HEALTH

NMA opposes recommendation to change U.S. polio immunization policy

The National Medical Association (NMA), the nation's oldest and most influential organization of African-American physicians, just passed a resolution opposing a proposal to change the country's long-standing polio immunization policy from a system of all-oral vaccine to a system that calls for greater use of injected vaccine.

Citing several reasons for its opposition, including concern that additional injections may lead to a significant decrease in overall childhood immunization rates, the NMA urged Dr. David Satcher, Director of the Center for Disease Control and Prevention (CDC), to reject any change on polio immunization policy until the public health impact can be studied and appropriate education campaigns mounted.

The proposed policy change, recommended in June by the CDC's Advisory Committee on Immunization Practices (ACIP), calls for replacing an infant's first two doses of oral polio vaccine (OPV) with two injections of inactivated polio vaccine (IPV), to potentially reduce the approximately eight cases per year in the U.S. of vaccine-associated paralytic polio (VAPP).

The last two doses of polio vaccine in the four-dose immunization series would continue to be OPV, which provides superior intestinal immunity against polio and is the vaccine credited with eradicating polio from the U.S.

Among the reasons stated for NMA's objection to a sequential IPV/OPV schedule:

• No data exist documenting the proposed sequential schedule with decreased VAPP.

• Reduction in passive immunity, which accounts for as much as 40 percent of immunization in under-served populations, by greater use of IPV (OPV confers immunity not only to the individual vaccinated, but often close contacts of the child who is vaccinated as well).

• Additional injections (as many as four may be required at some well-baby visits) or visits may decrease compliance with the entire childhood immunization schedule, risking a resurgence not only of polio but of other vaccine-preventable diseases as well.

• The ACIP has not addressed the public health impact of the proposed change in policy.

• A change in U.S. policy may interrupt global polio-eradication initiatives (OPV is the vaccine of choice in the World Health Organization's global polio-eradication program).

The NMA resolution calls upon Dr. Satcher to reject adoption of the proposed IPV/OPV sequential schedule. Other points of the resolution recommend a "massive educational effort" for health care providers and consumers to support an alternative option of parental choice of IPV or OPV.

The NMA resolution on polio immunization policy will be presented to Dr. Satcher, joining a growing list of opposition statements already presented to CDC from health-related organizations such as the National Black Nurses Association, MAP International, Health Watch Information and Promotion Service, and the National Coalition of Hispanic Health and Human Service Organizations.

Government issues new guidelines for early detection of Alzheimer's disease

Special to Sentinel-Voice

Dementia is a condition in which a person's mental abilities deteriorate so severely that it interferes with his/her's everyday social and occupational activities. An estimated five to 10 percent of the U.S. adult population ages 65 and older is affected by a dementing disorder — and the incidence doubles every five years among people in this age group.

Alzheimer's disease is the most common form of dementia in the United States. It and related dementias affect at least 2 million, and possibly as many as 4 million, U.S. residents. But despite its prevalence, Alzheimer's disease often goes unrecognized or is misdiagnosed in its early stages.

The U.S. Agency for Health Care Policy and Research (AHCPR), an agency of the Department of Health and Human Services, has released guidelines to help patients, their families, and their doctors, recognize the early signs of Alzheimer's disease, and distinguish Alzheimer's—which is non-reversible — from other types of treatable dementias. For example, depression is the most common psychiatric illness in older people, and can be difficult to distinguish from Alzheimer's or other dementias.

"Many health care professionals, as well as patients, their families and friends, mistakenly view the early symptoms of Alzheimer's disease as inevitable consequences of aging," said HHS Secretary Donna E. Shalala. "I urge all physicians to become familiar with the guideline's findings and recommendations so patients will receive the best care possible."

According to the AHCPR guideline, increased difficulty with activities such as learning and retaining new information, handling complex tasks, reasoning, and spatial ability and orientation might be symptomatic of Alzheimer's disease. If you notice any of these symptoms, you should go to your doctor immediately for a thorough clinical examination. Also, if you have a family history of dementia and/or Down Syndrome, you are at possible risk of developing Alzheimer's disease.

You should have your doctor conduct an initial assessment for Alzheimer's disease as soon as these symptoms are present rather than attribute signs of

(See Guidelines, Page 7)