

Striving for Good Health



BI-MONTHLY HEALTH EDUCATION NEWSLETTER FROM
SOMERSET COUNTY DEPARTMENT OF HEALTH

Volume 2, Issue 4

July/August 2012



Keep those "invisible bugs" away... Summer Food Safety Reminders!



This summer as you prepare for your group events such as family reunions, church dinners, and community gatherings, it is important to remember that mishandled food can cause very serious consequences for all, especially for "at-risk" groups, which comprises of infants, young children, older adults, pregnant women, and people with weakened immune systems. Therefore, it is important that you be especially careful when preparing and serving food to any groups of people.

Foodborne illness, or food poisoning, often presents itself as flu-like symptoms such as nausea, vomiting, diarrhea, or fever, so many people may not recognize that the illness may be caused by bacteria or other pathogens in food.

When preparing for your special events, always remember that there may be an "invisible bug" lurking around and ready to strike. It's called BAC (bacteria) and it can make you sick.

This problem is more serious than many people realize. In fact, one in six Americans will get sick from food poisoning this year alone. The good news however is; following these four simple steps, can help protect your families and friends and keep your food safe.

1. Clean—Wash hands and surfaces often.

2. Separate—Separate raw meats from other foods.

3. Cook—Cook to the right temperature.

4. Chill—Refrigerate food promptly.

In Case of Suspected Foodborne Illness follow these general guidelines:

- Preserve the evidence. If a portion of the suspect food is available, wrap it securely, mark "DO NOT EAT," and freeze it. Save all the packaging materials, such as cans or cartons. Write down the food type, the date, other identifying marks on the package, the time consumed, and when the onset of symptoms occurred. Save any identical unopened products.
- Seek treatment as necessary. If the victim is in an "at-risk" group, seek medical care immediately. Likewise, if symptoms persist or are severe (such as bloody diarrhea, excessive nausea and vomiting, or high temperature), call your doctor.
- Call the local health department (908-231-7155) if the suspect food was served at a large gathering, from a restaurant or other foods service facility, or if it is a commercial product.

Source: www.fsis.usda.gov

www.co.somerset.nj.us/health

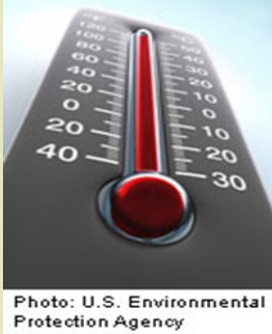
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Striving for Good Health

General Safety Tips for the Summer



The summer months are a great time to sit back and enjoy the warm weather with friends and family. Regardless of what activities you may choose to engage in, it is important to take the necessary precautions to keep you and your family safe. Here are some safety reminders:

Hydration, Hydration, Hydration:

One of the most important things to do is to drink plenty of water throughout the day to avoid dehydration. Sports drinks that contain electrolytes such as sodium and potassium with small amounts of glucose may help to combat dehydration, but caffeinated beverages and products with high amounts of sugar can worsen dehydration. Children and the elderly are particularly vulnerable to dehydration, they should be checked on often and encouraged to drink lots of fluids.

Extreme Heat: Stay indoors as much as possible. Consider spending the hottest part of the day in an air-conditioned public building, such as a library, senior centers or shopping mall. Never leave children or pets alone in vehicles.

Sun Protection:

About 90 percent of non-melanoma skin cancers and 65 percent of melanomas are associated with exposure to UV radiation from the sun. Sunscreens should be considered a vital part of a comprehensive sun protection regimen that includes seeking shade, covering up with clothing including a wide-brimmed hat and UV-blocking sunglasses and avoiding tanning and UV tanning booths. Limit sun exposure for kids and infants.

Recreational Water Illnesses (RWIs)

RWIs are caused by germs spread by swallowing, breathing in mists or aerosols of, or having contact with contaminated water in swimming pools, hot tubs, water parks, water play areas, interactive fountains, lakes, rivers, or oceans. RWIs can also be caused by chemicals in the water or chemicals that evaporate from the water and cause indoor air quality problems. The illnesses that result cause infections in the gastrointestinal system, skin, ears, respiratory system, eyes, neurological system, and may lead to wound infections. To lessen your chances of contracting these infections, follow these steps to healthy swimming;

- *Don't swim when you have diarrhea.*
- *Don't swallow swimming water and avoid getting it in your mouth.*
- *Practice good hygiene by showering with soap before swimming and washing hands often (especially after using the bathroom or changing a diaper.)*
- *Take children for regular bathroom breaks and change diapers often.*
- *Wash children thoroughly with soap and water before swimming. Invisible amounts of fecal matter can contaminate a swimming area.*

Lightning: In the U.S., lightning kills more people each year than tornadoes and hurricanes. If you can hear thunder, you are within striking distance and should seek shelter in an enclosed building or vehicle. While indoors, don't use a corded phone, a computer or other electrical appliances; and avoid contact with plumbing (don't shower, wash hands, do laundry, etc.) The rule to remember is the 30-30 rule: When you see lightning, count the seconds until you hear thunder. If that is 30 seconds or less, you're in the danger zone; seek appropriate shelter. Wait for 30 minutes after the last lightning strike before resuming normal outdoor activities.

Source: www.cdc.gov, www.skincancer.org, & National Weather Service Disaster Preparedness Program



Striving for Good Health

PERTUSSIS

In our day to day activities, we are surrounded by pathogens which can cause illness and disease. Fortunately, many of these diseases are preventable with vaccination, and far more lives are being saved by early immunization against these illnesses. One of these vaccine-preventable diseases, pertussis, is a serious bacterial infection that can cause severe respiratory complications and even death. Also known as "whooping cough", pertussis is very dangerous for infants and young children whose immune systems are not yet strong enough to fight infection.

There have been recent large outbreaks of pertussis which have raised awareness for the critical need for pertussis vaccination. In 2010, California had over 9,000 cases of pertussis, the largest number reported in over 60 years. Of these cases, 89% were in children under 6 months old who are too young to be fully immunized.

In our home state of New Jersey there has been an increase in the number of reported cases within the 7- 18 year range of children.

Pertussis is highly infectious and easily spread by aerosolized water droplets when someone sneezes or coughs. Because young children are often in close physical contact with one another on playgrounds and at other locations, the early flu-like symptoms

may mask the underlying tell-tale symptom, which is a deep, persistent cough that many say sounds like a "whoop." The illness can progress into more violent cough attacks which may be accompanied by vomiting.

The most effective way to protect children from pertussis is to get them immunized. The (Tetanus, Diphtheria, Pertussis (Tdap) vaccine, when administered to infants and children, is highly effective. The Centers for Disease Control and Prevention (CDC) has recently recommended that all adolescents and adults who will have contact with a baby receive the adult form of the pertussis vaccine, Tdap.



The CDC has also recommended that pregnant women receive a dose of Tdap during the later stages of their pregnancy. This is to help ensure that a newborn is as protected against pertussis as possible. Subsequent boosters are required in adolescence and adulthood to bolster immunity against the disease. Another recommendation is that both children and adults be vaccinated against pertussis.

For more information regarding Pertussis visit www.cdc.gov

* Please refer to the attached sheet for other immunizations recommended for children 7-18 years old *

FIGURE 2: Recommended immunization schedule for persons aged 7 through 18 years—United States, 2012 (for those who fall behind or start late, see the schedule below and the catch-up schedule [Figure 3])

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, diphtheria, pertussis ¹		1 dose (if indicated)	1 dose	1 dose (if indicated)	Range of recommended ages for all children
Human papillomavirus ²		see footnote ²	3 doses	Complete 3-dose series	
Meningococcal ³		See footnote ³	Dose 1	Booster at 16 years old	Range of recommended ages for catch-up immunization
Influenza ⁴		Influenza (yearly)			
Pneumococcal ⁵		See footnote ⁵			Range of recommended ages for certain high-risk groups
Hepatitis A ⁶		Complete 2-dose series			
Hepatitis B ⁷		Complete 3-dose series			
Inactivated poliovirus ⁸		Complete 3-dose series			
Measles, mumps, rubella ⁹		Complete 2-dose series			
Varicella ¹⁰		Complete 2-dose series			

This schedule includes recommendations in effect as of December 23, 2011. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967).

- Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine.** (Minimum age: 10 years for Boostrix and 11 years for Adacel)
 - Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
 - Tdap vaccine should be substituted for a single dose of Td in the catch-up series for children aged 7 through 10 years. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
 - Tdap vaccine can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Human papillomavirus (HPV) vaccines (HPV4 [Gardasil] and HPV2 [Cervarix]).** (Minimum age: 9 years)
 - Either HPV4 or HPV2 is recommended in a 3-dose series for females aged 11 or 12 years. HPV4 is recommended in a 3-dose series for males aged 11 or 12 years.
 - The vaccine series can be started beginning at age 9 years.
 - Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
 - See *MMWR* 2010;59:626–32, available at <http://www.cdc.gov/mmwr/pdf/wk/mm5920.pdf>.
- Meningococcal conjugate vaccines, quadrivalent (MCV4).**
 - Administer MCV4 at age 11 through 12 years with a booster dose at age 16 years.
 - Administer MCV4 at age 13 through 18 years if patient is not previously vaccinated.
 - If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks after the preceding dose.
 - If the first dose is administered at age 16 years or older, a booster dose is not needed.
 - Administer 2 primary doses at least 8 weeks apart to previously unvaccinated persons with persistent complement component deficiency or anatomic/functional asplenia, and 1 dose every 5 years thereafter.
 - Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of MCV4, at least 8 weeks apart.
 - See *MMWR* 2011;60:72–76, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6003.pdf>, and Vaccines for Children Program resolution No. 6/11-1, available at <http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/06-11mening-mcv.pdf>, for further guidelines.
- Influenza vaccines (trivalent inactivated influenza vaccine [TIV] and live, attenuated influenza vaccine [LAIV]).**
 - For most healthy, nonpregnant persons, either LAIV or TIV may be used, except LAIV should not be used for some persons, including those with asthma or any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV, see *MMWR* 2010;59(No. RR-8), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5908.pdf>.
 - Administer 1 dose to persons aged 9 years and older.
 - For children aged 6 months through 8 years:
 - For the 2011–12 season, administer 2 doses (separated by at least 4 weeks) to those who did not receive at least 1 dose of the 2010–11 vaccine. Those who received at least 1 dose of the 2010–11 vaccine require 1 dose for the 2011–12 season.
 - For the 2012–13 season, follow dosing guidelines in the 2012 ACIP influenza vaccine recommendations.
- Pneumococcal vaccines (pneumococcal conjugate vaccine [PCV] and pneumococcal polysaccharide vaccine [PPSV]).**
 - A single dose of PCV may be administered to children aged 6 through 18 years who have anatomic/functional asplenia, HIV infection or other immunocompromising condition, cochlear implant, or cerebral spinal fluid leak. See *MMWR* 2010;59(No. RR-11), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5911.pdf>.
 - Administer PPSV at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with anatomic/functional asplenia or an immunocompromising condition.
- Hepatitis A (HepA) vaccine.**
 - HepA vaccine is recommended for children older than 23 months who are at increased risk for infection, or for whom immunity against hepatitis A virus infection is desired. See *MMWR* 2006;55(No. RR-7), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5507.pdf>.
 - Administer 2 doses at least 6 months apart to unvaccinated persons.
- Hepatitis B (HepB) vaccine.**
 - Administer the 3-dose series to those not previously vaccinated.
 - For those with incomplete vaccination, follow the catch-up recommendations (Figure 3).
 - A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
- Inactivated poliovirus vaccine (IPV).**
 - The final dose in the series should be administered at least 6 months after the previous dose.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
 - IPV is not routinely recommended for U.S. residents aged 18 years or older.
- Measles, mumps, and rubella (MMR) vaccine.**
 - The minimum interval between the 2 doses of MMR vaccine is 4 weeks.
- Varicella (VAR) vaccine.**
 - For persons without evidence of immunity (see *MMWR* 2007;56[No. RR-4], available at <http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf>), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
 - For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
 - For persons aged 13 years and older, the minimum interval between doses is 4 weeks.

Bulletin Board:



Traveler's Health:

Planning a Trip Overseas??

Find the country you plan to visit and the vaccinations you need for your trip. Visit <http://wwwnc.cdc.gov/travel/page/vaccinations.htm>

For Current Schedule of
Basic Foodhandler Courses

Visit <http://www.co.somerset.nj.us/health/FoodPR.htm>

Health Observances

July: UV Safety Month/International Group Strep B Awareness Month/Juvenile Arthritis Awareness Month

August: Children's Eye Health & Safety Month/National Immunization Awareness Month

Learn about the symptoms, diagnosis and treatment for a variety of diseases and conditions, as well as prevention and wellness.

The Tutorial includes animated graphics, audio and easy-to-read language.



<http://www.nlm.nih.gov/medlineplus/tutorials/>

Special points of interest:

FREE SERVICE:

We are here to Help!

Private & Corporate Programs are now available!

Please contact the Health Department and inquire about how we can assist you with relevant health Information/resources.

** Our Community Education Programs are tailored to fit your needs, we are also available to visit your site to facilitate the programs **



**LINEA EN ESPAÑOL
DEL DEPARTAMENTO DE
SALUD**

Llame al: 908-541-5798

**Free Family Fun
Event!**



August 8-9-10, 2012
10 a.m. to 10 p.m.

North Branch Park, Milltown Road, Bridgewater, N.J.

Don't forget to visit the Health Department's booth with your family!



Provided by

Somerset County Department of Health

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csk 6/2012