



LUCÉ-MACKINAC-ALGER-SCHOOLCRAFT DISTRICT HEALTH DEPARTMENT PUBLIC HEALTH UPDATE NOVEMBER 2009

Volume VII, Issue 11

LMA District Health

Department

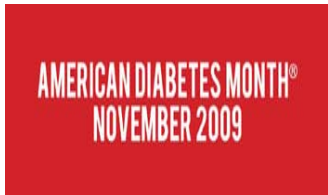
Main Office Phone Numbers:

Luce Co.....293-5107

Mackinac Co.....643-1100

Alger Co.....387-2297

Schoolcraft Co.....341-6951



Breathless not Helpless!



November 18 2009

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Luce-Mackinac-Alger-Schoolcraft
Quarterly Reportable Communicable Disease
July-August-September 2009
(There are 30 cases listed in this report)

County	Condition	Status
Luce	Animal Bite	4
Luce	Chlamydia (Genital)	1
Luce	Hepatitis C, Chronic	1
Mackinac	Animal Bite	6
Mackinac	Chlamydia (genital)	2
Mackinac	Giardiasis	2
Mackinac	Gonorrhea	1
Mackinac	Hepatitis C, Chronic	1
Alger	Animal Bite	4
Alger	Hepatitis C, Chronic	2
Alger	Influenza	1
Alger	Salmonellas	1
Schoolcraft	Animal Bite	3
Schoolcraft	Hepatitis C, Chronic	1

Pancreatic Cancer Awareness Month

Pancreatic carcinoma is cancer of the pancreas.

Symptoms

- Abdominal pain
- Back pain
- Clay-colored stools
- Depression
- Diarrhea
- Fatigue
- Indigestion
- Jaundice
- Loss of appetite
- Nausea and vomiting
- Paleness
- Weakness
- Weight loss

Treatment

At the time of diagnosis, only about 20% of pancreatic tumors can be removed by surgery. The standard procedure is called a pancreaticoduodenectomy (Whipple procedure).

This surgery should be done at centers that perform the procedure frequently. Some studies suggest that surgery is best performed at hospitals that do at least nine of these surgeries per year.

When the tumor is confined to the pancreas but cannot be removed, a combination of radiation therapy and chemotherapy may be recommended.

When the tumor has spread (metastasized) to other organs such as the liver, chemotherapy alone is usually used. The standard chemotherapy drug is gemcitabine, but other drugs may be used. Gemcitabine can help approximately 25% of patients.

For patients who have a blockage of the tubes that transport bile (biliary obstruction) and the tumor cannot be totally removed, the blockage must be relieved.

There are generally two approaches to this:

- Surgery
- Placement of a tiny metal tube (biliary stent) that is similar to stents placed in the arteries of the heart, to relieve blockages during ERCP

Management of pain and other symptoms is an important part of treating advanced pancreatic cancer. Hospice can help with pain and symptom management, and provide psychological support for patients and their families during the illness.

Info Source: <http://pancreaticcancer.com>

Safe at School Campaign

Some schools in our country are doing a fabulous job in meeting the needs of students with diabetes. Unfortunately, in many other schools, students are not able to effectively manage their disease at school or in school-sponsored activities. The American Diabetes Association has long been involved in working to end discrimination against students with diabetes and help educate school personnel about how they can help meet the needs of students with diabetes.



To further these efforts, the Association launched the **Safe at School** campaign last summer to ensure that all students with diabetes are educated in a medically safe environment and have the same access to educational opportunities as their peers. The Association continues to move forward with its campaign through its four-step approach of education, negotiation, litigation, and legislation.

Background

The care of a student with diabetes requires management 24 hours a day, 7 days a week. For students with type 1 diabetes, and for some with type 2 diabetes, that means careful monitoring of their blood glucose (sugar) levels throughout the day and administering multiple doses of insulin therapy. Blood glucose levels that are well managed help young people avoid the dangerous short-term complications of blood glucose levels that are too high or too low, stave off the long-term complications of diabetes, and feel better and be more productive at school and at play. Accordingly, students with diabetes need a supportive environment to help them take care of their diabetes throughout the school day and at school-sponsored activities. In an effort to accomplish this goal, the Association is advocating for a team approach to school-based diabetes management. School principals, administrators, nurses, teachers, coaches, bus drivers, health care, and lunch-room staff -- along with parents, personal health care providers, and students with diabetes -- all play an important role in making the school experience safe and productive for students with diabetes.

Diabetes Management at School

At its core, effective school-based diabetes management requires three things:

1. All school staff members who have responsibility for a student with diabetes should receive training that provides a basic understanding of the disease and know who to contact in an emergency.
2. A small group of school staff members should receive training from a qualified health care professional such as a physician or a nurse, in student-specific routine and emergency care. This is done so that a staff member is always available for younger or less-experienced students who require assistance with their diabetes management (e.g., administering insulin, checking their blood glucose, or choosing an appropriate snack) and for all students with diabetes in case of an emergency (including administration of glucagon) when a school nurse is absent or otherwise unavailable.
3. Those students who are capable of doing so should be permitted to self-manage their diabetes in the classroom and during all school activities.

The **Safe at School** campaign will include efforts to:

- Educate the public and the media about issues facing children with diabetes at school.
- Improve the situation for students who do not have any school personnel trained to provide diabetes care.
- Counter efforts by those who are jeopardizing the health and safety of students with diabetes by taking measures to prevent the training of non-medical school personnel to provide needed care for students with diabetes.

As is true for children with other chronic diseases, students with diabetes are more likely to succeed in school when students, parents, school nurses, principals, teachers, other school personnel, and the student's health care providers work together to ensure effective diabetes management. The **Safe at School** campaign will enable the Association to enhance its efforts to ensure that every student with diabetes is able to effectively manage his or her disease at school and in school-related activities.

Info Source: <http://www.diabetes.org/>

When Smokers Quit-The Health Benefits

20 minutes after quitting: Your heart rate and blood pressure drops.

12 hours after quitting: The carbon monoxide level in your blood drops to normal.

2 weeks to 3 months after quitting: Your circulation improves and your lung function increases.

1 to 9 months after quitting: Coughing and shortness of breath decrease; cilia (tiny hair-like structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.

1 year after quitting: The excess risk of coronary heart disease is half that of a smoker's.

5 years after quitting: Your stroke risk is reduced to that of a nonsmoker 5 to 15 years after quitting.

10 years after quitting: The lung cancer death rate is about half that of a continuing smoker's. The risk of cancer of the mouth, throat, esophagus, bladder, cervix, and pancreas decrease.

15 years after quitting: The risk of coronary heart disease is that of a non-smoker's.

Info Source: <http://www.cancer.org/>



Tobacco Use Behaviors

Approximately 22.1% of Michigan adults are current smokers. Of current smokers, 23.5% are men and 18.9% are women.

Michigan residents more likely to smoke are those with lower household incomes and lower education levels.

Of high school students in Michigan, 17.0% report smoking one or more days in the previous month.

Among current smokers in Michigan age 18 years and older, 61.6% tried to quit smoking for 1 day or longer in the past year.

Fifty-seven percent of high school students who currently smoke have tried unsuccessfully to quit.

Info Source: www.michigancancer.org

H1N1 (SWINE FLU) UPDATE

- Current vaccine shortage on a nationwide basis is a result of less than expected yields from the egg-based manufacturing process and the need for vaccine makers to produce both seasonal and the H1N1 vaccine for this fall.

- Vaccine allocations are on a population basis. Weekly shipments are beginning, but only minimal quantities have been received thus far. Pregnant women, young children with significant health issues, and the doctors and nurses needed to keep our hospital open are the initial main target groups with vaccine in short supply.

- When sufficient vaccine becomes available, public clinics will be advertised.

Questions heard around town....

#1 How many confirmed cases of H1N1 are there? At this time there is no effort to collect such a 'number' in a meaningful way. Beginning late spring/early summer this year, virtually all lab samples submitted for specific testing were positive for 2009 Influenza A 2009. Due to these lab results, the unusual time of year for flu and the cost of the lab testing, by mid-summer, the Michigan Bureau of Laboratories was no longer routinely accepting samples for testing. ICU hospitalizations, severely ill pregnant women, patients with unusual and severe presentations, and deaths are the main reasons for sending in samples now. So far this month (as of October 17), 99.9% of these limited sample submissions were positive for H1N1. The bottom line is that if you have the flu now, it's probably H1N1. Most diagnosis at this time is symptomatic and will be classified as 'influenza-like-illness'.

#2 If I have the nasal mist type of vaccine (made with live, weakened viruses that cannot grow at normal body temperature), can I pass the virus on to others? In clinical studies, transmission of vaccine viruses to close contacts occurred only rarely. The current estimated risk of getting infected with vaccine virus after close contact with a person vaccinated with the nasal-spray flu vaccine is low (0.6%-2.4%). Because the viruses are weakened, infection is unlikely to result in influenza illness symptoms since the vaccine viruses have not been shown to change into typical or naturally occurring influenza viruses.

#3 If I've already had the flu, should I get the H1N1 shot? Unless you've had laboratory confirmed H1N1, you should still get the H1N1 flu shot because there are different strains of flu and other illnesses that mimic flu symptoms (you wouldn't really know if you had H1N1 or not without lab tests).

Do you have a flu question you'd like to ask? Send it to mmccune@lmasdhd.org for response in the next update.

Remember that right now prevention is our main flu fighting tool. Don't let the flu virus get into your body. Wash hands before eating. Don't touch your eyes, nose or mouth. Keep your distance from those who are coughing and sneezing. Stay home when ill and until your fever is gone (reduction not being due to fever medication use) for 24 hours.

4 REASONS TO LEARN MORE ABOUT COPD

Did you know?

Chronic obstructive pulmonary disease is the **4th** leading cause of death in the United States. The disease kills more than 120,000 Americans each year—that's 1 death every **4** minutes—and causes serious, long-term disability. The number of people with COPD is increasing. More than 12 million people are diagnosed with COPD and an additional 12 million likely have the disease and don't even know it. Here are **4** things YOU can do to live a longer, more active life.

1. Be aware of the risk factors 2. Recognize the symptoms 3. Ask your doctor about a simple breathing test 4. Follow treatment advice

4 key risk factors for COPD

If you ...

- have shortness of breath, chronic cough, or have trouble performing simple daily tasks like climbing stairs, grocery shopping, or laundry;
- are over age 40 and currently smoke or used to smoke;
- have worked or lived around chemicals or fumes;
- have certain genetic conditions

...you could be at risk for COPD.

4 things you can do if you are at risk for COPD:

- Talk with your healthcare provider about shortness of breath, chronic cough, or decline in activity level.
- Get a simple breathing test, also known as spirometry.
- Quit smoking. Need help? Talk to your doctor.
- Avoid pollutants or fumes that can irritate your lungs.

4 things you can do to help manage COPD:

- Take medication as directed by your doctor.
- Enroll in a pulmonary rehabilitation program.
- Avoid pollutants or fumes that can irritate your lungs.
- Get flu and pneumonia shots as directed by your doctor.

4 more information, visit www.LearnAboutCOPD.org