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HCA Education & Research August 9, 2010

Flu Vaccination for Health Care Personnel to Remain Voluntary

At the NYS DOH Home Health Quarterly Meeting on July 21, 2010, it was reported by DOH staff that, based on conversations with DOH's Bureau of Immunization, recommendations for mandated influenza immunizations were moving forward but were **not** expected to be in this year's DOH regulatory agenda. DOH still strongly recommends (but will not require) that health care workers receive the trivalent influenza vaccine this year, which will include protection against last year's highly contagious H1N1 virus.

For further information on the importance of health care personnel vaccination, visit the NYS DOH website at:

http://www.nyhealth.gov/prevention/immunization/health_care_personnel/

Mosquito bite may bring more than an itch! Prevent Exposure to West Nile Virus

West Nile virus is a mosquito transmitted disease that has been a concern to New York communities since it was first identified here in 1999. Since that time, many municipalities have taken many steps to manage the mosquitoes including awareness campaigns and pesticide spraying.

As health practitioners are aware, West Nile virus spreads to humans from infected mosquitoes and is not spread through casual human contact. Limiting exposure to mosquitoes and their bite is essential to minimize the risk for your patients. A "clip & share" list of ways to help patients protect themselves can be found on page 4 of this newsletter.

"The chance that any one person is going to become ill from a single mosquito bite remains low. The risk of severe illness and death is the highest for people over 50 years old, although people of all ages can become ill."

~ Centers for Disease Control

According to the Centers for Disease Control (CDC), there have been no reported cases of West Nile virus in humans in New York State this year, the only positive cases have been in animals. In order to track West Nile virus activity, the NYS Department of Health (DOH) encourages anyone who may find a dead bird to contact their local county health department to have the bird tested as birds are the primary carrier of West Nile virus. A list of county health departments can be found by clicking the following link:

<http://www.nyhealth.gov/nysdoh/lhu/map.htm>.

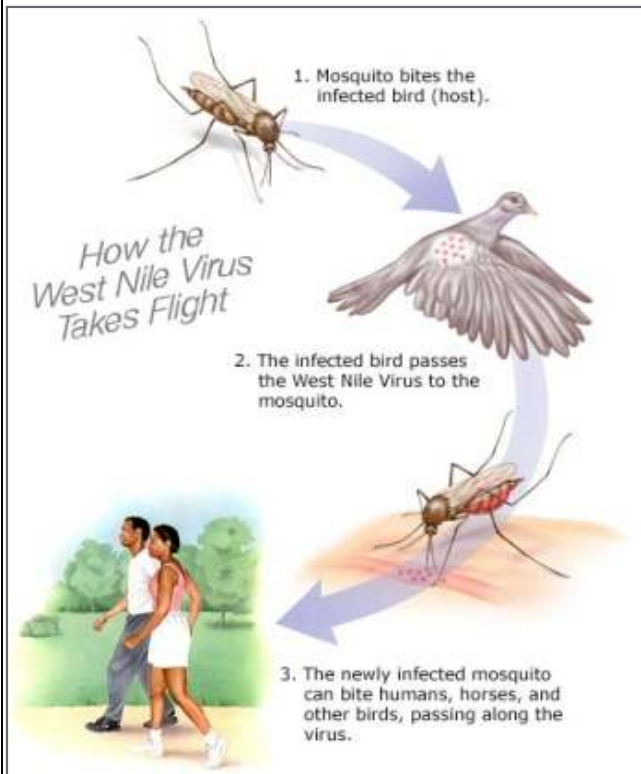
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What are the Symptoms of West Nile Virus?

<http://home2.nyc.gov/html/doh/html/wnv/wnvfaq11.shtml>

Most people who are infected with West Nile virus either have no symptoms or experience mild illness such as fever, headache and body aches before fully recovering. Some persons may also develop a mild rash or swollen lymph glands. If a person develops symptoms such as high fever, confusion, muscle weakness, severe headaches, and stiff neck or if your eyes become sensitive to light, a doctor should be consulted.

In some individuals, particularly the elderly, West Nile virus can cause serious disease that affects brain and spinal tissue. Severe illness may include encephalitis (inflammation of the brain), Meningitis (inflammation of the membrane around the brain and spinal cord), and acute flaccid paralysis (a polio-like syndrome in which muscles become very weak or paralyzed). Symptoms may include: headache, high fever, stiff neck, confusion, coma, tremors, convulsions, and muscle weakness or paralysis all occurring within 3 to 15 days after a bite. At its most serious, West Nile virus can cause permanent neurological damage and death.



*From the NYC Department of Health
and Mental Hygiene*



http://microbewiki.kenyon.edu/index.php/Sense_RNA_Virus:_West_Nile_Virus

CDC Warns of Potential Dengue Infection in International Destination and South Eastern US Destination Travelers

<http://tinyurl.com/32f6gnh>

On July 22, 2010, the Centers for Disease Control (CDC) issued a health advisory warning of increased Dengue virus transmission in many parts of the tropics and subtropics, with a major outbreak occurring in Puerto Rico and Key West, Florida. Travelers should be advised that mosquitoes carrying the Dengue virus are present throughout much of the southeastern United States and infected returning travelers may pose a risk for initiating local transmission.

It is important to be aware if a patient, their close family members or your staff have travelled to infected areas and are exhibiting signs of Dengue fever. For more information on Dengue fever, visit the CDC's website at <http://www.cdc.gov/Dengue/>.

Your Patients and Lyme Disease

For ambulatory patients who may enjoy gardening, being outside or for those who have outdoor pets, Lyme disease, a bacterial infection caused by the bite of an infected deer tick, may be a concern that patients and their caregivers should be aware.

Deer ticks are found throughout New York with a concentration on Long Island and in the Hudson Valley. They are active anytime the temperature is above freezing which means there is a risk from mid-May through November. Not all deer ticks are infected with the bacteria that causes Lyme disease, ticks become infected when they feed on small animals, such as mice, who are infected with the bacteria. Any subsequent bites on an animal or person by an infected tick, if allowed to “feed” for 36 or more hours, will result in transmission of the bacteria.



According to the NYS Department of Health, early symptoms of Lyme disease usually appear 3 to 30 days after the bite. The telltale bulls eye or solid rash, about 2 inches in diameter, around or near the bite occurs in only 60 to 80 percent of bites. Caregivers and patients should be aware of the other symptoms as outlined in the text box to the right. If left untreated, the most severe symptoms may not appear until weeks, months or years after the tick bite occurred. For individuals who have removed a tick or exhibit the classic Lyme disease rash should consult their doctor as soon as possible. Early treatment of Lyme disease with antibiotics usually results in a full cure. The chances of a full cure are diminished if treatment is delayed.

Can animals transmit Lyme disease?
Yes, but indirectly. Ticks may be carried into the house on pets. Patients with pets who live in areas with higher Lyme disease concentrations should periodically check their pets for ticks.

Lyme Disease Symptoms
Early Stage Lyme Disease Symptoms: Bull’s Eye or Solid Patch Rash, Chills and Fever, Headache, Fatigue, stiff neck, muscle and/or joint pain, and swollen glands.
Late Stage Lyme Disease Symptoms: Severe fatigue, a stiff aching neck, tingling or numbness in the arms and legs, or facial paralysis.
Most Severe Lyme Disease Symptoms: Severe headaches, painful arthritis, swelling of the joints, and heart and central nervous system problems.

Measles Case Reported in Westchester County, NY

The NYS DOH reported that an Italian citizen visiting Westchester was diagnosed with measles. All health care providers are urged to increase their index of suspicion for measles in clinically compatible cases. Home care patients, their family members, or your staff who live in Westchester County or may have travelled there exhibiting signs of measles should be tested. While the MMR vaccine is common administered in the United States, it is not the case in other nations. Measles outbreaks have been reported in France, Spain, Russia, and other countries. Practitioners are encouraged to ensure measles immunity in patients who may travel abroad or be in contact with international travelers.

The full health advisory text is available on the HCS Portal under Important Health Notifications.

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Lyme Disease Information Links Print and Share

The Department of Health has several publications available promoting Lyme Disease prevention. Simply click the link to access the web based informational brochure on the NYS DOH website.

Lyme disease Information:

http://www.nyhealth.gov/diseases/communicable/lyme/engtrick_lymebroch.pdf

Lyme disease Information in Spanish:

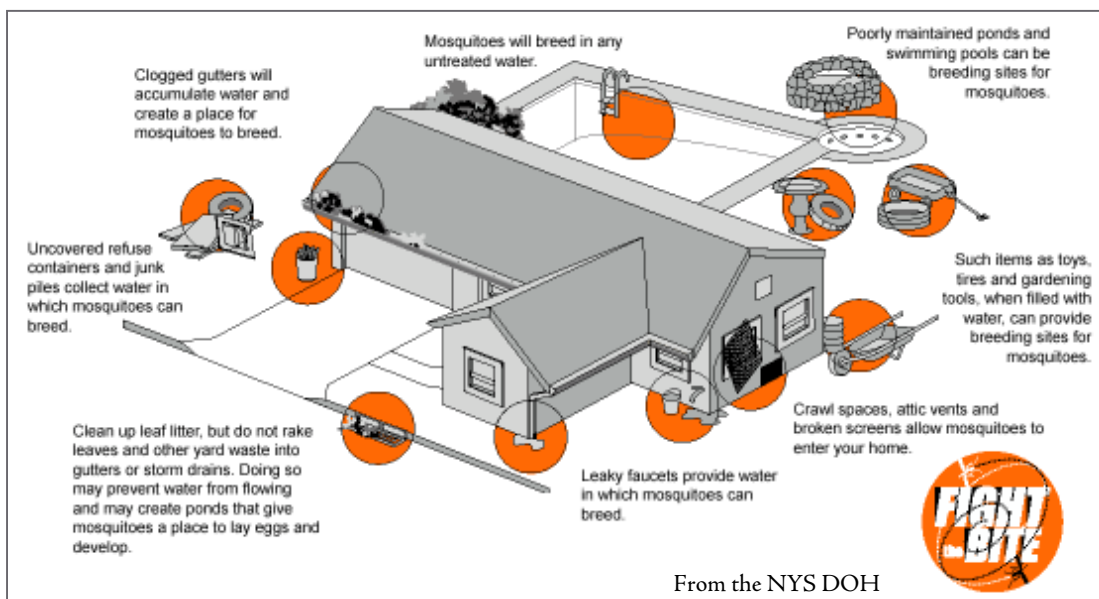
http://www.nyhealth.gov/diseases/communicable/lyme/sprick_lymebroch.pdf

In support of the deliverables on a DOH grant, HCA Education & Research makes this e-newsletter available, free of charge, to all NYS home care providers.

Questions or comments concerning the grant deliverables may be directed to Lexi Silver, Vice President of Policy and Clinical Affairs, at (518) 810-0658 or asilver@hcanys.org; or Mandy Fallon, Emergency Preparedness Coordinator, at (518) 810-0666 or mfallon@hcanys.org.

Mosquito Bite Prevention

- Install or repair window screens. Inspect patient's screens and inform family members of missing or broken screens in need of repair.
- Remove standing water from around the exterior of the home. For apartments, check window boxes or plants that may have an accumulation of water in the pot.
- Encourage patients to use insect repellent on exposed skin when outside. Be sure patients and/or family members understand correct use of repellent.
- Urge patients to wear long sleeve shirts and pants when out of doors (temperature permitting) to reduce the amount of exposed skin.
- Remind patients and their families to avoid being out of doors during peak mosquito hours—dusk to dawn.



From the NYS DOH