

HEALTH & YOU

Hib Disease -- Still A Serious Threat Among African American And Hispanic Children

Haemophilus influenzae type B, also known as Hib, still remains a serious health threat among infants and young children in certain pockets of the population because of the continued circulation of Hib and under-vaccination. Globally, Hib is the leading cause of bacterial meningitis, a disease that contributes to as many as 600,000 deaths a year worldwide in children younger than five years of age. Bacterial meningitis may lead to mental retardation, hearing loss, partial blindness, learning disabilities, motor skill abnormalities, seizures and, at its most severe, death in children.

Over the past decade, the introduction of the Hib vaccine has dramatically reduced the number of cases in the United States by 99 percent. However, circulation and overall incidence of Hib disease is still higher among African Americans, Hispanics, and American Indians than in any other racial or ethnic group. Among African Americans, the incidence of Hib meningitis has continually shown to be two to four times higher than for White children. Additionally, the incidence of all invasive Hib disease is four times higher in African Americans than in Whites and has also been shown to be higher in Hispanics.

Although Hib disease can cause death, lead a child to be unable to talk, walk or perform daily activities by him or herself, it can be prevented and ultimately eliminated. Children in these high-risk groups must be vaccinated.

To help in this effort, the Pediatric Section of the National Medical Association (NMA) and the National Council of La Raza (NCLR) have joined in an ongoing public health

educational effort to achieve complete and timely immunizations with the goal of eliminating Hib disease, particularly, among these at-risk populations. Parents and health care providers are the key to eliminating Hib by making sure all young children receive the Hib vaccine series according to the recommended schedule. Talk with your health care provider if you are not sure if your child has been vaccinated, we all must do our part.

New Measles (MMR) and Hepatitis B Immunization Requirements

All children entering kindergarten in Washington state for the 2000-2001 school year will be required to have received two doses of measles, commonly administered in the measles/mumps/rubella (MMR) vaccine.

Previously, the MMR vaccines had been recommended for children age 12-15 months, with a second dose recommended at age 11-12 years. When measles outbreaks occur, however, children with only one dose of the vaccine remain susceptible to acquiring this potentially deadly disease. It is expected that the new requirement will help eliminate this risk.

The new measles immunization requirement is the second recent change affecting school

entry requirements. Another is the requirement that all school children be immunized with the three-shot series of Hepatitis B vaccine. This vaccine, like the new MMR vaccine, is being phased in, starting with kindergarten students. For the upcoming 2000 school year, all K-3 students will be required to have received the complete series prior to school entry. While the likelihood that a child would contract the disease in the school setting is low, the Hepatitis B vaccine series infers lifetime immunity, protecting children from contracting the disease in later years when risky behaviors increase their chances of acquiring Hepatitis B, a disease that can cause liver failure and death.

Kenya Targets Market Centers For Condom Distribution To Prevent Spread Of HIV/AIDS

NAIROBI, Kenya (PANA)— Kenyan health officials have now shifted the distribution base of condoms from large urban centers to small market centers and towns in a bid to prevent the spiral of HIV/AIDS cases.

The main focus is on strategic market centers situated along major highways, particularly centers that are used as stopovers by long distance truck drivers.

The long haul drivers have been identified as agents spreading the deadly disease by luring unsuspecting females using the cash allowances they carry.

Health officials in Nakuru district, where passes the Mombasa-Eldoret Kampala section of the trans-African highway, say that in their fight against the dreaded disease, they have been issuing over 600 condoms daily from a dispensary at Salgaa market center, near Nakuru town.

The condoms are collected at night from a kit packed with the protective devices outside the town's only dispensary. They could not, however, explain why the condoms are only collected at night.

Nakuru medical Officer, Dr. Kipruto Chesang, insisted that parents and leaders had a moral obligation to educate the youth on the dangers posed by immorality.

In rural areas, authorities were now placing of special kits packed with condoms in hotels and lodgings, for use by lodgers. Night guards in lodging houses were also being used to sell condoms to lodgers.

Salgaa trading center is a major stopover for transit vehicles traveling to and from Mombasa to Uganda and the Great Lakes region.

Diabetes: The Leading Cause Of Kidney Failure

NewsUSA

(NU) - The focus on finding a cure for diabetes is applauded by many in the medical community, especially by nephrologists — doctors who specialize in the treatment of kidney disease.

Diabetes is the number one cause of kidney failure in the United States, accounting for more than 40 percent of the new cases of end-stage renal disease (ESRD), or total kidney failure, each year. People with ESRD require regular dialysis or a kidney transplant to stay alive.

The links between diabetes and kidney failure are not new, but as the incidence of diabetes increases, the number of ESRD cases also has increased dramatically. That number stands at close to 350,000 Americans with life-threatening ESRD, approximately 120,000 of them (or 34 percent) the result of diabetes.

These alarming numbers are cause for concern to members of the American Society of Nephrology, a not-for-profit organization of physicians and researchers that specialize in kidney diseases.

Diabetes and the Kidneys

Scientists know that high levels of blood sugar and hypertension (high blood pressure) increase the risk of people with diabetes developing ESRD. Hypertension is a particularly dangerous complication of diabetes because the

regulation of blood pressure is a key function of the kidney. As hypertension progresses and damages the kidneys, the organs are less able to do the job of controlling blood pressure, triggering a dangerous cycle ending in severe kidney damage.

"People with diabetes need to be alert to the risk their condition poses to their kidneys," says ASN past President William M. Bennett, M.D. "Early detection of kidney disease and treatment of hypertension are essential for diabetics."

Maintain Kidney Health

In consultation with your doctor, there is much you can do to keep your kidneys healthy. A variety of drugs are available to lower blood pressure, thereby slowing the progression of kidney disease. Because excessive intake of protein may be harmful to certain diabetics with diminished kidney function, a low protein diet may be beneficial. In most diabetics, intensive management of blood sugar levels can be of great benefit to long-term kidney health.

If you have diabetes, be aware of the associated risk to your kidneys. Have your blood pressure checked regularly and follow your doctor's advice regarding your diabetes regimen. For more information on kidney disease, visit the ASN web site at www.asn-online.com.

Organized Systems Of Trauma Care Improve Survival Rates For Victims Of Car Crashes

Implementation of organized systems of trauma care reduce death rates due to motor-vehicle crashes by 9 percent, according to a study by researchers at Harborview Medical Center. The study will be published in the April 19 issue of the Journal of American Medical Association.

The study, based on statistics from the 22 states that had developed organized systems of trauma care by 1995, includes data on fatal car crashes during the years 1979-1995 involving a driver or front-seat passenger between 15 and 74 years of age.

Each state was compared for mortality rates before and after its trauma system was implemented. A reduction in car crash fatalities was noted eight years after the start of organized trauma systems, with a statistically significant decrease (9 percent) occurring after approximately 12 years.

"Our finding that the positive effect of trauma systems on mortality evolves over time is plausible," explains Dr. Avery Nathens, University of Washington (UW) fellow in trauma and critical care, and principal investigator of this study. "Trauma-center protocols mature over time, triage policies are implemented, and referral patterns and transfer policies change. But all require time. Ultimately, patient outcomes improve."

Despite reductions in mortality rates due to traffic crashes, they are still the single most important cause of injury death, with 41,480 people dying in crashes in 1998. Improvements

in automotive and road design, safety-restraint laws, and laws restricting drinking and driving have all contributed to reduced mortality rates. The Harborview study is the most thorough evaluation of the contribution of organized trauma systems to the decrease in car-crash mortality rates.

"State or regional trauma systems were developed to ensure that patients with severe injuries are identified and transported to medical centers appropriate to the level of care they need," says Dr. Ronald Maier, UW professor of surgery, surgeon-in-chief at Harborview and a co-investigator of this study. "This study shows that implementation of an organized system of trauma care results in a measurable decrease in crash mortality."

The 22 states that organized systems of trauma care between 1979 and 1995 are California, Connecticut, the District of Columbia, Florida, Georgia, Illinois, Maryland, Massachusetts, Missouri, Nevada, New Jersey, New York, North Carolina, Oregon, Pennsylvania, South Carolina, Tennessee, Utah, Virginia, Washington and West Virginia.

In addition to Nathens and Maier, the study was authored by Dr. Gregory Jurkovich, UW professor of surgery and chief of trauma at Harborview, Dr. Peter Cummings, UW assistant professor of epidemiology, and Dr. Frederick Rivara, UW professor of pediatrics and co-director of the Harborview Injury Prevention and Research Center.

ATTENTION PARENTS

Zion Prep Academy

4730 32nd Ave. So. Seattle, WA

Summer School Dates:

July 5th through August 25th

Class Time: 9:00 am - 3:00 pm

Cost: \$500 payable @ \$250/mo.

CORRECTIVE PROGRAMS

Foundation Program - Grades 3-5 (new)

Daily Schedule:

Mornings: 9am - 12noon
Small Group Direct Instruction:
•Math •Reading •Language Arts
Lunch: 12:00 pm - 1:00pm
Afternoon: 1:00pm - 3:00pm
•Field Trips •Art •Science •PE

Middle School Summer School: Eighth Grade Only (new)

NOTE: Only those students whose summer school is required to advance to the ninth grade.

Daily Schedule:

Mornings: 9am - 12noon
•Math •Science •Language Arts
Lunch: 12:00 pm - 1:00pm
Afternoon: 1:00pm - 3:00pm
•Academic Field Trips •PE

ENRICHMENT PROGRAMS

Jumpstart - Grades K-2

Note: All preschool graduates attending summer school will be enrolled in the Jumpstart Program.

Daily Schedule:

Mornings: 9am - 12noon
•Math •Reading
•Language •Writing
Lunch: 12:00 pm - 1:00pm
Afternoon: 1:00pm - 3:00pm
•Field Trips •Art •Science •PE

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Construction Electrician Apprenticeship Program

The Puget Sound Electrical Apprenticeship Program offers a unique opportunity for qualified individuals to **EARN WHILE YOU LEARN**. Current starting pay is **\$10.15 per hour** with a journey level wage of **\$29.00 per hour** upon completion of the program.

In addition to a high school diploma or GED, one year of high school algebra or 5 college credits of algebra is required. You must also live in our jurisdiction which is King, Kitsap, Jefferson and Clallam Counties. We accept applications on Tuesday and Thursday only between 9:00 a.m. and 4:00 p.m. There is a \$20.00 application fee, and application must be made in person at 5700 6th Ave. So., Suite 200, Seattle, WA. Call our 24 hour information line at (206) 763-8855 for information about the Sound and Communication and Residential programs.

Patient Flow Chart

Comprehensive Examination
Radiographs/patient Education
Coronal Polish
Diagnosis and Treatment Plan
Emergency Examination
Radiograph
Patient Education
Phase I Treatment
Stabilization Gross Caries (cavity)
Treatment Plan Consultation
Periodic Scaling/Root Plane
Periodontal Maintenance
Phase II Treatment
Minor Restorative Care
Amalgams (silver fillings)
Anterior Composites Resins (tooth colored)
Extractions
Root Canals
Phase III Treatment
Porcelain Veneers
Porcelain Crowns and Bridges
Oral Implantology
Dentures/Partials
Phase IV Treatment (Referrals)
Endodontics
Oral Maxillo-Facial Surgeon
Oral Medicine
Pedodontics
Periodontics
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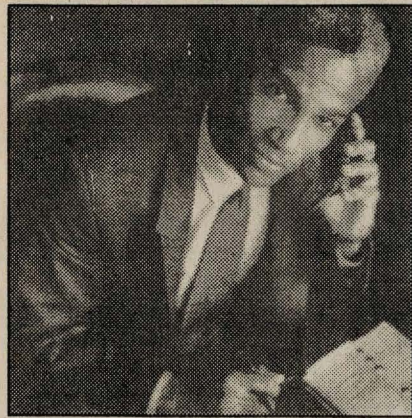
Our Dental Team's Objectives

All patients have good and bad bacteria in the oral cavity. It is our job to educate patients on how to prevent these bad bacteria from destroying bone, gums and teeth.

Our staff will review your health history, demonstrate the frequency and technique of brushing and flossing, and answer your questions in regard to aseptis and sterilization techniques.

After your comprehensive examination, a proposed treatment plan will be presented and fully explained in order for you to make an educated decision.

To educate our patients to maintain a Healthy and Natural Dental appearance.



Brian K. Buchanan D.D.S.

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Tel.: (206) 329-1100

"It is our pleasure to educate and answer all questions our patients have in regard to their dental health."