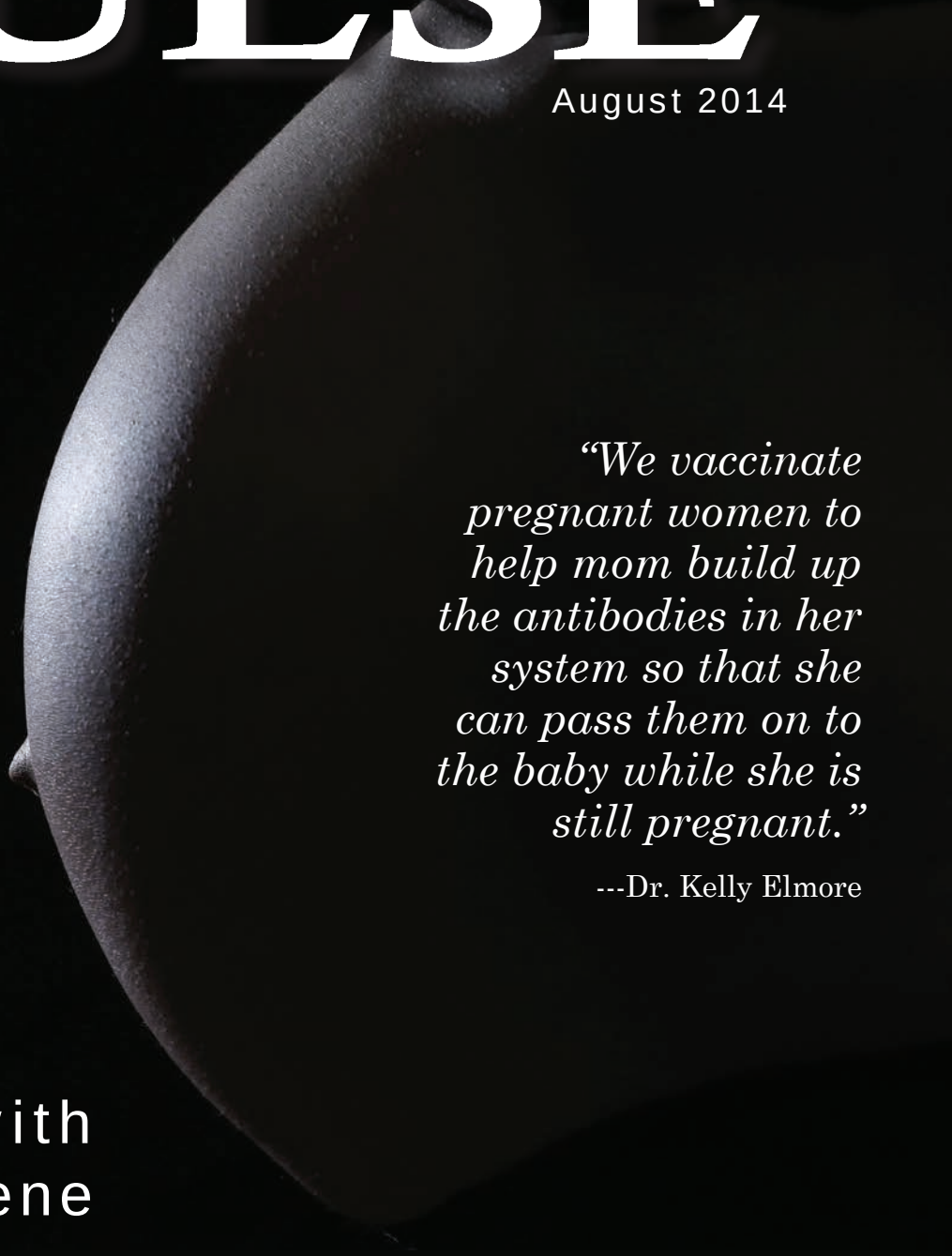
PACIFIC PULSE

August 2014



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"We vaccinate pregnant women to help mom build up the antibodies in her system so that she can pass them on to the baby while she is still pregnant."

---Dr. Kelly Elmore

Pacific Pulse

Pacific Pulse
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Pacific Pulse is a professional publication of U.S. Naval Hospital Guam. It's purpose is to educate readers on hospital missions and programs. This publication will also draw upon the medical departments rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

The opinions and assertations herein are the personal views of the authors and do not neccessarily reflect the official views of the U.S. Government, Department of Defense, or the Department of the Navy.

Guidelines for Submissions:
This publication is electronically published monthly. Please contact Jennifer Zingalie at jennifer.zingalie@med.navy.mil for deadline of present issue.
Submission requirements:
Articles should be between 300 to 1000 words and present the active voice.
Photos should be a minimum of 300 dpi (action shots preferred)
NO BADGES
Subjects considered:
Feature articles (shipmates and civilians)
Quality of Care
R&D/Innovations
Missions/Significant Events
Community Outreach

On the cover:

Vaccines can help keep you and your growing family healthy. If you are pregnant or planning a pregnancy, the specific vaccinations you need are determined by factors such as your age, lifestyle, medical conditions you may have, such as asthma or diabetes, type and locations of travel, and previous vaccinations. If possible, make sure that your immunizations are up to date before becoming pregnant. Some vaccine-preventable diseases, such as rubella, can pose a serious risk to your health and that of your unborn baby. But, you can't get the vaccine to prevent rubella if you are currently pregnant.

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Thank you for taking the time to rate and provide us with your comments and suggestions.

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Commanding Officer
Capt. Jeannie Comlish

Readiness

Hafa Adai Naval Hospital Guam Team! August is a busy month for transitions of all kinds, PCS moves, getting children ready to return for school, and promotions. Sometimes it seems the only constant in life is change! We bid farewell and following seas to Joint Region Marianas (JRM) Rear Admiral Tilghman Payne and family, and a warm welcome aboard to Rear Admiral Bette Bolivar. The results of two selection boards were published: We have four new chiefs to welcome to our khaki community: HMC(Sel) Borja, HMC(Sel) Camacho, HMC(Sel) Limtengco, and inbound HMC(Sel) Gonguines. Six of our Lieutenants were selected for Lieutenant Commander: Joseph Baugh, Sibyl Duncan, Joseph Fromknect, Ladonyia Graham, Mara Hegel, and Susanne Pickman. Congratulations everyone!

As I walk around, I've noticed everyone is starting to get back into a steady battle rhythm following summer vacations and the numerous transitions of our team. It's exciting to see departments working on the Wildly Important Goal (WIG) of enriching the patients' experience of care. I have visited several departments and have been impressed at the level of involvement by everyone in patient safety, staff development, and business excellence initiatives. With so many staff turning over, we will be re-energizing our efforts and training new folks in the Four Disciplines of Execution (4DX). I am committed to this framework for assisting us in meeting our mission and vision.

Our Command Climate Survey is entering its final week. I encourage everyone to complete the survey and give us leaders an honest assessment of our strengths and areas of improvement. Following completion of the survey, our Command Assessment Team (CAT) will examine the results for themes and begin to formulate focus teams to drill down on issues identified. Thank you for your time in completing the survey and sharing your thoughts on what will make our team even better! As always, it's an honor to serve with you!

Executive Officer
Capt. Mike McGinnis

Value

Hafa Adai Dream Team! I hope you all are having a great summer. This time of year we're always busy farewelling shipmates and welcoming new ones - for example, this summer we turned over just over 40% of our primary care providers. We go through this transition without change in our operational requirements. Patients still expect, and deserve, high quality patient centered care and despite the challenges with manning, you all deliver. Thank you for the hard work you do and for stepping up to fill gaps during the summer transition!

The turnover in personnel is obvious to the triad as we've had record breaking command orientation class sizes. As a triad we consistently highlight the special privilege it is to be on the USNH Guam healthcare team and our proud history of service to our beneficiaries and our island. Those personnel who have gone before us have created the command's hard earned reputation of delivering outstanding care despite being geographically isolated in the middle of the Pacific.

August is a special time for all of us and in particular for USNH Guam. As Ms. Hadley reminds us every year, it marks the anniversary of the crash of Korean Airlines flight 801. If you don't have ready access to information regarding our response to this disaster, see our command's Facebook page for a post regarding the event.

Where were you on August 6th, 1997? I was a LT on my first tour out of residency at USNH Yokosuka and a member of the command's medical response team. During the crisis we all hoped to be sent to assist our shipmates in Guam. Ultimately the team wasn't activated, but it highlighted the fact that you never know when the phone will ring and you will answer the call to respond on behalf of your command, your Navy, your country.

You may be asked to step up and serve during your tour here, possibly for deployment, a humanitarian assistance or disaster response call, or a mass casualty on this island. Will you be ready? I challenge you to realize all your goals during this tour, at this command anything is possible. However, your first and most essential goal must be honing your tradecraft as a member of the healthcare team so that you are ready at a moment's notice.

Readiness and service with honor is the proud legacy left by our shipmates who have gone before us at this command. Our reputation of providing the highest quality care to high acuity patients under challenging circumstances is known throughout Navy Medicine, from the Surgeon General down. Let's build on this proud legacy and always be ready!

Command Master Chief
Robert Burton

Jointness

August is here and September is just around the corner, with the Navy Wide Advancement exams for PO3, PO2 and PO1. Sailors have hopefully been preparing themselves for this examination. However, this exam will be different from the one that happened in March, in that this exam, will have different values placed on the elements that make up the members final multiple. One of the biggest changes affecting our Sailors is that the standard score for E4/E5 will be worth 45% of the final multiple for advancement, up from 37%. This puts more power directly into the hands of the Sailor.

Each time a Sailor does not advance, what is the cost to the Sailor? The easy answer is difference in pay from one grade to another multiplied by six months. However, certain schools and positions are only open to certain pay grades, which means an opportunity may be lost. Additionally, each time a Sailor fails to advance; all subsequent advancements beyond the immediate pay grade are delayed as well for a period of at least six months. One never knows when an advancement cycle will have a high advancement rate and we promote to vacancies. If the Sailor is not eligible, then the opportunity is lost and the next cycle may not be as fortunate.

So what can you do to help your Sailor? Help them make time to study. Remind them to study. Ask them what they were studying and for how long. Help them with flash cards and other methods. One thing you may see that provides mixed results is the copied material study binder. Sailors will often take the bibliography, which list all source material for the exam, and make copies of the listed material. This makes a nice binder which provides a solid product from their efforts on the copy machine. However, the copy machine, which scanned the material, is not taking the exam. The Sailor must read the material, no matter if in original form or in a study binder they made with the help of the copier. Time spent making the binder is a waste of time that could have been spent reading the material.

Do what you can to help your Sailor advance. Good luck, stay safe and have a GREAT NAVY DAY!

A Frank Discussion About the 'V' Word

By: Lt. j.g. Richelle Magalhaes, Preventive Medicine Department

There is so much conflicting information regarding vaccines floating around the internet and all over television. It is hard to know who to listen to and who to trust. Fox news? Wikipedia? Your next door neighbor? WebMD? That mom that only eats organic food? (because she should know, right? She only eats ORGANIC food! That's super healthy!) You could do research, but who has time for research? I'll tell you who: college professors and PhD students are the only people who have time for that. So where do you find reliable information? I can tell you right now that everyone has their own opinions about vaccines. And why shouldn't they? It's a free country. And I can also tell you some people stopped reading once they read "vaccines" in the title because they are so vehemently against them. Regardless, I have taken it upon myself to compile a little bit of information for you to break off and chew if you are in the mood for a knowledge snack.

Where'd they come from?

Let's talk about why vaccines came to be. Frankly put, people were tired of getting sick and dying. The diseases they faced "back in the day" were much more deadly and would leave your body disfigured or scarred for eternity. Nobody wants that. So they came up with "inoculation" to try to combat smallpox, which was the disease of the times. Inoculation consisted of finding a sick person, taking some of the sick person ooze coming off their (warning: gross word coming up) pustules and then inserting it under their skin. This worked pretty well, however, there was always the risk of the inoculated person actually coming down with full blown smallpox, and to top it all off, they were also contagious for something like two weeks while their body was "learning" to fight it off. This wasn't an exact science, but it was better than nothing and was innovative for the time. The good news is, once they got through it, they were immune for life. The bad news is… all that stuff that I just said.

Did somebody say "Moo?"

So, this really smart doctor named Edward Jenner, discovered that milkmaids who had contracted cowpox from cows (duh!), were also immune to smallpox. Cowpox was a much milder illness, but still provided immunity from smallpox. Jenner decided to try to use the cowpox ooze to immunize an eight-year-old boy from smallpox. He used a similar process to inoculation and low and behold, it worked. The boy never got smallpox even though Dr. Jen-

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It was singing that taught Hospital Corpsman Monica Anderson the importance of a supporting role. The younger of two sisters, this Utah native has participated in a variety of musical competitions with her sisters, singing everything from the National Anthem to one of the 20 songs they have written together. "I come from a musical line—when my sisters and I started singing, we took to it like ducks take to water—we didn't know what we were doing, but we have what Nashville calls 'blood harmony' because our voices are so similar," said Anderson.

With the absence of her sisters Anderson is reminded of the impact of a harmonious melody. "Every time I sing a song and people tell me I did I great job, I know it is missing so much more, it is missing two thirds of what is supposed to and could be, it's just better with them there—I need them—they make me sound better, and I make them sound better and we all come together and it is just magic," she said.

Just as natural as singing, when Anderson entered the Navy she soon discovered Surgical Technician was a right fit for her. She became even more certain when she participated in her first real-life surgery for cataracts. "During the surgery they used a microscope, so you could see inside the eyeball. It was really creepy but I loved it—it was really fun," she said and added, "I have known since I was about 11 or 12 years old that I wanted to be in the medical field. I had a passion for it, and was interested, but I wasn't aware of what my options were.

(Above right) Hospital Corpsman Monica Anderson assists Dr. Kelly Elmore, an Obstetrics and Gynecology (OB/GYN) physician, during a C-Section. ***(Below left)*** Anderson is seen with her musical sisters (from left to right) Natalie Wilson and Natasha Larson. ***(Page 16)*** Anderson and her sisters compete in the Colgate Country Showdown in Vernal, Utah swhere they sang "Autum Rain."

Working as a Surge Tech has shown me that there are so many different options."

Throughout her training, Anderson gained a lot of experience working at approximately 8 different hospitals and participating in all kinds of surgeries from a kidney transplant, to open heart surgery. "My whole job is to know the tissue, what the surgeon is doing, and what instruments are used for that tissue—as long as you know that, as a Surg Tech, your job is a slice of pie," she said. Unlike many people,

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Spotlight: Hospital Corpsman Monica Anderson

Prevention Begins Before Birth

At 29 weeks pregnant, Hospital Corpsman Marteka Northan recieves her Tdap (Whooping Cough) vaccination, from Hospital Corpsman 2nd Class Jeffrey Felan in the Immunization Department at U.S. Naval Hospital Guam.

People receive vaccinations at various stages of life and for a variety of reasons. Although it is recommended that women of childbearing age receive immunizations before they become pregnant, there are some vaccinations that are recommended for women to receive during their pregnancies. These vaccinations can serve to strengthen the mother's health as well as provide antibodies for the baby that can remain with them for up to 6 months of life.

Dr. Kelly Elmore, a physician and the Department Head of the Obstetrics and Gynecology (OB/GYN) Department at USNH Guam recommends the flu vaccination as well as the Whooping Cough (T-dap) vaccination for mothers at approximately 28 weeks into their pregnancy. "Babies don't usually get the majority of their vaccinations until they are around four months old. We do this to help mom build up the antibodies in her system so that she can pass them on to the baby while she is still pregnant. We also promote breast feeding, if mom is able, so that the baby gets the antibodies from the breast milk" she said.

Whooping Cough is a serious illness that most affects infants and young children. Its early symptoms resemble those of the common cold but within one to two weeks of its early symptoms it sometimes leads to severe coughing that can continue for weeks. This severe coughing forces a person to inhale with a loud "whooping" sound which is how the illness received its name. Whooping cough can lead to more serious conditions such as pneumonia, convulsions, apnea, and even death.

According to the Centers for Disease Control

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Immunization & Pregnancy

Vaccines help keep a pregnant woman and her growing family healthy.

Before pregnancy

Before becoming pregnant, a woman should be up-to-date on routine adult vaccines. This will help protect her and her child. Live vaccines should be given a month or more before pregnancy. Inactivated vaccines can be given before or during pregnancy, if needed.

During pregnancy

Flu Vaccine

It is safe, and very important, for a pregnant woman to receive the inactivated flu vaccine. A pregnant woman who gets the flu is at risk for serious complications and hospitalization. To learn more about preventing the flu, visit the CDC website www.cdc.gov/flu.

Tdap Vaccine

Women should get adult tetanus, diphtheria and acellular pertussis vaccine (Tdap) during each pregnancy. Ideally, the vaccine should be given between 27 and 36 weeks of pregnancy.

Travel

Many vaccine-preventable diseases, rarely seen in the United States, are still common in other parts of the world. A pregnant woman planning international travel should talk to her health professional about vaccines. Information about travel vaccines can be found at CDC's traveler's health website at www.cdc.gov/travel.

Childhood Vaccines

Pregnancy is a good time to learn about childhood vaccines. Parents-to-be can learn more about childhood vaccines from the CDC parents guide and from the child and adolescent vaccination schedules. This information can be downloaded and printed at www.cdc.gov/vaccines.

Did you know that a mother's immunity is passed along to her baby during pregnancy? This will protect the baby from some diseases during the first few months of life until the baby can get vaccinated.

After pregnancy

It is safe for a woman to receive routine vaccines right after giving birth, even while she is breastfeeding. A woman who has not received the new vaccine for the prevention of tetanus, diphtheria and pertussis (Tdap) should be vaccinated right after delivery. Vaccinating a new mother against pertussis (whooping cough) reduces the risk to her infant too. Also, a woman who is not immune to measles, mumps and rubella and/or varicella (chicken pox) should be vaccinated before leaving the hospital. If inactivated influenza vaccine was not given during pregnancy, a woman should receive it now because it will protect her infant. LAIV may be an option.

Visit CDC's website at www.cdc.gov for more information. Or get an answer to your specific question by e-mailing cdcinfo@cdc.gov or calling 800-CDC-INFO (232-4636) · English or Spanish

National Center for Immunization and Respiratory Diseases
Immunization Services Division

CS238938A 03/2013

'V' Word cont'd from page 6

ner exposed him to it. This was a tremendous breakthrough as smallpox was one of the biggest killers of that time. Appropriately so, Jenner was named the Father of Immunology and is credited with inventing the smallpox vaccine. Now, thanks to him and some really determined public health people, smallpox has been eradicated since 1980.

Not all vaccine-preventable diseases have such a fairytale ending like smallpox. One such disease is measles. Although, it looked like it was going to join extinction, much like the dinosaurs and the beehive hairdo, the declining rates in immunizations are allowing it to make a comeback, much like fanny packs and jorts (jeans+shorts). Countries around the world are not as fortunate as the U.S.; some people have little to no access to healthcare. Vaccines are given sporadically, if at all, so illnesses like measles, polio and mumps are still very real and outbreaks are something that they deal with constantly. Recently, an outbreak of measles in Minnesota was traced back to a non-immune child who had traveled to Kenya, brought it back and infected a bunch of other non-immunized people.

Infections are…well infectious

Global travel and the ease and speed at which goods, animals and humans can move from one place to another, really exacerbates the whole concept of an outbreak. For those of us that remember SARS, that outbreak started with one man in a hotel. He infected others on the same floor, in adjacent rooms. Then, they all traveled to different cities after getting infected and so on and so forth. And that's all you need for an outbreak. A great movie that can really illustrate this is *Contagion* starring Gwyneth Paltrow and Matt Damon. The Centers for Disease Control and Prevention (the CDC) actually worked with the movie team to try to accurately portray an outbreak and how easily an emerging disease can turn into a pandemic. It's very alarming to think that this sort of thing happened throughout history with measles, polio, smallpox, and other epidemics.

How'd they do that?

Let's explore how vaccines work. The CDC has a great explanation, so I'll just put that here: "Vaccines work by providing immunity from disease. Immunity is the body's way of preventing disease. Children are born with an immune system composed of cells, glands, organs, and fluids located throughout the body. The immune system recognizes germs that enter the body as "foreign invaders" (called antigens) and produces proteins called antibodies to fight them. The first time a child is infected with a specific antigen, for example: measles virus, the immune system produces antibodies designed to fight it. Yet, this takes time and, usually, the immune system is not able to work fast enough to prevent the antigen from causing disease. The result is that the child gets sick. However, the immune system "remembers" that antigen. If it ever enters the body again, even after many years, the immune system can produce antibodies fast enough to keep it from causing disease a second time. This protection is called immunity." Wasn't that better than me trying to explain it? Basically, vaccines teach your body to fight the disease without you having to actually get the horrible disease and, BONUS, you don't have to deal with pustules at all!

Special Populations

Children and the elderly are some of the people most susceptible to diseases. Why is this? Children are tiny people and everything about them is tiny, including their immune systems. This means that they cannot fight off the same things that a grown adult with a grown immune system can fight off. Also, it's because they don't eat their vegetables and take out the trash regularly. (Okay, that's not entirely true, at least the trash part, vegetables do help, but not against measles.) The same concept applies with older people. Parts of the body don't work as well as they used to and that includes their immune system. By vaccinating the little ones and the elders, it gives their immune system a way to learn to fight off diseases that could actually do some pretty substantial damage if they caught the full blown version.

Myths, Legends and other misconceptions….

A large misconception about vaccines is that they cause autism. Where did this nasty rumor come from? No, it's not entirely a famous actress who shall remain nameless fault. It actually started with a British Physician named Andrew Wake-

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'V' Word cont'd from page 10

field. He "conducted a study" in 1998 that claimed that vaccines caused autism. However, this study was later discredited by a credible Medical Journal, and as a result, his license to practice medicine was revoked. As much as other researchers tried to duplicate his study and get similar results, they could not. One thing they teach you in school about studies is that they must be able to be replicated with similar results, otherwise, they cannot be considered "valid." The British Medical Journal conducted an investigation into Wakefield and his "study" and discovered that that he had been paid by a law firm that intended to sue vaccine manufacturers – talk about a serious conflict of interest! Additionally, most of his co-authors withdrew their names from the study in 2004 when they found out about his indiscretions. Unfortunately, the damage had been done. Vaccination rates had declined drastically in Great Britain and, consequently, vaccine-preventable illnesses, like measles, began to spread throughout the country.

Another misconception about vaccines is that they contain mercury. Thimerosal is a type of ethylmercury, and a preservative that is used in vaccines to prevent bacteria and fungi from growing. Some types of mercury, like elemental mercury and methylmercury, which are found in the environment and in some kinds of fish, stay in the human body and at high levels can make people sick. Methylmercury is the same stuff found in the old-school, glass thermometer that everyone used to play with because it looks like the melted bad-guy from Terminator. But ethylmercury is broken down more easily in the body and eliminated, so it's unlikely to make us sick. Despite the fact that thimerosal has been in vaccines since the 1930s, it has been removed from all childhood immunizations so as to reduce the worry from parents.

Don't Leave Home without it!

Did you know that certain vaccines are recommended for travelers venturing to certain international destinations? This is to prevent those who are roaming the planet from bringing back more than just souvenirs on their world tour adventures. Depending on where you go, will depend on what you need. The CDC has a website called Traveler's Health. If you input your destination, it will give you recommended vaccines based on what is endemic to that area of the world. Obviously, you could also talk to your doctor but this is a helpful tool to use in planning that trip to wherever. Also, Hepatitis A and Typhoid are vaccines that are recommended for traveling to Guam. Active Duty members are required to get these before they are cleared to arrive here.

Aaachoo!

All of this vaccine talk comes down to one thing: flu season! Influenza vaccinations are back this year, like clockwork. I know it is your second favorite season, only to Christmas, so I am excited to be the first to tell you about it. U.S. Naval Hospital Guam will begin providing the vaccine to the active duty commands this fall. Don't fret, beneficiaries, because you will have your chance too! Just like last year, we will set up shop in the Navy Exchange and allow everyone the opportunity to get an annual flu vaccine.

In conclusion … but not the end

In the U.S., vaccine-preventable infections kill more individuals annually than HIV/AIDS, breast cancer, or traffic accidents. Approximately 50,000 adults die each year from vaccine-preventable diseases in the U.S. It is always better to prevent a disease than to treat it after it occurs. But today, few parents in the U.S. or other developed countries have seen the suffering and death wrought by measles and other diseases that vaccines can prevent, including polio, smallpox and whooping cough. These diseases still afflict millions of children in places that vaccines do not reach. Every year, 2.5 million unvaccinated children worldwide die of diseases that vaccines could have prevented. Furthermore, vaccines prevent the deaths of an additional two million children, according to the World Health Organization. Without vaccines, epidemics of many preventable diseases could return, resulting in increased – and unnecessary – illness, disability, and death. Unless we can eliminate the disease, it is important to keep immunizing, even if there are only a few cases of disease today. If we take away the protection given by vaccination, more and more people will become infected and will spread disease to others.

Contributed by the U.S. Naval Hospital Guam Health Promotions Office, written by the Center for Disease Control

Smoking remains the leading cause of preventable death and disease in the U.S., killing more than 480,000 Americans each year. Smoking causes immediate damage to the body, which can lead to long-term health problems. For every smoking-related death, at least 30 Americans live with a smoking-related illness. The only proven strategy against harm is to never smoke or to quit.

The Centers for Disease Control and Prevention (CDC) has launched the *Tips From Former Smokers (Tips)* campaign which profiles real people—not actors—who are living with serious long-term health effects from smoking and secondhand smoke exposure. Since its launch, the *Tips* campaign has featured compelling stories of former smokers living with smoking-related diseases and disabilities and the toll that smoking-related illnesses have taken on them. The campaign has also featured non-smokers who have experienced life-threatening episodes as a result of exposure to secondhand smoke. *Tips* ads focus on health issues caused by smoking or exposure to secondhand smoke, including: cancer (lung, throat, head and neck); heart disease; stroke; asthma; diabetes; Buerger's disease; COPD (chronic obstructive pulmonary disease); gum disease; preterm birth; and smoking and HIV.

The campaign webpage can be accessed by going to: http://www.cdc.gov/tobacco/campaign/tips/. It provides both information on the dangers of tobacco use and resources for quitting; the link to the Tips From Former Smokers Help Guide at http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/guide/ is an excellent example. The military website: http://www.ucanquit2.org/ is also a very valuable tobacco cessation tool which provides many resources for those who are considering quitting. Locally, our command's Health Promotion Section provides information, individual counseling, and tobacco cessation classes. Feel to drop by its office on the second floor at 2K10 or call 344-9124 for assistance.

Taking that big first step to quit can begin the journey to significantly better health. All tobacco users are encouraged to check out the Tips campaign and the other resources listed above to start that journey, so they can have the time to make all of the journeys they want to take.

A TIP FROM A
FORMER SMOKER

IF YOU SMOKE WITH DIABETES, PLAN FOR AMPUTATION, KIDNEY FAILURE, HEART SURGERY ... OR ALL THREE.

Bill, Age 40
Michigan

Smoking makes diabetes much worse. You can quit.
For free help, call **1-800-QUIT-NOW.**

#CDCTips

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
www.cdc.gov/tips

Prevention Before Birth cont'd from page 8

(CDC), the U.S. has seen increased incidences of whooping cough cases in recent years, particularly on the west coast, and there are also several cases reported in the Philippines each year which makes this a significant concern for those of us working and living on Guam. "It is really important to immunize our patients, moms and dads, so they can decrease the risk of their children being exposed to the flu and the whooping cough especially with people traveling so much during the different seasons here," Dr. Elmore said. She also explained that it is especially important for mothers to receive the vaccinations because their immunity is already compromised during pregnancy making her more susceptible to certain illnesses or infectious diseases.

Elmore also mentioned another concern, something known as "cocooning" which is when the majority of a community is immunized against a contagious disease; most members of the community are protected against that disease. Because of some of the more recent fears associated with vaccinations, many states have seen a decline in their immunization rate. "Because of this, more people are being exposed to diseases that had been essentially eradicated," she said. "This is why it is important to us to ensure our mothers are vaccinated with each pregnancy, preferably between 27-36 weeks."

Dr. Elmore acknowledged recent concerns raised in the media related to certain vaccines being linked to Autism and Sudden Infant Death Syndrome (SIDS) and said, "In our clinic we believe concerned mothers are good mothers and we make every effort to help them become even better mothers by sharing with them the most up to date, evidenced based recommendations. We always inform patients on both the benefits and possible risks associated with everything we prescribe,vaccinations are no different. We welcome the opportunity to address questions related to these concerns and any others our patient's might have."

PATIENT HANDOUT

Tdap vaccination during pregnancy

By the Society for Maternal-Fetal Medicine (SMFM), with the assistance of Dr. Loralei L. Thornburg and the SMFM Education Committee

Why is vaccination against pertussis (whooping cough) important during pregnancy?

In 2012, more than 48,000 cases of pertussis were reported in the United States. For people who have not been vaccinated, pertussis is highly contagious. Pertussis is easily spread through the air when infected people cough. Approximately 90% of those who are not immune to pertussis can become infected. Pertussis in adults can cause significant illness such as a severe chronic cough lasting up to 3 months, but in newborns it can be life-threatening. Recent studies have shown that almost 1% of infants who need to be hospitalized die from pertussis, usually due to pneumonia and seizures.

The majority of pertussis cases in the United States, specifically hospitalizations and deaths related to this infection, occur in infants younger than 3 months of age. Babies cannot be vaccinated until they are 2 months old, so a newborn is at risk of getting infected until he or she can receive a vaccine. Vaccinating women in pregnancy may reduce the likelihood that their babies will be exposed to pertussis.

Is the vaccine safe during pregnancy?

Tdap (combined tetanus, diphtheria and pertussis) vaccination in pregnancy has been shown in studies to be very safe. The vaccine contains pertussis bacteria that have been made inactive and proteins from tetanus and diphtheria that contain no bacteria. There are no known harmful effects on the developing baby.

When and how often should the pertussis vaccine be given?

The vaccine should be administered in the third trimester, between 27 and 36 weeks' gestation. Following vaccination, the pregnant woman produces antibodies against the bacteria. These antibodies cross the placenta to the fetus, protecting the newborn against infection after delivery. Pregnant women should receive a Tdap vaccine during every pregnancy, regardless of when prior vaccinations were given, in order to provide maximum protection for the newborn.

Who else in the household should get a Tdap vaccine?

All family members and caregivers who will have contact with the newborn should also be sure that their Tdap "booster" vaccine status is up to date. Even if they received a standard tetanus booster within the past 10 years, they should get the Tdap vaccination at least 2 to 3 weeks before the baby is born, to make sure immunity has started to develop.

What are some side effects of the Tdap vaccine?

The vaccine has very few side effects. Pain and redness can occur where the injection is given. Rarely, inflammation of the blood vessels where the injection is given can occur. If any pain, redness, or swelling persists beyond a few days, contact your doctor.

FROM THE PAGES OF Contemporary OB/GYN
Expert Advice for Today's Ob/Gyn

1 Brush your teeth twice a day with fluoride toothpaste. Make sure to brush for at least two minutes; it takes several minutes of brushing to do a thorough job.

2 Research shows that electronic toothbrushes can be more effective at plaque removal than manual. They also assist in brushing for the full two minutes as many models have built-in timers.

3 Research shows that electronic toothbrushes can be more effective at plaque removal than manual. They also assist in brushing for the full two minutes as many models have built-in timers.

4 Use floss or an interdental cleaner daily.

5 Eat a balanced diet and limit sugary or carbohydrate-loaded snacks.

6 Use a toothbrush with soft bristles. Toothbrushes with medium or hard bristles actually can wear away tooth structure over time.

7 Replace your toothbrush at least every four months, sooner if the bristles become frayed.

8 Make sure you schedule your annual dental exam and receive professional cleanings yearly.

Preventive Health Tips

Contributed by Hospital Corpsman 1st Class Tiffany Kuper, Registered Dental Hygienist

Anderson cont'd from page 7

Each surgery is performed by a small team with each person performing their part which, just like singing, creates the right harmony needed to ensure the best and safest patient outcomes. In her role as a Surgical Technician, Anderson must be good listener and have good attention to detail. Her role ranges from sterilization of instruments, preparation of the operating room to assisting with the surgery.

"Many of the surgeons are very big on teaching while they are performing a surgery where they might be asking you about the anatomy. I can't tell you how many times during a C-Section; Dr. Kelly Elmore has asked me, 'what am I dissecting?' She wants you to know and it is important because we need know what instrument they will need," Anderson explained.

No matter what she is doing, Anderson always has a song in her heart. When she isn't performing in her role for surgeries she is performing in a variety of different roles on stage for a local production company. One of her latest roles was Rizzo for the production of Grease. "Singing just makes me happy-ask my roommate--I am singing all the time, it is a part of who I am it is not anything that is going to go away," she said.

WOMEN'S EQUALITY DAY

August 26th

"We honor the pioneers of women's equality by doing our part to realize the great American dream."

President Barack Obama
2013