Breathe IN Breathe OUT

Asthma In Indiana

Fall/Winter 2006

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Special Topic

Prevent and Control Influenza among People with Asthma

Influenza viruses cause epidemics during the winter months among all age groups, genders, and races/ethnicities. Yet, the disease is more severe for some people.

Common influenza symptoms include fever, headache, myalgia, malaise, nonproductive cough, rhinitis, sore throat, and stomach symptoms, such as nausea, vomiting and diarrhea. For most people, these symptoms subside within 3-7 days. People who have a chronic health condition such as asthma, people 65 years and older, and people under 2 years old are at greater risk for developing complications from influenza (Centers for Disease Control and Prevention (CDC), 2006).

The Asthma Influenza Connection

For the 9.5% of children and 8.2% of adults who currently have asthma in Indiana, influenza infection may cause more severe symptoms such as increased exacerbations of asthma and acute respiratory distress (Indiana Behavioral Risk Factor Surveillance System (BRFSS), 2005; CDC, 2006).

To prevent these severe symptoms, people who have asthma should receive influenza vaccination each fall (CDC, 2006). "Receiving an influenza vaccination is an effective way to prevent influenza," said Dr. Judith A. Ganser, medical director for the Indiana State Department of Health (ISDH) Asthma Program. The vaccination can prevent up to 70% of influenza transmissions and infections, reduce influenza-related respiratory illnesses and healthcare provider visits, decrease hospitalizations and death among persons at high risk, and decrease work absenteeism among adults (American Lung Association (ALA), 2006; CDC, 2006). Furthermore, vaccinating 100% of the people who have asthma would save $757 million dollars annually (ALA, 2006).

Controlling Influenza

To control influenza in the United States, the CDC prefers annual vaccination with either the trivalent inactivated influenza (TIV), commonly known as the "flu shot," or live attenuated influenza vaccine (LAIV) referred to as the nasal-spray flu vaccine.

People who have asthma should receive a TIV vaccine, and those who care for someone who has asthma should receive either TIV or LAIV in October or November to prevent transmission of influenza.

In addition to receiving the vaccination, people should do the following:

- Cover nose and mouth with a disposable tissue when coughing or sneezing.
- Wash hands with soap and water after coughing or sneezing.
- Avoid touching eyes, nose, and mouth.
- Stay home from work and school if you have influenza.

Health Benefits of Influenza Vaccination

People who receive influenza vaccination develop antibodies to the viruses within two weeks of vaccination, achieving protection from the illness. Immunizing people who have asthma against influenza reduces the risk of complications from infection. Immunizing caregivers reduces transmission of influenza to people who have asthma.

Dr. Charlene Graves, medical director for the ISDH Immunization Program, notes that there is still uncertainty about the degree of protection influenza vaccination provides against asthma attacks related to influenza infection because large studies on this issue have not yet been accomplished. However, asthma is a common high-risk condition and epidemiological evidence is available to support influenza vaccination for people with asthma.

Cost Effectiveness

Influenza vaccination reduces direct and indirect medical costs associated with influenza illness. Vaccination in adults aged 18 - 64 years reduces direct medical costs and productivity losses. "Reductions of 13% - 44% in healthcare provider visits, 18% - 45% in lost work, 18% - 28% in days working in reduced effectiveness, and 25% in antibiotic use for influenza associated illness have been reported" (Morbidity and Mortality Weekly Report, July 28, 2006).

Who Should Not Receive an Influenza Vaccination?

People with certain allergic reactions and illnesses should not receive a vaccination. According to the CDC, people who have had a severe allergic reaction to chickens or egg protein, had a moderate to severe reaction after a previous influenza vaccination, or had Guillain-Barre Syndrome within 6 weeks of previous influenza vaccination should talk to their healthcare provider about the usefulness of influenza vaccination in regards to their reaction or illness. People who have a current illness with fever can delay vaccination until they recover (CDC, 2006).

Actions

Health administrators: Order influenza vaccine for your healthcare providers. Develop and implement protocols for vaccinating people against influenza viruses in your healthcare facility. Implement a reminder/recall system for high-risk patients.

Health educators/promoters: Encourage people with asthma to get a vaccination. Distribute written information including why, where and how to obtain the vaccine. The written documents should be culturally appropriate and available in languages for people served by the health educator.

Healthcare providers: Reminder/recall systems are important to track patients with a chronic medical condition. Healthcare providers should remind their high-risk patients via mail, telephone, and during office visits to get a vaccination. Beginning in September, offer influenza vaccine to your patients during their office visits.

People who have asthma: Get yourself or child vaccinated against influenza viruses. Stay home from work or school when sick.

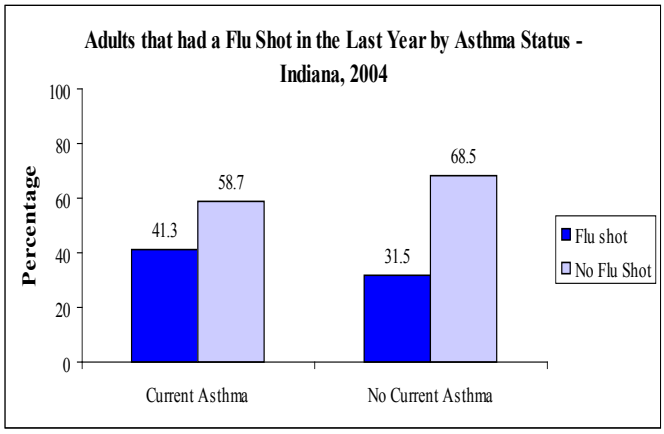
School and childcare personnel: Teach children to sing the "Happy Birthday" song twice while rubbing their hands together with soap and water, and remind them to wash their hands frequently. Encourage parents to keep their sick children home.

Data and Surveillance

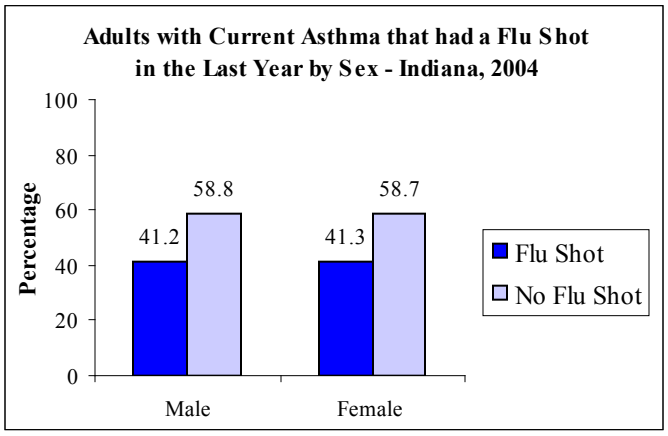
Influenza and Asthma
Indiana BRFSS: 2004

The National Asthma Education and Prevention Program's 1997 *Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma* recommends that patients with persistent asthma be given an annual influenza vaccine. More recently, the American Academy of Pediatrics and the CDC recommend that all people with asthma receive a flu shot.

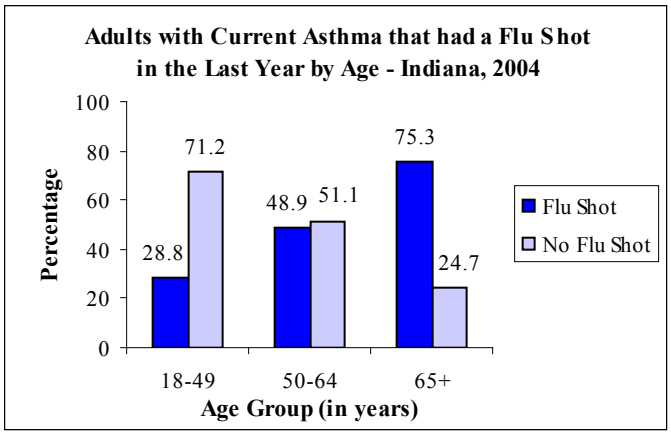
In Indiana, adults who still had asthma (current asthma) were significantly more likely to get a flu shot than those without asthma (41.1% vs. 31.5%). However, less than half of adults with current asthma received a flu shot.



There was no significant difference in the prevalence of adults with current asthma who had the flu shot by sex.



However, there was a significant difference in the prevalence of adults with current asthma who had the flu shot by age. Flu shot rates increased with age (18 - 44 = 28.8%; 45 - 64 = 48.9%; 65+ = 75.3%). This trend is similar to what the CDC found when they examined national data (1999 to 2001) from the National Health Interview Survey.



The Healthy People 2010 goal for immunization and infectious diseases includes increasing the proportion of adults who receive their annual influenza vaccine. The target includes 90% of adults 65 years and older and 60% of high-risk adults aged 18 - 64 to receive an influenza vaccine.

The current data indicate there is a need to increase the number of people with asthma who get a flu shot. People with asthma who have not received the flu shot have an increased risk of experiencing severe complications from influenza. Public health and healthcare professionals should encourage people with asthma to get a flu shot.

NOTE: The BRFSS asks three questions regarding immunization 1) During the past 12 months, have you had a flu shot?, 2) During the past 12 months, have you had a flu vaccine that was sprayed in your nose?, and 3) Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime. The focus of this data is asthma and the flu shot. According to the CDC, the flu shot, not the flu vaccine (nasal spray) is recommended for children and adults with chronic disorders of the pulmonary or cardiovascular systems, including asthma.

Communities in Action for Asthma-Friendly Environments Network

This network – sponsored by Environmental Protection Agency (EPA) in partnership with Allies Against Asthma, a program of the Robert Wood Johnson Foundation – provides community-based asthma programs a platform for real-time learning that can drive the ongoing improvement of asthma care. The network is designed for community-based asthma programs and organizations that support them, including representatives of health plans and providers, government health and environmental agencies, nonprofits, coalitions, schools, employers, universities, and more. As a partner in this network, community-based programs have access to cutting edge tools, resources, and strategies that may accelerate a program's impacts, drive conversations with asthma programs from across the country, and improve health and financial outcomes.

Join the *Communities in Action for Asthma-Friendly Environments* Network today – visit www.AsthmaCommunityNetwork.org.

InJAC Update

Asthma Continuing Education Opportunity!

Indiana University School of Medicine, Indiana Joint Asthma Coalition (InJAC), and ISDH are proud to present *Taking Control of Asthma in Indiana*. This course will provide an update on implementing the NAEPP asthma diagnosis and management guidelines, new advances in diagnosis and treatment of asthma, and a multidisciplinary approach to the treatment of patients with asthma.

This course is intended for physicians, nurses, respiratory therapists, pharmacists, and other healthcare professionals. Continuing education credits will be offered. There is NO fee for this program, but participants need to register.

Courses will be offered this fall in Richmond, Evansville, Bloomington, South Bend, and Indianapolis. **For more information, go to the ISDH Web site at www.statehealth.IN.gov, or call Marcie Memmer with the Asthma Program at 317-233-7299.**

Resources for Influenza

Indiana State Department of Health Immunization Program strives to prevent disease, disability, and death in children, adolescents, and adults through vaccination. Contact the Immunization Program at 800-701-0704, Monday through Friday, from 8:30 a.m. to 4:30 p.m., Eastern Daylight Time.

Flu Clinic Locator is a Web site that provides a directory of public influenza clinics. The Flu Clinic Locator is published on the American Lung Association's Web site at www.flucliniclocator.org.

US Flu Activity is a Web site that highlights the influenza activity by week. To view the weekly influenza report, go to the CDC's Weekly Report: Influenza Summary Update Web site at www.cdc.gov/flu/weekly.

Information for Health Professionals is a CDC Web site that provides information on influenza vaccination, infection control, antivirals, clinical descriptions and diagnosis, lab diagnosis, patient and provider educational materials, training, references and resources, surveillance, background, and flu vaccine bulletins. The Web site is accessible by going to www.cdc.gov/flu/professionals.

Prevent the Spread of Influenza: Actions for Schools is a CDC Web site that details actions that school and childcare personnel should implement to reduce the rates of transmission and infection within their school. To learn about preventing influenza transmission, go to www.cdc.gov/flu/school/index.htm.

Around the State

Smart Schools Don't Idle

Indianapolis - Smart Schools Don't Idle is a program being piloted at elementary schools in Marion County. Improving Kids' Environment and the City of Indianapolis Office of Environmental Services developed the program through a grant from the EPA.

Exhaust from idling vehicles (i.e. school buses, parents' personal vehicles, and delivery trucks) on school grounds can pollute the air inside and outside a school. Air pollution is a common trigger for asthma attacks. Reducing the air pollution caused by unnecessary vehicle idling is an easy way to make the school environment healthier and save money by reducing fuel use and engine wear and tear.

Schools voluntarily commit to improving the health of their school environment by joining the program and pledging to take steps to educate and improve air quality on school grounds. It's free to participating schools. The program provides technical assistance, educational materials, and a curriculum on idling to participating schools.

To learn more about the program or how to participate, go to Improving Kids' Environment's Web site at www.ikecoalition.org/Schools/Smart%20Schools/Index.htm.

Asthma Camps

Evansville - In March, members of the Evansville School Community Council and the Coordinated School Health Team sponsored Camp Nota-Gona-Wheeze. The camp was offered free of charge to students (ages 5-11) who have asthma. Local healthcare professionals and university students worked with camp attendees, helping them understand asthma and learn how to manage and control the disease. Being at the camp gave the children the opportunity to interact with others who had asthma. Thirty children attended the camp, and many of them said they had a great time and learned a lot.

With continued funding, students with asthma will have the opportunity to register for and attend the camp again in 2007. For more information, contact:

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Indianapolis – In March, Happy Hollow Children's camp announced their partnership with medical staff from Indianapolis and the surrounding communities to establish Happy Hollow Asthma Camp. In June, this one week residential camp gave children (ages 7-14) the opportunity to participate in overnight camping experiences with other children who have asthma. Local healthcare professionals worked with camp attendees, helping them understand asthma and learn how to manage and control the disease. Fifty-one children attended the camp.

Many dedicated healthcare professionals volunteer their time to help with the camp. They're looking forward to helping more children in 2007 have an enjoyable summer and learn more about their asthma. For more information, contact Happy Hollow Camp at 317-638-3849.

Upcoming Events

October

18 - 19: 2006 Indiana School Nurse Conference, Indianapolis
Contact: Phyllis Lewis
E-mail: plewis@doe.state.in.us

24: Asthma CME Training for physicians, nurses, respiratory therapists, and pharmacists**, Richmond**
5:30 p.m. – 8:30 p.m., Dinner,
Reid Hospital
Contact: Marcie Memmer
Phone: 317-233-7299

24 - 25: 2006 Indiana Lead Safe and Healthy Homes Conference, Indianapolis
Contact: Janet McCabe
E-mail: mccabe@ikecoalition.org
Phone: 317-902-3610

November

8: Asthma CME Training for physicians, nurses, respiratory therapists, and pharmacists, **Evansville**
12:00 p.m. – 2:30 p.m., Luncheon,
St. Mary's Hospital

10: Asthma CME Training for physicians, nurses, respiratory therapists, and pharmacists, **Bloomington**
11:30 a.m. – 2:00 p.m., Luncheon,
Bloomington Hospital

14: Indiana Thoracic Society Dinner, Indianapolis
6:00 p.m., Dinner
Dr. Daniel Friedland will present, "Evidence Based Medicine: A Framework for Clinical Practice"
Contact: Deb Wezensky
Phone: 317-573-3900, ext. 234

December

5: Asthma CME Training for physicians, nurses, respiratory therapists, and pharmacists, **Indianapolis**
Grand Rounds

14: InJAC Quarterly Meeting, Indianapolis
1:30 p.m. - 4 p.m., ISDH, 8th Floor
Contact: Kathy Such
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Breathe In, Breathe Out: Asthma in Indiana is a semi-annual newsletter published by the Indiana State Department of Health Asthma Program in conjunction with the Indiana Joint Asthma Coalition (InJAC). The purpose of this newsletter is to provide timely information on asthma to those interested in addressing the asthma burden in Indiana.

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