike lanes than ever within the city of Rochester, and one can be on sparsely traveled roads within minutes outside of the city. Also the Lehigh Valley Trail, Genesee Greenway and Erie Canal Towpath offer beautiful, motor vehicle free miles to explore. Several Monroe and Ontario County parks also have designated trails for mountain bike riding. Again local bike shops and the Rochester Bicycling Club (RBC) are excellent resources for maps and information. The RBC offers group rides for all speeds and distances, including "no-drop" rides for those who worry about getting behind. The RBC map set alone is well worth the modest membership fee.

Regardless of where you ride some simple rules can dramatically increase your safety. Follow the rules of the road. **Keep as far right as is practicable, don't ride against traffic, avoid sidewalks whenever possible, and "take the lane" if that is your best way to be visible and avoid hazards such as opening car doors, potholes or debris in the shoulder. On paths kindly give fair warning to walkers and runners with whom you share the resource of the path, and keep to the right to allow others to pass.** I have found a bell to be more consistently heard and respected than me shouting "on your left" as I approach a pedestrian on the Erie Canal.

While the joy of spinning pedals and beautiful scenery may be sufficient motivation to consistently ride,

consider using your bike for errands or commuting, and for the philanthropic there are many charity rides each year that support great causes. May the wind be always at your back and have fun!



Safely Navigating Allergies

by Anatole Kleiner, MD, FAACAI

An allergy, or allergic reaction, occurs when the immune system responds in an abnormal way to an otherwise innocuous substance, such as a food, pollen, or animal dander. A substance that causes allergies is called an “allergen.” The immune system produces a protein called IgE, which interacts with the allergen, and causes the body to release large amounts of histamine. It is histamine that is responsible for most of the symptoms that occur in the course of an allergic reaction. Allergies are common in the United States. For example, hay fever (characterized by runny nose, sneezing, nasal congestion, itchy and watery eyes) is estimated to affect between 7 and 10% of children and adults.

Allergic problems can be a nuisance at best, decreasing quality of life, impairing sleep, impairing concentration, and leading to missed days at work and at school. In the worst case scenario, allergies can have serious implications for long term health, leading to hospitalization and even death.

A severe or life-threatening allergic reaction is called “anaphylaxis” (an-a-fi-LAK-sis). More benign allergic reactions tend to occur on one single area of the body: the skin or mucous membranes (on the whites of eyes, inside the nose or lungs, gastrointestinal tract). However, anaphylaxis can affect multiple areas of the body simultaneously. The reaction can develop very rapidly. What begins as itching of the lips and scattered hives, can escalate into inability to breathe or swallow due to throat swelling or an unsafe drop in blood pressure over a matter of minutes. For this reason, anaphylactic reactions should be recognized and treated as soon as possible.

Anaphylactic reactions are more likely to occur with allergens that are ingested or injected into the body.

Specifically, allergens that cause the majority of anaphylactic reactions are medications, foods, and insect stings.

The best treatment for allergic problems (including anaphylaxis) is to avoid the allergen that is causing the problem. Efforts at treatment and prevention of anaphylaxis have focused on identifying individuals who are at risk for anaphylaxis along with the allergens which have caused the reaction, and making sure that those individuals have appropriate emergency treatments available.

Once a food allergy has developed, strict avoidance of the food in question is necessary. This is true even in the case of relatively mild allergic reactions to food, since the nature of the allergy can evolve over time, and initially mild reactions can escalate into life-threatening ones with repeated exposure.

Fortunately, the FDA mandates that food producers and suppliers must clearly state on the label if a food contains a “high risk” ingredient. Foods that are considered “high risk” for allergy are peanut, tree nuts, egg, milk, soy, wheat, corn, shellfish and bony fish. Once a food allergy is suspected, the presence of the allergy should be confirmed, and the patient should also be counselled to avoid similar or cross-reacting foods. For example, an individual with an allergy to shrimp would also be at high risk for allergy to crab and lobster, and should generally avoid all shellfish.

Following a suspected allergic or anaphylactic reaction to an insect sting, evaluation should be performed to confirm the allergy and identify the particular insect (honey bee, wasp, hornet, etc.) which caused the reaction. There are limited measures that can be taken to decrease likelihood of insect sting. One should avoid wearing floral colors or patterns, and take care to cover food and sugary drink containers during picnics



Safely Navigating Allergies *Continued from page 12*

or barbecues – these will often attract scavenging yellow jackets. Clear beverage containers or cups are preferred, so that one can identify any errant insects that have accidentally fallen into the drink.

All patients who have experienced an anaphylactic reaction from an insect sting or a food allergy should have available self-injectable epinephrine.

Epinephrine is the best treatment for a severe allergic reaction. This is available by prescription, under the brand names EpiPen, Auvi-Q, or as a generic equivalent. These devices are relatively simple to use and are able to inject a single dose of epinephrine (adrenaline) into the large muscle of the thigh. The self-injectors are typically dispensed with a training model device for practice, which is highly recommended. Even though the devices are designed to be simple to use, a bit of practice beforehand can help assure that things go smoothly in the face of a potentially panic-inducing allergic reaction. There is a common misconception that Benadryl and other antihistamine

medications are effective at treating anaphylaxis. While antihistamines can help decrease itching or hives, they are not effective at preventing throat swelling, low blood pressure (anaphylactic shock) and other life-threatening features of anaphylaxis. The concern is that antihistamine use may mask early signs of impending anaphylaxis, and delay the administration of injectable epinephrine. Epinephrine is a truly life-saving treatment for anaphylaxis.

In summary, if there is suspicion of a food allergy, medication allergy, or insect sting allergy, proper evaluation involves confirming the presence of the allergy, defining related foods or medications that should also be avoided, and providing appropriate emergency medications such as injectable epinephrine.

For more information about food labelling and food allergy:

www.fda.gov/Food/ResourcesForYou/Consumers/ucm079311.htm

For more information about anaphylaxis:

www.aaaai.org/conditions-and-treatments/allergies/anaphylaxis

I'm Vintage.

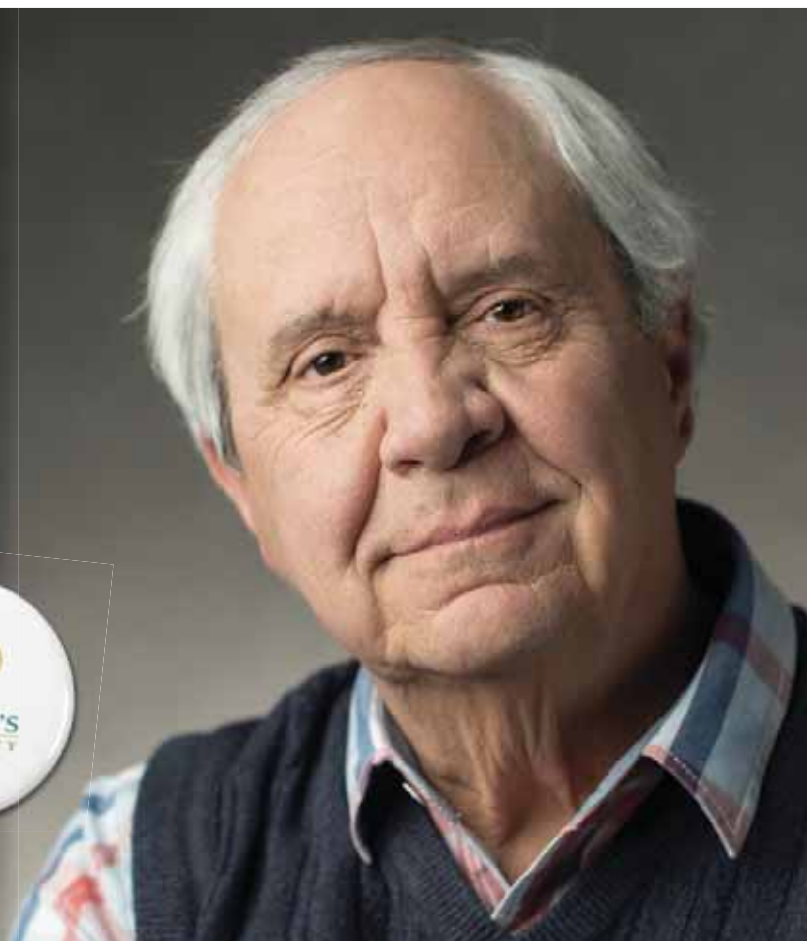
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Vaccines are Safe. Vaccines are Effective. Vaccines Save Lives.

by Carolyn Cleary, MD, FAAP

Infants, children and adults regularly receive vaccines to keep them healthy. Often people forget why vaccines matter and how important they are. In 2015 we had a real example in the United States of how serious illness is spread when people don't get vaccinated.

In 2015, 188 people (mostly children and mostly unvaccinated) in 24 states contracted measles. This outbreak started in Disney Land in California. Measles is a serious highly contagious disease causing fever, runny nose, cough, rash and sometimes pneumonia, brain infections, and death. There were deaths during this outbreak. There is a vaccine which can help prevent Measles infections – the MMR vaccine (measles mumps and rubella vaccine) – and all children should receive this vaccine at ages 12 to 15 months and 4 to 5 years. In order for the vaccine to work best, as many children as possible and ideally all children need to receive this vaccine.

A 2013 *New England Journal of Medicine* article estimated that immunizations against diphtheria, pertussis, hepatitis A, measles, mumps, rubella and polio have prevented 103.1 million cases of these vaccine preventable diseases since 1924. Some illnesses like polio we no longer see in the United States because the vaccine works so well the disease can be eliminated when enough people receive the vaccine. However, older Americans can remember the fear of getting polio, and a President who had polio and was largely wheel chair bound due to polio. Other illnesses like pertussis (whooping cough) we do see because vaccine protection can wear off as we get older. When

teenagers or young adults get pertussis they most often have a very unpleasant 90 day cough. When infants get pertussis they can stop breathing and die. So the vaccine protects babies when babies get the vaccine, and also protects babies when their caregivers and adult contacts get the vaccine.

Vaccines can even protect against cancer. The HPV (human papilloma virus) vaccine protects against 9 types of the virus which can cause cervical, anal, and oral cancer. Since the introduction of the vaccine,

rates of cervical cancer have already gone down. The vaccine has been very effective with no major side effects noted since its creation. The Hepatitis B vaccine protects against a virus which is the most common cause of liver cancer in the world.

Sometimes parents and patients worry that vaccines are not safe. Perhaps they have heard something on

the internet or a talk show or a rumor from a friend. It is important to remember that rumors and guesses don't prove whether something is safe or not. And that if two things happen at the same time that doesn't for sure mean that one caused the other. For example, if I cross the street wearing a watch and I am hit by a car – does that mean that wearing a watch causes people to be hit by cars? No, of course that is not the case.

Careful scientific studies have been done to see whether there is more illness in large groups of people who have received vaccines than in those that have not and time and again they show vaccines are safe. An English doctor had his medical license taken away after it was shown



Vaccines Are Safe. Vaccines are Effective.

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that he made up results which he said he could prove vaccines cause autism. In fact, the parent advocacy group “Autism Speaks” supports the vaccination of all children. They reference on their website the JAMA (Journal of American Medical Association) article in which over 95,000 children were examined and those children who received vaccines were not at higher risk of autism.

In my 20 years of practice I have never seen a truly serious reaction from a vaccine. Also in that time I have seen few cases of meningitis (an infection in the fluid around the brain that can be deadly), and no cases of Haemophilus influenza Type B meningitis. My partners, who have practiced just a little longer than I, had seen children die from this particular infection, and it was

pretty common. But then a very effective vaccine against this bacterium (the HIB vaccine) was created in the 1990’s at the University of Rochester. And now the vaccine is given to babies every day, saving lives every day. That is how vaccines work.

So be glad we live in the 21st Century, where we have vaccines to keep children and adults healthier and help them live longer. Feel confident that when your doctor or medical professional says you are due for an immunization, they are looking out for you!

For more information:

www.cdc.gov/vaccines

www.immunize.org

www.vaccinateyourbaby.org

Deadly Distraction

Continued from page 7

As a society, we are starting to recognize how dangerous distracted driving in any form can be. We need to work together as a community to reduce this unnecessary cause of injury, death and emotional suffering. The broad coalition formed by Causewave Community Partners is continuing initiatives to minimize distracted driving and save lives but it takes all of us being mindful of this danger to be successful. Of particular importance is ensuring that young drivers – who have much higher incidence of injury and death in distracted accidents – never start this deadly behavior. To learn more, visit www.urthatdistracting.org to learn more about this topic and how you can help.

Since the launch of the “Yeah, You’re That Distracting” effort, more than 20 local school districts have used this campaign to address distracted driving on their campuses. Several have even required completion of an online course to obtain a parking pass.

“Yeah, You’re That Distracting” is a community impact initiative of Causewave Community Partners and is made possible by Allstate, Rochester Regional Health, Isaac Heating and Cooling, the Rochester Area Auto Dealers Association, Empire State Safety Instructors and Roberts Communications.

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