

# National Black Church Initiative Health Note

## *Health Emergency Series*

What you need to know about H1N1 to protect yourself and family.



## Immunizations and African Americans

### *Aiming for 100% Participation*

Parents are concerned about the health and safety of their children. There are many steps you can take to protect your children. Immunization is one powerful and important step. It's not only for the kids. It's for the entire family, including parents, grandmothers and grandfathers. Vaccines work to protect infants, children, and adults from illness and death caused by infectious diseases. Immunization is one of the best ways to maintain good health.

### **Get your entire family immunized! Now!**

- In 2007 the National Immunization Survey (NIS) showed that more than 77% of children, age 19 months to 35 months, were fully vaccinated with all the recommended vaccines series. There were no significant differences in vaccine coverage among any racial or ethnic groups, according to the study.
- African American adults are less likely than non-Hispanic white adults to have received the flu vaccine in the past year or to have ever received the pneumonia vaccine.
- In 2006, Non-Hispanic Blacks aged 65 and older were 30% less likely to have received the influenza (flu) shot in the past 12 months, as compared to non-Hispanic whites of the same age group.
- In 2006, African American adults aged 65 and older were 40% less likely to have ever received the pneumonia shot, as compared to non-Hispanic white adults of the same age group.
- Although African American children aged 19 to 35 months had comparable rates of immunization for hepatitis, influenza, MMR, and polio, they were slightly less likely to be fully immunized when compared to non-Hispanic white children.

Source for statistical data: Office of Minority Health, <http://www.omhrc.gov/templates/content.aspx>

# Common Myths about Immunizations



## ***“Immunizations hurt.”***

They may hurt a little, and your baby may cry for a few minutes. There may be some temporary swelling where your child was injected. However, protecting your child's long-term health is worth a few tears.

## ***“Vaccines are not needed because these diseases were disappearing even before the vaccines were developed.”***

This is not true. Many diseases do not occur or spread as much as they used to, thanks to better nutrition, less crowded living conditions, antibiotics, and, most importantly, vaccines. However, this does not mean that the bacteria and viruses that are responsible for these diseases have disappeared. Immunizations are still needed to protect children from these diseases.

## ***“Chickenpox is not a fatal disease, so that vaccine is not necessary.”***

This is not true. Each year, about 9,000 people are hospitalized for chickenpox. About 100 people die from the disease. The chickenpox vaccine will protect most children from getting chickenpox. Since the vaccine was licensed in 1995, millions of doses have been given to children in the United States.

## ***“I am breast feeding so my child doesn't need immunizations.”***

Immunizations are still needed. While breast feeding is the best nutrition for your baby, it does not prevent infections the way vaccines do. Your child may have fewer colds, but breast feeding does not protect against many serious illnesses such as whooping cough, polio, and diphtheria like immunizations do.

## ***“These diseases have been virtually eliminated from the United States, so my child doesn't need to be vaccinated.”***

Without immunizations at the right times, your child can still catch infectious diseases that may cause high fever, coughing, choking, breathing problems, and even brain injury. These illnesses may leave your child deaf or blind or cause paralysis.

## ***“Diphtheria, Tetanus, Pertussis (DTP) vaccine can cause Sudden Infant Death Syndrome (SIDS).”***

There is no scientific evidence that links the DTaP or DTP shot and SIDS. This myth continues because the first dose is given at 2 months of age, when the risk of SIDS is greatest. However, these events are not connected.

## ***“It is unsafe to immunize a child who has a cold and fever. Is this true?”***

A child with a minor illness can be safely immunized. Minor illnesses include the following:

- Low-grade fever
- Ear infection
- Cough
- Runny nose
- Mild diarrhea in an otherwise healthy child

## ***“Some children have serious side effects from vaccines so they must not be very safe.”***

Reactions to vaccines may occur, but they are usually mild. Severe reactions to vaccines are very rare. Symptoms of a more serious reaction include the following:

- Very high fever
- Generalized rash
- Large amount of swelling at the point of injection

If any of these symptoms occur, call your doctor or the nearest clinic right away. If your child experiences any side effects after a vaccination, talk to your pediatrician. Together you can decide whether your child should receive another dose of the same vaccine.

## ***“Giving a child more than one immunization at a time can be dangerous.”***

Studies and years of experience show that vaccines used for routine childhood immunizations can be safely given together. Side effects when multiple vaccines are given together are no greater than when each vaccine is given on separate occasions. Talk to your pediatrician if you are concerned about the number of vaccines your child is scheduled to receive.

**You can use these charts as guides to make sure that your children are on the proper immunization schedule or simply hand this pamphlet to your doctor.**

**He will know what to do.**



**Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2009**  
*For those who fall behind or start late, see the catch-up schedule*

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B <sup>1</sup>	HepB	HepB	HepB	see footnote 1	HepB							
Rotavirus <sup>2</sup>			RV	RV	RV <sup>2</sup>							
Diphtheria, Tetanus, Pertussis <sup>3</sup>			DTaP	DTaP	DTaP	see footnote 3	DTaP					DTaP
<i>Haemophilus influenzae</i> type b <sup>4</sup>			Hib	Hib	Hib <sup>4</sup>		Hib					
Pneumococcal <sup>5</sup>			PCV	PCV	PCV		PCV				PPSV	
Inactivated Poliovirus			IPV	IPV			IPV					IPV
Influenza <sup>6</sup>			Influenza (Yearly)									
Measles, Mumps, Rubella <sup>7</sup>							MMR		see footnote 7			MMR
Varicella <sup>8</sup>							Varicella		see footnote 8			Varicella
Hepatitis A <sup>9</sup>							HepA (2 doses)				HepA Series	
Meningococcal <sup>10</sup>											MCV	

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 0 through 6 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

**Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2009**  
*For those who fall behind or start late, see the schedule below and the catch-up schedule*

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis <sup>1</sup>		see footnote 1	Tdap	Tdap
Human Papillomavirus <sup>2</sup>		see footnote 2	HPV (3 doses)	HPV Series
Meningococcal <sup>3</sup>		MCV	MCV	MCV
Influenza <sup>4</sup>		Influenza (Yearly)		
Pneumococcal <sup>5</sup>		PPSV		
Hepatitis A <sup>6</sup>		HepA Series		
Hepatitis B <sup>7</sup>		HepB Series		
Inactivated Poliovirus <sup>8</sup>		IPV Series		
Measles, Mumps, Rubella <sup>9</sup>		MMR Series		
Varicella <sup>10</sup>		Varicella Series		

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 7 through 18 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Source for charts: Center for Disease Control, [http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08\\_0-6yrs\\_schedule\\_pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08_0-6yrs_schedule_pr.pdf) and [http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08\\_7-18yrs\\_schedule\\_pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08_7-18yrs_schedule_pr.pdf)

## How do you know what immunizations you need: Immunization and Adults

### Why immunize?

Some of these illnesses, once contracted, do not have a cure, and all may cause tremendous health problems or even death. Vaccines are among the safest medical products available; they are very effective, and can prevent the suffering and costs associated with these preventable diseases.

### Which vaccinations do adults need?

All adults require tetanus and diphtheria (Td) immunizations at 10 year intervals throughout their lives. Adults who deferred Td boosters during 2001 and early 2002 because of vaccine shortages should get back on track – the supply problems have been resolved. Additionally, adults younger than 65 years of age should substitute a tetanus, diphtheria, acellular pertussis (Tdap) vaccination for one Td booster.

Adults born after 1956 who are not immune to measles, mumps, or rubella should be immunized.

Women 26 years of age or younger should be immunized against human papillomavirus (HPV), the virus that causes about 70 percent of all cervical cancer cases in the U.S.

All adults 65 years of age or older, as well as persons 2 to



64 years of age who have diabetes or chronic heart, lung, liver or kidney disorders need protection against pneumococcal disease, and should consult their healthcare providers regarding this vaccine.

Influenza vaccination is recommended for all adults 50 years of age or older, women who will be pregnant during influenza season, residents of long-term care facilities, as well as for all children 6 months through 18 years of age, and persons who have certain

chronic medical conditions. Other individuals who should seek annual influenza immunization include healthcare workers and those who live with or provide care for high-risk persons, including those who live with or who provide care for infants younger than 6 months of age.

Hepatitis B vaccine is recommended for adults in certain high-risk groups, such as healthcare workers and public safety workers exposed to blood on the job, household and sex contacts of persons with chronic hepatitis B virus (HBV) infection, sexually active people who are not in long-term, mutually monogamous relationships, people seeking evaluation or treatment for sexually-transmitted disease (STD), men who have sex with men, injection

drug users, travelers to countries where HBV infection is common, people with end-stage renal disease and HIV-infected persons. Hepatitis B vaccine is also recommended for anyone seeking protection from HBV infection. To increase vaccination rates among people at highest risk for HBV infection, hepatitis B vaccine is recommended for all adults in the following settings: STD treatment facilities, HIV testing and treatment facilities, facilities providing drug-abuse treatment and prevention services, healthcare settings targeting services to injection-drug users or men who have sex with men, correctional facilities, end-stage renal disease programs and facilities for chronic hemodialysis patients, and institutions and nonresidential daycare facilities for persons with developmental disabilities.

FIGURE 1. Recommended adult immunization schedule by vaccine and age group — United States, 2009

VACCINE ▼	AGE GROUP ►	19–26 years	27–49 years	50–59 years	60–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>1,3*</sup>		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs				Td booster every 10 yrs
Human papillomavirus (HPV) <sup>2,3*</sup>		3 doses (females)				
Varicella <sup>3,4</sup>		3 doses				
Zoster <sup>4</sup>					3 doses	
Measles, mumps, rubella (MMR) <sup>5,6*</sup>		1 or 2 doses			1 doses	
Influenza <sup>6,8*</sup>				1 doses annually		
Pneumococcal (polysaccharide) <sup>7,8</sup>			1 or 2 doses			1 doses
Hepatitis A <sup>9,9*</sup>		2 doses				
Hepatitis B <sup>10,9*</sup>		3 doses				
Meningococcal <sup>11,9*</sup>		1 or more doses				

\*Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

No recommendation

Source for chart: Center for Disease Control: <http://www.cdc.gov/mmwr/PDF/wk/mm5753-Immunization.pdf>

Source for text: National Foundation for Infectious Diseases, <http://www.nfid.org/>

## How to avoid the flu

**Is it contagious? Yes.**

**The CDC has determined that this H1N1 influenza A virus is contagious and is spreading from human to human. However, at this time, it is not known how easily the virus spreads between people.**

### How influenza is spread

The main way that influenza viruses are thought to spread is from person to person in respiratory droplets of coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and deposited on the mouth or nose of people nearby. Influenza viruses may also be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands.

Try to stay in good general health. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food. Try not to touch surfaces that may be contaminated with the flu virus. Avoid close contact with people who are sick.

The single best way to prevent seasonal flu is to get **vaccinated**. Good habits like covering your cough and washing your hands can help stop the spread of germs and prevent respiratory illnesses like the flu. There also are **flu antiviral drugs** that can be used to treat and prevent the flu.

#### **Avoid close contact.**

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

#### **Stay home when you are sick.**

If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

#### **Cover your mouth and nose.**

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

#### **Clean your hands.**

Washing your hands often will help protect you from germs.

#### **Avoid touching our eyes, nose or mouth.**

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

#### **Practice other good health habits.**

Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

**What you need to know about H1N1 to protect yourself and family.**

### People with swine flu who are cared for at home should:

- Check with their health care provider about any special care they might need if they are pregnant or have a health condition such as diabetes, heart disease, asthma, or emphysema
- Check with their health care provider about whether they should take anti-viral medications.
- Stay home for 7 days after the start of illness and fever is gone.
- Get plenty of rest.
- Drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated.
- Cover coughs and sneezes. Clean hands with soap and water or an alcohol-based hand rub often and especially after using tissues and after coughing or sneezing into hands.
- Avoid close contact with others. Do not go to work or school while ill.
- Be watchful for emergency warning signs that might indicate you need to seek medical attention.



***This health note emphasizes the importance of immunization and staying healthy, but our nation is facing a possible epidemic consisting of H1N1 and the seasonal flu simultaneously hitting during flu season. It will be important that you know that those who are young, elderly, pregnant, or have chronic health diseases should prepare themselves to be immunized against the common flu as well as H1N1.***

### Here are some facts that you should know about in helping to avoid the flu.

#### *Q. How worried is the U.S. government about the spread of the H1N1 virus and what is the government doing to respond?*

The flu is a serious illness, and the **2009 H1N1** virus is a serious flu virus. We know that it spreads among people easily and is affecting younger people disproportionately. We also know that a number of people, many with underlying conditions, have died from this virus. The government is taking it very seriously, and the President and the Administration are actively engaged in combating the spread of **H1N1** and developing a national action plan that builds on the efforts and lessons learned from this spring's initial onset to prepare for the possibility of a serious fall flu season.

Officials are closely monitoring the spread of the disease across this country and watching what is happening in the Southern Hemisphere, where the flu season has already begun. Our concern is what will happen this fall when we head into flu season in this country, and we are monitoring the **H1N1** virus to see how it evolves and whether it is expected to produce more severe disease. So far the disease has been moderate, but Americans have died and many have fallen ill.

As we prepare for the fall flu season, we will be working closely with our partners in the medical community to develop, test, produce, distribute, and administer an **H1N1** flu vaccine and to distribute and dispense antiviral medications for those who may require treatment for the **H1N1** virus.



#### *Q. What can I do to prevent the spread of illness?*

All Americans share in the responsibility to plan for this fall's flu season. Given the unique combination of regular seasonal flu, as well as the **H1N1** virus, it's important for everyone to take action to reduce the transmission of influenza. American families and businesses should

prepare their own household and business plans and think through the steps they will need to take if a family member or a co-worker contracts the flu. We ask all Americans to visit [FLU.GOV](http://FLU.GOV) to find information that will help them take the necessary steps to prepare for flu season and limit the spread of the flu virus. Here are some everyday actions that you and your family can take to stay healthy.

- Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to avoid infecting them.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.



***“Wash your hands with soap and water for 20 seconds”***

Follow the advice of your local public health department regarding school closures, avoiding crowds and other measures to reduce flu transmission. These measures will continue to be important after an **H1N1** vaccine is available because they can prevent the spread of other viruses that cause respiratory infections.

#### *Q. What is the best way to keep from spreading the virus through coughing or sneezing?*

If you are sick, limit your contact with other people as much as possible. If you are sick, stay home until at least 24 hours after you are free of fever or feverishness without the use of fever-reducing medications. Cover your mouth and nose with a tissue when coughing or sneezing. Put your used tissue in the wastebasket. Then, clean your hands, and do so every time you cough or sneeze.

**What you need to know about H1N1 to protect yourself and family.**

## Where to get immunizations

**Contact your local health department for information**  
<http://www.immunize.org/states/>

This web site provides direct links to each state's immunization web site. Each state site provides addresses and contact information for a free clinic near you.

**Flu Clinic Locator of the American Lung Association:**  
[www.flucliniclocator.org](http://www.flucliniclocator.org)

*(Note: Most sites do not present this information on their home pages. Search a site for specific information on where to get shots.)*

### VACCINES FOR CHILDREN PROGRAM

In the past, private providers referred children to public health department clinics for vaccinations when the children lacked health insurance or their health insurance did not cover vaccinations. Since 1994, the Vaccines for Children (VFC) program, established by Section 1928 of the Social Security Act, has allowed children to receive vaccinations as part of routine care, supporting the reintegration of vaccination and primary care. The VFC program serves children through 18 years of age, without insurance, those eligible for Medicaid, American Indian/Alaska Native children, and under insured children who receive care through Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs).

*For more Information see:*

<http://www.cdc.gov/vaccines/programs/vfc>

### Other Helpful Web Sites on Immunization

<http://www.naltblackchurch.com/>

<http://www.immunize.org>

<http://www.cdc.gov/vaccines/pubs/parents-guide/default.htm>

[http://www.bam.gov/sub\\_diseases/diseases\\_immuneplatoon\\_vaccines.html](http://www.bam.gov/sub_diseases/diseases_immuneplatoon_vaccines.html)

[http://pediatrics.about.com/od/immunizations/Immunizations\\_for\\_your\\_Kids.htm](http://pediatrics.about.com/od/immunizations/Immunizations_for_your_Kids.htm)

<http://www.pkids.org/immunizations.php>

<http://www.healthpowerforminorities.org/specific/vaccinations/Child.cfm>

<http://izcoalitions.org/>

<http://www.path.org/vaccineresources/>

<http://www.omhrc.gov/>

<http://www3.niaid.nih.gov/topics/minorityHealth/default.htm>

### National Vaccine Injury Compensation Program (VICP)

On October 1, 1988, the National Childhood Vaccine Injury Act of 1986 (Public Law 99-660) created the National Vaccine Injury Compensation Program (VICP). The VICP was established to ensure an adequate supply of vaccines, stabilize vaccine costs, and establish and maintain an accessible and efficient forum for individuals found to be injured by certain vaccines. The VICP is a

no-fault alternative to the traditional tort system for resolving vaccine injury claims that provides compensation to people found to be injured by certain vaccines. The U. S. Court of Federal Claims decides who will be paid.

*For more Information see:*

<http://www.hrsa.gov/Vaccinecompensation/>

**Recent Ruling on Vaccines and Autism**  
Recent court rulings stated that vaccines are not responsible for children developing autism. The rulings focused on the measles, mumps and rubella (MMR) vaccine.

**sanofi pasteur**

The vaccines division of sanofi-aventis Group

*Funded in part by a grant from sanofi pasteur*

### Contacts for National H1N1 Hotline Information



The Centers for Disease Control and Prevention (CDC)  
**Hotline 1-800-CDC-INFO (232-4636)**  
<http://www.cdc.gov/>

World Health Organization  
Avenue Appia 20 • 1211 Geneva 27 • Switzerland  
Telephone: + 41 22 791 21 11  
Facsimile (fax): + 41 22 791 31 11  
<http://www.who.int/en/>

Pan American Health Organization  
Regional Office of the World Health Organization

525 Twenty-third Street, N.W., Washington, D.C. 20037,  
United States of America  
<http://new.paho.org/hq/>  
Country/City Code:  
(202) Tel: 974-3000 Fax: 974-3663

## How Vaccines Prevent Disease

*Previously titled “How Do Vaccines Work?”*



*Parents are constantly concerned about the health and safety of their children and they take many steps to protect them. These preventive measures range from child-proof door latches to child safety seats. In the same respect, vaccines work to safeguard children from illnesses and death caused by infectious*

*diseases. Vaccines protect children by helping prepare their bodies to fight often serious, and potentially, deadly diseases.*

### Disease Prevention—Protect Those Around You

Disease prevention is the key to public health. It is always better to prevent a disease than to treat it. Vaccines prevent disease in the people who receive them and protect those who come into contact with unvaccinated individuals. Vaccines help prevent infectious diseases and save lives. Vaccines are responsible for the control of many infectious diseases that were once common in this country, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and *Haemophilus influenzae* type b (Hib).

Vaccine-preventable diseases have a costly impact, resulting in doctor’s visits, hospitalizations, and premature deaths. Sick children can also cause parents to lose time from work.

Each child is born with a full immune system composed of cells, glands, organs, and fluids that are located throughout his or her body to fight invading bacteria and viruses. The immune system recognizes germs that enter the body as “foreign” invaders, or *antigens*, and produces protein substances called *antibodies* to fight them. A normal, healthy immune system has the ability to produce millions of these antibodies to defend against thousands of attacks every day, doing it so naturally that people are not even aware they are being attacked and defended so often (Whitney, 1990). Many antibodies disappear once they have destroyed the invading antigens, but the cells involved in antibody production remain and become “memory cells.”

Memory cells remember the original antigen and then defend against it when the antigen attempts to re-infect a person, even after many decades. This protection is called *immunity*.

Vaccines contain the same antigens or parts of antigens that cause diseases, but the antigens in vaccines are either killed or greatly weakened. When they are injected into fatty tissue or muscle, vaccine antigens are not strong enough to produce the symptoms and signs of the disease but are strong enough for the immune system to produce antibodies against them (Tortora and Anagnostakos, 1981). The memory cells that remain prevent re-infection when they encounter that disease in the future. Thus, through vaccination, children develop immunity without suffering from the actual diseases that vaccines prevent.

### Why are Childhood Vaccines So Important?

- It’s true that newborn babies are immune to many diseases because they have antibodies they got from their mothers. However, the duration of this immunity may last only a month to about a year. Further, young children do not have maternal immunity against some vaccine-preventable diseases, such as whooping cough.
- If a child is not vaccinated and is exposed to a disease germ, the child’s body may not be strong enough to fight the disease. Before vaccines, many children died from diseases that vaccines now prevent, such as whooping cough, measles, and polio. Those same germs exist today, but babies are now protected by vaccines, so we do not see these diseases as often.
- Immunizing individual children also helps to protect the health of our community, especially those people who are not immunized. People who are not immunized include those who are too young to be vaccinated (e.g., children less than a year old cannot receive the measles vaccine but can be infected by the measles virus), those who cannot be vaccinated for medical reasons (e.g., children with leukemia), and those who cannot make an adequate response to vaccination. Also protected, therefore, are people who received a vaccine, but who have not developed immunity. In addition, people who are sick will be less likely to be exposed to disease germs that can be passed around by unvaccinated children. Immunization also slows down or stops disease outbreaks.

Source: <http://www.cdc.gov/vaccines/vac-gen/howvpd.htm>