

In The Know...

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There is no time more appropriate to say
Thank You



Our entire organization joins in sending a sincere
Season's Greetings

With every good wish for the
New Year

Marc Paulson & Daniel Cuskey

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Benefit Plan Administrators would like to remind everyone to provide updated contact and coverage information promptly. Ensuring that your information is up-to-date will allow us to quickly process your claims. Occasionally we will send out forms requesting further information. Please fill out these forms and return them to us promptly. We use the information from these forms and letters to determine eligibility and benefit coverage when processing claims. If we do not have this information, we must deny any applicable claims until the information is received.

We are continuing our efforts to deliver you an issue containing helpful and interesting health information. If there is a topic that you would like to see covered in the future, please let us know and we will be happy to include that for you. This newsletter will be published on our web site, www.bpaco.com and can also be received via e-mail. If you, or someone you know, would like to receive new issues, please sign up on our website. If you have any questions or comments regarding this newsletter, please contact us at newsletter@bpaco.com

Convenient Walk-in Clinic

NO APPOINTMENT NEEDED



STEVEN COOK, MD
Emergency Medicine
Board Certified



DARCIE SHARAPOVA, MD
Family Medicine
Board Certified

Dr. Cook &
Dr. Sharapova
see patients for
things that need
attention-**today**.

**NEW EXPANDED
CLINIC HOURS**

Mon-Fri 8am-7pm

Cash/Credit card options

You may call ahead for
an appointment

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www.eauclairemcdical.com

Cardiology Services

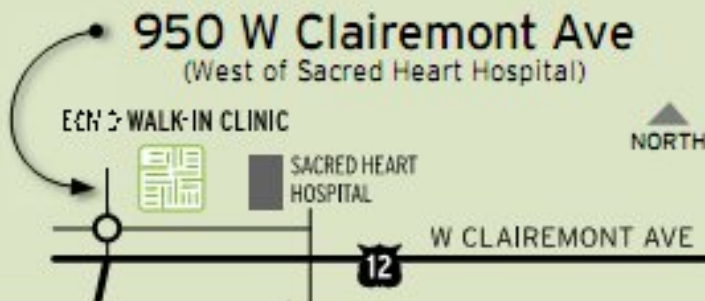
The W. Clairemont clinic is also
home to ECMC's Cardiology services
with Dr. Fadi Alsous and
Dr. Rajesh Maddikunta.

For information/appointments
Call 715.552.9780



950 W Clairemont Ave

(West of Sacred Heart Hospital)



**EAU CLAIRE
MEDICAL CLINIC**^{SC}

Working with you for your good health



MEMBER
OAKLEAF MEDICAL NETWORK

Simple Prevention- As close as your Hands

<http://web.stlawu.edu/health/hands.htm>

Can you believe one of the easiest and most inexpensive preventative medicine strategies is literally available at your fingertips and costs less than one penny. It is called hand washing. According to the US Centers for Disease Control, "Hand washing is the single most important means of preventing the spread of infection." Hand-transmission is a critical factor in the spread of bacteria and viruses causing disease such as colds, flu and foodborne illness. The recent outbreak of the Norwalk virus that caused hundreds of cases of the gastrointestinal illness aboard the Disney Cruise Line is a good example.

How many times did your mom tell you "wash your hands". She was right (remember mom is always right) and how soon we forget. In childcare, a recent study published in the medical journal, *Infectious Diseases in Children* reports 33% of daycare facilities "had poor hand washing techniques and no policy for hand washing before eating or after playing outside." Researchers recovered fecal coliforms from the hands of one out of every five staff members. The conclusion of the report was that improvements in hand washing procedures be a major priority in day-care centers. "In spite of all the studies about the benefits of hand washing, improper or infrequent hand washing continues to be a major factor in the spread of disease in day-care" (Source: *Infectious Diseases in Children*, Volume 4, July 1991).

A recent national survey conducted by Wirthlin Worldwide found that 95% of the respondents say they always wash their hands after going to the bathroom. However, observations in public restrooms indicate the rate to be much lower. In New York City males only washed their hands 43% of the time and females 54%. Across all cities women did better outscoring men 75% versus 58%. So remember others may not be as clean as you think.

What happens if you do not wash your hands frequently? You can pick up germs from other sources such as food to hands, hands to food, hands to others and hands to objects. Your hands will infect you when you touch your eyes, nose or mouth. And before you know it, everybody is getting sick. Other more serious diseases are spread through this type of contact including hepatitis A, meningitis, and infectious diarrhea.

So how often should you wash your hands? Often! Probably more often than you do now. Germs are everywhere – you can't see them but they are out there. It is especially important to wash your hands:

After coughing or sneezing (if you covered your nose or mouth with your hand)

Before, during, and after you prepare food

Before you eat, and after you use the bathroom

When your hands are dirty, and

More frequently when someone you live with is sick.

Just in case you want to know how to do it right....

- Wet your hands and apply liquid or clean bar soap. Place the bar soap on a rack and allow it to drain.

- Rub your hands vigorously together and scrub all surfaces for 15 seconds.

- Rinse well and dry your hands.

- If you really want to protect yourself in a public restroom use a paper towel to open the door after you have washed your hands.



National Birth Defects Prevention Network

A network of population-based birth defects programs and individuals working at the local, state, and national level in birth defects surveillance, research, and prevention.

Impact of Birth Defects

- A leading cause of infant mortality in the United States, accounting for more than 20% of all infant deaths.
- Each year, the estimated lifetime cost to care for the number of US children born with 18 common birth defects exceeds \$8 billion.

Research and Prevention

The causes of nearly two-thirds of all birth defects are unknown. To design effective prevention strategies, we must first have a better understanding of what risk factors are associated with birth defects

Birth defects programs use data to:

- Monitor and detect trends in birth defects
- Find causes of birth defects
- Refer children to services
- Develop policy and prevention activities

State Birth Defects Programs



Activities and Initiative of the National Birth Defects Prevention Network

- Development of the "Guidelines for Conducting Birth Defects Surveillance" manual
- Annual scientific meeting
- Publication of state birth defects data
- Promotion activities for "January is Birth Defects Prevention Month"
- Assessment of the impact of folic acid fortification on NTD rates.
Results: A 31% decline in the prevalence of spina bifida and
A 16% decline in the prevalence on anencephaly
- National and international collaborative projects, e.g., WHO cleft project, premature birth and birth defects, gastroschisis, national estimates project.

What is cardiac rehabilitation?

<http://www.nhf.org.nz/index.asp?pageID=2145859267>

Cardiac rehabilitation is a term used by health professionals; 'cardiac' refers to the heart and 'rehabilitation' means to restore health. Cardiac rehabilitation is a process that helps you make essential changes to your lifestyle so you can return to as 'normal' a life as possible following a cardiac event.

The main goals of cardiac rehabilitation are:

- To prevent you suffering further cardiovascular events by helping YOU take control of your life
- To improve your quality of life

Cardiac rehabilitation services provide you and your family with education, information, physical activity and social support with help from health professionals - including dietitians, nurses, physiotherapists, cardiologists, psychologists and others.

What are the benefits of cardiac rehabilitation?

Cardiac rehabilitation is a vitally important part of your recovery and can make a real difference to you and your family. They have been shown to:

- reduce your chance of having another heart attack
- decrease complications
- increase your chance of survival
- improve quality of life for both you and your family/whanau
- improve your confidence



What are the phases of cardiac rehabilitation?

In New Zealand, cardiac rehabilitation is currently delivered in three phases:

Phase 1 - Inpatient Rehabilitation

While you are in hospital you should receive information relevant to your heart event or procedure, a discharge plan and referral to attend a Phase 2 programme. You will also be given advice on lifestyle changes in order to reduce the risk of having another heart event.

Phase 2 - Outpatient Rehabilitation

Phase 2 consists of a supervised programme of six to twelve weeks duration following your discharge from hospital. The programme involves:

- exercise (done at home and/or in a group)
- education on medication, risk factors, healthy eating
- helping you to return normal daily living activities, including work and social support.

Phase 3 - Long term maintenance

Phase 3 takes place in your local community in cardiac clubs (see below) which meet regularly (usually weekly). They encourage and support your lifestyle changes. Ideally you should take part in all 3 stages but you can access the services at different stages should you wish to.

Who is eligible for cardiac rehabilitation?

Cardiac rehabilitation can help anyone who has had a heart attack or any cardiac event or procedure, either recently or in the past, for example:

- coronary artery bypass surgery
- angioplasty (stent)
- stable or unstable angina
- controlled heart failure
- valve surgery

Your family members are also encouraged to participate throughout the cardiac rehabilitation process.



Your Child: Too Sick for School?

Do you think you have a sick child? Should your child go to school or not? Here is expert advice.

By Jeanie Lerche Davis, www.webmd.com/cold-and-flu/features/your-child-too-sick-for-school

A little snuffle. A slight cough. "I don't feel good," says your child. But how do you really know: Should this kid stay home, or go to school? With cold symptoms, fever (or lack of it) helps determine the answer, says Steven Parker, MD, director of the division of behavioral and developmental pediatrics at Boston Medical Center, and an expert moderator for WebMD's message boards.

"If there's no fever, it's generally OK to send the child to school," Parker tells WebMD. "It's likely a cold, and school is probably where your child got it in the first place. If your child feels pretty good otherwise, then it's fine to send the child to school." But when in doubt, Parker says you should always call your pediatric provider for advice. Also, if your child frequently claims to be "sick" but is fine on weekends, that's a sign of other issues. "There may be trouble at school," he notes.

Symptom by symptom, here are Parker's guidelines to help you decide whether your child should stay home from school:

Fever

If your child's temperature is 100.4 degrees or higher, keep your kid at home. While at home, encourage your child to drink plenty of liquids. Your child should be fever-free for 24 hours (without medicine) before returning to school.

Mild Cough/Runny Nose

If there's no fever, and the child feels fairly good, school is fine.

Bad Cough/Cold Symptoms

Children with bad coughs need to stay home, and possibly see a doctor. It could be a severe cold or possibly bronchitis, flu, or pneumonia. But when the cough improves, and the child is feeling better, then it's back to school. Don't wait for the cough to disappear entirely -- that could take a week or longer!

Diarrhea or Vomiting

Keep your child home until the illness is over, and for 24 hours after the last episode (without medicine).

Sore Throat

A minor sore throat is usually not a problem, but a severe sore throat could be strep throat even if there is no fever. Other symptoms of strep throat in children are headache and stomach upset. Keep your child home from school, and contact a doctor. Your child needs a special test to determine if it is strep throat. He or she can return to school 24 hours after antibiotic treatment begins.

Earache

The child needs to see a doctor.

Pink Eye (Conjunctivitis)

Keep the child home until a doctor has given the OK to return to school. Pink eye is highly contagious and most cases are caused by a virus, which will not respond to an antibiotic. Bacterial conjunctivitis will require an antibiotic; your doctor will be able to determine if this is the case.

Rash

Children with a skin rash should see a doctor, as this could be one of several infectious diseases. One possibility is impetigo, a bacterial skin infection that is very contagious and requires antibiotic treatment. Also, fifth disease is a contagious viral illness spread by coughs and sneezes; it's no longer contagious by the time rash appears.