Preparing for the 2018-19 Influenza Season

Influenza is a serious disease which is known to cause significant morbidity and mortality. Influenza complications such as pneumonia are among the top 10 leading causes of death in American Indians/Alaska Natives (AI/ANs).

According to a study published in 2014 by the American Public Health Association (APHA), death rates for AI/AN people from pneumonia and influenza were significantly higher as compared to those of non-Hispanic whites.¹

Influenza (“flu”) is a contagious respiratory illness caused by flu viruses. It can cause severe illness, and at times can lead to death. People who have the flu often experience one or more of these symptoms:

- Fever* or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (tiredness)

* It’s important to note that not everyone with flu will have a fever.

If you or a family member are experiencing flu-like symptoms, contact your local medical provider right away for advice.

Influenza vaccination remains the best strategy for reducing influenza-related illness. The Centers for Disease Control’s Advisory Committee on Immunization Practice recommends that everyone six months of age and older receive an influenza vaccination each year.

If you have questions about the importance of influenza vaccination, please talk with your medical provider, clinic nurse, or local pharmacist.


Resources:

IHS Seasonal Influenza Information: https://www.ihs.gov/Flu/

Flu.gov: Know What to Do About the Flu: http://www.flu.gov/index.html

Centers for Disease Control and Prevention Flu Information: http://www.cdc.gov/features/flu/
Wildfire Smoke and Health
By Tim Shelhamer, REHS

Smoke plume rising from the River fire east of Ukiah in August 2018

With the ongoing wildfires across California, many communities are experiencing poor air quality. Wildfire smoke pollution is mostly particles, but also contains carbon monoxide, nitrogen oxides, and hydrocarbons. Breathing wildfire smoke may cause eye and throat irritation, coughing, and difficulty breathing. People with health conditions such as respiratory disease (such as asthma), those with heart disease, young children, and older adults are at increased risk of health problems from smoke.

Anyone who experiences headache, repeated coughing, chest tightness or pain, difficulty breathing, or nausea should contact their healthcare provider. Additional guidance is available from the Centers for Disease Control and Prevention website.

Following some general recommendations can limit your exposure to smoke. Stay indoors as much as possible with doors and windows closed. Running air conditioners with recirculate setting can reduce bringing smoky air into your home. Use of HEPA air filters that are sized for your room can reduce smoke particles. Limit your physical activity as much as possible. An N95 respirator “mask” will offer some protection when properly worn. Using a respirator will increase the work of breathing and is not recommended for everyone. If you decide to wear a respirator, follow the guidance from the California Department of Public Health.

Contact your local air quality agency for more information about current air quality and specific recommendations. Air quality data is also available for most counties at http://airnow.gov.

How to Care for Your Baby’s First Teeth
By Steve Riggio, DDS

The American Academy of Pediatrics and the American Academy of Pediatric Dentistry recommend that you take your child to the dentist within six months after the first tooth erupts, or by the first birthday, whichever comes first. The first tooth usually erupts sometime between 4-7 months of age. Teething can last up to three years for the 20 primary teeth (baby teeth) to erupt. Teething can cause problems such as fussiness, difficulty falling asleep, and refusal to eat. As a parent, you can try rubbing the gums with a clean finger or moist gauze, or letting your child chew on a clean teething ring. The use of numbing gels is not advised unless specifically recommended by your healthcare provider or dentist.

Early dental appointments are important. Your child’s dentist can show you the proper way to brush your child’s teeth and care for that brand new smile. The dentist can also apply fluoride varnish to the tooth. Fluoride varnish enters the tooth enamel and makes it hard, to prevent new cavities and slow or stop decay from getting worse. It can safely applied as soon as the first tooth erupts, and reapplied every 3-6 months depending upon the risk of cavities. At every well-baby visit, your baby’s primary care provider should also take a look at your baby’s teeth and apply fluoride varnish or refer your baby to a dentist to apply the varnish.

Poison Prevention
By Susan Ducore, DNP, MSN, RN, PHN

Unintentional poisonings are a large public health burden in the United States. Each day, approximately 80 people lose their lives as a result of unintentional poisonings, and another 1,900 are treated in emergency departments. A poison is any substance, including medications that are harmful to your body if too much is eaten, inhaled, injected, or absorbed through the skin. The following tips are considered best practices for prevention of unintentional poisonings.

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Poison Prevention Safety Tips:

- Put the poison center phone number **1-800-222-1222** in your cell phone and on or near home phones;
- Wear protective clothing (gloves, long sleeves, long pants, socks, and shoes) if you spray pesticides or other chemicals;
- Keep medicine and household products in their original containers and keep them separated from food items;
- Always read the label and follow the directions when taking medicines, some cannot be taken safely when taking other medicines or drinking alcohol;
- Lock up household products and medicines so kids can’t see them or reach them; and
- Never call medicine “candy,” poisons may look like a food or a drink.

If you think somebody has been poisoned, call the Poison Center immediately at **1-800-222-1222**. The Poison Center gives advice over the phone by trained doctors, nurses, pharmacists and experts. Poison Centers are open 24 hours a day, 7 days a week, and 365 days a year. They can help you in more than 150 languages or if you are hearing impaired. Please talk with your local health care provider if you have additional questions and/or concerns.

**Additional Information Sources:**

American Association of Poison Control Centers: [https://aapcc.org/Prevention](https://aapcc.org/Prevention)

Centers for Disease Control and Prevention: [https://www.cdc.gov/HomeandRecreationalSafety/Poisoning/index.html](https://www.cdc.gov/HomeandRecreationalSafety/Poisoning/index.html)

**Marijuana and Your Health**

**By Rachel Harvey, MPS**

Marijuana is the most commonly used illegal drug in the United States, and especially popular among young adults aged 18-25. According to recent surveys, as more states legalize marijuana, fewer people believe the drug is risky. This is problematic because marijuana has both short-term and long-term negative effects on the human brain and body. More specifically, marijuana directly affects the parts of the brain that are responsible for memory, learning, attention, decision making, coordination, emotions, and reaction time. Additionally, the amount of tetrahydrocannabinol (THC) in marijuana (or the strength of the drug) has increased over the past several decades. This means the effects on the brain and body are even worse today.

Marijuana is sometimes consumed via edibles, such as brownies or tea. This method takes longer to produce the high associated with the drug; therefore, some individuals consume more to feel the effects faster. These high doses lead to even more health problems.

Below are some short-term effects of marijuana:

- Altered senses and sense of time
- Changes in mood
- Impaired body movement
- Difficulty thinking and impaired memory
- Hallucinations
- Delusions
- Psychosis

Below are some long-term effects of marijuana:

- Breathing problems, such as a cough, greater amount of phlegm, more frequent lung-related illnesses, and a higher risk of lung infections
- Increased heart rate, increasing the chance of a heart attack
- Cannabinoid Hyperemesis Syndrome, which is characterized by regular and severe nausea, vomiting, and dehydration

Some studies have also linked regular marijuana use with depression, anxiety, and suicidal thoughts in teens. Other studies have shown that marijuana users report less academic and career success and are more likely to drop out of school. Marijuana users also report more accidents and injuries than non-marijuana users.

Contrary to popular belief, extended marijuana use can lead to addiction-like symptoms, including irritability, sleeplessness, decreased appetite, cravings, and anxiety when stopped after regular use. Talk to your doctor about ways to limit these symptoms.

For more information, visit: [https://www.cdc.gov/marijuana/health](https://www.cdc.gov/marijuana/health)  
[https://www.drugabuse.gov/publications/drugfacts/marijuana#ref](https://www.drugabuse.gov/publications/drugfacts/marijuana#ref)

**Low-Carbohydrate or Low-Fat**

**By Beverly Calderon, MS, RD, CDE**

When someone is telling you about or trying to sell you on one or another diet, you may want to ask yourself whether their suggestions sound real and are consistent with your own values around health and wellness. Considering this can help you from getting deceived and may give you some room for a better developed thought.

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Take for example just how easy it is to find news articles, books, pod-cast and research on which is better a low-carbohydrate or low-fat diet. Factors, including genetics, insulin levels that help regulate glucose in the body, and the microbiome in our gut are all said cause or contribute to weight gain. Identifying as to whether these biological differences would encourage an individual’s body to favor low-carbohydrate or low-fat eating pattern, was the point of a recent Stanford University study that concentrated on genetics and insulin. The study results were published in the Journal of the American Medical Association (JAMA) in February 2018. Those who have chosen sides in the longstanding low-fat versus low-carbohydrate debate might be upset, or even shocked by the results. The researchers found that low-carbohydrate diets were not necessary better than low-fat diet. They found that cutting either carbohydrates or fats helped to reduce excess weight in about the same percentage. In addition, findings suggested that an individual’s success on either diet could not be predicted by their levels or a specific genotype pattern. This gets to heart of those diet stories about what they believe that we’re all very different.

So if research suggest that neither a low-carbohydrate nor a low-fat is better, maybe we ask, what might be the best diet for me? Then test small little changes, get curious about the outcomes, and work on increasing your basic nutrition knowledge. Seek out nutrition counseling from a professional, such as a registered diettitian. They can share their knowledge and ask questions that may help you think and reflect on what you’re wanting for yourself, and why. When we invite narrow thinking and drawing conclusion we are more often telling ourselves what we have to do, or allowing others to tell us what they believe we should do. When we invite more complete thinking, we are asking ourselves what attitude is it that I want to carry, and where do I want to place my attention in regards to my health and wellness. In thinking this way we can make room for getting in touch with our core values, and connect them with eating and dietary choices.

There is a large amount of research on the topic. In one study to figure out if individual biological factors dictate weight loss, researchers recruited 609 participants, ranging from 18 to 50 years, half were men and half were women, with about 20% dropping out of the study at the end of the first year.1 All participants were randomized into one of two dietary groups: low-carbohydrate or low-fat. Each group was instructed to maintain their diet for one year. The emphasis was on healthy low-fat and low-carb diets. Regardless of which diet participants were on, all were encouraged to think of “fresh as best”, discouraging the buying of processed, convenience foods. All participants were advised to eat in ways that didn’t make them feel hungry or deprived so as to help them to stick to the assigned diet in the long run. In this study, participants were told to limit their daily carbohydrate or fat intake to just 20 grams for the initial eight weeks of the study. After the second month, participants were instructed to take incremental small adjustments as they felt needed by adding back 5-15 grams of fat or carbs gradually. Their goal was to reach a balance they believed they could maintain for the rest of their lives. At the end of the 12 months, those on a low-fat diet reported an estimated daily average fat intake of 57 grams; those on low-carb ingested about 132 grams of carbohydrates per day.

Perhaps the greatest take-away from the study is that the fundamental strategy is similar for losing weight with either a low-fat or a low-carb approach. The studies suggest eating less sugar, less refined flour and as many vegetables as possible! Opt for whole foods, whether that is a wheatberry salad or grass-fed beef! Some participants even reported that the year-long study helped them change their relationship to food so that they became more thoughtful about how they ate, which may have contributed to their weight loss success.

Once you’ve considered for yourself, the purpose of making dietary changes, you can start to see what might be valuable. This kind of checking-in with ourselves can help us stay on track with what it is we are wanting in regards to our health and wellness.

1 Reference: Effect of Low-Fat vs Low-Carbohydrate Diet on 12-Month Weight Loss in Overweight Adults and the Association with Genotype Pattern or Insulin Secretion The DIETFITS Randomized Clinical Trial http://supremelongevity.com/wp-content/uploads/2017/08/jama_Gardner_2018_o1_180008.pdf