

2010-2011 Influenza Vaccines

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What are the risks from the inactivated influenza vaccine?

Like any medicine, a vaccine could possibly cause serious problems, such as severe allergic reactions. The potential risks are small and may be discussed with your physician. Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- Soreness, redness, or swelling where the shot was given
- Hoarseness; sore, red or itchy eyes; cough
- Fever or aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In very rare instances, inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome. Contact your doctor immediately or call 911.

Why get vaccinated?

Influenza is a contagious disease which can be spread by coughing sneezing or nasal secretions. Anyone can be infected but children are the most likely sources. For most people, symptoms last only a few days and can include fever, cough, sore throat, headache, chills, muscle aches and fatigue. By getting vaccinated, you can protect yourself from influenza and may also avoid spreading influenza to others.

How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC): Call 1-800-232-4636 (1-800-CDC-INFO) or visit CDC's website at <http://www.cdc.gov/flu>

Source: Centers for Disease Control and Prevention

Health Information Audio Library

available 24 hours a day, 7 days a week at: 877-217-7946
Health and Wellness web site: www.humana-military.com

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After Your Child's Asthma Diagnosis

Your doctor may begin the process of explaining asthma to your newly-diagnosed child, but it will be up to you to continue the education and start your child on the path to managing their asthma. Much depends on the age of your child at the time of diagnosis. Below are education and management tips for children of all ages.

The key with toddlers is to make treatment time as pleasant as possible. You could try to "play act" and can mimic treatment on a doll or stuffed toy.

Try to engage your preschooler in peak flow monitoring and discuss their symptoms with them. Help them find the words to communicate how they're feeling. This involvement will eventually help the child understand what triggers his or her attacks. With pictures and a little patience, a child of this age should be able to grasp the concept of their lungs and what might trigger their attacks. They may still be inclined to expose themselves to risks and triggers if given the option. Be patient as you will probably need to explain the condition several times. A child as young as three can use an inhaler with a spacer when given age appropriate instructions. If they have trouble using an inhaler, talk to your child's physician about a nebulizer (a small machine that converts the asthma medicine into a mist the child can breathe in through a mask).

Your child should always be supervised by an adult when taking medication and you should never leave

medication within reach of young children. You, your child and your child's physician can decide when your child is responsible enough to handle their medication alone.



If your child is of school age, you and your child should meet with the school health services staff. Bring your child's Asthma Action Plan. Discuss your child's condition and triggers. Everyone involved with the care of your child should have a clear understanding of restrictions during activities and how to manage an attack.

Your teenager's asthma management plan may be a challenge if they resist monitoring and frequently stop or forget their medications. Keep the plan as simple as possible so they are more inclined to follow through. Sometimes peer pressure is a major factor to adherence and they may risk their health to fit into a social group. Some asthma care providers suggest a "contract" with the teen outlining the management plan and offers rewards and consequences.

With a little patience, education, strategies, and a dash of maturity, your child can eventually manage their asthma themselves.

Sources: American Academy of Allergy Asthma and Immunology and National Heart Lung and Blood Institute

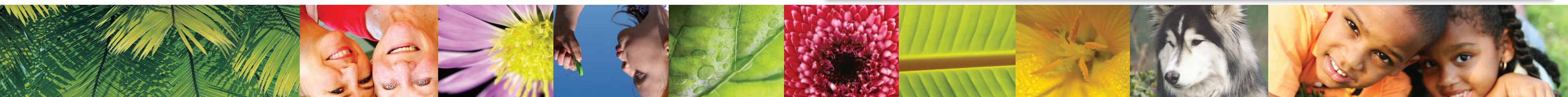
Asthma and Pets

If you or your child has asthma and you own a cat or dog, you know the challenges that come with your condition and pet ownership. If giving up the pet is not an option, the following misconceptions and strategies are offered for your consideration.

The first and the biggest misconception you should understand is there is no truly "hypoallergenic breed." The second misconception is, keeping your pet outside isn't a solution. It may keep your home dander-free

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Asthma and Pets (Continued from front page)

temporarily, but eventually the dander will be carried in on clothing. The third misconception is if you vacuum every day, there won't be enough dander to trigger an attack. These concepts are all false.

If you still insist on keeping your furry pet, minimizing the dander is your goal. Make sure to wash your hands after touching and try not to hug and kiss the pets. You should stay away from litter boxes and place them away from central heating and air-conditioning vents.

Recent studies have indicated significant reduction in the amount of pet allergens occurs with weekly washing of dogs and cats, which in turn seems to reduce the amount of dander causing allergy symptoms. Look for shampoo products in pet stores that may neutralize or deactivate allergens present on the skin of cats and dogs. The better solution is to have someone who does not have allergies groom the pet.

Consider placing plastic covers on the upholstered furniture where your pet sleeps or rests. Use a double or micro-filter bag in the vacuum to reduce the amount of pet allergen in carpeting leaking back into the room. Vacuum at least twice a week. Having no carpeting is best, but if this is not an option, try a chemical solution designed to remove allergens present in the carpet.

For your pet, a well-balanced diet recommended by your vet can help to minimize hair loss, which can reduce dander indoors. As for the asthma patient-owner, you may want to talk to your physician about allergy shots, which could reduce unnecessary suffering associated with having a pet in the home.

While owning a pet can bring great joy and comfort, managing the risks to your health should be discussed by you and your family.

Sources: U.S. Environmental Protection Agency, American Academy of Allergy Asthma and Immunology, and Canadian Lung Association

Herbal Medicines and Your Asthma

Herbal medicines sound friendly and innocent enough. Some people might say "They're natural – they couldn't hurt anyone." Some might even say natural remedies and supplements are better than synthetic prescriptions. Statistics show over three-quarters of the world's population use herbal medicines to enhance their health, as well as to treat medical or health symptoms.

According to the American Academy of Allergy, Asthma & Immunology, there are some things you should know about herbal and alternative medicines:

While prescription drugs in the United States undergo rigorous evaluation by the U.S. Food and Drug Administration (FDA) for safety and effectiveness, the Dietary Supplement Health and Education Act classifies vitamins and herbs as dietary supplements rather than food or drugs. Therefore, supplements are not subject to the same regulations and screening as prescription medications. The FDA can remove any supplement that is deemed unsafe or makes false claims from the market. In 1992, the National Institutes of Health inaugurated the National Center for Complementary and Alternative Therapy, and has been charged with investigating such therapies (<http://nccam.nih.gov>).

The Who, What, Why and How of the

2010-2011 Influenza Vaccines

Who should and who should not get an influenza vaccine?

Should: All people 6 months of age and older should get the vaccine, but it is especially important for people at higher risk of severe influenza and their close contacts, including health care personnel and close contacts of children younger than 6 months. If you received the 2009 H1N1 (pandemic) influenza vaccine, you should still get the 2010-2011 seasonal influenza vaccine. Your doctor can advise you regarding your need for an influenza vaccine.

Should not:

- People with severe egg allergy
- People with severe allergy to any vaccine component
- People who have a severe reaction after a dose of influenza vaccine
- People who have ever had Guillain-Barré Syndrome (severe paralytic illness, also called GBS)
- People who are moderately or severely ill should wait until they recover before getting the flu vaccine

What are the vaccine choices?

- Inactivated (killed) vaccine, or the "flu shot" is given by injection into the muscle.
- Live, attenuated (weakened) influenza vaccine is sprayed into the nostrils.

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What does this all have to do with your asthma? It is important information if you are planning to try or are already trying herbal remedies for your asthma or your general health. The first thing you should know is an herbal medicine can interact with other medications and cause unwanted side effects. According to a study in the Journal of the American Medical Association, roughly 15 million adults are at risk for possible adverse interactions between prescription medicines and herbs.

Because of the lack of regulation and standardization, it is common for molds, heavy metals and other contaminants to be found in herbal preparations. This also means ingredients may be omitted or incorrect. Aspirin and steroidal substances have been found in these preparations without being listed on the label.

Plant-based herbal remedies can be particularly hazardous for someone with allergies or asthma, causing varying reactions and consequences. Even herbs considered safe can have side effects under certain conditions. For example, herbal teas may contain leaves and/or pollens a seasonal allergic patient may have sensitivity towards. Both Echinacea and Chamomile may cause a reaction in people with sensitivity to ragweed as they are in the same plant family.

Popular remedies for asthma and allergic diseases are Ginkgo Biloba, Stinging Nettle, Aloe, and Evening Primrose – all of which can induce gastrointestinal distress.

On the other hand, it is true some of these herbs and remedies have been used for thousands of years and are still promoted in certain communities and countries as

mainstream medicine. Under the careful guidance of your asthma specialist, it is possible your asthma care may include natural medicines in the near future. According to studies from the Mount Sinai School of Medicine, traditional Chinese medicine (TCM) herbs may be moving onto doctors' radar screens. In particular, watch for an herbal formula called ASHMI (antiasthma herbal medicine intervention) that has reportedly improved lung function, found to be safe, and well tolerated. Most of the trials showed significant improvements in asthma symptom scores, although one did not.

A three-year follow-up of 14 patients with asthma taking an extract of *Sophora flavescens* Ait (a component of ASHMI) reported positive clinical results and no side effects.

No over-the-counter or natural remedy should be taken without clearing it with your asthma specialist. If herbs and natural medicine are important to you, ask if he/she would be willing to work with you to incorporate one or more into your asthma care.

Sources: American Academy of Allergy, Asthma & Immunology and National Institutes of Health's National Center for Complementary and Alternative Medicine



Flu Facts and Asthma

According to the Center for Disease Control, if you have asthma and get the flu, there is a 30% chance you will be hospitalized. If your child has asthma and gets the flu he or she has a 35% chance of being hospitalized.

A prevention plan is the best way to avoid having to contend with the risks and discomforts of an unwanted virus and hospitalization. Number one on your list is to consult with your health care team about a flu shot to prevent the flu from becoming a reality. If you do get the flu, there are antiviral drugs or prescription medicines to fight the flu virus and stop it from growing in your body. These medications make you feel better faster and may prevent serious flu problems. Flu treatments work best if they start within two days from the start of your flu symptoms.

In addition to a flu shot, there are other things you can do to avoid getting sick such as washing your hands often with soap and water (especially after coughing or sneezing) and covering your nose and mouth with a tissue when coughing or sneezing. If you do not have a tissue, cough or sneeze into your elbow or shoulder – NOT your bare hands. Avoid touching your eyes, nose, or mouth. Stay home when you are sick except to get medical care.

Keeping asthma symptoms under control will keep your lungs healthier. Then if you do catch the flu, your lungs will be better at fighting it off. You might need to have extra asthma medicine on hand during flu season. Your health care team can help you determine which medications you need.

Sources: American Lung Association, Center for Disease Control, and Canadian Lung Association