



# Hot Chili Tips

May 2004

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## Measles Outbreaks information from IAC express #456

The CDC has recommended a temporary suspension of adoptions from Chinese orphanages in response to a measles outbreak in the Hunan Province of China.

In April of 2004 a confirmed case of Measles was identified in Washington State in a recently adopted child from china. After investigation it was found that 9 of 12 children adopted by 11 families who traveled to china in March . Six of the nine cases were laboratory confirmed.

CDC is working with the country of China's Public Health partners to implement control measures and prevent further spread of measles.

The Chinese Ministry of Health and the Central China Adoption Agency are aware of the problem and are investigating further. The activities are similar to those taken when a similar outbreak in China

occurred in 2001.

Prospective parents who are traveling internationally to adopt children and their household contacts should ensure that they have a history of natural disease or have been vaccinated.

CDC reported another outbreak of Measles in 2003 in a Pennsylvania Boarding school. Although Measles has not been endemic in the US since 1997, we continue to see limited outbreaks which are caused by imported cases. This outbreak was caused by importation: the source patient was infected in Lebanon. Although the patient had classic signs of measles, measles was not diagnosed initially, and the outbreak was not recognized until two unvaccinated students were hospitalized. A history of recent travel outside of the US would raise suspicions for a diagnosis of Measles in a patient with

appropriate clinical signs, regardless of vaccination status. This patient had received two measles containing vaccinations in the past. A total of 11 laboratory confirmed cases were identified in this outbreak.

To access a complete version of the article concerning the measles outbreak in the Pennsylvania school and China go to <http://www.cdc.gov/mnwr/PDF/wk/mm5314.pdf>

The CDC reports that great strides have been made toward elimination measles from the Region of the Americas. This areas includes North and south America. Last year there were only 105 confirmed cases whereas in 1990 there were 250,000 cases. In the U. S. we only had 42 confirmed cases and of those 33 were imported from other countries. Two of those cases resulted in death. There is still a risk from importation of Measles.

### Results of Investigation Of Measles Outbreak In Pennsylvania

All nine cases of measles at the school were confirmed serologically. No deaths or major complications were reported; two students with measles who were not vaccinated, because of religious exemptions, were hospitalized for dehydration. No deaths or major complications were reported. Five students were

linked to the source patient. One of these students infected two additional students and an unvaccinated child that was 13 months of age. A total of 11 laboratory confirmed cases were identified. Of the nine patients in the school, two had no vaccine, one had received one dose, and six had received two doses. Patients with one or two doses of MCV

had milder illness than unvaccinated including shorter duration of rash. Considering the 663 students in the school, and their vaccination histories, the measles attack rate was 66.7% among unvaccinated and 1% among those that had received 2 doses of MCV. 2 doses of MCV was highly effective in preventing the spread of measles in this situation.

## Learn more about Food Borne Disease

It seems we are continually hearing about diseases being imported into the country by travelers or by U.S. citizens who travel, contract the disease while out of the country and bring it back to the U.S. This is a story of a recent traveler who became ill with Hepatitis A after traveling to Mexico. A 31 year old woman who had a fever, nausea, fatigue, dark urine and light colored stools & works as a food preparer for a catering service. She returned four weeks earlier from a trip to Mexico where she ate in several restau-

rants but drank only bottled water. She did not receive Hepatitis A vaccine before going on vacation and was not sure if she had received Hepatitis B vaccine in the past. This excerpt is taken from the primer that CDC has published for physicians and other health care workers in the April 16th issue of MMWR.

The primer leads the physician or provider through a scenario, diagnosis, treatment, transmission, prevention and notification. With food borne illness a

serious public health issue, CDC estimates that each year 76 million people get sick, over 300,000 are hospitalized and 5,000 die from food borne illnesses. With increasing travel there is a greater risk of contracting and spreading a food borne illness locally, regionally and globally. To access a web-text version of the primer, go to: <http://www.cdc.gov/mnwr/PDF/rr/rr5304.pdf>. You can even get CEUs, CNEs, or CHES credit for reading this primer, answering the questions at the end, and follow instructions for submitting your answers.

## Influenza Associated Deaths in children in 2003-2004 season

As of March 2004, 142 influenza related deaths in children under the age of 18 have been reported in the U.S. for the past Influenza season. As influenza activity has declined so have the number of deaths in children, only 5 since January. The Influenza season this past year was considered more severe than the previous three seasons. Influenza

activity also appeared earlier than usual, in October 2003 and peaked in Late November and December. The predominant strain was Influenza A (H3N2).

To view the report on influenza activity in the U.S. go to "Update: Influenza Activity for the 2003-2004 Influenza Season in the April 9th MMWR which was issued by the CDC.

Influenza Vaccine is now included on the childhood recommended vaccine schedule for 2004-2005 for the first time. The VFC program will be providing vaccine for children.

Providers should order the Influenza vaccine they want by Mid May for the 2004-2005 Influenza season.

## Congratulations to District IV VFC Providers

On April 19th in Albuquerque Dr. Bill Atkinson from the CDC was the keynote speaker at the First Annual NMIC Immunization Awards. The Awards focused on recognition of VFC providers who have exceeded and improved their immunization coverage rates in the year 2003. From District IV, Dr. McKelvey, Dr. McMahan,

ENMU Residential Center, and Dr. Lu were honored. They were presented with awards for their efforts and awarded a monetary award to be used to "treat" their office staffs.

In addition to these awards, Millie Aproda from District IV was also



**2003 NMIC Awards**

presented with one of the three 2003 Immunization Champion Awards from the New Mexico Immunization Coalition.

These awards are a great honor for all that have worked hard in district IV to help improve immunization rates.

## Hepatitis A Vaccine for travelers

**Hepatitis A vaccine is strongly recommended for persons traveling to or working in countries with high risk or intermediate risk of Hepatitis A virus infection.**

**These areas include all areas of the world**

**EXCEPT**

**Canada, Western Europe and Scandinavia, Japan, New Zealand, and Australia.**

**This is a highly effective, inactivated whole virus vaccine.**

# Five Preventable Deaths from Varicella

The following appeared in the 1998-99 issue of Needle tips and were reprinted in IAC Express.

**Case 1:** Death of 21 month old. On Feb. 28, 1997 a previously healthy, unvaccinated 21-month old boy developed a typical varicella rash. He had no reported exposure to Varicella. On March 1, he was taken to the emergency room with a high fever and was started on medication. On March 3rd his PC physician began him on acyclovir. On March 5th he was taken back to the ER where he deteriorated rapidly and died about 2 hrs later. The death was attributed to varicella with hemorrhagic complications.

**Case 2:** On Dec. 21, 1997, a 5 year old unvaccinated boy with a history of asthma was taken to the ER with a high fever and a typical varicella rash in multiple stages of healing. He was given antipyretic and antipruritic medications and discharged. On Dec. 22 he returned to the ER with shortness of breath and a 4 hour long history of abdominal and leg pain. A physical exam revealed numerous chickenpox lesions, one of which appeared infected. His extremities were mottled consistent with peripheral septic emboli. A thoracostomy produced pleural fluid containing gram-positive cocci, confirmed 8 hrs later to be group A strep. He was admitted to the hospital and treated with IV ceftriaxone, nafcillin and acyclovir. The child died five hours later and a post-

mortem exam attributed the death to GAS septicemia, pneumonia, and pleural effusion, complicating varicella infection.

**Case 3:** On Dec. 14, 1996, a previously healthy unvaccinated 23-month-old boy developed fever and a typical varicella rash. Approximately 1-2 weeks earlier, his unvaccinated 4-year-old sibling had contracted varicella. He was taken to his physician on December 17 because of persistent fever and cellulitis of the left foot, and he was hospitalized on December 19 for failure to improve on an outpatient antibiotic therapy. Despite intravenous antibiotic therapy he continued to deteriorate and eventually despite medical efforts he developed bacterial endocarditis. He died on January 8th from refractive heart failure due to staphylococcal endocarditis and a major embolic neurological event.

**Case 4:** In March of 1997 a 35 month old unvaccinated and previously healthy male child came into the ER with gastrointestinal bleeding and onset of shock. He was admitted to ICU and had a seizure followed by multi-system failure. The child



**Varicella Vaccine IS NOT administered in most countries—vaccinate before traveling if no history of the disease!!**

died 2-5 hours after admission. Autopsy determined the cause of death as varicella and associated complications.

**Case 5:** In early 1997, a 42-year-old male presented to a hospital with epigastric pain. A physical exam noted rash consistent with chickenpox. The patient stated all three of his children had been diagnosed with chickenpox in the previous three weeks. His previous medical history included severe chronic emphysema and chronic bronchitis, which was being managed with steroids under a physician's care. During the course of his hospitalization he developed varicella-related pneumonia and septic shock. The patient died three days after admission. According to the sibling, the patient was thought to have had chickenpox in childhood but it could not be documented.

As a public health nurse and immunization nurse for the state, I have heard many times from clients, that their physicians are not encouraging varicella vaccine, and that they would rather their child had the natural disease. "After all," they say, "we all had it and did just fine". The Immunization Action Coalition is collecting and printing stories of people who suffered or died from vaccine-preventable diseases. They hope that these stories will encourage and motivate both the clinicians and the parents to recommend vaccines to their patients and protect their children. Deaths and hospitalizations from these diseases are preventable. Since the initiation of Varicella vaccine the rate of the disease has dropped dramatically. Now that it is required for school and daycare entry the coverage levels are growing rapidly. If you would like to read stories of other cases regarding other vaccine preventable diseases you can go to <http://www.immunize.org/stories>.

## Varicella Vaccine

**Varicella Vaccine is a live, attenuated viral vaccine. It is derived from the Oka strain of VZV. The vaccine virus was isolated by Takahashi in the early 1970s from vesicular fluid from a healthy child with varicella disease. The Vaccine was licensed in Japan and Korea in 1988. It was licensed in the U.S. in 1995.**

**After one dose of the vaccine, 97% of children 12 months to 12 years develop detectable antibody titers. Over 90% of vaccine responders maintain antibody for at least 6 years. Vaccine efficacy is estimated to be 80-90% against infection, and 95% against severe disease. Studies on the persistence of antibody and clinical efficacy is ongoing.**

# Ruidoso Fire Department Receives Award for Immunization Activities

On March 29, 2004 the Ruidoso Fire Department EMTs received a regional award for their participation in Immunization Activities. Presenting the award was Barak Wolf and Millie Aproda, R.N. from the Public Health Department.

The Ruidoso Fire Department was nominated for this award by Millie Aproda who works out of the Ruidoso Public Health Department as an Immunization Coordinator for District IV, New Mexico Public Health Department. Millie was quoted in her nomination

letter as saying " These wonderful guys volunteered their time to help us with immunizations in Lincoln County. During our influenza outreach at the Convention Center they helped us give 1200 immunizations in less than six

hours. We could have never done this without their help. We and the people of Lincoln county consider them true "heros" for helping to improve the help of the citizens of Lincoln County."

There are already plans for more activities in the near future including the Lincoln County Health Fair this summer. Thank you again Ruidoso Fire Department and Congratulations—this is well deserved.



**Ruidoso Fire Department receives Immunization Award**

## Vaccination of Premature Infants

For those of you who receive questions about the vaccination of premature infants, here is a little information for you. This can all be found in the "pink" book from CDC and MMWR Feb. 2002.

In the majority of cases, infants born prematurely, regardless of birth weight, should be vaccinated at the same chronological age and according to the same schedule and precautions as full term infants and chil-

dren. Birth weight and size are not factors in deciding whether to postpone routine vaccination of a clinically stable premature infant, except for Hepatitis B vaccine. The full recommended dose of the vaccine should be used, divided or reduced doses are not recommended. All babies born to Hepatitis B surface antigen positive moms must receive prophylaxis with Hep. B vaccine within 12 hours of birth and a dose of HBIG. If they weigh less than 2000 grams ( about

4.4 lbs) , they should receive three additional doses starting at one month of age. In other words they will receive four doses of Hep. B vaccine as some studies have demonstrated that there may be decreased seroconversion rates among certain premature infants with birth weights less than 2000 grams. All infants should receive their first dose of Hepatitis B vaccine before discharge from the hospital.

## Advantages of the State Wide Registry

Coming soon, the New Mexico Immunization Registry!

Here are some advantages and benefits the state will reap from this new system.

First of all, the definition of immunization registries is that they are confidential,

population based, computerized information systems that collect vaccination data for as many children as possible within a geographic area—i.e. The state of New Mexico.

They can help sustain increased immunization coverage by consolidating re-

ords of children from multiple providers , generating reminder, recall vaccination notices, and providing official vaccination forms and vaccination assessments.



**SISS will keep us organized and on target. !**

Other benefits include preventing duplication of vaccinations, limiting missed opportunities, limiting missed appointments, reduce vaccine waste, and reduce staff time required to produce or locate immunization records or certificates.

### **Hepatitis B Vaccine in regards to Internationally adopted children**

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**Serologic testing for HBsAg is recommended for international adoptees, and children determined to be HBsAg, positive should be monitored for the development of liver disease. Household members of HBsAg-positive children should be vaccinated. A child whose records indicate receipt of > 3 doses of vaccine can be considered protected, and additional doses of vaccine are not needed if one or more doses were administered at age 6 months or greater. Children who received their last dose of Hep. B vaccine before 6 months of age should receive one additional dose. Those who did not complete the series should be completed at the recommended intervals and ages.**

## Questions and Answers Millie Aproda, RN

***We have a client who is HIV positive but needs an MMR vaccination. What is the situation with HIV and this live vaccine?***

Persons with HIV infection are at increased risk for severe complications if infected with measles. No severe or unusual adverse events have been reported after measles vaccination among HIV-infected persons who did not have evidence of severe immunosuppression. As a result, MMR vaccine is recommended for all HIV-infected persons who do not have evidence of severe immunosuppression and for whom measles vac-

ination would otherwise be indicated.

***My 6 month old child became ill with Pertussis during the last "outbreak" we had in Roswell. She had only had one shot for Pertussis at 2 months of age. My pediatrician says my daughter doesn't need any more vaccinations for Whooping cough. Is this true? I sure don't want to go through that again and want her fully protected.***

Children who have recovered from satisfactorily documented pertussis do not need additional doses of pertussis vaccine. This would include recovery of B pertus-

sis on culture or typical symptoms and clinical course when linked to a culture-proven case, as may occur during outbreaks such as the one in Roswell. If this confirmation or documentation is lacking, complete the series.

***I understand a lot of Pertussis is spread by adults—why don't we have a vaccine for adults?***

A pertussis vaccine for adults was recently licensed in Canada and may be available in the U.S. in the future. At this time in the U.S. there is no vaccine for those over the age of seven years.

## When should you not give Pertussis vaccine?

Infants and children with recognized, possible, or potential underlying neurologic conditions present a unique problem. These children appear to be at increased risk for manifesting the underlying neurologic condition within 2-3 days after receiving the vaccine. However, more prolonged manifestations or increased progression of the disorder, or exacerbation of the disorder have not been recognized.

Under certain situations vaccination with DTaP should be delayed until the child has been evaluated, treatment initiated and the condition stabilized. These conditions include the presence of an evolving neurologic disorder such as uncontrolled epilepsy, infantile spasms, and progressive encephalopathy, a history of seizures which has not been evaluated, or a neurologic event which occurs between doses of pertussis vaccine.

A family history of seizures or other neurologic diseases, or stable or resolved neurologic conditions not contraindications to pertussis vaccination.

Reducing the dose may reduce the immune response and there is no evidence that the chance of a significant vaccine reaction is likely to be reduced by this practice. This is not endorsed or recommended. Partial doses are not counted.

## True Contraindications to Pertussis Vaccine

The only true contraindications to further vaccination with DTaP are severe allergic reaction to a prior dose of vaccine or vaccine component and encephalopathy not due to another identifiable cause within 7 days of vaccination.

Moderate or severe acute illness is considered a precaution, not a contraindication. If a child is deferred due to a severe acute illness they should be vaccinated as soon as their condition im-

proves.

The following adverse events following pertussis vaccination will generally contradict subsequent doses:

1. Temperature of greater than 105 degrees within 48 hours not due to any other identifiable cause.
2. Collapse or shock-like state within 48 hours

3. Persistent inconsolable crying lasting greater than 3 hours, occurring within 48 hours
4. Convulsions with or without fever occurring within 3 days.

DTaP should not be substituted for DTP in children with a valid contraindication to DTP (whole cell vaccine). They should receive DT. Vaccine for all subsequent doses

## Pertussis Vaccine

**Acellular Pertussis vaccine contains purified, inactivated components of B. pertussis cells. Several acellular pertussis vaccines have been developed. Two are currently licensed for use in the U.S. Both are combined with diphtheria and tetanus toxoids as DTaP. There is also now a combination vaccine that contains Pertussis licensed for use in the U.S. This is called Pediarix and contains Dtap, IPV and Hepatitis B. DTaP and DTP vaccines should be stored at 35-46 degrees F.**

# Chili Recipe for May

## Enchiladas Potosinas

### Ingredients:

- 5 lbs. Masa harina
- 2 pkgs red ground chili
- Powder (milk or hot)
- 1 cup flour
- Salt
- 1/4 cup baking powder
- Warm water
- For filling ingredients:
- 1-1/2 to 2 lbs. Jalapenos
- 3 tomatoes
- 2 lbs. Muenster cheese
- Tortilla presser
- A large pan

### Cooking oil

In a large bowl prepare mix by adding dry ingredients as listed, mixing while adding them. Add warm water as tolerated to mix by hand, adding a little water at a time to mix well to get a soft dough. Cover



**Chili Recipes Rule!!!**

with plastic wrap and set aside while preparing the filling.

Cook jalapenos and tomatoes in water. When cooked, liquefy in blender, and then strain. Pour in medium bowl to cool. Grate cheese and add in chile when it has cooled off. Make 1 inch balls from mix and press in tortilla presser over a piece of plastic. Add cheese filling to one side, fold over into taco shape. Press edges together so it will not open while cooking in oil. Cook in large pan 3-4 at a time in hot oil. Cook each side about 5 minutes. Garnish with sour cream, finely chopped onions and salt to taste. Yields about five dozen.

## Chile Related Terms

**ChileHead (CH)** Anyone who likes to eat chile peppers or food prepared with chile peppers.

**A CH Knuckle-Dragger**—A CH who tends to be an extreme aficionado of the chile—and isn't particularly bashful about it

You know you are a Chile Head if.....

Your significant other threatens to leave if you buy just one more bottle of hot sauce — and you think about it.

You consider cayenne as being tasty, but uninteresting.

You go to an authentic Hunan Restaurant, ask it they can make it extra spicy—

and put hab powder on it anyway.

## A little Chile History

Contrary to popular belief the chile pepper did not originate in India. The chile pepper comes from South America, although exactly where in South America it originated is a subject of much debate. Many be-

lieve it first grew somewhere in central Bolivia, but this remains to be fully substantiated. The chile pepper has found a home in many



**CHILI, CHILI , CHILI**

countries. The Thai culture consumes more hot chili peppers than any other people—consuming an average of five grams of peppers per person per day.

## Glossary of some not so common chilies

### Bird Peppers

There are dozens of varieties of bird peppers. The two best known are in North America and are Tepin and Pequin. They are commonly reported to be the hottest chile pepper known to man.

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### Bonney Pepper

The number one pepper of choice in Barbados. It is the base of the unique mustard-based hot sauces of the country. It is thought to be an eastern Caribbean version of the Scotch bonnet but you rarely see a yellow fruit—they mature to red and are very hot

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### Bulgarian Carrot

This hot chile has the color and shape of a carrot and makes an attractive ornamental

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### Cascabel

A rich, blood red pepper with medium heat



# FLYING CHILE PEPPER

There are pros and cons on the medical benefits of chili  
 What do you think? We do not endorse either way!

“ The remarkable culinary herb, cayenne, is a classic, and powerful alternative which means that it regulates an imbalance which has gone awry in either direction. In regards to strokes, if your stroke is ischemic, due to a blood clot cutting off proper circulation or blood flow to the brain, the cayenne will stimulate the return of blood to the cerebral tissues. If on the other hand it is hemorrhagic, or a bleed inside the skull, the cayenne will act as a local staunching agent. “

“The hot stimulating effects of capsicum make it useful in clearing mucus, eliminating headaches and circulating the blood. It seems to have a powerful anti-inflammatory property and has also been found to protect lung tissue. In this way it has been shown to cut the recovery time of colds and flu's in half when taken liberally in the early stages of these diseases”

“ Researchers at Yale University of Medicine have devised a candy, composed of hot chili peppers, to ease mouth pain in cancer patients. The taffy candy contains capsaicin—the active ingredient in chili peppers—to provide control of pain after repeated applications.”

“Capsaicin is the ingredient that makes chile peppers hot. It is used in topical creams such as capsin, capzasin-P, Dolorac and Zostrix to treat arthritis and the pain that may follow an attack of shingles. Dermatologist have also reported that applying capsaicin to the skin may reduce the redness and itch of psoriasis. Check with your doctor before using this approach. “

“Doctors know that people suffering from osteoarthritis typically have elevated levels of decapeptide substance P in their blood and in the synovial fluid that bathes their joints. DSP has two undesirable functions—it breaks down the cartilage that cushions in joints, contributing to osteoarthritis and it serves as a pain

neurotransmitter in both osteoarthritis, and rheumatoid arthritis. In other words if you have a lot of DSP, you feel a lot of pain. However, researchers have

discovered that capsaicin inhibits the activity of DSP. A cream containing capsaicin, rubbed on the skin, penetrates to arthritic joints, where it stops the destruction of cartilage, relieves pain, and increases flexibility. “

“ A tea made of cayenne peppers works well to clear stuffy noses.”

**However, not everyone thinks that chili is that great of a medicinal element—see below!**



**“ some sources say that they feel capsaicin has adverse effects on the peripheral nervous system. Adverse effects on important centers of the brain, intestinal activity is altered to our injury. Furthermore that blood vessels and the heart are particularly sensitive to toxic factors in capsaicin and it destroys substance P which is an important nerve chemical related to endorphins. This may lead to urinary retention and partial paralyzing effect on the bladder and prostate. And interferes with glucose uptake.”**



Mark these dates on your  
**Calendar**

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**Chili class in Tucumcari  
 on May 20th from 9-1p.m.  
 Contact M. Aproda, S. Cox  
 or Helen Hall for more  
 information.**

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**Hepatitis C Conference in  
 Albuquerque at the  
 Sheraton Old Town, May  
 10th and 11th. See Clay's  
 Corner for More Info.**

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**Prenatal Workshop  
 Ruidoso  
 May 21st.  
 Contact Roberta Moore  
 with Family Planning  
 Program for more  
 information**

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**Barak Wolf's going away  
 party—11 a.m.  
 in Santa Fe  
 May 14th  
 North Atrium  
 Covered Dish**

# Clay's Corner

Clay's Corner  
May 2004

Hi All,

A reminder that next week, May 10 & 11, is our 3<sup>rd</sup> Hepatitis C Conference; from *Consensus to ACTION!*

It's an exciting agenda, with presentations by representatives from the CDC, NIH, IHS/PHS, the Harm Reduction Coalition, and of course our own Hepatitis C Alliance which will present our strategic plan for New Mexico. Alliance co-chairs Tom Udall and Heather Wilson will speak on Monday morning. Our plenary and breakout session topics include, for example, issues around buprenorphine & methadone treatment, HCV testing and treatment, HCV in Native American communities, and our closing plenary focuses on the issues of HCV in jails and prisons.

If you need additional information or a registration form, call Karen Gonzales @ 476-7076.

We hope to see everyone there!

## *A message from the CHILI Team in District IV*

Start planning to participate in the SHOTS for TOTS to TEENS project on July 31, 2004. This project was a great success in the state last year. District IV won several awards. Let us do even better this year— don't wait until the last minute to plan and get everyone in your community involved. The registration form was sent out from district office and via email. For more information contact Stephanie Baca @ 505-880-8885 with the NM Primary Care association. The deadline for submitting your registration form is June 18, 2004. You can also contact one of the CHILI Team if you have lost your registration form and we will fax one to you.



**Helen Hall    Millie Aproda    Suzie Cox**  
**Hobbs        Ruidoso        Roswell**  
**We now have four new CHILI Trainers in**  
**District IV—Mary Ann Delgado, Karen**  
**Burns, Michelle Drake, and Sandra Skip-**  
**per. Congratulations CHILI Girls!!**

## **DECONGESTANT SOUP**

When patients with serious lung conditions like chronic bronchitis visit Dr. Irwin Ziment's office in Sylmar, California, he's got a red-hot prescription for them:

**Decongestant soup.** He tells his visitors, eat hot foods regularly and you may wind up with healthier lungs.

**Garlic Soup with Potatoes and Cayenne**  
2 servings

### **Ingredients:**

One head garlic, about 16 cloves,  
separated, unpeeled

1/4 tsp. Dried sage or 1/2 minced fresh  
1/2 bay leaf

1 TB olive oil

1 med. Potato, pared, chopped

4 sprigs parsley, chopped fine

Salt & pepper to taste

1/8 tsp cayenne pepper or more to taste

### **Preparation:**

In a 2-3 qt. Saucepot over high heat, bring a quart of water to a boil; drop in unpeeled garlic cloves. Boil 30 minutes. Retrieve garlic by pouring through sieve or colander, discard water. Squeeze each clove out of its skin back into the pot. Add one qt. Of cold water, the fresh and dried herbs and olive oil. Bring to a boil, reduce heat, and simmer for two minutes. Add potatoes, return to boil, reduce heat, simmer another 20 minutes. Remove Bay leaf. Turn off heat. Add ground pepper and salt to taste, and

Cayenne pepper, as much as you can stand.

Note from Dr. Ziment, Chief of Medicine of UCLA Medical Center. :

Studies have shown that garlic also helps you resist the flu, may lower BP and reduce the risk of stomach cancer and it is also a mild decongestant.

# Spreading Word on Immunizations

By Jackie Jadrnak, ABQ Journal Staff Writer

After the tubes keeping her son alive were disconnected, Naomi Costales had one last chance to hold 2-month-old Joseph and sing "Tell Me Why" to him.

Now, not quite two months after his death on Feb. 27, 2004, she and her husband, Nick Costales, want to give meaning to his life by urging parents to get their children immunized against the kind of disease that killed Joseph. "We want to prevent other parents from going through the same experience," Naomi Costales said.

The Albuquerque couple told their story Monday in conjunction with a meeting of the New Mexico Immunization coalition in observance of Childhood Immunization Awareness Month.

Joseph died of pertussis or whooping cough. That disease can be prevented by vaccination, but Joseph was too young to have his shots. He had been scheduled for his first round of shots, given at 2 months, the same week he was struggling for breath at Presbyterian Hospital.

"Not a day goes by that we don't think about Joseph," Nick Costales said. Joseph's death reflects a national trend that has alarmed health experts. Whooping cough has bucked the recent trend of immunizations reducing disease. Last year, the nation had the highest number of Pertussis cases since 1967. By the time all cases are reported, that number probably will be more than 10,000, according to Dr. William Atkinson. In New Mexico, 78 cases of pertussis were reported in 16 counties, according to Health Secretary Patricia Montoya. Through the middle of April 21, confirmed cases have been reported from six counties, she said.

Atkinson, an epidemiologist for the Centers for Disease Control and Prevention, is in New Mexico Monday and today to talk to health-care providers about the importance of giving children the full array of 19-20 shots by age 2 years. The shots vaccinate against diseases from polio and diphtheria to tetanus and measles.

Whooping cough rates have risen despite an effective job at getting young children immunized, he said. Babies usually get pertussis vaccine at 2, 4, 6, and 12 months of age, with another booster before they enter school.

That protection lasts for only five to 10 years. That means teens and adults still may get whooping cough. Although they don't get as seriously ill as babies, they could pass the disease on to babies.

Atkinson said this may be happening more now because today's mothers received their shots as children and are losing their resistance-and their antibodies-by the time they give birth. That means they aren't passing antibodies to their babies, who rely on that immunity during the early months of life.

Right now, there is no adult vaccine on the market for pertussis though researchers are working on one. Because of fears about side effects of testing any vaccine or drug on pregnant woman, health workers may have to take the approach of immunizing nonpregnant young women, Atkinson said.

Nick Costales said Joseph's doctors were baffled by his illness. He was sick at the time that RSV was making the rounds, and they at first thought he had complications from that. Joseph did not have the "whooping sound" when he coughed that immediately makes people think "whooping cough", Nick Costales said.

Despite tests and antibiotics and machines helping him breathe, the disease attacked Joseph's lungs so badly that they no longer could function, according to Nick Costales. Born on Jan 1, Joseph was about 7 1/2 weeks premature. He spent his first three weeks in the hospital, yet he was strong and growing before being attacked by pertussis, his parents said.

Despite his short life, Joseph will always be part of their family, they said. Each of his siblings-Damian, 14; Elijah, 8; and Sophia, 6-vied for the chance to hold him and each had a special thing he or she would do for him; read to him, sing to him, hold him.

His pictures are on the walls. Naomi Costales has put together a scrapbook and has made a shadow box with one of Joseph's outfits and a picture of him wearing it. Their biological family, as well as their church family at Desert Springs Church, has supported them through their grief, the couple said. "We don't want Joseph's passing to be in vain," Naomi Costales said. "There was a purpose for his life and a purpose for our family"

(This article was in the Albq. Journal the day after Dr. Atkinson's visit to New Mexico on April 19-21st.)

Dr. Atkinson made it very clear during his visit that the problem area in New Mexico is that our 4th DTaP vaccinations are late throughout the state which is lowering our overall rates. By fixing this one area we could raise our coverage rates substantially. [Have a good month, Millie A, Helen H, and Suzie C.](#)

**Family remembers Hep. B victim as a girl with a promise:  
Two weeks after being diagnosed with acute Hepatitis B virus infection, Kesha Johnson, a 15 yr. Old Minneapolis teenager, died of fulminant liver failure. Although Kesha's death occurred over four years ago, the Immunization Coalition continues to tell her story to illustrate why Hepatitis B should be available to all children and teens. To read Kesha's story go to <http://www.pioneerplanet.com/archive/docs/hepb1002.htm>. This story appeared in the St. Paul Pioneer Press on August 6, 1994 and is copyrighted and has been placed on the Pioneer website for IAC express subscribers to read. If you have stories and/or case reports to save lives, e-mail them to [admin@immunize.org](mailto:admin@immunize.org) or fax them to 651-647-9131.**