

# Ask the Experts

In this and future issues of *MPM*, we ask a panel of experts to comment on a pressing issue of the day. Let us know if you have suggestions regarding experts you would like to hear from or questions you would like to see addressed.

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## ***Do you personally receive a vaccination for infectious illness? If so, why? If not, why not?***

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**Cheryl Phillips, MD**  
*Chief Medical Officer, On Lok Senior Health Services*

Absolutely, and whenever possible, in front of staff. The reasons are simple. I don't want to be sick; I don't want to be a vector to our patients and the staff. Plus, I want to model the importance of us health care providers being immunized. Staff still hold many myths about vaccinations (eg, the flu shot might give you the flu). Actions of clinical leaders who themselves get vaccinated speak much louder than words or memos.



**Eric G. Tangalos, MD**  
*Immunizations for Travel*

One of the best "buys" in medicine might be a visit to a travel clinic before embarking on an exotic trip. Although you can do your own Web-based search, get information from your travel agent, be advised by a foreign government, or visit your primary care provider, oftentimes recommendations are inconsistent and incomplete. In most instances, there is no one right answer and part of what you will do is based on your lifestyle and your level of assuming risk.

Well-informed travel clinics are staffed by a multidisciplinary team devoted to keeping up with en-

demic illness wherever you want to go. They can inform you about immunizations you need and don't need. You will learn about what you need to do about water supplies, fresh vegetables, and mosquitos. If you need drug prophylaxis, you will be advised about what you need, what you don't need, and how long you might need it. You will also be given advice and perhaps antibiotics because of a risk for traveler's diarrhea. Some exposure is also seasonal, and you will get different advice depending on where and when you are going.

You should also get a card to carry with you that informs passport control and Visa officers what has been done. The card should also serve as a reminder for what still needs to be done when you get home. Revaccinations may be needed months after your return, and drug treatment for prophylaxis may need to continue for a few days to a few weeks after you get back. Safe travels!



**Todd Goldberg, MD**  
*West Virginia University Health Sciences Center/Charleston Area Medical Center*

I try to practice what I preach, as I think all health care providers should. So, I personally take all the vaccines appropriate for my age group and occupation, as I would recommend to anyone.

All physicians and health care workers who work with patients should get a flu shot every fall. I am waiting to get mine this fall when it becomes available to employees at my practice and hospital. Then, since I am turning 50 next year, I will continue to get it every year regardless of my work situation because influenza vaccination is recommended annually for everyone over 50.

The other vaccine that is often forgotten by healthy adults is tetanus. All adults should get a Td booster every 10 years after an initial childhood primary series. And according to the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), "Adults aged 19 to 64 years should receive a single dose of Tdap to replace Td for booster immunization against tetanus, diphtheria, and pertussis if they received their last dose of Td more than 10 years earlier and if they have not previously received Tdap."<sup>1</sup> Therefore, I recently received one dose of Adacel (TDAP). In about 10 years when I

am 60, I plan to resume Td boosters. Also at age 60, as recommended by the CDC and ACIP, I plan to receive the herpes zoster vaccine, which is recommended for all adults over 60. Then when I am 65, I plan to receive a pneumococcal pneumonia vaccine, which is recommended for all adults over 65.



**Marvin Herring, MD**  
*Clinical Professor Family Medicine, UMDNJ—  
School Osteopathic Medicine*

I get an annual flu vaccine, an intervention of proven efficacy. I got Pneumovax at age 65 with no indication for a booster, because I have no cardiopulmonary disease or history of pneumonia. Hepatitis B vaccine, monitored by periodic titers and boosters when indicated, is a nice “benefit” given to all our clinical faculty at UMDNJ-SOM’s University Family Practice. My dT boosters are up to date. As for why I get them, “an ounce of prevention is worth a pound of cure” comes closest.

We now have a highly publicized vaccine aimed at herpes zoster. The barriers to receiving the vaccine, however, are that it must be frozen and most pharmacies won’t stock it. In the few pharmacies that do carry it, it is backordered up to 16 weeks. The vaccine’s cost is rather prohibitive (in the range of \$200 plus an administration fee). Only a few plans cover the cost, something some patients and I have found morally offensive.<sup>2</sup> It also offers limited effectiveness and is 60% protective at best with declining effectiveness as we age.<sup>3</sup> Many patients have little or no knowledge of what shingles is and don’t recognize it early enough to receive effective antiviral therapy. Physicians, too, may be hoodwinked by atypical presentations. It is time-consuming to educate patients about shingles and vaccine protection, especially those patients who have no access to Internet data. I welcome suggestions. But my wife and I did get the vaccine (not covered by my insurance plan) for \$200 plus the administration fee. We are eating out less often. MPM

### References

1. Barclay L, Vega C. New guidelines issued for Tdap vaccine for adults. *Medscape Medical News*. January 2, 2007. <http://www.medscape.com/viewarticle/550117>. Accessed October 15, 2008.
2. Boodman SG. Patients confront stringent rules, high prices, limited access. *The Washington Post*. September 25, 2007.
3. Food and Drug Administration (FDA). Zostavax™ Questions and Answers. FDA Web site. [www.fda.gov/Cber/products/zosmer052506qa.htm](http://www.fda.gov/Cber/products/zosmer052506qa.htm). Updated May 16, 2008. Accessed October 15, 2008.