

Chapter 13 Evaluate Your Infectious Disease Risk

Vaccination, screening, and good hygiene habits are all ways to prevent the spread of infectious disease. Complete the following activity to see how well you are keeping yourself and others from contracting an infectious disease.

Part 1 Immunizations

Collect your immunization records. If you do not have a copy of your records, start by asking your parents or guardians. If they do not have records, check with your doctor. Your state health department may also have a program to track childhood vaccines. Record your immunizations in the table below.

Vaccine	Type of vaccination	Date	Location (doctor's office and doctor name, health clinic, etc.)
Tetanus, diphtheria, pertussis (Tdap)			
Human papillomavirus (HPV)			
Varicella			
Zoster			
Measles, mumps, rubella (MMR)			
Influenza			
Pneumococcal polysaccharide			
Hepatitis A			
Hepatitis B			
Meningococcal			

Part 2 STD Risk

- Are you sexually active?
☐ Yes ☐ No
- If yes, have you ever been tested for sexually transmitted diseases?
☐ Yes ☐ No ☐ N/A
- Have you had a new partner since you were last tested?
☐ Yes ☐ No ☐ N/A

Part 3 Basic Hygiene Practices

- Do you wash your hands with soap and warm water regularly before preparing food or eating, after using the toilet, and prior to touching your face?
☐ Most of the time ☐ Sometimes ☐ Rarely
- Do you shower after exercise?
☐ Most of the time ☐ Sometimes ☐ Rarely
- Do you share personal items (clothes, towels, etc.) with others?
☐ Often ☐ Sometimes ☐ Rarely

CRITICAL THINKING QUESTIONS

1. Compare your vaccine record to the immunization recommendations in Figure 13.5. Are you current on all your vaccination recommendations? If not, which ones do you need to get? What factors influence your vaccination status? Consider your personal beliefs, family beliefs, and access to health providers.
2. Identify where you can obtain vaccinations in your community. List the name, address, and phone number of two locations. Do you have health insurance, and does it cover care at these locations? If not, is there a local health department or campus resource for vaccines?
3. Based on your responses to Part 2 and based on the recommendations discussed in the “Sexually Transmitted Infections” section of the chapter, is it recommended that you get tested for STIs? Consider factors that influence your ability to receive STI care. What makes you more or less likely to meet the recommendations?
4. Find two sites in your community where you can get tested for STIs. List the name, address, and phone number of each. Do you have health insurance that covers STI testing? If billing goes to your parents, how does this influence your ability to receive care?
5. Based on your responses to Part 3, evaluate your basic hygiene habits. Is there anything in your environment or community that makes it easier or harder to practice good habits? Where is there room for improvement?