Program Ups Vaccination Rate in Pregnant Women

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KANSAS CITY, MO. — A staff and bilingual patient education program dramatically increased immunizations for pregnant women in Suffolk County, New York.

But progress in this massive county of 1.3 million residents could be thwarted by state legislation banning the use of vaccines containing thimerosal, Mary Koslap-Petraco said at the National Immunization Conference sponsored by the Centers for Disease Control and Prevention.

A staff education program was developed for obstetricians, nurse-practitioners, and registered nurses at prenatal clinics in all eight primary health centers and three satellite offices run by the Suffolk County Department of Health Services (DHS). The nursing staff then developed a bilingual teaching program in Spanish and English for the women attending the clinics.

The largest ethnic group in the county is Hispanic, many of whom are immigrants, followed by African American, white, Asian, and Native American. All of the patients were enrolled in the Medicaid prenatal assistance program.

Immunization status was checked for each pregnant woman for three targeted vaccines: tetanus and diphtheria (Td), hepatitis A/B, and influenza. Each woman was then offered an immunization, and given vaccine-specific education. A written immunization record was provided for each patient to take home, noting when her next vaccination was due.

"When we started this program, we really didn't vaccinate pregnant women with much more than flu shots, if we even did that," said Ms. Koslap-Petraco, a certified pediatric nurse-practitioner, and coordinator of child health for Suffolk County, Hauppauge, N.Y.

In 2005, 954 flu shots and no Td or hepatitis vaccines were administered. In 2006, those numbers jumped to 1,381 influenza, 505 Td, and 1,307 hepatitis A/B vaccines.

Vaccination of pregnant women remains unsupported among many health care professionals, and the current legislative climate provides yet another reason not to vaccinate. In 2006, New York, Missouri, and Washington joined California, Delaware, Illinois, and Iowa in enacting legislation that would restrict the use of thimerosal-containing vaccines. The law is not effective in New York until July 1, 2008.

But Suffolk County passed its own local ordinance in 2006 prohibiting thimerosal-containing vaccines for children up to age 4 years and pregnant women who attend county health centers. The local law caused many nurses to stop immunizing pregnant women for influenza once the supply of thimerosal-free vaccine ran out, Ms. Koslap-Petraco said. ■

Go Slow on Lab Tests for Tick Bite, Erythema

LAS VEGAS — Patients who present with localized erythema near the site of a tick bite should not necessarily be referred for laboratory tests, Dr. Jana Hercogova said at a dermatology seminar sponsored by Skin Disease Education Foundation.

In fact, a tick bite followed by a local skin reaction should simply be examined in 1 week and, if the redness persists, treated with antibiotics, said Dr. Hercogova of Charles University, Prague.

Dr. Hercogova said that physicians treating pregnant women should consider the gestational age when choosing treatment. In the first trimester, she advised using penicillin G 20 million U/day for 2 days, with oral antibiotics as an option for the following 2 weeks. If infection is suspected to have begun in the second or third trimester, she said she uses only oral antibiotics—mainly penicillin derivatives.

Physicians should also be familiar with macular and annular erythema migrans, she noted, adding that patients with morphea should also be tested for *Borrelia* infection. However, she cautioned, "we should treat the patient without [serologic] evidence if we see a clinically clear case."

If tests are done and come back positive for Lyme disease, she recommended treating the patient with doxycycline or penicillin, depending on whether *Ehrlichia* coinfection is present.

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—John R. Bell