



Hot Chili Tips

Millie Aproda, R.N.
October 2004

Shortage of Pneumococcal Conjugate Vaccine (PCV7) Resolved



After seven months of shortage of PCV7, the CDC has notified providers that they can now resume the full regime among children aged less than 5 years old.

Although this vaccine, marketed as Prevnar by Wyeth Vaccines, is not mandatory, it is highly recommended.

PCV7 was first licensed in the U.S. in 2000. It includes 7 serotypes of *S. pneumoniae* which account for 86% of bacteremia, 83% of meningitis, and 65% of acute otitis media

among children less than 6 years of age.

After receiving 4 doses of PCV7 virtually all healthy infants develop antibodies to all 7 serotypes contained in the vaccine.

The duration of protection following PCV7 is currently unknown.

Providers should attempt to catch-up children who are incompletely vaccinated due to the recent shortage. The highest priority for catch-up should be high risk children less than 5 years of age. Second priori-

ties include healthy children aged less than 24 months who haven't received any PCV7, then healthy children over 12 months of age who have not yet received at least 3 doses.

To access a table with the recommended vaccination regimens for children under age 5, go to : <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5336a8.htm#tab>

This is also available in the Public health Immunization Protocols.

Influenza kills children every year

Are you aware that each year Influenza causes about 115,000 people to be hospitalized? About 40% of those are young children. Children with Influenza are hospitalized because of high

fevers, croup, wheezing or severe pneumonia. Last year about 150 children in the U.S. died from influenza; most were previously healthy and less than 2 years of age.

A choice not to immu-

nize children will certainly put them in harm's way. No wonder the C.D.C. has recommended that all children between six and 23 months of age receive Influenza Vaccine this year.

In This Issue

PCV7 back	1
Shot Nurse report	2
West Nile	3
Chili Recipe	4
Global Outlook	5
Chili Stuff	6
Clay's Corner Hepatitis	7
Retirement Plans	8
Retirement Plans	9

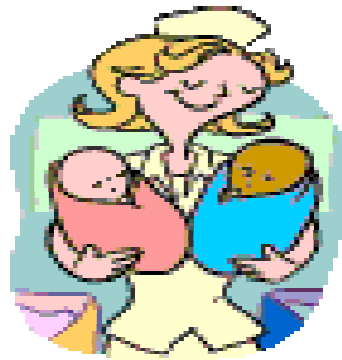
Announcing Shots on Time Nurses

Getty Johnston, R.N. Immunization Coordinator

District I

In February 2004, the New Mexico Department of Health's Immunization Program initiated the Shots On Time Project to help providers enhance their delivery of immunizations. Specially trained SHOT team nurses work in VFC providers' offices and clinics for two to four weeks providing technical assistance and running shot clinics for children who are not up-to-date on their immunizations. The SHOT team project teaches primary providers to implement several strategies to increase the immunization rates of New Mexico's children to above 90%. SHOT team nurses audit charts of all one-to-three year olds in a practice and send out reminder/recall cards to all children who are in need of immunizations. The SHOT team nurses teach the practice's office and medical staff the need to maintain a reminder/recall system. The office staff is taught to flag charts of children in need of immunizations before the provider has their encounter with the child, thus avoiding potential missed opportunities. Providers are reminded to give simultaneous in-

jections and to fully immunize children by one year of age, following the Done-By-One schedule. Providers are provided with standing orders for immunizations, also reducing potential missed opportunities. These are just a few relatively easy health care delivery changes taught by the SHOT team nurses. Primary care provider's offices can implement to bring their immunization rates up. VFC providers interested in having SHOT team nurses participate in their practice should contact Anne Lutz, RN, Coordinator of the SHOT team project, at 505-827-0219 or at anne.lutz@doh.state.nm.us.



Shot team nurses

“Vaccine Concerns”

Need a good parent information piece that educates the parent about Vaccines and Vaccine Concerns??

IAC recently revised its 10-page parent-education piece. It presents compre-

hensive information about vaccine efficacy, safety, and side effects; autism; thimerosal; and other current concerns related to childhood immunizations. To access a ready to copy ver-

sion go to : <http://www.immunize.org/catg.d/4038myth.pdf>.

To date New Mexico has had 45 confirmed cases of West Nile Virus (this is about 1/2 our rate at this time last year)

The first North American case of West Nile Virus infection occurred in New York in 1999. To date, more than 14,000 human cases of, and 586 deaths from, West Nile have been reported in the U.S.

Questions and Answers about West Nile Virus C.D.C. web site

Q: How do people get infected with West Nile Virus?

A: The main route of infection with West Nile is through a mosquito bite. The mosquito gets the virus when they feed on infected birds. The virus eventually enters the saliva glands of the mosquito and they pass it on to humans and animals. Additional routes of human infection are now apparent but are Very RARE. These include organ transplants, transfusions, mother to child (transplacental) and breast milk. Also there has been transmission to laboratory workers working with the virus.

Q: If I live in an area where birds or mosquitoes with West Nile virus have been reported and a mosquito bites me, am I likely to get sick?

A: No even in areas where the virus is circulating, very few mosquitoes are infected with the virus. Even if the mosquito is infected, less than 1% of people who get bitten and become infected will get severely ill. The chances you will become severely ill from any one mosquito bite are extremely small.

Q: Can you get West Nile Encephalitis from another person? A: No. West Nile encephalitis is NOT transmitted from person-to-person. For example, you cannot get West Nile virus from touching or kissing a person who has the disease, or from a health care

worker who has treated someone with the disease.

Q: Can West Nile virus be transmitted through other insects or ticks? A: Infected mosquitoes are the primary source for West Nile virus. Although ticks infected with West Nile virus have been found in Asia and Africa, their role in the transmission is uncertain. There is no information that suggests that ticks played any role in the cases identified in the United States.

Q: Can you get infected directly from birds, caring for an infected horse, or eating game birds or animals that have been infected? A: There is no evidence that you can be infected by handling infected birds, there is no evidence of person-to-person or animal to animal transmission and there is no evidence of the disease being transmitted through consuming infected birds or animals. Of course standard precautions should be taken in these situations. Handle dead birds with gloves, use infection control with persons infected and eat only well cooked foods.

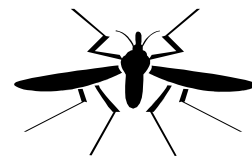
Q: Is there a vaccine for West Nile Virus? A: No, but several companies are working towards developing a vaccine.

Q: What are the symptoms of West Nile Virus? A: High fever, confusion, muscle weakness, and severe headaches, body aches, occasionally a skin rash on the trunk of the body, and swollen lymph glands. The illness may be as short as a few days or last sev-

eral weeks. Most people infected with WNV will not develop any illness.

Q: What are West Nile Encephalitis, meningitis and West Nile poliomyelitis?

A: The most severe type of disease due to a person being infected with West Nile Virus is sometimes called “neuroinvasive disease” because it affects a person’s nervous system. Specific types of neuroinvasive disease include: West Nile encephalitis, West Nile meningitis or West Nile meningoencephalitis and West Nile poliomyelitis. Encephalitis refers to an inflammation of the brain and spinal cord, meningoencephalitis refers to inflammation of the brain and the membrane surrounding it. West Nile poliomyelitis is an inflammation of the spinal cord. Symptoms of these more severe forms of West Nile may include headaches, high fever, stiff neck, stupor, coma, tremors, convulsions, muscle weakness and paralysis. 1 in 150 persons infected will develop one of these more severe forms of West Nile Fever. Persons over the age of 50 and some immunocompromised persons are at highest risk for getting severely ill after infection with West Nile Virus.



The mosquito is the vector for West Nile

Chili Recipe for October Sherril Zamora, WIC Clerk, Ruidoso

Sherril's Easy and Wonderful Canned Salsa

This is an easy and delicious hot salsa.

Ingredients:

- 1 35 oz can tomatoes
- 1 clove garlic
- 1 medium onion
- 15-20 jalapenos
- Salt to taste

Boil canning jars to sterilize. Boil jalapenos until soft, chop jalapenos in



Salsa Time!!!

blender. Chop tomatoes, onion, and garlic in blender. Combine all ingredients and salt to taste. Bring to a slow boil for 10 minutes. Pour in sterilized canning jars and seal. Place jars in large pan with water covering jars. Bring to a boil for 10 min. Remove from water. Listen for lids to “pop”. Makes 5-8 jars of salsa.

Understanding Chickenpox Today Merck Vaccine Division

Highlights from a recent presentation from Merck Vaccine Division by John Polinko, Senior Vaccine Specialist include:

New Mexico is doing a great job immunizing for chickenpox—we have an 86% coverage rate. The goal for 2010 is 90%.

However, underutilization of the vaccine has contributed to a cohort of susceptible children. According to John, the risk for complications and death resulting from chick-

enpox is 10-20 times higher for adolescents and adults than children. With the declining disease rate due to immunization, susceptible children have fewer chances for exposure to the disease, therefore they may be exposed later in life.

It is critical that we find the “hidden susceptibles” and immunize them against chickenpox. “Make screening part of your routine” says John. Ask about the patient’s history of chickenpox at

every visit, inform the parents of the risk of chickenpox, and vaccinate appropriate susceptible children. As the children become older, they become harder to reach for preventive care—so get them done when you have the chance.

In 2002, 9 chickenpox-related deaths occurred, compared to 100 deaths per year prior to vaccine licensure in 1995.

Varivax has fulfilled a primary goal of vaccination-to help prevent severe disease in vaccinees. Although vaccination with Varivax may not result in protection of all healthy, susceptible children, adolescents, and adults, it has been found to be 97% effective in the prevention of moderate-to-severe disease (>50 lesions). In 85% it was effective in the prevention of all forms of Varicella. With the breakthrough disease found after vaccination with Varicella, the lesions are predominantly maculopapular and usually number less than 50, the frequency and severity of fever are generally lower, and the rash averages only about 5 days—compared to 250-500 lesions that are vesicular, fever up to 105F and a 12 day rash when the client suffers from the wild-type varicella disease.

Global News Promed-Mail

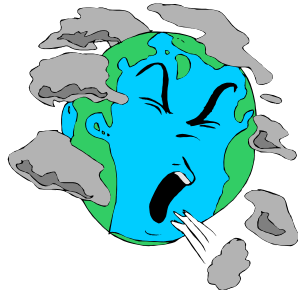
Listed below are some of the disease outbreaks occurring throughout the world:

The **Oregon** State Public Health Dept. has confirmed the 1st human case of West Nile Virus acquired in Oregon.

Legionnaires Disease continues to be reported in **Central Sweden**, they are in the middle of the third largest outbreak of this disease in the country's history.

Rift Valley Fever occurs frequently in humans and they are usually symptomatic but infrequently severely ill. It oc-

curs after close contact with contaminated animal tissue, freshly



Global Diseases are not that far away from the good old USA

shed blood and freshly killed animals are the risk. There have been cases of RIFT in **Saudi Arabia** recently.

The deaths of five children in the past 2 months are possibly attributable to infection with the Avian Influenza Virus said Doctors in Hanoi's Central Pediatric Hospital. The victims were between 14 months and 4

years of age.

In the city of Abay in the Karaganda region of **Kazakhstan**, 111 people were hospitalized with a diagnosis of viral hepatitis. It is likely the cause of the outbreak is contaminated drinking water. The best candidates for the causative agent is either Hepatitis A or Hepatitis E virus.

Crowded living conditions are among the causes fueling a TB epidemic in the **Former Soviet Union**, especially among prison populations. The Health officials say that there are more than one million cases of TB there.

Mechanisms of Disease Entry into the U.S.

International Travel

Immigration

Returning US Military forces

The globalization of Food Supplies

Chili Stuff

Chipotle chilies peppers are smoked jalapeno chili peppers and are also known as chili ahumado. These chilies are usually a dull tan to coffee color and measure approximately 2 to 4 inches in length and about an inch wide. As much as one fifth of the Mexican jalapeno crop is processed into Chipotles.

Chipotles date back to a region that is now northern Mexico City, prior to the Aztec civilization. It is conjectured that the Aztecs smoked the chilies because the thick, fleshy, ja-

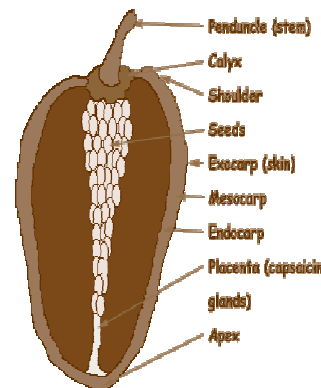
lapeno was difficult to dry and prone to rot. The Aztecs used the same "smoke drying": process for the chilies as they used for drying meats. This smoking allowed the chilies to be stored for a substantial period of time.

Today Chipotles are used widely throughout Mexico as well as in the United States. Quite popular in the South Western U.S. and California; Chipotles have found their way into the cuisine of many celebrity chefs from Hawaii to Manhattan.

Typically the Chi-

potle is used to flavor soups, salsas, stews, sauces, and even an occasional dessert. They are available dried whole, powdered, canned in "adobo sauce" or pickled. A few companies have a chipotle powder.

Information taken from web page "The Gourmet Sleuth" <http://www.gourmetsleuth.com>



Pepper map

Directions to Raspberry-Chipotle Pork Cutlets

Prepare the tenderloin by trimming any visible fat and removing the silvery membrane with a small, sharp knife. Cut tenderloin into slices about 1 1/2 inches thick. Pound between 2 sheets of plastic wrap, into thin cutlets. Sprinkle each with Adobo seasoning and set aside for 30 minutes or longer. Put all remaining ingredients in a food processor or blender and puree. Heat oil in a large skillet over medium-high heat. Sauté cutlets about 3 minutes, or until the cutlets are completely done

Raspberry-Chipotle

Pork Cutlets

Terry Ward, Houston

Texas

Ingredients:

1(1 1/2 lb.) pork tenderloin

Goya Adobo Seasoning

(a mix containing salt, granulated garlic, lemon flavor, black pepper, oregano and turmeric)

2 tsp. Olive oil or more as needed

3/4 cup seedless raspberry spreadable fruit (a naturally sweetened fruit jam—no sugar added)

2 cloves of garlic

Chopped

1 cup loosely packed cilantro leaves

1-2 Chipotles chilies

canned in adobo

1 teas. Raspberry

vinegar, or other

flavoring.



Inadvertent Intradermal Administration of Td

Unfortunately medication errors are made, and this particular one has occurred in our District and probably throughout the State. Because it has now come to the attention of the CDC and FDA that this is a fairly common problem, I wanted to bring it to the attention of all of our providers.

The CDC and FDA have been notified of the potential for inadvertent administration of tetanus toxoid-containing vaccines instead of tuberculin purified protein derivative or PPD used for tuberculosis skin tests. The Vaccine Adverse Event Reporting System has detected clusters of medication errors in at least two states. These findings, along with another previously reported investigation involving the same error, suggest the need for health care providers to take additional steps to minimize the risk for inadvertent intradermal injections of Tetanus Toxoid Containing Vaccines. (TTCV)

In these clusters of errors the provider confused Tetanus and Diphtheria Toxoids Vaccines for adult use with PPD and adminis-

tered it intradermally. Patients all experienced local reactions without complications. The skin reactions were interpreted as positive PPDs. This resulted in treatment with INH, review of the lot numbers on products thought to be PPD revealed they were Td. Affected patients were retested with PPD and found to have negative reactions.

Similarities in packaging of PPD and TTCVs might have contributed to these errors. Both require refrigeration, and both are in multiple dose vials. There have also been errors where PPD has been given intramuscularly.

Health care providers should consider ways to prevent vaccine misadministration. As more combination products become available, the potential for medication errors might increase. Some suggestions include:

1. Physical separation of products.
2. Careful physical inspection and reading of labels
3. Improved record keeping of lot numbers of vaccines
4. For facilities with the

ability to do so, barcode scanning of individual products.

Basically, the old rule of using five steps to check before administering medication is probably all that is needed to prevent these errors. All of us learned these in Nursing School and should still be using them:

1. Check the label when you remove it from the refrigerator.
2. Check the label before you draw up the medication.
3. Check the label after you draw up the medication and before you administer it to the patient.
4. Check the label when recording medication in the chart.
5. Check the medication label before returning it to the refrigerator.

Unfortunately when you are busy and in the middle of a huge clinic it is tempting to take short cuts. When it comes to medications—this is not an option.

This is a good example of the effectiveness of the VAERS program in catching problems.

Millie Aproda, R.N.

Legionellosis

Legionnaire's disease is caused by a bacterium, *Legionella pneumophila*. It has two forms, the more severe form which includes pneumonia and Pontiac Fever, a milder disease.

8,000-18,000 people get this disease in the U.S. each year. We have had two incidents of this in Lincoln County in the past few months—both resulting from contamination of swimming pools. At this time Sweden has a group of cases.

The symptoms of legionnaire's disease include, fever, chills, cough, muscle aches, headache, tiredness, loss of appetite, and occasionally diarrhea. Chest X-rays often show pneumonia.

Persons with Pontiac Fever experience fever, and muscle aches. They generally improve in 2–5 days without treatment.

There are specific lab tests for legionellosis, usually involving sputum tests or blood samples that look for the bacteria.

Treatment for legionnaire's disease is the use of erythromycin. Sometimes Rifampin may be used also.

Legionella organisms can be found in many types of water systems such as cooling towers, whirlpool spas, showers, swimming pools. It occurs worldwide and persons of all ages can have this disease. It is not passed from person to person. The elderly, cigarette smokers, persons with chronic lung disease or immunocompromising disease, cancer, kidney failure, diabetes, and AIDS are at higher risk for *Legionella*.

Improved design and maintenance of cooling towers and plumbing systems can limit the growth and spread of legionella organisms.

Legionnaire's disease acquired its name in 1976 when an outbreak of pneumonia occurred among persons attending a convention of the American Legion in Philadelphia. The bacterium causing the illness was named *Legionella*. It was spread through the airconditioning system in the hotel where the convention was held.



Chili—Born in the USA


Chili is sometimes called the “jazz of food”. It is the jazz of food as it was born in the U.S. as an amalgam of influences from different places and is heavily influenced by local traditions.

Different regions of the country disagree “hotly” about how chili should

be made. From chunky meat to ground beef or to no beef at all!

Some want it with beans and others without the frijoles. Some want it spiced to five-alarm status while others want it like meaty tomato soup!

However you like it—it is goood!



Clay's Corner *Clay Dillingham, Hepatitis Educator, New Mexico Public Health, Santa Fe New Mexico*

Hi All,

Here are some interesting facts you may not be aware of concerning the perinatal transmission of hepatitis B, and how to prevent it.

Approximately 350 million people worldwide are chronically infected with hepatitis B virus (HBV), and over 1 million die each year from the major sequelae, cirrhosis and hepatocellular carcinoma. Given the worldwide impact of chronic HBV, it is imperative that perinatal vertical transmission be halted.

Perinatal transmission of HBV typically results from exposure of fetal mucous membranes to infectious maternal blood or serum-derived body fluids. This can potentially occur during pregnancy via the placenta, should there be hemorrhage. But it usually occurs during delivery, and rarely it can occur post-natally from breastfeeding. Perinatal transmission does not appear to be increased through breastfeeding, particularly if the infant is undergoing HBV immunization.

While perinatal transmission occurs almost exclusively from the mother, there are cases where transmission occurred from HBV-infected sperm. Transmission can also occur as result of in utero procedures, such as amniocentesis (thus insertion of the sampling needle through the placenta should be avoided). Reduced rates of perinatal transmission are observed with Caesarean section, but routine Caesarean section is not recommended.


Because the HBV virus is so highly infectious (over 100 times more so than the HIV or HCV virus), and the immunization systems of children aren't fully developed (their immune system doesn't even notice the HBV virus, so doesn't attack it, and the HBV has plenty of time to infect the liver) the risk of acquiring HBV in newborn and un-immunized children remains high throughout early childhood (horizontal transmission).

The higher the viral load, the greater the risk of transmission of HBV. Factors that increase the risk of perinatal transmission of HBV include a high viral load during pregnancy and at the time of delivery, and the degree of immunosuppression of the infant and mother, particularly if coinfecting with HIV. Note that pregnancy itself creates an altered immune state, and a shift in the predominant form of T lymphocytes may occur, in turn leading to increased viral replication and a higher viral load in the last months of pregnancy.

When babies are born to mothers infected with the hepatitis B virus and not immediately immunized, 90% of them will develop a chronic hepatitis B infection. In most, many years (even decades) will pass before the infection causes severe inflammation and scarring. Of these chronically infected, 20% will eventually die from HBV-related liver disease, such as cirrhosis and liver cancer.

Vaccination alone is protective 75-80% of the time, but **only if given within 12 hours of delivery**. By coadministering HBIG and HBV vaccine, the protective efficacy rate **increases to 95%**. (However, in mothers with high viral load ($> 1.2 \times 10^9$ geq/mL), which is common in young women in the "immune tolerant" phase of their clinical infection, the protection rate of HBIG and vaccine may be less- some reports found a protection rate of only 68% in such women.)

Optimally, to reduce the perinatal transmission of HBV:



Clay's Corner *Clay Dillingham, Hepatitis Educator, New Mexico Public Health, Santa Fe New Mexico*

1. All pregnant women should be serologically tested to determine their HBsAg status both during prenatal care **and again** at the time of their admission for delivery; remember that a pregnant woman's HBV status can change during that nine month period.
2. All infants should be vaccinated within 12 hours of birth. All infants born to HBsAg- positive mothers should also receive HBIG within 12 hours of birth. All infants born to mothers whose HBsAg status is unknown should receive HBIG within 7 days of confirming the mother's HBsAg- positive status, but the sooner the better.
3. All infants should complete the 3 dose HBV vaccination series. All infants born to HBsAg- positive mothers should have serologic testing between 12- 15 months after series completion to confirm they've been successfully immunized.

Two recent incidents in New Mexico demonstrate the importance of putting these recommendations into practice:

1. A late prophylaxis (26 hours after birth) to the infant of a HBsAg- positive mother. It appears there was a medical transcription error by a nurse and the mother was listed as *HBsAg- negative*.
2. The hospital admission of a pregnant woman whose HBsAg status was unknown. She was later confirmed to be HBsAg- positive. The infant received the recommended prophylaxis. This hospital happened to have standing orders to test the HBsAg status of all mothers before delivery, and that all infants be HBV immunized. Not all New Mexico birthing hospitals have these standing orders, and allow infants to be discharged without HBV immunization.

Some pediatricians have asked their hospitals to not administer HBV immunizations to their newborns. These pediatricians prefer to administer Pediarix in their offices, and are concerned that, together with the hospital birth dose, these children will receive 4 doses of HBV vaccine. Yet there is **no evidence** that 4 (or more) doses of vaccine has any adverse effects on children- or adults (beyond those potential side-effects mentioned in the HBV vaccine fact sheet).

Not allowing their clients to receive the birth dose puts these newborns at risk, as the 2 incidents mentioned above demonstrate.

There will be more on this topic next month...
Happy Trails and Happy Halloween!

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Next Chili Class
will be in Ruidoso
in October—
contact Millie
Aproda for more
information.
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**We Are on the
Web:
WWW.Health.
State.NM.US**

Facing Retirement with a Grin!! Author unknown

Now that I am within a few years of retirement, I decided to check with PERA to see how much money I could expect to receive when I did decide to retire. I saw an article about nursing and retirement homes and the expenses. Then it hit me!! No Nursing home for me!! Here is my plan: I'm checking into the Holiday Inn.

With the average cost for a nursing home reaching \$188 per day, there is a better way when we get to retirement age. I have already checked on reservations with the Holiday Inn. For a combined long-term stay discount and senior discount, it's \$49.23 per night. That leaves \$138.77 a day for breakfast, lunch, dinner in any restaurant I choose, or room service. It also will leave enough for laundry, gratuities, and special TV movies. Plus, I'll get a swimming pool, a workout room, a lounge, and washer and dryer. I'll also get free toothpaste, razors, shampoo and soap. And I will be treated like a customer, not a patient. Five dollars worth of tips a day will have the entire staff scrambling. There is a city bus stop out front, and seniors ride free. The handicap bus will also pick me up if I fake a limp. Ride the church bus free on Sundays. For a change of scenery, take the airport bus and eat at one of the nice restaurants there. While you are at the airport, fly somewhere. Meanwhile the cash keeps building up. It takes months to get into a decent Nursing Home. On the other hand, Holiday Inn will take your reservation today. And you are not stuck in one place forever—you can move from Inn to Inn or even from city to city. Want to see Hawaii? —they have a holiday Inn there too. TV broken? Light bulbs need changing? Need a mattress replaced? No problem. They fix Everything and apologize for the inconvenience! They have a night security guard and daily room service. The maid will check on you and if you need it, call the undertaker or ambulance. If you fall and break a hip, Medicare will pay for the hip, and Holiday Inn will upgrade you to a suite for the rest of your life. No worries about visits from family. They will always be glad to visit you and the grandkids can use the pool. What more could you ask for?? When I discussed my plans with friends they came up with even more benefits that the Holiday Inn provides for retirees. Most rooms come with a coffee maker, reclining chairs, and satellite TV—all you need to enjoy a cozy afternoon. After a movie and a good nap, you can check on your children (free local phone calls), then take a stroll to the lounge or restaurant where you will meet new and exotic people every day. Many Holiday Inns even feature live entertainment on weekends. (continued on page 9)



Often they have special offers too, like the Kids Eat Free Program. You can invite your grandkids over after school to have a free dinner with you. Just tell them not to bring more than three friends.

Pick a Holiday Inn where they allow pets, and your best friend can keep you company as well. If you want to travel, but are a bit skittish about unfamiliar surroundings, you'll always feel at home because whatever you go, the rooms all look the same. And if you are getting a little absent minded in your old days, you never have to worry about not finding your room—your electronic key fits only one door and the helpful bellman or desk clerk is on duty 24/7.

Being natural skeptics, we called a Holiday Inn to check out the feasibility of my plan. I'm happy to report that they were positively giddy at the idea of us checking in for a year or more. They even offered to negotiate the rate. We could have easily knocked them down to \$40 a night!

“So, when I reach the golden age I'll face it with a grin. Just forward all your emails to the Holiday Inn”



You can reach me at WWW.HolidayInnRetirement.com. In a few years that is!!
Have a great Month from the **CHILI** Team—for any immunization help or questions contact Suzie Cox, Millie Aproda, Helen Hall, or Getty Johnston—via Public Health Email!