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Dear nicole,

In light of the current whooping cough (pertussis) epidemic in California, physicians at [Austin Immediate Care](#) express concern for the residents of the Austin, Texas area:

*While whooping cough (pertussis) mostly affects infants under one year of age, it can also cause significant symptoms in toddlers and school-age children as well as adults that can last up to three months or longer if untreated. The bacteria that cause pertussis can be spread by children who did not receive their vaccines or by adults who may have received the vaccines as children but did not receive a booster and are no longer immune. While all infants and children should be vaccinated in the regimen recommended by the Centers for Disease Control, **older children and adults also must be up to date with their vaccines**, both to prevent them from getting sick themselves and so they don't aid and abet the transmission of pertussis to others.*



Most states have public health regulations that require immunization against pertussis (as well as tetanus and diphtheria) among infants and pre-schoolers, "but not every parent follows these guidelines," says Austin Immediate Care medical director Jordan Laroe, M.D. "This appears to be part of the problem in California and what we want to avoid in Texas.

"Parents who do not vaccinate their children leave them vulnerable to a highly infectious and devastating disease."

Dr. Laroe is concerned by the rising number of cases of pertussis, both here in Austin and nationwide. She and her colleague at Austin Immediate Care, Brian Bobb, M.D., have seen several cases of pertussis during the past few months, including a patient whose illness was severe enough to require hospitalization.

Pertussis starts like a common cold but then often progresses to intense, almost violent, fits of coughing followed by a forced gulping for air. Some patients present with atypical symptoms, and many infants in particular do not exhibit the characteristic "whooping" sound (hence, its popular name), which can make the diagnosis difficult to make. There is often no or only low grade fever.

Pertussis can cause pneumonia, seizures and death, particularly in infants less than four months of age.

Dr. Laroe's immediate recommendations for the residents of Austin:

- Parents should make sure their children receive the recommended 5-dose primary vaccination series against pertussis (DTaP) at 2, 4, 6 and 15-18 months and at 4-6 years of age.
- Parents must seek medical attention immediately if their child develops a severe cough that interferes with feeding and/or sleeping and for milder coughs that don't improve after a week.
- Adolescents (ideally at age 11-12) and adults should receive a booster vaccine for pertussis.
- Anyone who has been in close contact with a known or suspected case of pertussis should seek medical care to determine if testing, antibiotic prophylaxis and/or boost vaccination is indicated.
- Adults with severe cough or coughs lasting longer than two weeks should be evaluated by a physician.
- Practice and teach your children good cough hygiene (cover your cough; wash your hands frequently, etc.).
- Stay away from infants when you are coughing.

For any questions or to receive a vaccine, please contact Austin Immediate Care at 282.2273.



### Vaccines: They're not just for kids

Wonder which vaccines you need? It can be confusing, especially if you thought you were too old. Read on to find out which vaccines you should have now and which vaccines may be coming up based on recommendations from the [Centers for Disease Control and Prevention](#).

Vaccines listed are available at your local [Immediate Care](#).

### Seasonal influenza (flu)

- **Who needs it:** Those ages 50 or older, the chronically ill or those with a weak immune system, health care workers, those in a long term care facility, anyone with young children, or anyone who wants to reduce the risk of flu. It is also recommended for pregnant women—get the flu shot and not the nasal spray vaccine.
- **When to have it:** October or November.
- **Who shouldn't have it:** If you're allergic to eggs, currently ill or had a previous allergic reaction to a flu vaccine.

### Tetanus, diphtheria and pertussis

- **Who needs it:** Get the combined tetanus, diphtheria and pertussis (Tdap) vaccine if you're age 19 to 64 and had your last tetanus vaccine more than 10 years ago, you have a wound likely to become infected and your last tetanus vaccine was five or more years ago, you have close contact with infants, you just gave birth and haven't had a Tdap vaccine, or you might become pregnant. Get a tetanus-diphtheria (Td) booster if you're age 65 or older and had your last tetanus vaccine more than 10 years ago.
- **When to have it:** Get one dose of Tdap if you never finished the tetanus-diphtheria (Td) series or don't know if you ever had the Td vaccine. Get a second dose four weeks after

the first dose. Get a third dose six to 12 months after the second dose. Get a Td booster every 10 years.

- **Who shouldn't have it:** Those with an allergic reaction to a previous dose of the Td or Tdap vaccine, pregnant women, the currently ill, or if you experienced a coma or seizures within seven days of a previous pertussis vaccine.

### **Measles, mumps and rubella**

- **Who needs it:** Get the combined measles-mumps-rubella (MMR) vaccine if you were born during or after 1957 and never had an MMR vaccination.
- **When to have it:** Get one dose of the MMR vaccine at any time. Get a second dose four weeks after the first dose if you were recently exposed to measles or an outbreak occurs in your community, you're a health care worker, you were vaccinated with a killed measles vaccine or an unknown type of vaccine from 1963 to 1967, you travel frequently, you're a college student, or you had a rubella blood test that shows no immunity.
- **Who shouldn't have it:** The MMR vaccine isn't recommended if you were born before 1957, you have a weak immune system, you're pregnant, or you might become pregnant within four weeks of having the vaccine.

### **Hepatitis A**

- **Who needs it:** If you have a clotting-factor disorder or chronic liver disease, you're a man who has sex with other men, you inject illicit drugs or have sex with someone who does, you are a health care worker who might be exposed to the virus in a lab setting, or you travel for work.
- **When to have it:** Any time. Get a second dose six to 18 months after the first.
- **Who shouldn't have it:** Those with an allergic reaction to a previous dose of the Hepatitis A vaccine, the currently ill.

### **Hepatitis B**

- **Who needs it:** If you're sexually active but not monogamous, you're a man who has sex with other men, you have sex with a person infected with hepatitis B, you inject illicit drugs, you're receiving hemodialysis, you're a health care or public safety worker who might be exposed to infected blood or body fluids, or you live with someone who has a chronic hepatitis B infection.
- **When to have it:** Any time. Get a second dose one month after the first dose. Get a third dose at least two months after the second dose and at least four months after the first dose.
- **Who shouldn't have it:** Those allergic to baker's yeast, those with an allergic reaction to a previous dose of the Hepatitis A vaccine, the currently ill.

### **Herpes zoster (shingles)**

- **Who needs it:** Those older than age 60.
- **When to have it:** Any time
- **Who shouldn't have it:** Those who are pregnant, currently ill, are allergic to gelatin, the antibiotic neomycin or any other component of the shingles vaccine, those who have a weak immune system from HIV/AIDS, you're receiving medical treatments such as steroids, radiation or chemotherapy, you have a history of bone or lymphatic cancer, or you have active, untreated tuberculosis.

Source: [Mayo Clinic](#)

### LAST CHANCE: Win \$100 from Immediate Care!

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Click [here](#) for more information or email [nschuman@theexigencegroup.com](mailto:nschuman@theexigencegroup.com). Good luck!



### Bullying: Help your child handle a school bully

Bullying was once considered a childhood rite of passage. Today bullying is recognized as a serious problem. Up to half of all children are bullied at some point during their school years, according to the [American Academy of Child and Adolescent Psychiatry](#). And thanks to tech-savvy kids, cyber bullying and other forms of electronic harassment are now commonplace.

To help your child handle school bullying, learn to recognize it — and know how to respond.

### Types of bullying

- Physical bullying: Hitting, punching, kicking and other types of physical harm, as well as destruction of a child's property.
- Verbal bullying: Teasing, name-calling, taunting and racial slurs, as well as spreading gossip or malicious rumors.
- Cyber bullying: Harassing emails, instant messages and text messages, as well as intimidating or threatening websites, blogs or posts.

### The consequences of bullying

Children who are bullied may be afraid to go to school. They may complain of headaches or stomachaches and have trouble concentrating on schoolwork. In the long term, the consequences of bullying may be even more severe. Children who are bullied have higher rates of depression, anxiety, low self-esteem and other mental health conditions. Children who are bullied are more likely to think about suicide. Some of these wounds may linger into adulthood.

### Warning signs of bullying

If your child is being bullied, he or she may remain quiet out of fear, shame or embarrassment. Be on the lookout for these warning signs:

- Damaged or missing clothing or other personal belongings
- Unexplained bruises or other injuries

- Few friends or close contacts
- Reluctance to go to school or ride the school bus
- Poor school performance
- Headaches, stomachaches or other physical complaints
- Trouble sleeping or eating

#### What to do

- **Encourage your child to share his or her concerns.** Remain calm, listen in a loving manner and support your child's feelings. Remind your child that he or she isn't to blame for being bullied.
- **Learn as much as you can about the situation.** Ask your child to describe how and when the bullying occurs and who is involved.
- **Teach your child how to respond to the bullying.** Don't promote retaliation or fighting back against a bully. Instead, encourage your child to maintain his or her composure. He or she might say, "I want you to stop now," and then simply walk away. Suggest sticking with a friend or group of friends while on the bus, in the cafeteria or wherever the bullying seems to happen. Remind your child that he or she can ask teachers or other school officials for help.
- **Contact school officials.** Talk to your child's teacher, the school counselor and the school principal. If your child has been physically attacked or otherwise threatened with harm, talk to school officials immediately to determine if the police should be involved. Don't contact the bully's parents yourself.
- **Follow up.** Keep in contact with school officials. If the bullying seems to continue, be persistent.
- **Boost your child's self-confidence.** Help your child get involved in activities that can raise self-esteem, such as sports, music or art. Encourage your child to build friendships and develop his or her social skills.
- **Know when to seek professional help.** Consider professional or school counseling for your child if his or her fear or anxiety becomes overwhelming.

If your child is being bullied, remember that early intervention can help prevent lasting problems — such as depression, anxiety and low self-esteem. Don't leave your child to handle it alone.

Source: [Mayo Clinic](#)

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