



**Dear Saginaw County Community Mental Health Authority Specialized Residential Provider & Contractor:**

*This is the 30<sup>TH</sup> edition of a regular written communication to all residential providers issued on an every other month basis. Included in the 'SCCMHA Residential NEWS' are updates, reminders, and SCCMHA business information of concern/interest specifically to SCCMHA residential providers. The NEWS is published 6 times per year, starting with the November 2004 edition. Your comments, questions and input are always welcomed at any time. We hope this will be of assistance to you in your work with SCCMHA. PLEASE TAKE TIME TO REVIEW THIS NEWSLETTER, AS THIS MAY BE THE ONLY LOCATION YOU RECEIVE SOME IMPORTANT NOTICES FROM SCCMHA! We appreciate your attention to this information; let us know if you have any questions or suggested input. The next issue will be November 2009.*

### **TRAINING NEWS FOR HOME MANAGERS**

The 2009 Home Manager Renewal Training is planned for Wednesday, October 21<sup>st</sup>. There will only be one session for this required annual training. If you have not already done so, please RSVP to Linda Williams at SCCMHA. The session begins at 9 am and ends at 1 pm; snacks will be provided. The session will include direct care staff enrichment planning, a presentation on gentle teaching and a session on developing a meaningful life. All are part of the SCCMHA Application for Renewal and Recommitment to MDCH content.

SCCMHA is also offering training sessions for all providers on the key content and navigation of the **FY 2010 SCCMHA Network Services Provider Manual**. SCCMHA did not issue a new provider manual in FY 2009. FY 2010 begins October 1, 2009, and this manual is a formal attachment to all provider contracts and is comprehensive, as it contains all related SCCMHA provider service related policies and procedures.

These FY 2010 provider manual training sessions will be offered on:

Tuesday, September 29<sup>th</sup>, 1:30-4:30 pm; Wednesday, September 30<sup>th</sup>, 9:00am – 12:00 Noon; and Thursday, October 22<sup>nd</sup>, 9:00 am – 12:00 Noon.  
Ginny Reed and Jennifer Keilitz will be conducting

these sessions. Home Managers are invited to attend, please RSVP to Linda Williams at 989-797-3445 or [lwilliams@sccmha.org](mailto:lwilliams@sccmha.org) for one of these sessions if you are interested. This is an excellent opportunity to ask questions you may have about SCCMHA policies or procedures.

Finally, SCCMHA wishes to remind any home manager attendees at the initial training earlier this year in June who haven't yet submitted competency tests, you must do so in order to receive credit and ensure payment to your organization. Any outstanding competency materials need to be submitted to Dawn Estrada at SCCMHA as soon as possible in order to receive credit.

### **LEARNING LINKS**

At publication time for this newsletter, the planned upcoming LL topics were:

Oct. 13<sup>th</sup>, 10 am, Room 142 - Topic: Diabetes Treatment and Prevention

Oct. 27<sup>th</sup>, 4 pm, Room 142 Topic: Flu Prevention Tips

Nov. 10<sup>th</sup> 10 am Room 142 Topic: TBA

Nov. 24<sup>th</sup> 4 pm Room 142 Topic: TBA

These regular consumer education sessions sponsored by the Customer Services Department at SCCMHA ("Learning Links") continue in August to be held typically on the 2<sup>nd</sup> and 4<sup>th</sup> Tuesdays of each month at the SCCMHA 500 Hancock building location in Room 142, at 4 pm unless otherwise noted. Please note, beginning in September the new time for LL is generally at 10:00 am. Both consumers and staff are welcome to attend. Whenever flyers are available for the coming sessions' specific topics, they are included with this newsletter for posting. SCCMHA asks that residential providers assist interested consumers to attend these informative and enjoyable sessions. Contact Customer Services at 797-3452 or Mark Leffler at 797-3436 (or [mleffler@sccmha.org](mailto:mleffler@sccmha.org)) directly for details, or to suggest topics or speakers. All suggestions are welcomed!

## **HOME MANAGER QUESTIONS & ANSWERS**

*SCCMHA invites home managers to submit questions for response in this newsletter. Some recent questions with the SCCMHA response are noted below.*

**Q. I have heard about the latest budget news and am worried about my home's contract rates being cut this coming year. What can you tell me?**

**A.** First, it is very clear that 2010 as well as 2011 will be significantly challenging years for the mental health system in Michigan. Anyone watching the statewide news right now is acutely aware of this fact. While the 2010 state budget is not yet finalized as of the publication of this newsletter, it is pretty clear that the general fund (GF) line of the community mental health budget is at a huge risk, and a large cut is more than likely. SCCMHA took a GF cut in FY 2009, and GF funding was already tight for SCCMHA prior to that funding reduction. Medicaid is also uncertain at this time as well, as MDCH has now decided to re-base Medicaid for FY 2010-2011. SCCMHA held its annual public hearing on the FY 2010 budget on September 2<sup>nd</sup>, and the current budget situation as known at that time was reviewed in detail; copies of this power point presentation are available on the SCCMHA website at [www.sccmha.org](http://www.sccmha.org), for interested providers. SCCMHA is looking at any and all cost areas, and providers are likely already aware that SCCMHA announced four staff furlough days of September 4, October 16, November 16 and December 30. (*Note: Providers received a letter in this regard, and January 30 was incorrectly included, the correct fourth furlough/closure date is indeed December 30.*) While the complete budget news from the state for SCCMHA is nearly all uncertain, SCCMHA cannot wait to make adjustments to address what is most likely to occur. It is certainly possible, if not likely, that SCCMHA will find it necessary to reduce residential costs, the question is how to do so; residential services are a significant part of the SCCMHA budget. Provider suggestions are welcomed, as SCCMHA is reviewing those budget costs and related factors in detail at this time. SCCMHA will inform providers in writing about any changes from current contract reimbursement as soon as possible when they are known. SCCMHA will attempt to make any changes as necessary that hopefully will have the least impact possible on consumers and providers as well as being as fair as possible, but tough decisions may need to be made to address any serious shortfall. Providers should also be aware that any individual consumers who require general fund coverage for their services are truly at serious risk.

SCCMHA communicated to these consumers directly about this risk in the past several weeks, including a request that they advocate with their state representatives and senators if they so chose to do so. PLEASE WATCH FOR WORD FROM SCCMHA IN THE VERY NEAR FUTURE ABOUT BOTH THE STATE AND SCCMHA FY 2010 BUDGET STATUS.

**Q. I heard something about a new census being taken soon. How will this impact group homes?**

**A.** The U.S. census will be taken again in early 2010. SCCMHA will get out information as the census time frame gets closer, to help providers ensure that consumers and persons with disabilities are fully counted. Information will include privacy assurances about the use of the information. Census questionnaires will be issued in March 2010, and SCCMHA has been advised that persons residing in group homes will be counted at those residences. Stay tuned for more information from SCCMHA on this in the future.

**Q. Is there ever feedback from the SCCMHA sentinel event committee provided to homes? I had to submit a report on a recent serious incident for my home.**

**A.** Generally, no feedback is provided. When serious incidents occur, SCCMHA does often request provider input to complete the sentinel event review as required by MDCH, and in keeping with SCCMHA practices. Themes of serious sentinel events for residential programs over the past year have included: medication errors, bowel obstructions, falls/slips/trips and choking. Home managers are encouraged to continue to seek to educate staff about paying special attention to prevention in these areas. Consumers who have chronic health conditions and/or have communication barriers may be most at-risk. Of course, prompt, urgent medical attention is always advised if there is any possibility that the consumer's condition may be life threatening. While all serious events certainly cannot be prevented, it is imperative that homes review and ensure that staff take all appropriate, necessary, and timely actions when such incidents occur. Post event review is also expected, in order for the home to determine if procedures were followed and/or need revision. Post event review should also typically include support to involved staff, especially if the sentinel event involved the death of a consumer.

**COULD YOU BE AT RISK FOR COMPLICATIONS FROM INFLUENZA?**

*A message from Cheryl Carlevato, SCCMHA Infection Control Nurse:* Please be considerate of others, cover your cough, use tissues and dispose of them properly, wash your hands well and often and most importantly stay home from work if you have influenza-like illness with a fever of greater than 100 degrees F. Flu-like signs/symptoms include fever, chills, muscle aches, cough, sore throat, congestion, headache, extreme tiredness etc. Stay home until you are fever free for 24 hrs without fever reducing medicines (ie) Tylenol, Ibuprofen, etc. Use appropriate infection control methods in the home setting to protect consumers and others. Your good health as well as the health of those you serve is truly in your hands!!

**HOME MANAGER INFORMATION GUIDES AVAILABLE**

Revised August 2009 versions were sent out to home managers recently. The guide is a nice summary of key points as well as containing key contact information at SCCMHA. If you need additional copies for your organization, please contact the Continuing Education Unit at SCCMHA at any time.

**QUALITY OF LIFE VISITS TO COMMENCE IN OCTOBER**

SCCMHA will begin the Quality of Life visits again this fall, generally to be conducted by consumer volunteers of SCCMHA. This is coordinated by the Provider Network Auditing Unit and is a part of the SCCMHA Quality Program as well as provider network monitoring plan. All persons will have had volunteer training with SCCMHA and will present SCCMHA identification. If you have any questions at any time about these visits, please contact Jennifer Keilitz at SCCMHA.



**FIRST CHOICE OF SAGINAW**

First Choice of Saginaw, the small non-profit organization affiliated with SCCMHA, is going into its fifth annual campaign to raise needed funds for holiday gift cards for SCCMHA consumers residing in licensed residential settings. As you know, many if not most of these individuals have little or no discretionary funds to meet their personal needs. If you are new to the SCCMHA network, you may not be aware of this program; last year First Choice

gave 316 persons with disabilities served by SCCMHA \$35 gift cards during the holiday season in December, to spend on whatever they wanted. First Choice funds come from individual and organizational donations, both people within the SCCMHA system and others in the community as well.

Friends of First Choice is hosting some fund raising events at the SCCMHA administrative offices on Hancock in the coming weeks, that you could participate in by volunteering some assistance time and/or purchasing or donating items, depending upon the event, to support First Choice again this year: Friday, September 25<sup>th</sup> is a Bake, Craft & Collectible Sale, 8 am – 1 pm, and October 23<sup>rd</sup> is a Pancake Breakfast, 8 – 11 am.

In this challenging economic year for SCCMHA and all around the county we work in, First Choice expects to have a hard year also, but would like to continue to provide this important and appreciated support for consumers this coming holiday season in December. First Choice of Saginaw has a website ([www.info@saginawfc.org](http://www.info@saginawfc.org)) and is now face book connected as well. Watch for more information later this fall about the status of First Choice campaign this year, as well as card dissemination planning. Thanks for all you do for this important cause, it is most appreciated.

That's all at this time. SCCMHA is very appreciative of your continued support of consumers and we hope the year is going well at your home this season, going into the fall season. Let us know if you have any questions, suggestions or feedback at any time. Look for the next issue of the NEWS in November! Do stay safe and healthy this fall. On behalf of SCCMHA, all our best to you!

Ginny Reed, Director  
Network Services & Public Policy - SCCMHA  
[greed@sccmha.org](mailto:greed@sccmha.org)  
989-797-3493

**SCCMHA Vision Statement**

*“A Belief in Potential,  
A Right to Dream,  
An Opportunity to Achieve.”*

cc. NS&PP, Service/Management Teams, Advanced Care Pharmacy, Case Management, Supports Coordination, Recipient Rights, Nursing & SCCMHA Clinical Supervisory Staff, Primary Contract Provider Supervisors

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			<p>1</p> <p>LEP 9am-10am</p> <p>Culture Diversity 10am-11am</p> <p>Recipient Rights for Residential staff 1-4pm</p>	<p>2</p> <p>Environmental Emergencies/ Fire Safety 9-12pm</p> <p>Nutrition &amp; Food Safety 1-4pm</p>
5	6	7	8	9
		<p>Introduction to Residential Services &amp; Person Centered Planning Day 1 of 2 9am-4pm</p>	<p>Introduction to Residential Services &amp; Person Centered Planning Day 2 of 2 9am-3pm</p>	<p>Solutions for Wellness 9:00am -10:00am</p> <p>CPR 1:00pm- 4:30pm</p>
12	13	14	15	16
<p>Basic Health/ Blood-Borne Pathogens</p> <p>Day 1 of 2 9am-4pm</p>	<p>Basic Health/ Blood-Borne Pathogens</p> <p>Day 2 of 2 9am-3pm</p>	<p>Person Centered Planning 9am-10am</p> <p>Recipient Rights Renewal 10:00am-11:30am</p> <p>Blood Borne Pathogens 1pm-2pm</p> <p>Advance Directives 1:30-3:00pm</p>		
19	20	21	22	23
<p>Basic Meds Day 1 of 2</p> <p>9am-4pm</p>	<p>Basic Meds Day 2 of 2</p> <p>9am-3pm</p>		<p>2009 provider manual training 9:00am -12:00pm</p> <p>Basic Medication 3 Year Renewal 1pm-4pm</p>	<p>DC Refresher Pack (PCP, BBP &amp; Rights) Renewals only 9am-12:30pm</p>
26	27	28	29	30
<p>Crisis Response Working w/People I, II, Ethics of Touch &amp; Physical Intervention Day 1 of 2</p> <p>9am-4pm</p>	<p>Crisis Response Working w/People I, II, Ethics of Touch &amp; Physical Intervention Day 2 of 2</p> <p>9am-3pm</p>	<p>Advanced Physical Intervention 9am-12 noon</p> <p>Advanced Physical Intervention 1-4pm</p> <p>Advance Directives 1:30-3:00pm</p>	<p>CPR* 9am-12:30pm</p> <p>First Aid* 1:30-4:30pm *classes only available to GHC students</p>	<p>CPR 9am-12:30pm</p> <p>First Aid 1:30pm-4:30pm</p>

# INACTIVATED INFLUENZA VACCINE

## WHAT YOU NEED TO KNOW 2009-10

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).

### 1 Why get vaccinated?

**Influenza (“flu”) is a contagious disease.**

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days. It can cause:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Some people, such as infants, elderly, and those with certain health conditions, can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die – mostly elderly. **Influenza vaccine can prevent influenza.**

### 2 Inactivated influenza vaccine

There are two types of seasonal influenza vaccine:

1. **Inactivated** (killed) vaccine, or the “flu shot” is given by injection into the muscle. 2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

These “seasonal” influenza vaccines are formulated to prevent annual flu. They do not protect against pandemic H1N1 influenza.

Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended.

Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. When there is a close match the vaccine protects most people from serious influenza-related illness. But even when there is not a close match, the vaccine provides some protection. Influenza vaccine will *not* prevent “influenza-like” illnesses caused by other viruses.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts up to a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Some people have suggested that thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine reviewed many studies looking into this theory and concluded that there is no evidence of such a relationship. Thimerosal-free influenza vaccine is available.

### 3 Who should get inactivated influenza vaccine?

*Anyone who wants to **reduce the likelihood of becoming ill with influenza or spreading influenza to others.***

*All children **6 months and older** and all **older adults:***

- All children from 6 months through 18 years of age.
- Anyone 50 years of age or older.

*Anyone who is **at risk of complications from influenza, or more likely to require medical care:***

- Women who will be **pregnant** during influenza season.
- Anyone with **long-term health problems** with:
  - heart disease
  - kidney disease
  - liver disease
  - lung disease
  - metabolic disease, such as diabetes
  - asthma
  - anemia, and other blood disorders
- Anyone with a **weakened immune system** due to:
  - HIV/AIDS or other diseases affecting the immune system
  - long-term treatment with drugs such as steroids
  - cancer treatment with x-rays or drugs
- Anyone with certain **muscle or nerve disorders** (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone 6 months through 18 years of age on **long-term aspirin treatment** (they could develop Reye Syndrome if they got influenza).
- **Residents of nursing homes** and other **chronic-care facilities.**

*Anyone who lives with or cares for people at high risk for influenza-related complications:*

- **Health care providers.**
- **Household contacts and caregivers of children** from birth up to 5 years of age.
- **Household contacts and caregivers** of
  - people 50 years and older, or
  - anyone with medical conditions that put them at higher risk for severe complications from influenza.

Health care providers may also recommend a yearly influenza vaccination for:

- People who provide **essential community services.**
- People living in **dormitories, correctional facilities,** or under other **crowded conditions,** to prevent outbreaks.
- People at high risk of influenza complications who **travel** to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.

## 4 When should I get influenza vaccine?

You can get the vaccine as soon as it is available, usually in the fall, and for as long as illness is occurring in your community. Influenza can occur any time from November through May, but it most often peaks in January or February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Most people need one dose of influenza vaccine each year.

**Children younger than 9 years of age getting influenza vaccine for the first time** – or who got influenza vaccine for the first time last season but got only one dose – should get 2 doses, at least 4 weeks apart, to be protected.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

## 5 Some people should talk with a doctor before getting influenza vaccine

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any **severe** (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
  - Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
  - A severe allergy to any vaccine component is also a reason to not get the vaccine.
  - If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

## 6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

### Mild problems:

- soreness, redness, or swelling where the shot was given
- hoarseness, sore or red eyes, cough, itchiness
- fever • aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

### Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

## 7 What if there is a severe reaction?

### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

## 8 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For more information about the National Vaccine Injury Compensation Program, call **1-800-338-2382**, or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 9 How can I learn more?

- Ask your provider. They 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/flu](http://www.cdc.gov/flu)

DCH-0457

AUTH: P.H.S., Act 42, Sect. 2126.



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



Vaccine Information Statement (Interim)  
Inactivated Influenza Vaccine (8/11/09) 42 U.S.C. §300aa-26

# MEASLES, MUMPS & RUBELLA (MMR) VACCINES

## WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).

### 1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases.

#### Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

#### Mumps

- Mumps virus causes fever, headache, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and, rarely, death.

#### Rubella (German Measles)

- Rubella virus causes rash, mild fever, and arthritis (mostly in women).
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

You or your child could catch these diseases by being around someone who has them. They spread from person to person through the air.

**Measles, mumps, and rubella (MMR) vaccine can prevent these diseases.**

Most children who get their MMR shots will not get these diseases. Many more children would get them if we stopped vaccinating.

### 2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

- The first at **12-15 months of age**
- and the second at **4-6 years of age**.

These are the recommended ages. But children can get the second dose at any age, as long as it is at least 28 days after the first dose.

Some **adults** should also get MMR vaccine:

Generally, anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine,

unless they can show that they have had either the vaccines or the diseases.

Ask your provider for more information.

MMR vaccine may be given at the same time as other vaccines.

Note: A “combination” vaccine called **MMRV**, which contains both MMR and varicella (chickenpox) vaccines, may be given instead of the two individual vaccines to people 12 years of age and younger.

### 3 Some people should not get MMR vaccine or should wait

- People should not get MMR vaccine who have ever had a life-threatening allergic reaction to gelatin, the antibiotic neomycin, or to a previous dose of MMR vaccine.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting MMR vaccine.
- Pregnant women should wait to get MMR vaccine until after they have given birth. Women should avoid getting pregnant for 4 weeks after getting MMR vaccine.
- Some people should check with their doctor about whether they should get MMR vaccine, including anyone who:
  - Has HIV/AIDS, or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer.
  - Has any kind of cancer
  - Is taking cancer treatment with x-rays or drugs
  - Has ever had a low platelet count (a blood disorder)
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get MMR vaccine

Ask your provider for more information.

## 4

### What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting any of these three diseases.

Most people who get MMR vaccine do not have any problems with it.

#### Mild Problems

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Swelling of glands in the cheeks or neck (rare)

If these problems occur, it is usually within 7-12 days after the shot. They occur less often after the second dose.

#### Moderate Problems

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

#### Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been known to occur after a child gets MMR vaccine. But this happens so rarely, experts cannot be sure whether they are caused by the vaccine or not. These include:
  - Deafness
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage

Note: The first dose of **MMRV** vaccine has been associated with rash and higher rates of fever than MMR and varicella vaccines given separately. Rash has been reported in about 1 person in 20 and fever in about 1 person in 5. Seizures caused by a fever are also reported more often after MMRV. These usually occur 5-12 days after the first dose.

## 5

### What if there is a moderate or severe reaction?

#### What should I look for?

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious

allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

#### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

## 6

### The National Vaccine Injury Compensation Program

A federal program has been created to help people who may have been harmed by a vaccine.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 7

### How can I learn more?

- Ask your provider. They 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)**
  - Visit CDC website at: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR DISEASE CONTROL AND PREVENTION**

Vaccine Information Statement (Interim)  
MMR Vaccine (3/13/08) 42 U.S.C. §300aa-26

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mmr.pdf>

## Influenza Prevention



### 1. AVOID THE SOURCE

During an influenza pandemic you should avoid contact with ill individuals and with groups of people that might include infectious persons. Contact within 6ft of a person ill with influenza carries an increased risk of infection. The more crowded the setting the more likely you are to come in contact with the person coughing and sneezing. Avoid crowded conditions as much as possible if influenza is "peaked" in your area.



### 2. CONTAIN THE SOURCE

Persons who are ill with respiratory symptoms (coughing, sneezing, sore throat etc) should **STAY HOME** except to obtain medical care. Individuals with respiratory symptoms can wear a facemask to contain their respiratory secretions such as, when waiting in their physician's office seeking care and when in the presence of others. Person's ill with respiratory symptoms should practice cough etiquette/respiratory hygiene.

3. PREVENT/LIMIT EXPOSURE

If contact with an individual presenting with respiratory symptoms is unavoidable and they can not wear a facemask, limit your duration of exposure. Keep the time you are with the person face to face as brief as possible.



4. BE AN EXAMPLE-TAKE CARE OF YOURSELF AND OTHERS

Practice cough etiquette (cover your cough, use tissues and dispose of properly), perform good hand hygiene and teach others how to prevent the spread of illness. Encourage co-workers to STAY HOME when they are ill. Keep your children home if they are sick. Eat right, get plenty of rest and exercise - encourage your family to do the same.

5. GET A FLU SHOT!



## Infection Control Notes

Submitted by: Cheryl Carlevato RN - Infection Control Coordinator

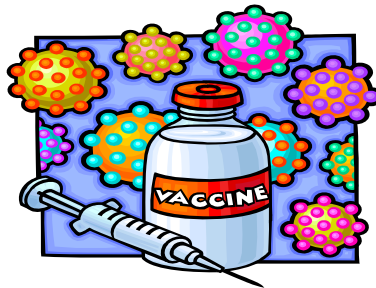


### Immunization of the Month

**September - MMR Measles, Mumps & Rubella and  
Seasonal Influenza 2009-2010**

**October - Rotavirus**

Included in this issue of the Residential News you will find CDC information related to the immunizations spot-lighted above. Are you and your family up to date with immunizations?



**Seasonal Flu Shots Available**

**NOW**

**Advanced Care Pharmacy**

**500 Hancock**

**Monday - Friday**

**8:30am-5:30pm**



**Do you have questions regarding communicable or infectious illness?**

**Call Cheryl - 989-797-3429**

**Infection Control Coordinator - Saginaw County Community Mental  
Health Authority**