

### **“This Little Piggy...” Just Say “No!” to Flu**

#### **H1N1 Returns After “Summer Vacation”**

*Note that our Plan covers the H1N1 vaccination under preventive benefits.*

No matter how tired we all may be of hearing about the “swine flu,” it seems fairly obvious it is back this fall and winter after spending the summer months in the southern hemisphere, where it has been winter.

Signs of 2009 H1N1 can include: fatigue, fever, sore throat, muscle aches, chills, coughing and sneezing. Unfortunately these symptoms are little different from “regular” seasonal flu.

Some people also have diarrhea and vomiting. Most people feel better within a week. But some people get pneumonia or other serious illnesses. Some people have to be hospitalized and some die.

#### **The Best Treatment is Prevention**

According to the Centers for Disease Control and Prevention (CDC), influenza is thought to spread mainly person-to-person through coughing or sneezing of infected people.

They suggest the following “common-sense” actions:

For the benefit of others:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

For your benefit:

- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread that way.

#### **Getting Vaccinated**

There are two kinds of 2009 H1N1 vaccines being produced: a 2009 H1N1 “flu shot” that is given with a needle, usually in the arm; and the 2009 H1N1 nasal spray flu vaccine given via a nasal sprayer. The same manufacturers who produce seasonal flu vaccines are producing 2009 H1N1 vaccines for use in the United States and the vaccines are being made in the same way that the seasonal vaccines are made.

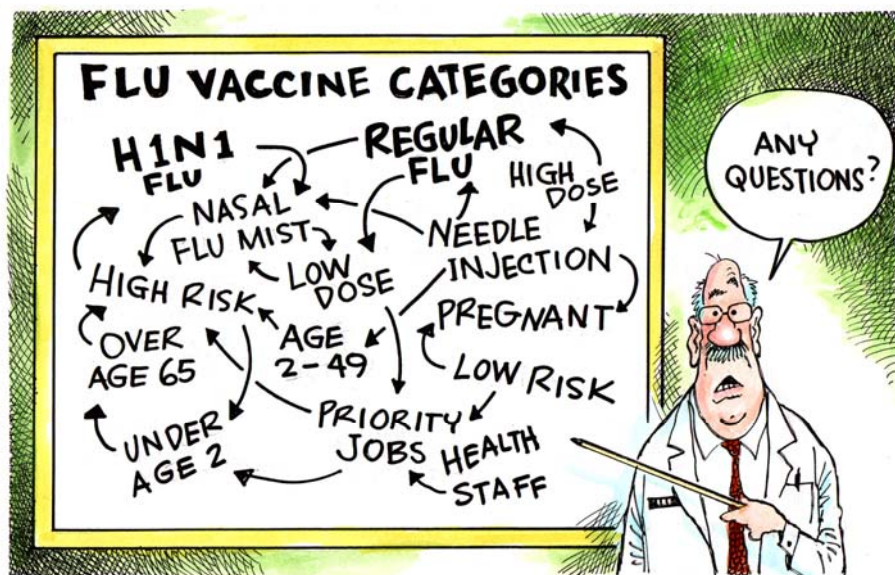
The “flu shot” is made from inactivated vaccine (vaccine that has killed virus in it) and is injected into the muscle, like the annual flu shot.

The nasal spray flu vaccine is made from live, attenuated (weakened) virus and is sprayed into the nose.

#### **Who Should get What Vaccine?**

The live, attenuated nasal spray vaccine is approved for people from 2 through 49

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Why aren't people 65 and older recommended to get early doses of the vaccine?

According to the CDC there are two main reasons why people age 65 and older are not included in the groups recommended to get the initial doses of the vaccine:

1. People age 65 and older are least likely to get sick with this virus, and,
2. There will be limited amounts of vaccine available at first, so the first doses are recommended to go to those who are most likely to get infected and become very ill.

There has been very little H1N1 illness in people 65 and older since the virus emerged. This has been true both in the United States and in the Southern Hemisphere during their flu season. Studies of who is most likely to be infected show that people 65 and older are the least likely to get sick with this virus. One study showed people age 65 or older were 15 to 20 times less likely to become infected than those younger. Blood tests indicate that older people likely have some pre-existing immunity.

years of age who are not pregnant and do not have certain health conditions. Groups recommended to receive this first are healthy people who:

- are from 2 through 24 years of age,
- are from 25 through 49 years of age and live with or care for infants younger than 6 months of age, or
- are from 25 through 49 years of age and are health care or emergency medical personnel.

The inactivated flu shot vaccine is approved for people from age 25 or older. Those recommended to receive the flu shot vaccine first are:

- Pregnant women
- People who live with or care for infants younger than 6 months of age
- Health care and emergency

medical personnel

- Anyone from 6 months through 24 years of age
- Anyone from 25 through 64 years of age with certain chronic medical conditions or a weakened immune system

**Note that pregnant women, people with long-term health problems, and children from 6 months to 2 years of age should ONLY get the flu shot. Also, children through 9 years of age should get two doses of vaccine, about a month apart. Older children and adults need only one dose.**

As supplies of either vaccine become more available other healthy individuals age 25 or older should get vaccinated.

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## Helpful Hints

Keep your address information current with the Plan.

If you move, you need to let the Plan know of your new address as well as letting your school know. There is no “automatic” connection between the information on the campus’ payroll system, for example, and the Plan’s system.

Not only does the Plan need this information so it can send Explanation of Benefits (EOBs) to the correct address so you can receive them on a timely basis, but a new address MAY change your “primary” health provider network. (See the article in the December, 2008 Health Matters!) If you ignore this you could pay a financial price in the form of reduced benefit payments.

If you are simply moving from one part of town to another, your primary provider network probably will not change. If you change from working for one school to another, it might. For example, if you work for Union University at their Memphis campus and change employment to Christian Brothers University, your primary network WILL

change, although your health providers may not.

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## Bet You Didn’t Know

Effective September 1, 2009 the wellness coverage of mammograms has been increased to cover 100% of covered charges with no dollar limit (previously \$136). The frequency limitations still remain in effect as follows:

Under age 30	Not Covered
Ages 30-39	One baseline Mammogram
Ages 40-49	One every other Plan year
Age 50 plus	One every Plan Year

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## Mom Was Right!

As cold season approaches, many Americans stock up on supplies of vitamin C and other preventatives. But Mom’s age-old advice about getting a good night’s sleep might be more important.

In a study published in the January 2009, *Archives of Internal Medicine*, scientists recorded the length and quality of sleep of 153 volunteer men and women for two weeks. Then, during the following five days, these volunteers were quarantined and exposed to cold viruses. Those who slept an average of fewer than seven hours a night were three times as

likely to get sick as those who averaged at least eight hours.

Sleep and immunity seem to be tightly linked. Studies have found that mammals that require the most sleep also produce greater levels of disease-fighting white blood cells — but not red blood cells, even though both are produced in bone marrow and stem from the same precursor.

**THE BOTTOM LINE.** Research suggests that poor sleep can increase susceptibility to colds. Mom, we should have listened to you more!

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