



## POSITION STATEMENT

### Immunizations

#### **HISTORY:**

During the nineteenth century there were few effective treatment and preventative measures for infectious diseases. Since 1900 however, substantial achievements have been made in the control of many vaccine-preventable diseases in the United States. Childhood vaccination against smallpox ceased in 1972 due to eradication of the virus in this hemisphere. The last wild-type poliomyelitis transmission in the United States was in 1979. Since the introduction of *H. influenzae type b* (Hib) vaccine, invasive Hib disease in a completely vaccinated infant is very rare (Institute of Medicine, 2000). Experts expect these advances to continue.

The American Academy of Pediatrics offered the first immunization guidelines in the 1930s. National efforts to promote immunizations among all children began in 1955 with the appropriation of federal funds for polio vaccinations. Since then federal, state, and local governments as well as public and private health care providers have collaborated in the development and maintenance of the vaccine delivery system in the United States. Five vaccines were available between 1938 and 1985. Then, between 1985 and 2000, the number of recommended vaccines doubled. In the next 20 years, the number of vaccines available could triple. In addition to the recommended childhood vaccines, the Advisory Committee on Immunization Practices has highlighted the need to focus on adult immunizations as well (Institute of Medicine, 2000).

Vaccines are one of the greatest achievements of the biomedical and public health systems. Yet, despite remarkable success, concerns persist. There are concerns about the disparities in vaccine coverage levels, there are concerns about the quality of surveillance and delivery of immunizations, and there are concerns about how our current health care system will accommodate the increase in complexity of future immunization schedules (Institute of Medicine, 2000).

#### **DESCRIPTION OF ISSUE:**

Vaccines are responsible for the control of many infectious diseases that were once common in this country. Vaccines have reduced, and in some cases eliminated, diseases that routinely killed or disabled many infants, children, teenagers, and adults. However, the viruses and bacteria that cause vaccine-preventable disease and death still exist and can be passed on to people not protected by vaccines. In addition, vaccine-preventable diseases have a costly impact on Americans, resulting in lost work time for parents, doctor's visits, hospitalizations, and premature deaths.

#### **RATIONALE:**

To realize the full benefit of vaccines, families must recognize that vaccines enhance the body's natural defenses and that they should actively seek immunizations. Health

care providers need to know the latest developments and recommendations regarding vaccines and their administration. To optimally prevent disease, disability, and death from preventable illnesses, the vaccine delivery system must target adolescents and adults as well as children. Professional school nurses practice in an ideal setting in which to educate families regarding the indications, contraindications, side effects, and timeliness of initial and booster doses of vaccines. As the primary health professionals in schools, they are responsible for coordinating school and public health immunization programs and have opportunities to counsel families regarding immunizations throughout the lifespan.

### **CONCLUSION:**

It is the position of SNOW that there be federal, state, and local legislation on, and funding for, immunization of students and their families. In addition, SNOW supports the development of a national immunization registry. The school nurse is in a position to assess immunization needs and serve in a leadership capacity to develop school immunization programs and promote community awareness of the value of immunizations in the primary prevention of disease throughout the lifespan.

### **References/Resources:**

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Adopted: October 2003