



CHILD HEALTH IMMUNIZATION LEARNING INITIATIVE

Hot "CHILI" Tips

Millie Aproda

Volume 6 January 2004

In this Issue

Diphtheria	1
Td vaccine	1
Resources	2
Hep. In China	2
Q&A on vaccine	3
Recipes	4
Avian Influenza	5
Clays Corner	6
Clays Corner	7
Clays Corner	8

Diphtheria Still a Health Threat in the U.S.

According to an article in the IAC Express #435, that came out this month, persons who are unvaccinated or inadequately vaccinated for respiratory diphtheria can be infected during travel to areas where the disease is endemic, putting them and their close contacts at risk for severe illness. One case study of a Pennsylvania man who traveled to Haiti recently resulted in death and illustrates the need for persons from the U.S. To be adequately vaccinated before traveling. 5% to 10% of patients with diphtheria die. This 63 year old man who had been in Haiti to help build a church developed symptoms before leaving Haiti and they became more severe within days. Unfortunately the cause for his illness was not diagnosed until 17 days into his illness and he died. Despite using a multitude of antibiotics he did not

survive. This man who was previously very healthy had never been vaccinated for diphtheria.

Vaccination for Diphtheria has been universal in the United States since the 1940's. However the vaccination of adults in the U.S. is lower than the 95% coverage rates for children. In fact a survey in 1994 showed that the protective antibodies found in adults was only 30% at ages 60-69.

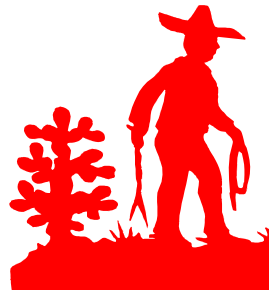
Diphtheria-infected travelers returning to the United States with incubating or untreated disease can

transmit C. diphtheria to their close contacts. Antibiotic prophylaxis is recommended for close contacts after nasal and pharyngeal specimens for culture are obtained. Contacts who have not received a dose of Diphtheria Toxoid-containing vaccine during the preceding 5 years should be vaccinated.

Everyone should have a dose of Td every ten years to maintain immunity to diphtheria and travelers should have a preliminary series (3 or more doses) of diphtheria toxoid containing vaccine including a booster in past 10 years.

Diphtheria Antitoxin is available from CDC and should be administered as soon as diphtheria is suspected without laboratory confirmation

- Call the duty officer at CDC for antitoxin at 404-639-8257.
- Check Td status on everyone who presents at the Health Department.



Don't Travel Without Getting Your Shots!

- **Upcoming CHILI Classes**
- Our next Child Health Immunization Learning Initiative Class or CHILI class is scheduled for Feb. 13 in Roswell at Goddard High School @ 701 East Country Club Rd., from 9-1p.m. That afternoon from 2-4 there will be a Train the Trainer Session for New CHILI Trainers. Contact Suzie Cox to RSVP at fax# 505-347-2537 or acox@doh.state.nm.us. Come join our Team!!

Using Td vs. TToxoid or TIG

Millie Aproda, R.N.

Tetanus Toxoid or Tetanus Immune Globulin is used many times in the ER if you go in with an Injury. Although you may need the TIG also at the time, we need to try and convince all facilities to switch to Td instead of Tetanus Toxoid in view of the need for boost-

ing the levels of antibodies in adults for Diphtheria. Usually adults only go in for a Tetanus booster after an injury. This is a good opportunity to be sure they are also boosted for Diphtheria. Offering Td during our Influenza Clinics is a good way to promote diphtheria vaccination to the senior citizens who are at higher risk for both Tetanus and Diphtheria. Ask all adults when they present for other services such as PPDs, family planning, STD and HIV testing about their Td status.



Hot "CHILI" Tips

Millie Aproda

Volume 6 January 2004

Videos for Providers

A special thanks to Anthony Landruth, R.N. our Nurse Manager for Artesia and Carlsbad Public Health Offices. He is also a CHILI Trainer and helped me with the Class on January 27th at NMSU Carlsbad for the R.N. Students.

Anthony is a natural teacher! This was his first time at presenting this class and he did an awesome job. He is extremely knowledgeable about immunizations— (why not, I trained him myself years ago!)

Anthony had the students undivided attention. I learned some great new facts also!!

Thanks Anthony, we are so blessed to have you as a CHILI Trainer and know that you will be a great asset to our team.

Millie Aproda, R.N.

Would you like to be a trainer??? Contact us.

We are offering a train the trainer session in Feb. See announcement on page one.

The Children's Hospital of Philadelphia has excellent educational materials available free-of-charge. Some of the materials I have used that I know are top notch include two videos that are wonderful for education of parents in regards to immunizations. One, "Separating Fact From Fear" dispels many of the myths about vaccines that parents often hear from inaccurate web sites and scare tactics used by anti-vaccine groups. The other "Vaccines and Your Baby" explains how vaccines are made and gives interviews with parents who have suffered through having their unvaccinated child have a vaccine preventable disease. It also gives details on each of the child hood vaccines and lists benefits vs. risks. This film is so beneficial that we use it during our CHILI classes. They also provide informational tear sheets in English and Spanish versions. I

have used these in my office and find them great to dispel fears and misconceptions for the parents.

To obtain these materials you may order online by going to <http://www.chop.edu>, email your requests to vaccines@email.chop.edu, fax the order to 215-590-2025 or call @215-590-9990. The provider can order two tear pads, and two of each of the videos free of charge. Additional amounts may be purchased for \$3.00 per pad and \$5.00 per video.

The address for the Children's Hospital of Philadelphia is:

The Vaccine Education Center

3615 Civic Center Boulevard, ARC 1202

Philadelphia, PA 19104-4318

Attention: Denise Freeman

Other resources for parents and providers can be found at www.immunize.org and at the CDC site, www.cdc.gov. You may want to consider printing up a reference list for your clients who have questions about immunizations. Unfortunately, those with anti-vaccine messages are very active and can plant unnecessary fear in the minds of well meaning parents. It is our job to provide them with the correct information so that they will make good decisions in regards to their child's health-care and immunizations.



Keep Them Healthy—Immunize

Contributed by Reena Szczepanski, Hepatitis Program Manager

According to a story in the Los Angeles Times, Zhou Yichao, a Chinese citizen, rejected for public service because he tested positive for Hepatitis B, killed one official who denied his application and seriously wounded another. The plight of Zhou-now on death row-has inspired a national movement in China against discriminatory hiring practices and lack

of legal redress in China. More than 120 million people in China are chronic carriers of hepatitis B. Many, like Zhou, they may show no symptoms and should not pose a threat to co-workers. About one third of all people who die each year from Hepatitis B are Chinese. "We are talking about a people driven by the power of despair"

said a Hepatitis B carrier who would not give his name for fear of losing his job." Without work, how can we survive?" "There are so many people locked out of jobs and rotting in their little dark corners of the world. We face a crisis of survival. Society must do something to help preserve our basic human rights."



Hot “CHILI” Tips

Millie Aproda Chili Pain

- I got a hold of a Habanera sauce at a restaurant in Aca-pulco a few years ago. I should say it got a hold of me!! I took a big bite of my food, gasped for breath, couldn't get a breath, my hand flew to my throat and I ran out of the restaurant, speechless. Having seared the lining of my esophagus I was up all night drinking ice water and cold milk and hoping I was going to be able to eat again on my vacation. Just to give you an idea how hot these round, 2 inch diameter chilies are, they are rated 100,000 to 300,000 Scoville Units—while a jalapeno is rated 2,500 to 5,000 Scoville Units. The Scoville Unit is the way the heat of peppers is measured. These may also be labeled Manzanitas and you can substitute serranos. These chilies are orange or lime-green and have a floral, fruity and incendiary flavor.

Chili Recipes for January

Taco Soup

Toni Reed, CMS
Ruidoso Office

- 1 can of White Hominy
- 1 can of Whole Yellow corn
- 1 Can of Ranch Style Beans
- 1 can of green chilies
- 2 cans of Diced Tomatoes
- 1 pkg of Ranch Salad Dressing
- 1 pkg. Of Taco Seasoning Mix
- 1-2 Lbs. Of Hamburger Meat

Brown the Hamburger Meat. Place meat and all the above ingredients into a crock pot and cook on low heat for 3-4 hours.

Jalapeno Crab Dip

Millie Aproda

This makes an elegant presentation and is good with the Red Chile Chips below.

The dip can be made with frozen or canned crabmeat. I usually use king crab meat.

Vegetable spray

- 1/2 cup mayonnaise
- 1/2 cup freshly grated Parmesan Cheese
- 1 T. Worcestershire sauce
- 1 jalapeno, seeded, finely chopped
- 1/4 cup thinly sliced green onions
- Juice of one lemon
- 1 teas. Lemon zest
- 1 cup crabmeat, drained and cut into 1/2-1 inch pieces
- 1/2 sliced almonds

Preheat oven to degrees. Spray a small casserole or ovenproof dish and set aside. In a large bowl blend together the mayonnaise and parmesan cheese. Add the green onion, Worcestershire sauce, jalapeno, lemon juice and crab. Stir to combine mixture. Spoon crab and jalapeno mixture into a casserole dish and sprinkle the almonds over the top. Bake for 105-20 minutes or until almonds have turned brown and crab mixture is heated through.

Serve with Red Chile Chips



Taco Soup

Red CHILI Chips Millie Aproda

- 12 Flour Tortillas
- Vegetable oil spray
- Ground red Chile

Preheat oven to 400 degrees F. Set 4 tortillas on a baking sheet. Spray with

the vegetable spray. . Very lightly sprinkle the red Chile over the tortillas. Bake for 3-5 minutes or until crispy. Remove from oven and with pizza cutter, slice into small wedges. Repeat with the remaining tortillas. These are great with guacamole. They

make a great addition to Chile and soups. They are also less fattening because they are baked and not fried. Bake them just before you want to serve them.

Avian Flu-facts from World Health Org.

Avian Flu is an infectious disease of birds caused by type A strains of Influenza viral disease. It was first identified in Italy more than 100 years ago. It now occurs worldwide.

15 types of Avian influenza virus are known to infect birds but the outbreaks of the very pathogen type that has caused epidemics is caused by the Influenza A viruses of subtypes H5 and H7. Domestic poultry, including chickens are particularly susceptible to epidemics of rapidly fatal influenza. Wild migratory birds are the natural reservoir of avian influenza and are usually

resistant to the disease. However, direct or indirect contact of domestic flocks to migratory birds may be the cause of epidemics.

The H5N1 variant is of particular concern as it mutates rapidly and has a pro-



pensity to acquire genes from viruses infecting other species. It has been documented to cause severe illness in humans. The epidemic began in mid-December in the Republic of Korea and is now being seen in other Asian Countries. If more persons become infected over time the likelihood is that humans if concurrently infected with human and avian influenza strains, could serve as vessels for the emergence of a novel subtype with sufficient human genes to be easily transmitted from person to person. Such an event would mark the start of an influenza pandemic.

The “BIRD” Flu—is it a threat to the U.S.?

According to the CDC at this time there are no reported cases of Bird Flu in the United States. They are working with the World Health Organization to be sure that no raw poultry is imported into this country that could be infected with this influenza. The Bird Flu is transmitted from bird

droppings from infected birds or from handling dead birds that have the virus. It appears that poultry that is well cooked could not transmit the avian influenza to humans. Millions of chickens have been destroyed in the Asian countries where this influenza is occurring in an effort to stop the spread of the disease. The

CDC, WHO and the countries involved are making a joint effort to contain this outbreak and prevent it's spread to other areas of the world. The fear is that the countries involved may not have the infrastructure or ability to sufficiently track and contain the disease.

Measles still kills 777,000 worldwide each year IAC Express—January 2004

Measles accounted for approximately 777,000 deaths worldwide, of which 452,000 or 58% were in Africa. In 2000 the WHO's African division adopted a plan to reduce measles mortality by 50% by the year 2005. The plan recommended that these steps be made: 1) Increase measles vaccination by strengthening routine health services.

2) Providing a second opportunity for measles vaccination for all children, primarily through wide-age-range measles surveillance and 3) improve management of measles cases. These strategies have worked in other African countries where reported measles cases declined by 83-97%



Measles is still killing

during the first year. Successful implementation of this strategy should result in achieving the goal of >50% reduction in measles mortality by the year 2005. So far more than 106,000 children have been vaccinated at what is now the midway point in this initiative. The American Red Cross, along with CDC, United Nations Foundation, World Health Organization, and United Nations Children's Fund continue to support this effort. While most American's do not remember measles, thousands of African children are dying from this totally preventable disease.

MMR Vaccine

MMR stands for Measles, Mumps and Rubella.

This very effective live vaccine can give life long protection against three childhood diseases. This vaccine is commonly given in the U.S. at ages one year and 4 years. It can be give as close as 30 days apart. The Measles vaccine can also be given as a single antigen. Due to the large number of deaths from Measles in Africa, all children with or without a history of measles disease are being vaccinated.

Medicinal Values of CHILE Peppers—according to Bailey Farms

Chile peppers may have many more health benefits than once thought. When the body takes in capsaicin (the part of chilies that makes them hot), it reacts to it in a way that increases circulation. This increased blood flow has many benefits. It enhances the production of protective juices in the stomach and intestines and lungs, making these organs more resistant to disease and injury. This increased blood flow helps to keep the blood vessels clear and also nourishes the heart.

Capsaicin also exhibits anti-clotting properties. Studies have shown that a number of cultures such as Thai, Indian, and Korean whose daily diet includes chilies have a lower incidence of thromboembolism or blood clots that cause strokes and heart attacks.

The British Medical Journal reports a study where ulcers were healed when red peppers were consumed on a regular basis. The Eppley Institute for research in Cancer showed that capsaicin may even have cancer-blocking properties.

When applied externally it is a very effective local pain reliever. It is the active ingredient in many over the counter arthritis medications. Capsaicin in chilies have

also been used topically to treat the pain of shingles, toothaches, and surgery scars.

Chile Peppers have received a bad rap for causing damage to the lining of the stomach. Despite this reputation medical evidence has proven repeatedly that the capsaicin does not harm the stomach lining. Perhaps the most convincing study was done by a team of doctors at the Baylor College of Medicine. They inserted a video endoscope into the stomach to inspect it visually while introducing a series of test items to the stomach. They injected thirty grams of jalapenos directly to the stomach lining. There was no visible damage. They concluded that although capsaicin increased gastric acid secretions and may cause discomfort-it does not appear to cause damage. The most caustic combination they tried was a combination of a bland food and plain aspirin.

Remedies to PUT out the Fire!!

1. A cup of milk rinsed well in the mouth
2. Other dairy products such as sour cream, yogurt, or ice cream. The lower fat products do not work as well because the fat content is what the capsaicin binds with
3. Starch foods such as bread and potatoes
4. White rice works for Chinese people
5. Beer works in two ways: The alcohol dissolves the capsaicin and drink enough beer and you won't care how hot your mouth is
6. AS I found out with my experience in Aca-pulco—ice water isn't the best solution.

anyway!. We don't endorse the last solution.

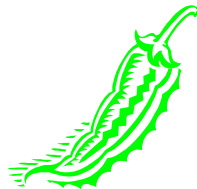
Nutritional Value of Chile Pepper or "A CHILE a day keeps the doctor away" Bailey Farms web site

Chile peppers are more nutritious than most other vegetables. Fresh green chilies are high in Vitamin C and Vitamin A. They contain more "C" than citrus fruit and more "A" than carrots. Other good things the chilies contain include: Protein, Fiber, Calcium, Iron, Magnesium, Phosphorus, Potassium, Sodium, Zinc, Copper, Manganese,

Vitamin C, Thiamin, Riboflavin, Niacin, Pantothenic Acid, Vitamin B6, Folacin, Vitamin A, A lot of nutrition is lost when chile peppers are processed. The recommended daily allowance of Vitamin C can be satisfied by consuming about one

ounce of fresh green chilies. It takes about a teaspoonful of red chilies to satisfy the daily allowance for Vitamin A. There is no cholesterol in chilies.

So, here's to your health Chile Lovers. Have a good February—from the CHILI Team —Millie, Suzie and Helen.



They are Good for your body and soul!

**Martha Ordorica
from the Ruidoso
Public Health Office
asks: what is the
Correct Schedule for
Giving the Twinrex
Vaccine?**

**The Schedule for
giving Twinrex
(combination of
Hepatitis A & B for
Adults) is 2nd dose
one month after first
and third dose 6
months after 1st.
You must wait the
full 6 months before
giving the 3rd dose.
There are special
schedules when
combining the
Twinrex with the
single antigen
Hepatitis A & B
vaccines.**



January 2004

Hi All,

Here's what's currently **HOT!** in hepatitis:

This is a summary of **The Incidence of Acute Hepatitis B in the US, 1990—2002** (from MMWR January 2, 2004/52(51);1252-1254).

Overall: The CDC reports that during 1990--2002, the incidence of acute hepatitis B **declined** 67%, from 8.5 per 100,000 population (21,102 total cases reported) to 2.8 per 100,000 population (8,064 total cases reported). By region in 2002, incidence was highest in the South (3.6), followed by the Northeast (3.5), the West (2.3), and the Midwest (1.6). During 1990--2002, decreases in incidence were greatest in the West (78%), followed by the Midwest (72%), the South (59%), and the Northeast (52%); however, incidence in the Northeast has increased 41% since 1999.

Among men vs. women: The incidence of acute hepatitis B among men has been consistently **higher** than among women. In 1990, the incidence among men and women was 9.8 and 6.3, respectively; in 2002, the incidence was 3.7 and 2.2, respectively. Overall, incidence among women has **declined** more than among men; the male-to-female acute hepatitis B rate ratio was 1.5 in 1990, compared with 1.7 in 2002.

By age: The most significant **decline** (89%) in acute hepatitis B incidence during 1990--2002 occurred among persons aged 0--19 years, from 3.0 in 1990 to 0.3 in 2002. Among persons aged 20--39 and >40 years, acute hepatitis B incidence **declined** 67% and 39%, respectively; however, the majority of this decline occurred during 1990--1998.

Note: Since 1999, the incidence of acute hepatitis B **has increased 5% among males aged 20--39 years and 20% and 31%, respectively, among males and females aged >40 years**. Since 1999, after more than a decade of decline, hepatitis B incidence among men aged >19 years and women aged >40 years has increased. **The most common risk factors reported among adults with acute hepatitis B continue to be multiple sex partners, MSM, and injection-drug use**. Different high-risk behaviors accounted for the majority of transmissions in different locales. Changes in patterns of sexual behavior could be responsible for the increasing transmission of HBV among MSM. In 1982, the Advisory Committee on Immunization Practices recommended hepatitis B vaccination for sexually active homosexual and bisexual men and IDUs and, in 1985, for heterosexuals with multiple sex partners or a recent STD

Perinatal HBV: In 1991, a comprehensive strategy to eliminate HBV transmission was implemented in the United States and has **reduced the incidence of acute hepatitis B among children**. The strategy included universal infant vaccination, universal screening of pregnant women, and post-exposure prophylaxis of infants born to infected mothers to prevent perinatal HBV infection; since 1982, adolescents and adults at high risk have been recommended to receive HBV vaccine (1). In 1995, the strategy was expanded to include routine vaccination of all adolescents aged 11--12 years and, in 1999, to include all persons aged 0--18 years who had not been vaccinated previously (2).

Note: *The incidence of acute hepatitis B has declined steadily during the preceding decade, in part because of successful vaccination and other prevention programs.* The observed decline in the incidence of acute hepatitis B among children occurred coincident with an increase in hepatitis B vaccination coverage among children aged 19--35 months, from 16% in



In short, I want to congratulate all of you who are part of NM's push to reduce and eliminate hepatitis B- you're all doing a really wonderful job. Immunization works, and it's clear that you're all working very hard to get those vaccinations out and immunize the public.

Change In The Minimum Age For Administration Of The Last Dose Of Hepatitis B Vaccine:

At its October meeting, the Advisory Committee on Immunization Practices (ACIP) voted to change the minimum age at which the last dose of hepatitis B vaccine (either the third or fourth dose) can be given to **24 weeks of age**. The recommendation for a minimum age of 24 weeks is a change from the minimum age of 6 months published in the ACIP and American Academy of Family Physicians (AAFP) General Recommendations on Immunization. This change is effective immediately.

As with other vaccines, there is a four-day grace period around this dose; therefore the earliest age at which the last dose of hepatitis B vaccine can be administered is 164 days of age.

Hepatitis A Brochure Produced By The Indian Health Service Available On CDC Website

A hepatitis A educational brochure targeted toward Native Americans is available on the website of the Division of Viral Hepatitis, Centers for Disease Control and Prevention (CDC). Produced by the Indian Health Service (IHS), the colorful brochure is intended to be culturally appropriate.

"Hepatitis A: A Vaccine Preventable Disease" can be downloaded in ready-to-copy (PDF) format at : http://www.cdc.gov/ncidod/diseases/hepatitis/resource/PDFs/hav_na.pdf

In other news, the *NM Hepatitis C Alliance* has been working hard this last month, and is in the final stages of outlining the Core Elements and Enabling Processes of our state- wide strategic plan. The Alliance hopes to have the strategic plan completed and published in time for the **3rd Hepatitis C Consensus Conference** scheduled for May.

Hepatitis C Support Group List Updated, The list is on page 9.

LAST MINUTE BREAKING NEWS!!

According to Carly Christian, Our VFC Program Manager, our immunization rates are rising! We are now rated 43rd in the country instead of the 49th ranking we had last year. Our rates for completion have gone from 61% to 71% in one year. Good JOB Immunization Folks—that is everyone who helps and gives immunizations in our state.



New Mexico Hepatitis C Support Groups

Alamogordo

Place: Gerald Champion Memorial
Alamogordo, NM
When: 1st Monday of every month
Contact: Billy Mack
Email: nmagc@tularosa.net

Albuquerque

Place: University Hospital
Manzano Room (back of cafeteria)
2211 Lomas Blvd NE
Albuquerque, NM
When: 3rd Tuesday of every month @ 5:00pm
Contact: Louise Smith or Lucy Yates
Phone: (505) 272-0173

Place: TBA
Albuquerque, NM 87181
When: 4th Saturday of every month @ 9:00am
Contact: Janet Brown
Phone: (505) 304-1839

Carlsbad

Place: Library Annex
Halagueno Park
Carlsbad, NM
When: 2nd Tuesday of every month
Contact: Mickey Compton
Phone: (505) 887-2121 wk (505) 628-3590 hm

Clovis

Place: Plains Regional Medical Center
Caduceus Room
Clovis, New Mexico
When: 1st Thursday of every month @ 6:30 pm
Contact: Michael Owen
Phone: (505) 762-8351

Farmington

Place: Life Course Center
Farmington, NM
When: 2nd Tuesday of every month @ 5:30 pm
Contact: Charles Hoffman, MD
Phone: (505) 326-5359

Place: 2325 E. 30th Street
Farmington, NM
When: 2nd Wednesday of every month @ 5:30pm
Contact: Kelly Thompson
Phone: (505) 327-0773

Grants

Place: Cibola Counseling Center
PSR Building
906 N. 1st Street
Grants, NM
When: 1st Wednesday of every month @ 6pm
Contact: Randell
Phone: (505) 287-4059

Hobbs

Place: 5419 N. Lovington Way, Ste 5
Hobbs, NM
When: TBA
Contact: Francisco Ruiz, MD
Phone: (505) 392-8593

Las Cruces

Place: Branigan Library
Las Cruces, NM
When: 4th Wednesday of every month
Contact: Blanca Scott
Phone: (505) 528-5107

Santa Fe

Place: St. Vincent Hospital Cafeteria
When: 1st Wednesday of every month @ 5:30pm
Contact: Jessie Doyle
Phone: (505) 983-5631