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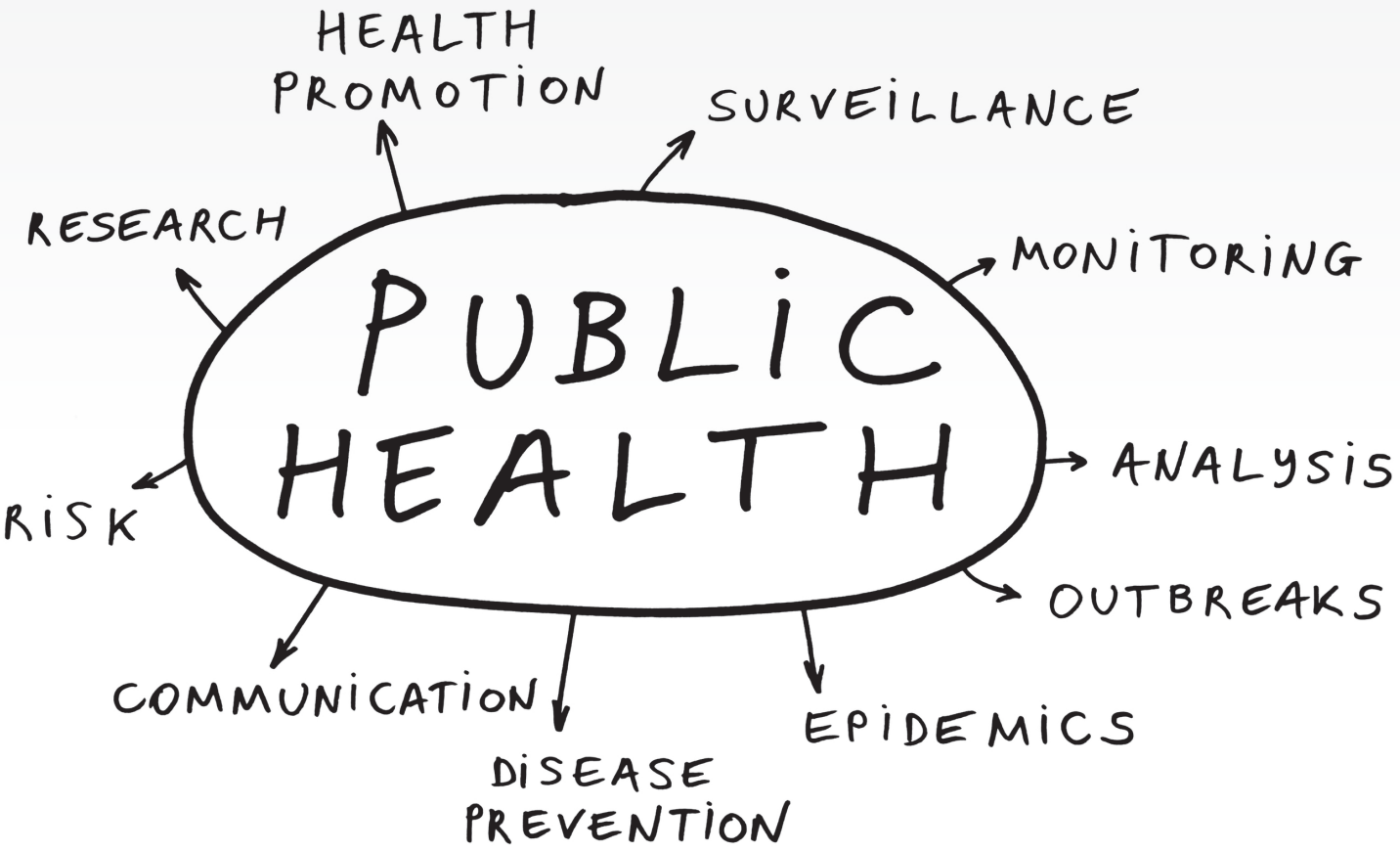
Delaware Journal of Public Health

a publication of the Delaware Academy of Medicine / Delaware Public Health Association



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In this issue

The Delaware Journal of Public Health (AJPH), first published in 2015, is the official journal of the Delaware Academy of Medicine / Delaware Public Health Association (Academy/DPHA).

Submissions: Contributions of original unpublished research, social science analysis, scholarly essays, critical commentaries, departments, and letters to the editor are welcome. Questions? Write ehealy@delamed.org or call Liz Healy at **302-733-3989**.

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A Message from the Leadership

Arun V. Malhotra, MD
President
Delaware Academy of Medicine

Omar A. Khan, MD, MHS
President
Delaware Public Health Association

Timothy E. Gibbs, MPH
Executive Director
Delaware Academy of Medicine and
the Delaware Public Health Association

WELCOME COLLEAGUES, professionals, students, and members of the public health community alike, to the first edition of the newly developed publication of the Delaware Academy of Medicine/Delaware Public Health Association. "*The Delaware Journal of Public Health*" will be an electronic publication released on a bi-monthly basis. Ultimately, this will become a monthly publication, acting as a repository of news for the medical, dental, and public health communities, upcoming event announcements, past conference synopses, peer-reviewed content, and a career section, as well as specific to the public health sector.

We start this publication off on a number of high notes - the passage of HB 64, Delaware Medical Orders for Scope of Treatment (DMOST) legislation; HB 5 the addition of E-cigarettes to the Clean Air Act; and HB91 - Amend Title 14 of the Delaware Code relating to the public school enrollees' immunization program. Each of these developments bring us one step closer to our goal of Delaware being one of the 5 healthiest states in the country in one generation.

Notably, all of these changes are a result of team efforts involving scores of institutions and individuals, from a variety of sectors, collaborating together.

Three closing thoughts - first, the strength of the Academy of Medicine / Delaware Public Health Association comes from its members, subscribers, and affiliates. As you support us in our work, we support you in yours. Please do consider becoming an individual member. Second, if you are on social media, please find us on LinkedIn, Facebook, Twitter, and Youtube. Third, the content of this publication is informed by your interest - so please, let us know what you want to hear about, what events you have coming up, submit an Op-Ed for consideration, or share a recent job opening.

Additionally, we will be announcing the peer-reviewed article process in the near future, so stay tuned for that as well.

In partnership for
a healthier Delaware,

Arun V. Malhotra, MD,
Omar A. Khan, MD, MHS,
and Timothy E. Gibbs, MPH

Rebirth of the Delaware Public Health Association

The Delaware Public Health Association (DPHA) was officially reborn at the 141st Annual Meeting of the American Public Health Association (APHA) held in Boston, MA in November, 2013.

At this meeting, affiliation of the DPHA was transferred to the Delaware Academy of Medicine officially on November 5, 2013, by action of the APHA Governing Council.

The Delaware Academy of Medicine, whose mission statement is "to promote the well-being of our community through education and the promotion of public health," is honored to take on this responsibility in the First State.

The DPHA Council, chaired by Omar A. Khan, MD, MHS, is made up of a talented and dedicated group of professionals from around the state. Council members are willing to advise, on a volunteer basis, the activities of the DPHA with respect to its role as the state affiliate of the American Public Health Association.

Omar A. Khan, MD, MHS

In addition, and in the pursuit of collaboration as a member-driven organization, these advisors are in roles spanning a range of areas of expertise and responsibility within their own professions.

DPHA Membership

We ask that you consider joining the Academy/DPHA. Support your profession, network with colleagues, attend excellent educational events, and invest in a cause you believe in. This includes opportunities to expand your public health expertise through the Academy/DPHA newsletters and publications, networking and professional development, and sponsored events. It also includes access to the many resources of the Delaware Academy of Medicine, and its suite of events and services.

At this time the DPHA has 8 Sections:

Aging and Public Health; Community Health Planning and Policy Development; Epidemiology; Food and Nutrition; International Health; Maternal and Child Heatlh; Mental Health; Public Health Education and Promotion.

Future issues of *the Delaware Journal of Public Health* will include expanded information from these sections.

It is our pleasure to continue to expand our activities and offer Academy of Medicine, DPHA members, and members of the community alike, the opportunity to engage in the promotion of public health.

Membership Categories include:

Individual: Annual membership is $99 per year. **Year 1 discount:** 75% off $25, **Year 2 discount:** 50% off $50, **Year 3 discount:** 25% off $75, Year 4 and each year after $99, **6 Year bundled discount rate:** $315 for a six year membership. Save $132. **Retired:** $25 per year. **Student:** $10 per year.

Apply online at **delawarepha.org** or email **ehealy@delamed.org** (Liz Healy) or call **302-733-3989** for more information.

Similar to the APHA, sections serve as the primary professional units of the Association and conduct activities that promote the mission and fulfill the goals of the Academy/DPHA. Sections create a variety of opportunities for member involvement, thus making the the Academy/DPHA experience richer for individuals who have the opportunity to attend and choose to interact with their primary Sections.

85th Annual Meeting of the Academy and the Inaugural Annual Meeting of the DPHA

The 85th Annual Meeting of the Academy and the Inaugural Annual Meeting of the DPHA was held on March 6, 2015 at the DuPont Country Club. The weather was no deterrent, even with a snowfall of more than 6 inches the previous day, as 200 attendees came out to celebrate the accomplishments of the Academy of Medicine and the DPHA.

Honored guests included Governor Jack Markell, state senator Bethany Hall-Long, DE Division of Public Health Director Karyl Rattay, MD, MPH. Special thanks to the sponsors Christiana Care Health System, Highmark Delaware, Delaware Health Sciences Alliance, WSFS Bank, Nephrology Associates, Nemours Children's Health System, and Victor L. Gregory Family and Cosmetic Dentistry.

Awards and special recognition were presented throughout the evening.

Our mission is "To promote the health of Delaware residents through the advancement of sound public health policies and practice."

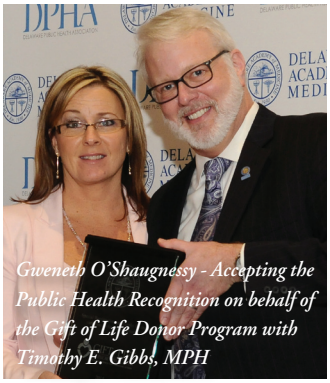
The Lewis B. Flinn President's Award recipient was Joseph A. Kuhn, MD, FACP in honor of his many accomplishments throughout his career and for his dedication to the Delaware Academy of Medicine.

The Executive Director's Public Health Recognition Award was presented to the Gift of Life Program represented by Director of Hospital Services, Gweneth O'Shaugnessy.

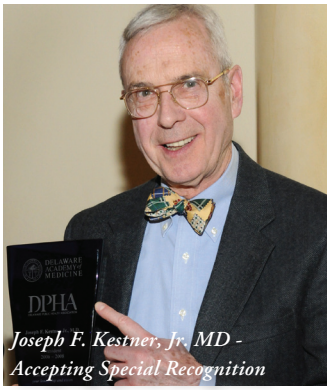
Tim Gibbs, Executive Director of the Academy and the DPHA, presented a special award to Joseph F. Kestner Jr., M.D. Dr. Kestner is recognized for his leadership and vision culminating this first, joint, annual meeting of the academy and the new DPHA. The keynote speaker for the evening was Dr. Georges Benjamin and his inspiring address on "*Population Health: Becoming the Healthiest Nation*" was well-received.

Joseph A. Kuhn, MD, FACP - 2015 Lewis B. Flinn President's Award recipient with Arun V. Malhotra, MD and Timothy E. Gibbs, MPH

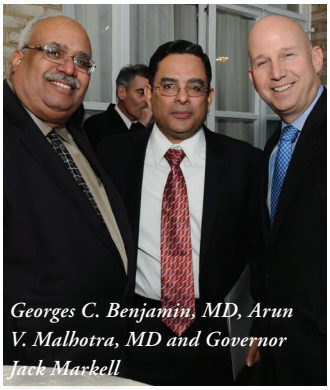
Georges C. Benjamin, MD - Keynote Speaker



Gweneth O'Shaugnessy - Accepting the Public Health Recognition on behalf of the Gift of Life Donor Program with Timothy E. Gibbs, MPH



Joseph F. Kestner, Jr., MD - Accepting Special Recognition

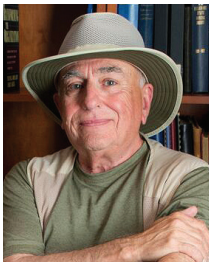

Georges C. Benjamin, MD, Arun V. Malhotra, MD and Governor Jack Markell


Omar A. Khan, MD, MHS and Georges C. Benjamin, MD

MSST 601- Curatorship and Collections Management

The Academy/DPHA maintains a 10,000+ item collection of medical and dental items, books, artwork, and ephemera that have been donated or purchased since the academy's establishment in 1930.

Since late 2006, when the Delaware Academy of Medicine moved from its historic building on Lovering Avenue to its offices hosted at the Christiana Hospital campus, there has been an unsolved issue - How to most effectively store and maintain the existing collection, and strategically add additional items to it? Leading up to the move from Wilmington to Newark we had retained the services of an archivist.



Frank McKelvey

A part of the solution is currently in the works with the assistance and expertise of Frank McKelvey from the University of Delaware's Museum Studies department at the University of Delaware.

Academy/DPHA staff member Adam Underwood has been assigned a special duty; to attend Mr. McKelvey's Curatorship and Collections management class.

This graduate level class is taken by students working toward a Certificate in Museum Studies and encompasses the theory and practice in curatorial collecting and collections management.

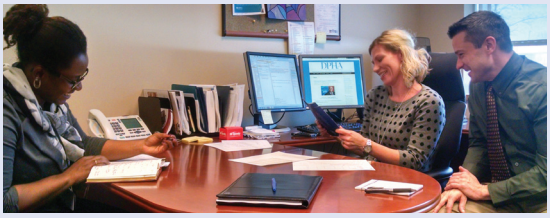
Topics include the ethical framework and legal requirements of collecting by not-for-profit organizations, as well as research techniques to support collecting and collections documentation. Special attention is being given to learning techniques for the care of objects in the collection. The class meets weekly alternating between 77 East Main Street (on University of Delaware's campus) and the Academy/DPHA's office (located at Christiana hospitals campus.)

Through the experience and guidance of Frank McKelvey, alongside the hard work and determination of the class participants and Mr. Underwood, the Academy/DPHA looks forward to a renewed dedication to its collection.

Items in the Academy/DPHA collection tell the rich history of dentistry, medicine, and of public health attitudes, knowledge, and behavior in Delaware.

In the picture from left to right: Nicole Worthley, student, Julia Wood, student, Della Keyser, student, Tim Gibbs, Academy/DPHA executive director, Frank McKelvey, Adjunct Faculty, Museum Studies and Alex Ames, student.

National Public Health Week Highlights



Kristen Isaac, MPH, Carly Krisniski, MPH, and Adam Underwood, BS

National Public Health Week 2015 was a great success here in Delaware, with more collaboration and public engagement than ever before. Some highlights from the week include:

- The Academy DPHA Facebook and Twitter campaign to spread the word about national public health week, complete with quiz questions, follower engagement and interaction.
- The Academy/DPHA held a month-long photo essay contest to engage social media audiences. Winning photos were selected by a panel of judges based on a variety of criteria including aesthetics and public health messaging.

A big thank you to all who participated! Let's keep the momentum going and continue to raise awareness of the importance of public health for all Delawareans.

- The Academy/DPHA collaborated with the University of Delaware, College of Health Sciences for a Health and Wellness Expo.
- The Academy/DPHA was recognized by the sponsors of the Expo for their continued support of public health in Delaware.
- The Academy/DPHA, in collaboration with Christiana Care Health System, co-sponsored a free, five-week health literacy lecture series for adults of all ages and high-school students. Delaware Mini Medical School (www.delawareminimed.org) covered topics related to general health and important trends in treating and diagnosing illness, with the culminating lecture being presented during NPHW.
- The American Public Health Sections on International Health & Alcohol, Tobacco, and Other Drugs hosted a WEBINAR on "Addiction, Access, and Action – A Closer Look at Tobacco Use and Substance Abuse Domestically and Globally." This webinar was co-organized with Delaware Public Health Association President Omar Khan, MD, MHS who also serves as the chair of the APHA IH Section and Andre Stanley, Chair of the APHA ATOD. Speakers included Albert Rizzo, MD, Senior Medical Advisor, American Lung Association; Becky Vaughn, MSEd, Vice President of Addictions, National Council for Behavioral Health; and Timothy E. Gibbs, MPH, Executive Director, Delaware Academy of Medicine and the Delaware Public Health Association.

Immunization Coalition of Delaware

Our Mission:

To bring together local, state, and community organizations and individuals to promote education about vaccine preventable diseases and new vaccines, with the goal of improving access and vaccination rates throughout the lifespan.

Immunization is one of the most *effective* public health prevention strategies!

Who Are We?

The ICD is a diverse group of passionate, energetic, and committed partners working together to ensure that no one in Delaware suffers from vaccine – preventable illnesses. *The ICD is a program of the Academy/DPHA.*

We believe this can be achieved through focusing our efforts on education, advocacy, and access.

Our Strategy:

- Work in partnership with our members and their organizations
- Advocate for policy issues related to childhood, adolescent, and adult immunizations
- Reduce disparities in adult access to immunizations
- Shape the healthcare process and outcomes for Delaware residents in relation to vaccine preventable disease

Interview with Shirley Klein, MD

ONE OF OUR STAFF MEMBERS, Carly Krisniski had the privilege of speaking with Delaware's *CDC Childhood Immunization Champion* award recipient, Shirley Klein, MD.

Dr. Klein is a board-certified pediatrician with the Pediatric Practice Program at the Wilmington Health Center. She is also a clinical associate professor of pediatrics at the Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia.

Although Dr. Klein is retiring in July, she will continue to be very active in the community especially as it relates to work with the Immunization Coalition of Delaware. Read on to see more from her interview with Dr. Klein.

Carly Krisniski: It's such an honor to be able to speak with you, thank you for taking time out of your day! I just want to start by saying congratulations on your achievements throughout your career, and, most recently, Delaware's *CDC Childhood Immunization Champion* award.

Dr. Klein: Thank you. I've learned that if you are around long enough people start to give you things. There is an advantage of being in Delaware; it's a small state so it's the size that you can get things done. Everybody knows everybody and even as a non-native you begin to see the interconnections between people.

CK: First off, how did you get your start in medicine?

Dr. Klein: My mother. She subtly pushed me to pursue a medical degree. She was a psychologist and she had always wanted to go to medical school but she knew that if she pushed me to do it then I probably wouldn't go [to medical school]. I did have an interest in science and biology and my mother found a 6 year medical school program that was just beginning at Boston University. At that time, Northwestern had the only other similar program in the country and I ended up at Boston University. I was in their second 6-year medical program and their idea was to make better, well-rounded doctors, faster. The undergraduate portion of the program was liberal arts and we had just a minimum number of required science classes. It got you into medical school as long as you kept your grades up.

This was a fast-track program and I am not sure I would recommend it, it's certainly not for everybody. Today, actually, Boston University now has a 7-year program of Liberal Arts and Medical Education, instead. It meant we were in classes every summer and I was almost 23 when I graduated from medical school, so I was young. While a program like that gets you through faster, you can miss out socially. In the end, it all worked out and I ended up going to California for my internship. That internship was half pediatrics and at the time it was mixed in with what you specialized in for residency. Now you pick one area to specialize in for 3 years of residency. When I went through, it was a one year internship and two years of residency.

CK: How did you decide on pediatrics?

Dr. Klein: I found that it was more fun working with kids than anything else. I enjoy pediatrics because kids have their whole lives ahead of them and I think pediatricians can really make a difference in their lives. When you are taking care of an 85 year old with pneumonia, for example, even if they recover, there is a good chance that they are not going to survive much longer. They can perceive their life as over. My Dad used to say when you asked him "how are you?" and he'd say "alive". He lived to the age of 96. He was retired, he had some health issues that complicated things and his response would be "alive". One of the things that really impresses me is when you ask our patients, "what do you want to be when you grow up?" many of them say pediatrician. Realistically, most of them will not go on to be pediatricians, but the fact that they see being a pediatrician as a career that they could have, shows their appreciation and their respect. When I decided to pursue pediatrics, I felt I could make a difference in a child's life as opposed to working with older people. Although, as I am getting older I see many advantages of working with older people, too.

CK: You attended medical school at Boston University, in the eastern part of the US, and spent your internship and residency on the opposite side of the country. Are there any major differences that you found in practicing medicine in these different parts of the country?

Dr. Klein: With my internship and residency training in California, I didn't see a big difference in the approach to practicing medicine but the approach to life was definitely different. Out west, it was much more casual. The med-students would come in wearing jeans and sandals which nobody would do here, even now. That part was a shock. The quality of medicine was very good and pediatrics is pretty much the same everywhere, everybody is an advocate for children. But that personality difference kept life interesting.

I got married at the end of residency and I followed my husband around. He spent two years in the Air Force, in Victorville, CA. I commuted and practiced pediatrics in San Bernadino. It was a nice mixture, probably to comparable to Wilmington except there were not enough pediatricians. There were 100,000 people and 5 pediatricians, so we were busy. We would have stayed but my husband had plans to go into infectious disease so then we moved to North Carolina where he did his fellowship in pediatric infectious disease and I worked in the outpatient pediatrics at The University of North Carolina at Chapel Hill. Probably through the ID connection is where I got more interested in vaccinations as a cause and started teaching and lecturing on that. Then my son was born and we moved to New Orleans and my husband worked at Tulane University and I worked for the health department on a part time basis. Much of that work was immunizations and taking care of poor kids and learning the systems that were in place. Then my husband went into practice in CA so I spent some time in Ventura County and then I had another baby and we moved back east in 1980. I started working part time for the Delaware County health department and then I started working for New Castle County health department and part time at A.I. DuPont Hospital. When my predecessor at Wilmington Hospital retired in 1990 I moved over there and increased my hours until I was full time and tried to balance being there for my children, as well.

CK: You say you feel vaccines are the biggest scientific advancement of the 20th century and you are a strong advocate for immunization. What are some changes that you have you seen in immunization practices and procedures throughout your time as a pediatrician?

Dr. Klein: Well, first of all there are a lot more vaccines today. In residency, we had the vaccines for measles, diphtheria, polio, tetanus, and pertussis, but that was about it. There have been tremendous advances throughout my career. We saw the development of

the vaccine for German measles, mumps, then Hib and pneumococcal, hepatitis B. More recently we have seen the HPV, and the meningococcal vaccines. Not all advances are for the better, and as we know in this country, people are very litigious. What we saw, for example, with the DTP vaccine, it was a fairly good vaccine but had a lot of side effects. About half of the kids that got that vaccine got fever, some had significant fever and some had seizures. It was blamed for causing brain damage in some patients, but it was never really proven. Much of it was coincidental. For a while the DTP vaccine was blamed for SIDS. Babies were getting their shots at four to six months and that is when they saw SIDS was occurring. It turned out to be coincidental, not causal. It was apparent when they looked at the numbers and realized that the risk of SIDS was the same for babies who had the shot as compared to babies that did not. So, it wasn't the vaccine but because of that, there began some fear about the vaccine ant that was probably the beginning of the anti-vaccine movement. There were always some people who didn't want any vaccines but the side effects from the DTP vaccine caused a lot of backlash. They later developed the DTaP vaccine, and that has far fewer side effects.

I heard Dr. Paul Offit (chief of the division of infectious diseases at Children's Hospital of Philadelphia) speak once, and he said what people want is a vaccine that is 100 percent effective and 100 percent safe. There isn't ever going to be a vaccine like that. We are close, especially with the hepatitis B and HPV vaccines, which are made similarly, are pretty safe and pretty effective for what they are trying to prevent. Nothing is 100 percent, everything is risky; you can walk outside and be hit by a truck, that's a lot more likely than dying from a vaccine. But it can be hard to convince people.

CK: How do you address the resistance that some families might have regarding vaccines for their children?

Dr. Klein: I'm somewhat lucky because the populations that I have worked with and the families of my patients have, for the most part, trusted my medical advice and have accepted my recommendations with little resistance. Sometimes you get a patient's parent that believe they are more educated than the physician even though they did not go to medical school, nor do they have a medical degree but they believe their education level, whatever it may be, allows them to go against the medical advice of their physician. For those that are a bit more resistant, the first thing I tell them is that I do not know any pediatricians whose children are not immunized. I give out books, pamphlets, videos etc. that educate people on why you should get your child vaccinated. The one that I see turned down the most is the flu vaccine. Usually the reasoning for their refusing the flu vaccine is that they know someone who got the flu from the flu shot. As we know, this is primarily the killed virus, where it is impossible to contract the flu from that vaccine. So their reasoning is flawed and that is one that is very hard to convince people otherwise. Sometimes if you explain it to them in that way, they will change their mind. Lately, we have taken to having patients sign a form that the American Academy of Pediatrics puts out, stating that they are refusing to vaccinate. Some people will look at that form and realize the serious nature of vaccine refusal and change their mind. There are some people you just can't convince but we continue to talk to them about vaccines and say "we are here if you change your mind…"

CK: In your experiences, what are the major barriers to vaccine schedule compliance? What have you seen as the best ways to address these barriers?

Dr. Klein: I think people are just afraid of needles and they are projecting their own fears to their kids. Most of the vaccines are needles. Also, some parents use getting shots as a threat to their child. They will say, "if you don't behave, then I'm going to have the Dr. give you a shot". That is not the way to approach it. We work with families to correct that tactic.

CK: What are some of the ways that you encourage patients and families to be up-to-date on their vaccines?

Dr. Klein: I just teach the families about the vaccine. What it does. What it prevents. They don't care that I have seen these diseases, but I explain the reason that they don't see these diseases is because of vaccines. That convinces some, I am teaching residents and med-students how to talk to parents and teaching them about the schedule, why we give certain vaccines when we do, and how it came about.

CK: Obviously, immunizations are a great advancement to address public health, what do you see as another area of public health that really needs focus in order to have a lasting impact and improve the health of our communities and Delaware as a state?

Dr. Klein: Things are going in many different directions but part of vaccinations is herd immunity. If enough people are vaccinated, then there is more protection across the population. Another area that I see as very important to public health is education. Some people joke about wearing masks to work, but a lot of diseases are very contagious and that may be an appropriate action. Some diseases that people are afraid of contracting really may not be as contagious as they think. Go back and look at AIDS. The epidemic began and there was little education around it and a terrible stigma. People didn't' want to touch a person with AIDS or be in the same room with them, but that's not how you get AIDS. It took awhile to educate the public, but now, partly because people live longer with AIDS, but thanks to education, the fear is not there any longer. Sometimes I think it may be too far gone because a little fear is sometimes okay. But I think education can certainly improve public health.

CK: Can you share any memorable moments in your career that you feel had a real impact on either the way you practice medicine?

Dr. Klein: I wish I had better follow-up with the kids that I took care of because you don't always get to find out what happened to them after they leave your care. I find lately I am taking care of second and third generation patients that I took care of the grandmother when she was a teenager, and then her daughter had a baby and I have cared for all of them. It is very gratifying to see that they all turned out well. It is especially memorable when some of the patients go off to college and have careers and come back and say, "You were my doctor!" That means a lot. Sometimes maybe they have kids too fast, but to see them healthy and doing well is nice. It's kind of like seeing my own grandchildren. My older granddaughter who is 10 had to write a report on a career so she chose pediatrician and she interviewed me. She has since changed her mind and wants to be a radiologist because they make more money. Pediatricians are the lowest paid of all doctors so you have to really want to work with kids.

CK: What advice can you offer to young people who are interested in pursuing a career in the pediatrics?

Dr. Klein: I would say part of it is to prepare to not be paid as much as other doctors, and you have to really like kids. I say do what you want to do, but if we see a med-student who rotates through pediatrics and they say they want to be in a different specialty like radiology we encourage them to consider pediatric radiology, or if they want surgery, we say consider pediatric surgery. I think it is much more gratifying taking care of children and young people. They have such great futures ahead of them. Older people are valuable too, but a doctor is not going to have as much long term impact with an older person as they would with a child. I never tell anyone to go into medicine to make money, even for the highest paid specialty. There are many other, better ways to make money than being a doctor. It takes an enormous amount of hard work, time and money to invest in the training. You should really like it, don't do it for the money. Not that there are many starving doctors out there. You will make a good living, but you won't get rich in a career as a pediatrician.

CK: You are retiring in July, What is next for you?

Dr. Klein: I haven't worked that all out yet. I might do some volunteering. There is a community group in PA. Travel more, my daughter lives in England, my son outside of Chicago. I'm going to pursue my hobbies including photography and work on travel-related projects.

CK: What has been your most favorite place to travel?

Dr. Klein: Africa. I went to Tanzania in 2012 and it was a really great trip, very different. I'm going back to South Africa and Botswana in October. The animals are beautiful and it's nice to watch and be there and experience all of it, it is so different than anything in this country. Seeing it with your own eyes and knowing that it is going away, these habitats and animal species are being destroyed. Even animals that are not endangered are threatened. One day there may not be any more zebras. I have seen a lot of this country, too. Places like Yellowstone, with geysers and hot springs, these places are fascinating and beautiful.

It will be nice to travel more, but I am really looking forward to having more time to devote to my interests, including working more with immunizations. When you are working, you don't have as much time to do the extra stuff you want to, especially if you are seeing patients or teaching or whatever it is you do. They don't want you doing administrative things, so now my priorities can shift some to include more work with immunizations and all that goes along with that.

VACCINE INFORMATION STATEMENT

Serogroup B Meningococcal Vaccine (MenB): *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Meningococcal disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and bacteremia or septicemia (infections of the blood). Meningococcal disease often strikes without warning—even people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *Neisseria meningitidis*, called "serogroups." Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants less than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*
- People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, amputations, nervous system problems, or severe scars from skin grafts.

Serogroup B meningococcal (MenB) vaccine can help prevent meningococcal disease caused by serogroup B. Other meningococcal vaccines are recommended to help protect against serogroups A, C, W, and Y.

2 Serogroup B Meningococcal Vaccines

Two serogroup B meningococcal vaccines have been licensed by the Food and Drug Administration.

These vaccines are recommended routinely for people 10 years or older who are at increased risk for serogroup B meningococcal infections, including:

- People at risk because of a serogroup B meningococcal disease outbreak
- Anyone whose spleen is damaged or has been removed
- Anyone with a rare immune system condition called "persistent complement component deficiency"
- Anyone taking a drug called eculizumab (also called Soliris®)
- Microbiologists who routinely work with *N. meningitidis* isolates

These vaccines may also be given to anyone 16 through 23 years old to provide short term protection against most strains of serogroup B meningococcal disease; 16 through 18 years are the preferred ages for vaccination.

The recommended schedule depends on which vaccine you get:

- Bexsero® is given as **2 doses**, at least 1 month apart.
  or
- Trumenba® is given as **3 doses**, with the second dose 2 months after the first and the third dose 6 months after the first.

The same vaccine must be used for all doses.

3 Some people should not get these vaccines

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.** If you have ever had a life-threatening allergic reaction after a previous dose of serogroup B meningococcal vaccine, or if you have a severe allergy to any part of this vaccine, you should not get the vaccine. *Tell your healthcare provider if you have any severe allergies that you know of, including a severe allergy to latex.* He or she can tell you about the vaccine's ingredients.
- **If you are pregnant or breastfeeding.** There is not very much information about the potential risks of this vaccine for a pregnant woman or breastfeeding mother. It should be used during pregnancy only if clearly needed.
- **If you are not feeling well.** It is usually okay to get this vaccine when you have a mild illness, but you might be advised to come back when you feel better.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own within a few days, but serious reactions are also possible.

More than half of the people who get serogroup B meningococcal vaccine have **mild problems** following vaccination. These reactions can last up to 3 to 7 days, and include:

- Soreness, redness, or swelling where the shot was given
- Tiredness or fatigue
- Headache
- Muscle or joint pain
- Fever or chills
- Nausea or diarrhea

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: **www.cdc.gov/vaccinesafety/**

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

  Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness — usually within a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the "Vaccine Adverse Event Reporting System" (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)
Serogroup B Meningococcal Vaccine

08/14/2015

Office Use Only

42 U.S.C. § 300aa-26

The Delaware Public Health Association and the American Planning Association Delaware Applies for a Plan4Health Grant

David L. Edgell, AICP

The Delaware Chapter of the American Planning Association, the Delaware Public Health Association, and the Delaware Coalition for Healthy Eating and Active Living worked with a broad group of partner organizations to apply for the Plan4Health grant available through the American Planning Association (APA).

A similar grant proposal was submitted last year, but was not funded. APA provided valuable constructive feedback on that application, and encouraged Delaware to apply again this year for Cohort 2. Based on that feedback, the grant partners refined the project and chose to focus on Kent County and the City of Dover. The proposal that emerged has four distinct phases that will be implemented if the grant is awarded.

Phase 1 – Collection and Analysis of Health Data for Kent County

There is a wide variety of public health data available. However, it is from different sources and provides data at different scales and levels of geography. The first phase of the project will be to identify, retrieve, analyze and map all relevant health data for Kent County to develop a composite picture of the health of the population. The analysis will focus on and identify health issues and disparities in health in the smallest geographic areas possible (probably Census Tracts or zip codes). As a part of this data analysis, we will be acquiring new data from the Delaware Public Health Institute for our analysis. This data will come from a comprehensive telephone survey to be conducted this summer for the first time in Delaware.

Phase 2 – Planning Charrettes[1] Conducted in Selected Communities

Based on the outcome of the data analysis and mapping, two representative communities will be selected for detailed planning. One community will be in the City of Dover, and the other will be in Kent County. The communities will be selected based on a variety of factors, including the presence of health disparities or other health challenges evident in the data. Planning Charrettes will be conducted in the two selected communities. These multi-day, collaborative planning exercises will engage citizens, local governments, stakeholders and other partners to focus on improving health outcomes in these communities. These exercises will evaluate interventions to address both inactivity and unhealthy diet. The outcomes will be some specific recommendations and feasible projects that can be implemented in each community. It is expected that the results will also represent best practices that could be applicable elsewhere in Dover and Kent County as well.

[1] A charrette is a multi-day, collaborative planning event that harnesses the talents and energies of all affected parties to create and support a feasible plan that represents transformative community change (from the National Charrette Institute.)

Phase 3 – Guidance for Dover and Kent County Comprehensive Plan Updates

The City of Dover and Kent County have adopted and certified comprehensive plans. These plans are in full compliance with State requirements, but at this time neither plan has a specific focus on health. The plans are due for an updates in 2018 (Kent) and 2019 (Dover). The health data analysis and mapping and the lessons learned from the charrettes in the representative communities will be synthesized into a document and presentation. This document and presentation will be focused on providing the City of Dover and Kent County guidance and recommendations on how each jurisdiction can more fully integrate health into their next comprehensive plan update. It is also expected that the various partners participating in Plan4Health will remain active in Dover and Kent County and participate in the plan update processes in 2018 / 2019. While this sounds far in the future, it will actually coincide well with the conclusion of the Plan4Health grant period, which is July 2017.

Phase 4 – Communications and Information Dissemination Plan

The RFP requires a "communications" strategy to ensure information is disseminated to various stakeholders and the general public. This strategy will involve a plan that includes website development, sharing progress and success stories, and publications (white papers, policy briefs, etc.).

What's Next?

The grant was submitted on July 31, 2015. The APA expects to award the grants to successful applicants before the end of the calendar year. If awarded, the grant partners will form a committee and begin implementing the four phases of the grant proposal. If you have any questions, or if you would like to be a part of this exciting project please contact one of the contact people listed below.

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David L. Edgell, AICP, is a Principal Planner with the Delaware Office of State Planning Coordination. He is also a Past President of the Delaware Chapter of the American Planning Association.

About the Plan4Health Grant

Through an overarching collaborative strategy that brings together members of the **American Planning Association (APA)** and the **American Public Health Association (APHA)**, the Plan4Health project aims to build local capacity to address population health goals and promote the inclusion of health in non-traditional sectors. Plan4Health is supported through the Centers of Disease Control and Prevention (CDC) as part of the National Dissemination and Implementation program within the Division of Community Health, Funding Opportunity Announcement #DP14-1418.

How to Motivate Patients to Immunize

Margot Savoy, MD, MPH

This is part of a series by the STFM Group on Immunization Education for National Immunization Awareness Month posted on July 20, 2015.

Immunization conversations can be a challenge even for the most experienced family physician. Even when both the physician and patient agree on the benefit of vaccination, the discussion may require navigating a complicated mix of public health, infectious disease, and immunology interspersed with patient fears about safety and benefit. Fitting that neatly into an already jam-packed 15-minute encounter can be difficult.

Immunization counseling provides a great opportunity for shared decision-making with your patients and lays the foundation for successful health maintenance decisions in the future. Applying some basic knowledge about communication styles, using your motivational interviewing skills, and being prepared to respond to common questions can allow even a busy provider to experience success with vaccine counseling.

Consider Flexing to Your Patient's Preferred Communication Style

Learning styles and personality types are often an untapped resource when communicating during office visits. In general, people tend to fall into four major types: Thinkers, Planners, Dreamers, and Feelers. **Figuring out your patient's preferred style and crafting your message to make it easiest for him or her to understand the message.** Table 1 reviews the common types and examples of tools that may work better with one group over another.

Dust Off Your Motivational Interviewing Skills

Motivational Interviewing is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

Table 1: Patient Communication Preferences and Conversation Strategies

Type	Preferences and Tendencies	Immunization Conversation Strategies	Example Patient Tools/Resource
Thinkers	Prefer numbers, graphs, and expert opinions Tend to make quick rational decisions	Handouts with statistics about the disease burden and impact of vaccination Share statistics, ACIP recommendations, and CDC guidance	Vaccine Preventable Disease e-book PDF created for online viewing of information about 16 vaccine-preventable diseases. From Every Child by Two
Planners	Prefer organized information Tend to need time to process, analyze, and reflect	Anticipatory guidance about vaccines needed at the next visit, allowing time to process Share ACIP schedule and CDC and MMWR website	Well Visit Tracker 2-page document for parent/guardian to record a child's immunizations, developmental milestones, and growth at each well-child visit.
Dreamers	Prefer big picture ideas, risk taking Tend to respond well to creative examples and metaphors	Share the constant innovation and development of new and better vaccine coverage Use metaphors and analogies to explain (see http://www.metamia.com/analogize.php?q=vaccination for some examples)	Parent's Guide to ImmunizationThe booklet offers an overview of how vaccines work and how to prepare for a doctor's visit.
Feelers	Prefer people-based stories and explanations Tend to be concerned about impact on others	Use stories of vaccine preventable disease outcomes to highlight decision and link decision to family/community impact Share recent outbreak stories and the impact on the community	Diseases and the Vaccines That Prevent ThemFacts and true stories about the different diseases that childhood and adolescent vaccines help prevent; many available in Spanish as well as English. For Parents of Infants and Young Children (Birth through Age 6)For Parents of Preteens and Teens (7 through 18 years old)

Using active listening as a base, your role is to reflect back to your patient what you are hearing in an attempt to guide them to reach a conclusion about their decision. For example if you encountered a patient who was hesitating about receiving a particular vaccine, open the discussion by asking permission to discuss it further: "You are due for the following immunizations today, but I heard you declined them from the nurse, do you mind if we talk about it more today?" Then engage the patient in a change conversation by eliciting more information such as "What do you think will happen if you get the vaccine?" or "What do you think will happen if you get X disease?"

Continue the discussion using your reflective listening skills by summarizing what you heard using statements like, "So correct me if I'm wrong, but you are worried the vaccine will make your arm sore and you might feel sick, but you are unsure what happens when someone gets X disease?" Provide clarifying information in a nonjudgmental way. "Would you mind if I provided you more information about X disease so you have all the facts before you decide not to get the vaccine?"

Normalize the patient's concerns by helping her or him understand that many of your patients share similar concerns and why you continue to believe it is a good idea to take the vaccine. "Many of my patients are concerned about the safety of vaccines and whether they are more likely to get sick from the shot that the actual disease. I understand their concern because many vaccine preventable diseases are less common now that we use vaccines regularly."

Combining affirmative statements with advice can be an effective approach. For example, "I am glad you took the time to research the vaccine before your visit today. Being well informed about your health is very important. I recommend patients use these sources of information when making vaccine decisions."

Finally, **gauge where the patient is in the change process by using the readiness ruler.** "On a scale of 0 to 10 where 10 is ready to get the vaccine today and 0 is I'm never going to get the vaccine, where are you?" For patients at a 0 or 1, your time may be better spent on other preventive health measures though you may provide them with additional information about things to consider when choosing not to vaccinate. A good handout is available from the CDC titled "If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities." For ambivalent patients, provide them with additional information to consider before your next visit, and let them know you can talk about it more then.

For additional details about the motivational interviewing techniques, a good resource is available from Sobel and Sobel (2008): http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf.

Prepare Yourself with Responses to Common Questions

Anticipate that patients will have questions about immunizations and be prepared to answer them honestly. Common questions typically include which immunizations are being recommended, what side effects should be expected, and are the vaccines safe. Having resources available at your fingertips will make those conversations flow easier. Keep a laminated copy of easy to read child and adult vaccine schedules in your exam room. Use the Vaccine Information Statements (VIS) to review common side effects. Some practices place a set of laminated VIS in each exam room for the provider discussion and then they print out the specific ones for the day for patients to take home. Finally, use the CDC's Understanding Vaccines and Vaccine Safety handouts to provide specific information about the safety of the vaccines, what the Advisory Committee on Immunization Practice (ACIP) is, how the Vaccine Adverse Event Reporting System (VAERS) works, and more.

Putting It All Together

Plan ahead by making your own go-to immunization conversation exam room kit. Kick off the conversation by giving your strong recommendation for the vaccines due today. Gauge your patient's reaction and engage in a dialogue using his or her preferred communication style and leveraging your motivational interviewing skills to help your patient resolve any ambivalence. **If you can't get the patient to budge today—it's okay! Document your progress and pick up where you left off at the next visit!**

Margot Savoy, MD, MPH, is a member of the DPHA Advisory Council, past-president of the Delaware Academy of Family Physicians, and her role as medical director of the family medicine centers at Christiana Care allows her to combine her interests in quality improvement, patient-centered care, evidenced-based medicine and leadership development.

UPCOMING EVENTS

October 10, 2015

14th Annual John Scholz Stroke Education Conference – www.delamed.org/stroke

October 17, 2015

4th Annual DHSA Global Health Symposium – www.delamed.org/dhsaglobal

November 14, 2015

2nd Annual Delaware Military Medicine Symposium – www.delamed.org/dmms

January 14, 2016

Frank M. and Robert R. Hoopes Medical/Dental Lecture

April 22, 2016

86th Annual Meeting of the Delaware Academy of Medicine/ Delaware Public Health Association

From the History and Archives Collection

An antique x-ray tube made by Green & Bauer, Hartford, Connecticut. This x-ray tube is model #45112 and has an initial patent date of Sept. 5 1911. The maker's trade mark of a shamrock and patent information are etched on the main x-ray tube. This fine radiology antique is 19" in length and is in excellent condition with no cracks, scratches, or corrosion.

Significance to public health: The advent of diagnostic imaging dramatically improved medical decision-making, and reduced unnecessary procedures. However, x-rays also pose a health risk, and x-rays (and other forms of radiation) rank as one of the most thoroughly investigated causes of disease.

DELAWARE ACADEMY of MEDICINE

DPHA
DELAWARE PUBLIC HEALTH ASSOCIATION

Delaware Academy of Medicine / DPHA

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The Delaware Academy of Medicine is a private, nonprofit organization founded in 1930. Our mission is to enhance the well being of our community through medical education and the promotion ofpublic health. Our educational initiatives span the spectrum from consumer health education tocontinuing medical education conferences and symposia.

The Delaware Public Health Association was officially reborn at the 141st Annual Meeting of the American Public Health Association (AHPA) held in Boston, MA in November, 2013. At this meeting, affiliation of the DPHA was transferred to the Delaware Academy of Medicine officially on November 5, 2013 by action of the APHA Governing Council. The Delaware Academy of Medi-cine, who's mission statement is "to promote the well-being of our community through education and the promotion of public health," is honored to take on this responsibility in the First State.