

# Need to Increase Uptake of Current Vaccines for Re-Emerging Infectious Diseases

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## Perspective

In August 2012, the 2nd International Conference on Vaccines and Vaccination was successfully held in Chicago, USA, by the OMICS Group. Invited presenters presented exciting research on vaccinations against diseases caused by parasitic organisms like leishmania, filaria, schistosoma, and malaria as well as viruses like Dengue, West Nile and other flaviviruses, Ebola, Marburg, and other filoviruses. Additionally, presentations on the amazing developments in the development of vaccinations against malignancies of the breast, ovary, lung, and other types were made. It makes sense that people would be interested in vaccines against extremely severe conditions like anthrax, Ebola, and other potential bioterrorist agents. The continuing West Nile virus outbreak in the United States also emphasises the necessity for immunizations to prevent these illnesses. The persistent measles and pertussis epidemics in the USA often go unnoticed in favour of diseases with catchy names and viruses made famous by Hollywood blockbusters that conjure up images of heroes donning masks and other protective gear and saving millions from impending disaster. As communities and even doctors let their guard down, these pathogens—against which there are proven and powerful vaccines—are re-emerging with disastrous consequences. The persistent measles and pertussis epidemics in the USA often go unnoticed in favour of diseases with catchy names and viruses made famous by Hollywood blockbusters that conjure up visions of heroes donning masks and other protective gear and saving millions from impending tragedy. As communities and even doctors let their guard down, these pathogens—against which there are proven and powerful vaccines—are re-emerging with disastrous consequences. By using a systematic 2-dose vaccination schedule, measles transmission was deemed "essentially eliminated" in the United States and Canada by 1998. Fiebelkorn Parker and colleagues skillfully analysed the post-elimination surveillance.

However, according to the Centers for Disease Control and Prevention (CDC), who reported the cases in their Morbidity and Mortality Weekly Report dated April 8th 2011, there were 29 cases of measles in the first two months of 2011, of which 28, or 28 cases, were "import associated" cases (patients who returned from travel abroad and their contacts who also contracted the disease). Although the earliest instances recorded were in children aged 6 to 23 months, later reports have identified incidences in older populations. Massachusetts reported

cases of measles in people from 11 months to 84 years old. The department of public health issued recommendations in response to this outbreak to ensure that children receive the MMR vaccine in two doses, that medical professionals are immune to the measles (either through vaccination or documentation of a positive serology test), and that international travellers are protected against the disease.

On the other hand, there are often few local outbreaks of pertussis in the United States, making it an endemic disease. In comparison to 2010, fewer pertussis cases were reported in 2011. However, there have been more cases in 2012, including a sizable outbreak in Washington State that was classified as an epidemic. Tetanus, diphtheria, and Acellular Pertussis (Tdap) vaccination was advised in June 2005 by the Advisory Committee on Immunization Practices (ACIP) for use in adolescents and adults up to 64 years of age. A selection of patients over the age of 64 were included to the guidelines in October 2010, and the ACIP advised Tdap for all patients 65 and older in February 2012. Unfortunately, the frequency of pertussis cases in the US keeps rising despite these enlarged guidelines. In comparison to the preceding fifty years, the country was on track to have the highest cases this year, according to CDC officials' report on July 19, 2012. The New England Journal of Medicine just released an examination of this rise. The fact that otherwise healthy adults do not visit their healthcare providers frequently and do not feel the need for vaccinations limits the uniform implementation of vaccine recommendations. These people might not benefit from new immunisation recommendations and guidelines. Additionally, while the Tdap vaccine is not covered by some health insurance plans, the Td vaccine is. Lawrence Hammer and colleagues talked on the difficulties in putting vaccine recommendations into practise, such as safety worries and misunderstandings among the general public. There were also suggestions about how to boost immunisation rates. When otherwise healthy people decide to travel outside of the country, there is a special chance to increase the uptake of the MMR and Tdap vaccines. Despite the fact that only about 50% of travellers look for pre-travel health advice, these people are already prepared to receive "travel vaccines" like hepatitis A, typhoid, and yellow fever, depending on the itinerary. When they go to a travel clinic, there is a chance to check their immunisation history and administer the MMR and Tdap vaccines. Unpublished data given at the 2nd International Conference on Vaccines and Vaccination were collected from patients who visited the travel clinic of The Reliant Medical Practice, a sizable private multi-specialty group in Central Massachusetts. The Travel Clinic assessed 1261 people in total in 2011. Due to the persistent measles and pertussis epidemics, there has been a greater emphasis placed on measles screening and immunization, as well as increased Tdap immunisation among travellers who do not have proof of previous immunization. During the study period, 133 MMR vaccines and 397 Tdap vaccines (10.5% and 31.5% of all travelers, respectively) were given. This information confirmed that a significant portion of the general population is out-of-date and still at risk for these two diseases.

To close this gap, doctors and patients will need to be made more aware of the current epidemics, and vaccination opportunities will need to be highlighted at all doctor visits, including travel clinics and primary care. Public policy and resources should also be focused on increasing the uptake of established vaccines, such as MMR and Tdap, especially in the midst of the ongoing measles and pertussis epidemics. Research into vaccines against relatively exotic diseases continues enthusiastically, and frontiers of discovery are vigorously challenged.