



April 2019 Health Newsletter

VACCINATION EXEMPTIONS BY STATE

ALL 50 STATES ALLOW FOR MEDICAL EXEMPTIONS FROM VACCINES. ALL BUT THREE STATES HAVE OTHER EXEMPTIONS.



Immunization laws have prevented measles cases in WV, official says

- [By Lori Kersey Staff writer](#)
- Apr 12, 2019

While measles outbreaks have been reported in five states, West Virginia health officials say strong immunization laws have prevented cases of the highly contagious disease in the Mountain State in recent years.

West Virginia hasn't had a confirmed case of measles since 2009, said Shannon McBee, an outbreak epidemiologist at the state Division of Infectious Disease Epidemiology. "We've got extremely strong immunization laws here in West Virginia," McBee said. "Some of the best in the nation."

About 90 percent of West Virginia's 2-year-olds have received a measles, mumps and rubella vaccine, McBee said.

West Virginia requires children enrolling in public, private and parochial schools or a state-regulated child care facility to be vaccinated against chickenpox, hepatitis B, measles, meningitis, mumps, diphtheria, polio, rubella, tetanus and whooping cough.

The state does not allow religious or philosophical exemptions for vaccines. Approved medical exemptions to vaccine requirements are “few and far between,” McBee said. Requests for medical exemptions are submitted to the Bureau for Public Health, which reviews them with a clinician and determines whether to grant them or not, McBee said.

This year, as of April 4, 465 cases of measles have been confirmed in 19 states, according to the U.S. Centers for Disease Control and Prevention. Outbreaks — defined as three or more cases — have been confirmed in New York, California, Washington, New Jersey and Michigan.

Before the measles vaccination program started in 1963, about 3 million to 4 million people got measles each year in the United States, according to the CDC. Of those, 400 to 500 died, 48,000 were hospitalized and 4,000 developed brain swelling.

McBee said West Virginia has received several calls from concerned citizens and clinicians recently about suspected measles cases, but none have even warranted testing. She said the confusion is probably because doctors here don’t see many measles cases.

“There’s still a lot of education that needs to be done with our clinical providers across the state to provide some current education about the clinical presentation of measles, proper diagnosis and recognition of the disease and available laboratory testing,” McBee said.

Outbreaks in other states have been linked to international travelers to countries like Israel, Ukraine and the Philippines, where large outbreaks are occurring, according to the CDC.

“They get the disease because they’re unvaccinated, and they travel back to their town or state and further transmission goes on within their community,” McBee said.

As a state that’s not as ethnically diverse as other states, West Virginia might not have as much international travel, she said.

Anyone with questions, and those who want to report a suspected case of measles, may call the Division of Infectious Disease Epidemiology, at 304-558-5358 or 800-423-1271.

https://www.wvgazette.com/news/health/immunization-laws-have-prevented-measles-cases-in-wv-official-says/article_407d9efe-c7b5-51f4-af65-4de773950ccd.html



About Seasonal Allergies

"Achoo!" It's your son's third sneezing fit of the morning, and as you hand him another tissue you wonder if these cold-like symptoms — the sneezing, congestion, and runny nose — have something to do with the recent weather change. If he gets similar symptoms at the same time every year, you're likely right: seasonal allergies are at work.

Seasonal allergies, sometimes called "hay fever" or seasonal allergic rhinitis, are allergy symptoms that happen during certain times of the year, usually when outdoor molds release their spores, and trees, grasses, and weeds release tiny pollen particles into the air to fertilize other plants.

The immune systems of people who are allergic to mold spores or pollen treat these particles (called allergens) as invaders and release chemicals, including histamine, into the bloodstream to defend against them. It's the release of these chemicals that causes allergy symptoms.

People can be allergic to one or more types of pollen or mold. The type someone is allergic to determines when symptoms happen. For example, in the mid-Atlantic states, tree pollination is February through May, grass pollen runs from May through June, and weed pollen is from August through October — so kids with these allergies are likely to have increased symptoms at those times. Mold spores tend to peak midsummer through the fall, depending on location.

Even kids who have never had seasonal allergies in years past can develop them. Seasonal allergies can start at almost any age, though they usually develop by the time someone is 10 years old and reach their peak in the early twenties, with symptoms often disappearing later in adulthood.

Signs and Symptoms

If your child develops a "cold" at the same time every year, seasonal allergies might be to blame. Allergy symptoms, which usually come on suddenly and last as long as a person is exposed to the allergen, can include: sneezing, itchy nose and/or throat, nasal congestion, clear, runny nose, and coughing.

These symptoms often come with itchy, watery, and/or red eyes, which is called allergic conjunctivitis. Kids who have wheezing and shortness of breath in addition to these symptoms might have allergies that trigger asthma.

Diagnosis

Seasonal allergies are fairly easy to identify because the pattern of symptoms returns from year to year following exposure to an allergen.

Talk with your doctor if you think your child might have allergies. The doctor will ask about symptoms and when they appear and, based on the answers and a physical exam, should be able to make a diagnosis. If not, the doctor may refer you to an allergist for blood tests or allergy skin tests.

To find an allergy's cause, allergists usually do skin tests in one of two ways:

-A drop of a purified liquid form of the allergen is dropped onto the skin and the area is pricked with a small pricking device. If a child reacts to the allergen, the skin will swell a little in that area.

-A small amount of allergen is injected just under the skin. This test stings a little but isn't extremely painful. After about 15 minutes, if a lump surrounded by a reddish area appears (like a mosquito bite) at the injection site, the test is positive.

Even if a skin test or a blood test shows an allergy, a child must also have symptoms to be definitively diagnosed with an allergy. For example, a child who has a positive test for grass pollen and sneezes a lot while playing in the grass would be considered allergic to grass pollen.

Treatment

There are many ways to treat seasonal allergies, depending on how severe the symptoms are. The most important part of treatment is knowing what allergens are at work. Some kids can get relief by reducing or eliminating exposure to allergens that bother them.

If certain seasons cause symptoms, keep the windows closed, use air conditioning if possible, and stay indoors when pollen/mold/weed counts are high. It's also a good idea for kids with seasonal allergies to wash their hands or shower and change clothing after playing outside.

If reducing exposure isn't possible or is ineffective, medicines can help ease allergy symptoms. These may include decongestants, antihistamines, and nasal spray steroids. If symptoms can't be managed with medicines, the doctor may recommend taking your child to an allergist or immunologist for evaluation for allergy shots (immunotherapy), which can help desensitize kids to specific allergens.

Reviewed by: Jordan C. Smallwood, MD

Date reviewed: October 2016



Please join us at the Spring 2019 Head Start/ Early Head Start Health Services Advisory Committee. The Health Advisory Committee is composed of staff, parents, community members, and local health professionals that come together to make decisions that impact our program and communities. Your input would be greatly valued.

When: May 17, 2019 from 10am-1:00pm

Where: North Central CAA Taylor County Building located at 20 East Main Street Grafton, WV

Please contact your FRC or FE if you would like to participate, or you can RSVP to Tiffany Pigott, Health Program Specialist, at 304-363-2170 or tiffanypigott@ncwcaa.org.

*Meal will be provided and transportation assistance can be arranged.



Thank You for viewing this month's health newsletter. Feel free to contact Tiffany Pigott at the above contact information or at tiffanypigott@ncwvcaa.org if you have questions, comments, or would like more information about joining the NCWVCAA Health Services Advisory Committee.