

Wellness Ways

The Methodist Hospital, Corporate Wellness • 713.441.5978 • www.methodistcorporatewellness.com

Volume 19 August 2007

The Flu Shot—Do You Need One?

Nobody wants to catch the flu. As summer fades into fall, we start thinking about arming our bodies against this disease that can cause everything from fever and muscle aches to sore throats, runny noses and stomach agony. How do we make the right choice on whether to get a flu shot? The issue is subject to information overload each year. Does everybody need one?

The Centers for Disease Control and Prevention (CDC) recommends annual flu shots for two categories of people: those at high risk for getting complications from the flu and people who care for or live with others at high risk.

High risk people include:

- Nursing home residents and people living in long-term care facilities
- People 50 years or older
- Children between 6 months and 5 years old
- Pregnant women
- Anyone with a chronic medical condition

Those in direct contact with high risk people include:

- Health care workers
- Family members and those who care for infants 6 months and younger
- Family members and roommates of high risk people

While anyone who wants to reduce his or her flu risk can get the vaccine, the CDC's Advisory Committee on Immunization Practices will prioritize the waiting list when vaccine supplies are limited.

The vaccine can be delivered as a shot in the arm – some hospitals, including Methodist, even offer drive-through service during flu shot season.

continued to page 2

Immunization: A Guard Against Disease in every Phase of Life

Even as infants, our bodies naturally learn to protect themselves from certain diseases. But we all need a little help from time to time. The first series of immunizations start at birth to guard us against hepatitis, measles, mumps, rubella, polio and other diseases that used to regularly kill or sicken thousands of people. As children, our immunization records usually are well-guarded and maintained by parents and pediatricians. They're submitted with school and sports registration papers and stored in a safe place.

By adolescence, though, the rigid recordkeeping tends to fade away. When you scratch yourself on a rotting board or rusty nail 10 years down the road, chances are you have no idea the last time you had that tetanus booster. (NOTE: adults need a tetanus or Td booster once every decade.)

Immunization is a lifetime job. And the records that detail our vaccines are vital histories of our body's fortifications – a medical blueprint of the busy agents warding off enemy bacteria and viruses. If there's a hole in our armor, we need to fill it.

Think of those childhood immunization charts as health résumés. Just like career résumés, they should be safeguarded and updated. They are living, flexible documents detailing our lives.

The more complete our vaccine résumés, the better. August is National Immunization Awareness Month and a good chance to review immunization records. The Centers for Disease Control and Prevention lists recommended immunizations and boosters (www.cdc.gov).

More than 20 immunizations – many of them part of a series – are recommended in the first year of life alone. They include: hepatitis B (HepB); rotavirus (Rota); diphtheria, tetanus, pertussis (DTaP); influenza (Hib); pneumococcal (PCV); inactivated poliovirus; measles, mumps, rubella (MMR); varicella; and hepatitis A (HepA).

These immunizations continue at various stages throughout childhood to age 18. In the teen years, the CDC's list of recommended vaccines expands to include various meningococcal vaccines and the recently developed human papillomavirus vaccine (HPV) for adolescent girls. As we reach adulthood, we should remain vigilant and follow the recommended list of routine vaccines. That list includes:

- Human papillomavirus (three more doses between ages 19 and 49 for females)
- Measles, mumps, rubella – one or two doses from 19 to 49; one dose after 50 for high risk people
- Varicella – two doses from 19 to 49; two doses from 50 to 64 for high risk people
- Influenza (flu) – one dose annually from 19 to 49 for high risk people; one dose annually after 50
- Pneumococcal – one to two doses from 19 to 49 for high risk people; one dose annually after 65
- Hepatitis A and B – for high risk people throughout adulthood
- Meningococcal – for high risk people throughout adulthood

Check with your doctor to update your immunization résumé. Check the CDC's website for recommendations on how to catch up with your recommended vaccines.

Can My Airplane Flight Make Me Sick?

Ever felt a little puny after an airplane trip? Catch a cold within hours of landing? You're not alone. Travel Health Nurse Debbie Amos with Methodist Wellness Services says up to 20 percent of airplane passengers may develop symptoms – frequently respiratory infections – within a week of flying.

“The best way during travel to avoid viruses is to minimize your exposure to infectious droplets on surfaces,” Amos advises. “I tell my travelers to keep an anti bacterial soap with them and use it after going to the toilet, reading magazines they have on board airplanes, before touching your eyes, nose or mouth, after sneezing, coughing or wiping your nose and after touching railings and door handles.”

Airplanes pack many people into a small area. We're all germ factories of sorts, so the environment is perfect for airborne bacteria and viruses to find multiple targets. Just look at the scare caused in May when an Atlanta man with a drug-resistant form of tuberculosis flew overseas and back. The government has offered TB screenings for all passengers aboard the flight.

Amos says we shouldn't be afraid to travel, but we should be aware. Watch what you touch, wash your hands frequently and also be aware of disease symptoms. Sometimes symptoms can show up weeks or even months after a trip. “For example, Hepatitis B symptoms typically appear three to four months after infection,” Amos says. “If an illness is severe or does not improve after three to four days, see your health care provider.”

Flu Shot, continued from page 1

Our bodies develop antibodies to fend off influenza virus infections about two weeks after receiving the vaccine. October and November are the peak flu vaccination months. Flu shots' effectiveness depends on the health of the recipient as well as the power of the potion. Each year, scientists determine the most common types of viruses likely to circulate and formulate the vaccine based on that knowledge. The inactivated viruses used in the vaccine must match the viruses floating in the air.

The flu virus is a hardy traveler, spreading from person to person via coughs and sneezes and contaminated hands touching the mouth and nose. You can infect others before you even know you're sick and up to a week after you get sick. Up to 20 percent of the U.S. population can come down with the flu, and the disease hospitalizes about 200,000 Americans annually. The CDC estimates 36,000 deaths a year from flu.

So, cover your mouth when you cough or sneeze, wash your hands thoroughly and often and get that flu shot if you're in one of the recommended risk groups.

THE METHODIST HOSPITAL

Best in
Texas —
AND LEADING NATIONWIDE

Among
America's Best in:



- Cancer
- Digestive disorders
- Ear, nose and throat
- Endocrinology
- Eyes
- Geriatrics
- Heart and heart surgery
- Kidney disease
- Neurology and neurosurgery
- Orthopedics
- Psychiatry
- Respiratory disorders
- Rheumatology
- Urology

This year, *U.S. News & World Report* again recognizes The Methodist Hospital as one of “America's Best Hospitals” in 14 of 16 specialties. This is the best performance of any hospital in Texas, and a tribute to the physicians, nurses, employees and volunteers who work every day to make Methodist a national leader. Serving patients in Houston and from around the world, Methodist is *Leading Medicine*.



The Methodist
Hospital

Wellness Services

713-441-5978

www.methodistcorporatewelness.com