California Area Indian Health Service

PATIENT NEWSLETTER

Raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Fall 2016 **Volume 8, Issue 4**

Beverly Miller, M.H.A., M.B.A.

Inside This Issue...

Director's Message

Staying Healthy During Influenza Season

Influenza ("Flu") is a highly infectious viral illness. Various strains of this virus circulate in the United States each year. In fact, each year on average:

- More than 200,000 people are hospitalized from flu-related complications
- Approximately 36,000 people die from flu-related causes

Flu symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headaches, and chills. If you experience flu-like symptoms and have any of the following health conditions, seek medical care immediately: asthma, diabetes, cancer, HIV/AIDS, and heart or kidney disease.

In addition to getting vaccinated, the following are some of the good health habits that can help stop the spread of germs:

- Avoid close contact
- Stay home when you are sick
- Cover your mouth and nose when sneezing or coughing
- Wash your hands often
- Avoid touching your eyes, nose, or mouth

The following persons are at higher risk for developing serious complications from seasonal influenza:

- Persons age 65 and older
- Children younger than 2 years old
- People of any age who have chronic medical conditions (e.g. diabetes, asthma, congestive heart failure, lung disease)

For more information about the flu and other vaccine preventable diseases, please visit:
http://www.flu.gov/

https://www.ihs.gov/flu/

http://www.cdc.gov/flu/consumer/prevention.htm

Who Should Get An Annual Flu Vaccination?

The Centers for Disease Control & Prevention (CDC) recommends seasonal flu vaccination each year for the following:

- All persons 6 months of age and older, unless medically contraindicated
- Persons identified as “High Risk” are especially at risk for severe flu illness
- Healthcare personnel
- Persons who live with or care for people at elevated disease risk

Protect Your Children From Common Holiday Dangers

by Christine Brennan, MPH

The winter holidays are usually a festive, decorative time of year. Families often have holiday parties, put up holiday decorations, and cook large family meals. Although this is usually a time of celebration, holiday décor and festivities often come with some increased dangers to young children. These dangers include increased risks of poisoning, burns, and choking.

Holiday Poisoning Dangers

Many plants used as decorations during the winter holidays are poisonous to people (and often to pets) and should be kept out of reach of young children who are more likely to put objects into their mouth. Poisoning from plants can cause symptoms such as rashes, vomiting, nausea, diarrhea, and in rare cases, death. Examples of poisonous plants that are common decorations during the holidays are:

- Holly—Holly berries and leaves are toxic. Eating approximately 20 berries can cause severe symptoms or even death.
- Poinsettia—Poinsettia leaves are toxic and can cause minor illness such as nausea, vomiting, or itchy rash.
- Mistletoe—All parts of mistletoe plant are poisonous if eaten and can cause blurred vision, abdominal pain, nausea, blood pressure, changes, and in rare cases, death.
- Amaryllis—Amaryllis bulbs and leaves are toxic and can cause abdominal pain, convulsions, and abnormal heart beat.
- Jerusalem Cherry—The small, red fruit of the Jerusalem Cherry plant is toxic and can cause stomach upset and vomiting if eaten.

Another holiday poisoning danger is alcohol. Many parents host holiday parties where alcohol is served. Be sure to keep any alcoholic beverages out of the reach of children. Guests often unintentionally set drinking cups containing alcohol in locations where children can reach. Since children often want to mimic what adults are doing, there is increased risk of a child consuming alcohol which can be extremely dangerous to a young child.

Holiday Choking Dangers

The winter holidays also add increased choking dangers to households. These include ornaments on trees, decorative icicles, tinsel, and other holiday household decorations.

Popular holiday food can also increase the choking risk in young children (popcorn string and nuts, for example). Be sure any small ornaments or other tree or holiday decorations that can fit into a child’s mouth are placed out-of-reach or remain unused until the child is older. Also, keep all small food items up high and out of reach of small children.

Small toys are also an added danger to young children during the holidays. Older children in the household often receive toys that are too small for a younger child and pose a choking risk. Be sure any smaller gifts that older children receive are put away quickly to avoid risk of choking.

Holiday Burn Dangers

During the winter holidays, families often have fireplaces or wood-burning stoves running to help heat the house and to add to the holiday décor. Be sure that fireplaces or other home-heating elements are inaccessible to young children who can very quickly and easily burn themselves on a hot heating surface. In addition, large dinners are often being prepared during the holidays leading to increased risk of burns from the stove or oven. Be sure that all pots on the stove top have handles turned inwards so children cannot grab them and pull the hot contents of the pan onto themselves. Also, be sure young children are kept out of the kitchen to avoid any adults tripping over younger children while carrying hot items from the oven or stove top.

Planning for the holidays with these added risks in mind will help to ensure that your children have fun, enjoyable, and best of all, safe holidays this winter!

For more information, visit:

- KidsHealth.org: http://kidshealth.org/en/parents/holiday-dangers.html#
- Centers for Disease Control and Prevention: http://www.cdc.gov/family/holiday/HolidayTips.pdf
- California Poison Control: http://www.calpoison.org/public/winter-holidays.html

HPV Vaccine: Who Needs It, How It Works

by Wendy Blocker, MSN

Most cervical cancers are associated with human papillomavirus (HPV), a sexually transmitted infection. Widespread immunization with the HPV vaccine could reduce the impact of cervical cancer worldwide.

What does the HPV vaccine do?
Various strains of HPV spread through sexual contact and are associated with most cases of cervical cancer. Three HPV vaccines have Food and Drug Administration (FDA) approval in the U.S.—Cervarix is for girls only, while Gardasil and Gardasil 9 can be used for both girls and boys. Gardasil 9 offers girls protection against more strains of HPV that can cause cervical cancer. All three vaccines can prevent cases of cervical cancer if given before a girl or woman is exposed to the virus. In addition, all three vaccines can prevent vaginal and vulvar cancer in women, and Gardasil and Gardasil 9 can prevent genital warts and anal cancer in women and men.

In theory, vaccinating boys against the types of HPV associated with cervical cancer might also help protect girls from the virus by possibly decreasing transmission. Certain types of HPV have also been linked to cancers in the mouth and throat, so the HPV vaccine likely offers some protection against these cancers, too.

Who is the HPV vaccine for and when should it be given?
The HPV vaccine is recommended for girls and boys ages 11 or 12, although it can be given as early as age 9. It's ideal for girls and boys to receive the vaccine before they have sexual contact and are exposed to HPV. Research has shown that receiving the vaccine at a young age isn't linked to an earlier state of sexual activity.

If the three-dose series of vaccines isn't completed by ages 11 to 12, the Centers for Disease Control and Prevention (CDC) recommends that girls and women ages 13 to 26, and boys and men ages 13 to 21 receive the vaccine. However, men can still receive the HPV vaccine through age 26 if desired.

Once someone is infected with HPV the vaccine might not be as effective or might not work at all. Also, response to the vaccine is better at younger ages than it is at older ages.

All three vaccines are given as a series of three injections over a six-month period. The second dose is given one to two months after the first dose, and the third dose is given six months after the first dose. If there's a delay in getting the second or third vaccine, the whole series doesn't need to be restarted, but for lasting and full protection, all three doses are recommended.

Who should not get the HPV vaccine?
The HPV vaccine isn't recommended for pregnant women or people who are moderately or severely ill. Tell your doctor if you have any severe allergies, including an allergy to yeast or latex. Also, if you'd have a life-threatening allergic reaction to any component of the vaccine or to a previous dose of the vaccine, you shouldn't get the vaccine.

Does the HPV vaccine offer benefits if you're already sexually active?
Yes. Even if you already have one strain of HPV, you could still benefit from the vaccine because it can protect you from other strains that you don't yet have. However, none of the vaccines can treat an existing HPV infection. The vaccine protects you only from specific strains of HPV you haven't been exposed to already.

Does the HPV vaccine carry any health risks or side effects?
Overall, the effects are usually mild. The most common side effects of HPV vaccines include soreness, swelling, or redness at the injection site. Sometimes dizziness or fainting occurs after the injection. Remaining seated for 15 minutes after the injection can reduce the risk of fainting. In addition, headache, nausea, vomiting, fatigue, or weakness also may occur.

The CDC and FDA continue to monitor the vaccines for unusual or severe problems.

Is the HPV vaccine required for school enrollment?
The HPV vaccine is part of the routine childhood vaccines schedule. Whether or not a vaccine becomes a school enrollment requirement is decided on a state-by-state basis.

Do women who've received the HPV vaccine still need to have Pap tests?
Yes. The HPV vaccine isn't intended to replace pap tests. Routine screening for cervical cancer through regular Pap tests beginning at age 21 remains an essential part of a woman's preventive health care.

What can you do to protect yourself from cervical cancer if you're not in the recommended vaccine age group?
HPV spreads through sexual contact—oral, vaginal or anal. To protect yourself from HPV, use a condom every time you have sex. In addition, don't smoke. Smoking raises the risk of cervical cancer. To detect cervical cancer in the earliest stages, see your health care provider for regular Pap tests beginning at age 21. Seek prompt medical attention if you notice any signs or symptoms of cervical cancer, including vaginal bleeding after sex, between periods or after menopause, pelvic pain, or pain during sex.

Dietary Fiber by Beverly Calderon, RD, CDE

"Dietary Fiber" was coined in 1953, and the health benefits of high fiber foods are well established. Dietary fiber protects against development of Western diseases, including diabetes, cardiovascular disease, colon cancer, and obesity. Fiber also plays a role in gut health, and higher intakes of fiber are linked to lower body weights. Carbohydrate-containing foods, such as bananas, whole grain wheat, and whole grain corn, promote the growth of beneficial microorganisms in the intestines. It is generally recommended that most adults get 7-16 grams per day of viscous soluble fiber, such as beans, oat cereal, asparagus, Brussel sprouts, sweet potatoes, apricots, mangoes, and oranges.

Why Do I Keep Hearing About Gluten? Part III of III by Amy Patterson, PhD

The 1% of the population that suffers from Celiac disease (CD) represents only a small proportion of people who suffer from gluten-related health issues. A much more common syndrome is called "gluten sensitivity". (You may have heard of this already as "gluten intolerance," but medical professionals no longer use that term as it is considered inaccurate). People with gluten sensitivity do not have CD, but suffer from similar symptoms which also improve on a gluten-free diet.

Unlike CD, gluten sensitivity it is not an autoimmune disorder and does not have a genetic component. About 6-10 times as many people have gluten sensitivity as have CD, including about 18 million Americans.

Patients with gluten sensitivity often have gastrointestinal symptoms such as abdominal pain, bloating, diarrhea, and/or constipation. Like CD patients, they also tend to have non-gastrointestinal symptoms, including headaches, fatigue, allergies, joint pain, fibromyalgia, and neurological and psychiatric issues. Often, patients describe having a "foggy brain." Children may exhibit ADHD-like behavior.

People with gluten sensitivity, however, do not test positive for CD or for a wheat allergy. Individuals who have been diagnosed with gluten sensitivity also do not experience small intestine damage or develop the antibodies found in patients with CD.

Although "gluten sensitivity" is a new term, there is evidence emerging that this is a very common phenomena and not just the product of the gluten-free "fad." In a recent Australian study, non-CD patients with celiac-like symptoms were put on a gluten-free diet or a regular diet for six weeks, but not told which one they were on. Those on the gluten-free diet reported fewer problems with bloating, fatigue and bowel movements.

There is no one test that confirms gluten sensitivity, so it is generally diagnosed after excluding other possible causes. Gluten sensitivity is determined through a process of elimination; a patient who tests negative for CD and wheat allergy eliminates gluten completely from their diet. If their symptoms improve, they are diagnosed as gluten sensitive. However, it is important that the patient continues eating gluten while testing for CD, because a gluten-free diet may cause these tests to come back negative even if the patient has CD.

As with people with CD, people who have gluten sensitivity can control their symptoms through a strict gluten-free diet. Although patients with gluten sensitivity do not experience the same level of damage to their intestines from eating gluten, often gluten-sensitive patients who "cheat" on their diets by eating foods containing gluten, experience symptoms almost as bad as CD patients, including pain, gas, nausea, and vomiting.

Finally, there is another group of people who react poorly to gluten: people with wheat allergies. Allergies cause the body's immune system to trigger in response to what it sees as a threat. Although someone with a wheat allergy may have gastrointestinal symptoms similar to that of a CD patient, more commonly their symptoms occur much faster and can include life-threatening reactions such as anaphylaxis. Also, they tend to react specifically to wheat, and not necessarily to other foods that contain gluten.

With any food allergy, avoidance of the food will resolve the symptoms. Food allergy symptoms usually occur within two hours of eating the problem food, but generally, reactions start within minutes. Often, people will report feeling itching or tingling on their lips or in their throat. Some experience skin irritation, particularly itchy rashes with hives or facial swelling. More severe reactions can include rapid tissue swelling, vomiting, diarrhea, eye-nose-throat swelling, breathing problems, heart palpitations and/or fainting. If you or your child experiences any of these symptoms after ingesting a food, get emergency medical help immediately. Also, it is critical that people who suffer from wheat allergies stay away from it, and should talk to their doctor about carrying an EpiPen with them in case of accidental exposure.

Indian Health Service/California Area Office
650 Capitol Mall, Suite 7-100, Sacramento, CA 95814
Phone: (916) 930-3927 | http://www.ihs.gov/california