

Immunizations Every Child Needs Before Starting School

Learn what immunization shots your child needs to begin school.

All states require proof of immunization before children can attend school. Proof consists of a written record that shows the month, day and year that your child was immunized. You'll need this written proof when your child enrolls or registers for school.

State laws vary as to which ones are needed, but most states require proof that your child has received at least the following:

- Tetanus, diphtheria and pertussis, or tetanus and diphtheria vaccines
- Polio vaccines
- Measles, mumps and rubella vaccines

Back-to-School Checklist: Immunization Changes

While the back-to-school supply list hasn't changed much over the years, immunization recommendations have. Find out what's changed this year and get your student up to date before school starts.

Changes to the recommended immunization schedule from the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) include:

Varicella (chickenpox). The CDC and AAP now recommend each child get a second dose of the chickenpox vaccine between 4 and 6 years of age, for a total of two doses. Before, just one dose of the vaccine was recommended around age 1. Because a few kids vaccinated at age 1 still got chickenpox later on, a second dose is now recommended. Two doses of the vaccine are recommended for all older children, teens and adults who have never had chickenpox.

Meningococcal vaccine (MCV4). To protect against meningitis, a serious infection of the brain and spinal cord tissues, kids aged 11 to 12 should get a meningococcal vaccine (MCV4). Teens entering high school and college

- Most states also require hepatitis B, HiB, varicella (chickenpox) and pneumococcal vaccines.

The school usually has a form for recording immunizations. The parent or guardian must get the needed documents from the pediatrician or public health clinic where the child was immunized.

The only exemptions to the school requirements are medical reasons, religious beliefs or a strong personal conviction opposing immunizations. This also varies by state.

Vaccines are sometimes available for free. If your child didn't get immunized as an infant, the needed series of vaccines can be started at any time. Contact your state health department to find the nearest county health department.

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freshmen living in dorms should also be vaccinated if they haven't been already.

Flu shot yearly for all kids 6 months through 19 years of age. All kids in this age range should have a yearly flu shot to protect against the influenza (flu) virus. Two doses of flu shot are needed if the child has never had a flu shot before.

Human papilloma virus (HPV): three doses, for girls 11 to 12 years or older. This vaccine isn't required for school attendance, but if your daughter is having a back-to-school physical, HPV vaccination (Gardasil) will be offered. The HPV vaccine prevents human papilloma virus - the virus that causes cervical cancer and genital warts.

Finally, check with your doctor to see if your child's immunization schedule is up to date. Ask whether your child has had two doses of the measles/mumps/rubella (MMR) vaccine or is due for a tetanus, diphtheria, pertussis (Tdap) booster.

Don't forget the adults

While you're getting the kids ready for school, take care of yourself, too. Ask your doctor what immunizations you need, including the flu shot or booster shot for tetanus, diphtheria and whooping cough.

Keeping Appointments Key to Keeping Vaccines on Track

Children fall behind on shots when parents don't make it to the doctor

Scheduling issues, communication problems and a lack of belief in the importance of vaccinations have been identified as some of the biggest hurdles to getting parents to bring their children in for immunization appointments, U.S. researchers report.

Missed appointments were linked to children being 2.5 times more likely to be behind in their immunization requirements, according to investigators in New York City.

"The good news is that the immunization barriers that we have identified are all modifiable factors," lead investigator Dr. Melissa Stockwell, an assistant professor of clinical pediatrics and population family health with Columbia University's College of Physicians and Surgeons and Mailman School of Public Health, said in a school news release. "Interventions need to be designed and implemented to ensure that all parents have a health-care provider with whom they communicate well, that they have reasonable flexibility with scheduling doctors' appointments for their children, and that there is individual and community-wide education to emphasize the importance of immunization."

The study, based on interviews with 705 New York City moms and dads with children under age 3, found that:

- Parental rescheduling of immunization appointments led to the parent being four times as likely not to keep the new date
- Parents who questioned the importance of vaccines were more than three times as likely not to immunize their child
- If parents had difficulty communicating with the health-care provider, they were almost three times as likely to miss their child's scheduled immunization appointments
- Children who are not the first-born in the family are nearly three times more likely to miss immunization appointments
- Mothers under age 31 were twice as likely to not to make immunization appointments

The findings are scheduled to be presented May 5 at the Pediatric Academic Societies annual meeting, in Baltimore.

The interviews were conducted in English and Spanish at clinics, and health-care provider offices in communities heavily populated by Latino and black families, which previous research has found tend to have the country's lowest immunization rates.

"Going forward, we plan to analyze the data from this study by racial and ethnic groups to see if there are differences," Stockwell said. "Additionally, we plan to design intervention strategies, such as bilingual educational materials focusing on the importance of vaccinations, and information to help health-care professionals address barriers to immunizations, including difficulty scheduling appointments and establishing an open dialogue with parents, to address these causes of missed immunizations."

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Blindness and Baby Boomers

By the year 2030, twice as many Americans will be blind as today. Learn how to detect and treat the four most serious age-related vision problems.

Baby Boomers beware! You could be headed for vision problems and possible blindness. According to the National Eye Institute, as the nation ages, more Americans than ever before are facing blindness from eye disease. By the year 2030, twice as many people will be blind as today.

So how do you fight back? Early detection is your best defense against four age-related eye diseases.

Glaucoma

Every hour, someone goes blind from glaucoma, a disease caused by elevated pressure inside the eye. This pressure damages the optic nerve, which carries visual information from the eye to the brain. This damage can lead to reduced vision and eventually to blindness.

At least half of those who have glaucoma do not know it and vision loss is not noticed until a lot of nerve damage has occurred. It can, however, be detected by an eye exam, and timely diagnosis and treatment can slow or halt vision loss. Once vision is lost to glaucoma, it cannot be restored.

Cataracts

Cataracts can eventually cause blindness. If we live long enough, most of us will develop a cataract, a clouding of the eye's lens that blocks light from passing to the retina. Cataracts cause blurring or dimming of eyesight. They can also cause double vision and a film over the eye. Like glaucoma, cataracts cause no symptoms at first, but they can be detected during an eye exam.

The good news with cataracts - unlike other eye diseases - is that eyesight can be restored through surgery, which has a 95 percent success rate.

Macular degeneration

Age-related macular degeneration (AMD) is the leading cause of blindness in the United States and Europe. The retina, in the back of the eye, contains photoreceptors that respond to light. The most sensitive part of the retina is the macula. AMD occurs when fluid leaks under the macula as abnormal blood vessels grow beneath the macula and leak fluid from the blood. This can cause vision problems that can quickly turn into permanent central vision loss. Patients rarely lose all of their vision from AMD, but many are classified as legally blind.

AMD develops slowly and patients may not notice a decrease in vision for months or years. AMD can be detected by a physician in an eye exam, and regular eye examinations are the best way for patients with AMD to keep their vision for many years. Some treatments can slow down AMD, but they are not likely to restore normal vision. These treatments include macular surgery, drug injections and laser therapy.

Diabetic retinopathy

Half of all Americans with diabetes will develop diabetic retinopathy, a complication of diabetes that damages the blood vessels of the retina. It does not affect just those who have had diabetes for many years since childhood. It can appear shortly after the diagnosis of diabetes in adults.

Like the other eye diseases, people in the early stages of diabetic retinopathy don't usually notice any symptoms. A more severe stage of the disease, proliferative diabetic retinopathy, occurs when abnormal blood vessels grow into the retina. This can eventually lead to vision loss.

Ophthalmologists recommend that patients with diabetes have regular eye examinations through dilated pupils. Ask your doctor how often you should have an eye exam. Good control of blood sugar levels helps to slow the onset and progression of retinopathy. Early laser treatment can stabilize vision, but does not necessarily improve it.

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Cataracts World's Leading Cause of Vision Loss

Cataracts -- the leading cause of vision loss and blindness in the United States and the world -- affect more than 22 million Americans aged 40 and older, says Prevent Blindness America.

Each year in the United States, about \$6.8 billion is spent on direct medical costs for outpatient, inpatient and prescription drug services for cataracts, according to a study funded by the group, which has designated August as Cataract Awareness Month. It's projected that more than 30.1 million Americans will have cataracts by 2020.

With more cases than glaucoma, macular degeneration and diabetic retinopathy, cataract is the most common age-related eye disease. Cataract, a clouding of the eye's lens, is caused by the build-up of old cells. Symptoms include blurred or double vision, sensitivity to strong light, or the perception that lights seem too dim. People with cataract may have a noticeable milky or yellow spot in the eye.

"Cataract is something that most of us will develop at some point in our lives. The key is to understand what we can do

now to help protect our vision in the future," Hugh R. Parry, president and CEO of Prevent Blindness America, said in a news release from the organization.

Age is the major risk factor for cataract, but there are several other possible risk factors, such as:

- Intense heat or long-term exposure to UV rays from the sun.
- Certain diseases, such as diabetes.
- Inflammation in the eye.
- Genetics.
- Long-term steroid use.
- Eye injuries and eye diseases.
- Smoking.
- Pre-birth factors, such as German measles in the mother.

Surgery to remove cataracts has a 95 percent success rate and is the most frequently performed surgery in the United States. Each year, about 3 million Americans have cataract surgery, according to Prevent Blindness America.

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Cataract Surgery

A cataract is a clouding of the lens in the eye. The lens keeps images focused, so if it gets clouded, your vision can get blurry. Cataracts are very common in older people. In fact, most people get them by the age of 80. Fortunately, there is simple surgery that can remove cataracts.

Why does a cataract need to be removed?

If needed, we wear glasses or contact lenses to have clearer vision. Once a cataract forms, glasses or contact lenses don't help. Over time, the cataract could get worse and could cause total blindness.

A simple form of surgery can remove cataracts permanently.

How is a cataract removed?

Surgery is done to remove the lens that has the cataract and replace it with an artificial lens. It's one of the most common operations done in this country.

First, drops are put into your eye to get it ready. Then a small incision is made in the eye and the lens is removed. An artificial plastic or acrylic lens is put in. This permanent lens is

called an IOL (intraocular lens). You shouldn't feel any pain during the surgery.

Most people have clear vision after the surgery, even if they wore thick glasses before the operation because of the cataracts. People are amazed at how well they can see without glasses. Cataract surgery doesn't correct other vision problems.

How long does the procedure take?

The surgery usually is done as an outpatient and can take less than 15 minutes. You may even be awake during the surgery, but you shouldn't feel any pain. Most patients go home the same day as the surgery if there are no major problems. You may need to wear an eye patch for several hours after the operation.

What are the risks?

The operation is considered low risk, so major problems are rare. Bleeding and infection are possible in the eye. The risk for blindness is very small. There are also the usual risks that go along with any kind of surgery, such as anesthesia side effects.

Talk to your doctor if you think you have a cataract.

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