Common sense can help during flu season

Patricia Stumpf RN, MS, Assistant Director of Clinical Administration

While late summer—when this article is being written—is too early to know exactly how the seasonal influenza virus will behave, what is certain is that we will have a flu season. Between 5% and 20% of the population comes down with the flu each year.

Many people think of the flu as an uncomplicated disease. However, the influenza virus that causes the flu is far from simple and can cause very serious illness in some people. There are various strains of influenza, which are constantly changing form and structure. This constant shifting of the virus is why flu vaccine must be given each year—since the vaccine must be matched to the flu strain—and why limiting the flu’s spread is difficult.

Most healthy adults who get the flu have a very uncomfortable week, with symptoms that include fever (usually high), headache, fatigue, muscle aches, dry cough, sore throat, and runny nose. Children sometimes also experience nausea, vomiting and diarrhea. Most people who do not have underlying health problems recuperate from the flu and return to normal activities within a week or two.

The flu is easily spread from person to person. You can catch the flu by being in the range of someone who is infected with the flu virus and is coughing or sneezing; the coughs and sneezes carry the virus through the air to the area of your mouth or nose, where it enters your body. You can also contract the virus by touching an object that has been contaminated by a cough or sneeze; the virus winds up on your hands, which carry it to your nose, mouth or eyes where it enters your body.

Assess your own flu sense:

✓ I wash my hands with soap and water or with alcohol-based hand cleanser after I cough or sneeze.
✓ I teach my children to wash their hands often, but especially after they cough or sneeze.
✓ I cover my mouth and nose with a tissue when I cough or sneeze and I dispose of it in a waste basket.
✓ If I do not have a tissue, I cough and sneeze into my upper sleeve.
✓ I regularly clean work surfaces and equipment that might be contaminated especially those that are shared like telephones and keyboards.
✓ I stay at home from work, school and errands if I am sick with flu-like symptoms.
✓ I avoid close contact with people who are sick.
✓ I get a flu shot every year.

Healthy weight supports women’s wellness

David Roth, MD
Chief, Ob/Gyn

According to the most recent study by the Centers for Disease Control (CDC) the obesity rate has doubled over the past 25 years; currently, one-third of adults aged 20 or older are obese. Recent media attention has made most of us aware that obesity increases risks for diabetes, hypertension, heart disease and even some cancers for both sexes. However, obesity also has unique consequences for women’s health.

Women can benefit greatly by achieving and maintaining a healthy weight. Benefits include improvements in fertility, increased health during pregnancy, reduced risk for certain diseases specific to women and health advantages later in life.

Fat tissue: more than padding
While we may think of fat tissue as simply insulation or padding under our skin, it is actually metabolically and chemically active, and thus affects women’s endocrine (hormone) system. A certain amount of fat tissue is essential for women’s reproductive health.

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This year, YHP’s Veronica (Ronnie) Redente, RN, was among the recipients honored at a celebration in late April. Described in her citation as “the ultimate nurse,” Redente has practiced her profession for thirty years, the last ten as a member of YHP’s Internal Medicine Department. She is currently the department’s assistant manager. One physician colleague commented, “She has an outstanding wealth of clinical knowledge and the ability to both listen to and communicate with patients in a calm and purpose-driven way...despite how emotionally charged a situation may be....[Her approach] incorporates empathy, practicality...and the highest of ethical standards....Her connection with each patient is strong and her impact on their health and well being long-lasting. She is a shining example of professionalism and clinical excellence and has served as a mentor to many nurses.”

We will keep you informed about the seasonal flu vaccination clinics and the H1N1 vaccination program as soon as information is available. You can also check Healthwise for the latest general flu information: www.yale.edu/yhp and click on Healthwise.

Each year YHP takes steps to strengthen our flu prevention programs. YHP is promoting the CDC’s Cover Your Cough And Clean Your Hands. The familiar message will be posted prominently around campus. Printable fliers and posters are available for free at www.cdc.gov/flu/protect/covercough.htm

Additional resources:
What to do if you get flu-like symptoms: www.cdc.gov/h1n1flu/sick
Resources for parents and caregivers: www.cdc.gov/h1n1flu/parents/
Flu prevention checklist: www.cdc.gov/flu/protect/habits.htm

Common sense during flu season continued from page 1

These facts provide us with the information we need to help prevent the flu. While most of us practice personal prevention most of the time, you can reduce your risk of getting or spreading the flu by washing your hands, covering coughs and staying home when you have flu-like symptoms. Yale Health Plan will be an essential source of information about the flu this year.

Common sense during flu season continued from page 1

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from the desk of

PAUL GENECIN, MD
DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

Earlier this summer, in July, YHP implemented a set of newly-enhanced YHP health benefits for all staff and faculty.

Composing this column in early August, I reflect on how quickly health care news is breaking, and how much can change, even in the course of the few weeks between this writing and the publication of our fall issue of Yale Health Care. Nationally, we are engaging in vigorous debate about reforming health care delivery. Close to home, the Yale community knows that YHP is moving to our new building at 55 Lock Street in a matter of months. This move is a major transition for our members and staff—and one which has generated a good deal of positive excitement.

On another—and very important—front: Earlier this summer, in July, YHP implemented a set of newly-enhanced YHP health benefits for all staff and faculty. As I reflect back to that moment, I remind myself that these benefits were undefined only weeks earlier because their shape depended on the outcome of the University’s negotiations with its unions. Currently, we are also awaiting the federal rules and regulations that will help us to define a significant new YHP mental health benefit to be designed, announced and implemented by January 2010!

As all these changes occur, none of us can take our eyes off of the national economy and the challenges that it poses as we manage an enhanced health benefit at Yale in a nationwide environment of constrained resources.

All of these issues have great importance for our members and staff—but for those of us who work in the health care field, they pale in comparison to our core business of delivering health care. The major news is the prospect of an influenza season this fall that will be different from any other, even if pandemic H1N1 flu causes only moderate illness. To start, we need to consider the immunization needs of the Yale community. At the time of this writing, none of us knows for certain whether the H1N1 vaccine will be ready in October; whether it will be a two-dose series; and what the final CDC (Centers for Disease Control) recommendations will be for vaccinating at-risk populations. Here at YHP, we are planning on a two-dose series of H1N1 flu vaccine in addition to the seasonal flu vaccine. Since much more information will become available between this writing and publication of this column, make sure to check www.yale.edu/yhp for all updates.

Yale has extensive emergency plans for dealing with influenza and we enter the flu season ready for the spectrum of scenarios that are unique to a University campus. Our plan involves collaboration between every department in the University and includes a range of contingencies. One example would be deployment of an extraordinary 150-bed temporary hospital unit at the Yale gym should circumstances require.

Even as we contemplate the changes and prepare ourselves for the challenges of the coming year, we redouble our attention to our core mission: providing health care to the Yale community. As always—especially with so many changes in the offing—we invite your feedback and are eager to hear your questions and suggestions. Take a moment to send us your thoughts via member.services@yale.edu.

We are delighted to announce the return of Margaret Hionis, who rejoined YHP in mid-September in a newly-created role which combines the functions of the Patient Representative and Medicare Coordinator as well as the oversight of day-to-day operations in the Member Services Department.

She brings years of experience to this new, challenging position. Hionis began her Yale career in Member Services and rose through the ranks to become the Medicare Coordinator, a position she held for 11 years until leaving to join the staff of the Koerner Emeritus Center in September 2007.

For nearly 18 years, she has been dedicated to supporting the members of YHP and the Yale community. Her enthusiasm for this new role truly exemplifies that commitment. Please join us in welcoming her back to the YHP family.
MAKING THE ROUNDS
HEALTH AND WELLNESS INFORMATION FROM YHP’S CLINICAL STAFF

What exactly is “stress” and is it always bad for me?

What feels stressful varies from person to person, but in biological terms, stress is always based on the body’s built-in “flight or fight” response. Any problem or obstacle, imagined or real, causes the cerebral cortex (thinking part of the brain) to send an alarm to the hypothalamus (main switch for the stress response). The hypothalamus stimulates the sympathetic nervous system: heart rate, breathing rate, muscle tension, metabolism, and blood pressure all increase. Hands and feet get cold as blood is directed away from extremities and digestive organs into the larger muscles that can help you fight or run. Your pupils dilate to sharpen vision, and hearing becomes more acute. Your adrenal glands secrete chemicals called corticoids, which inhibit vital functions such as digestion, reproduction, growth, and tissue repair as well as the response of your immune and inflammatory systems. If you decide, consciously or unconsciously, that the situation is no longer stressful (generally within three minutes) the brain is programmed to begin the relaxation process.

We need a certain degree of stress to keep us alert and engaged and at times it can make life exciting. But remaining under continuous high stress shuts down the relaxation response and your system remains flooded with corticoids, putting you at risk for long-term negative effects. The good news is that many stress-reduction options exist. See Healthwise at www.yale.edu/yhp.

Carole Goldberg, PsyD
Department of Mental Health and Counseling

I’m starting an exercise program. Is “no pain, no gain” the way to go?

Not for most of us. That slogan might work if you are a competitive athlete. But if you’re exercising for general health and fitness, pain means that something is wrong. You should also distinguish between achiness and pain. Post-exercise achiness in generalized muscle groups is normal when you’re starting a new routine or increasing the intensity of your regular routine. The best way of handling the generalized achiness is to stretch the newly exercised muscles gently after use and rest for a day or two and then go back to the exercise—whether it’s walking or weight-lifting—at a less intense level, building back up again as the soreness resolves. But if a specific area—ankle, knee, hip, shoulder—really hurts, that probably means overuse and you could be doing damage by not stopping or changing the exercise.

You may need to see your clinician if the pain continues. Also, if you are looking to increase the intensity of your workouts once you are in better shape, you can increase speed, resistance or incline. But increase only one variable at a time.

Michael Goulet, RPT, MPH
Manager, Physical Therapy

Can I get poison ivy from my dog or cat?

Absolutely! The poison ivy rash is a contact dermatitis, a skin irritation caused by contact with a toxin, in this case the resinous sap of the plant. If your pet brushes up against poison ivy, the sap can stick to its fur. Because the fur protects its skin, the animal most likely will not react to the toxin. But susceptible people will react if the sap is transferred to skin or clothing. The organic oil in the sap (urushiol) does not mix with water, and adheres to almost anything: clothes, towels, bedding, skin, or fur. Contact with skin, especially if repetitive, produces an itchy rash, with redness, oozing, and at times severe blistering. This rash usually develops within 24-48 hours after contact and may worsen during the following days; it can persist for up to several weeks. The most important preventive measure, if you suspect exposure: within 10-15 minutes, thoroughly wash hands and other exposed areas to prevent the toxin from bonding with skin. Soap breaks up the toxic oil, which can otherwise remain active for years. Use heavy-duty laundry bar soap, such as Fels-Naptha; be sure also to launder clothing, gardening gloves, and other materials, including pet bedding. The animal may need a bath, too! If preventive measures fail, call your clinician.

Christiane Nockels Fabbri, PhD, PA
Internal Medicine

To submit your questions to Making the Rounds e-mail
member.services@yale.edu
As we approach the completion of the new YUHS facility at 55 Lock Street, we are continuing to offer our members glimpses into noteworthy features of our new building.

The new parking garage will provide more than double the number of patient parking spaces, and will offer ample handicapped parking, spaces designated for short-term parking (e.g. pharmacy prescription pickup), spaces for hybrid vehicles, increased bicycle storage, and a patient drop-off area in front of the building. The garage will be operated by the University’s Parking and Transit Department and will be shared with our neighbors, the Police and Security Departments. We expect Parking and Transit to charge a nominal fee for patients to park in the garage, consistent with other structured parking areas around campus such as the Howard Avenue garage near the medical school.

A covered walkway connects the parking garage to the building, and a separate ambulance entrance will be located off Lock Street to give our patients privacy. In keeping with the project’s (and University’s) green initiatives, we are working with Parking and Transit to enhance shuttle service to and from the new building. Finally, a separate loading dock entrance will enable delivery and maintenance vehicles access to the site without crossing patients’ paths.

For the first time, YHP will have an on-site MRI (magnetic resonance imaging) service. The installation of a large and complex piece of equipment has major impact on a building’s infrastructure. Weighing in at six tons (12,000 pounds), the MRI machine cannot be installed in the building until the room that it’s going into—which must be properly shielded and cooled for the magnet—is completely ready and dust free. Sometime around March of next year, the unit will be lowered into the building. Once it is installed and turned on, the magnet is live and the room will be secured until we are ready to use the machine.

As part of YHP’s focus on wellness and treating the whole person, our new home will have a healing garden, an outdoor area with walking paths and ornamental plantings, located on the fourth level. Open to patients, staff and family members, the garden will provide a soothing atmosphere, with a reflective wall and contoured landscaping.
Healthy weight
continued from page 1

For instance, if a woman loses too much weight she may stop menstruating. On the other hand, obesity can cause many health problems for women.

Although the causes of a condition called PCOS are not clear, obesity is closely associated with PCOS (polycystic ovary syndrome). PCOS involves an imbalance of the reproductive hormones and affects anywhere from 5-20% of women. Often ovulation stops; this can result in irregular and infrequent periods, which can also be very heavy. If ovulation isn’t occurring, pregnancy is not possible when desired. PCOS may also cause unwanted changes in appearance such as facial hair and skin discoloration. If it is not treated, over time it can lead to serious health problems. In addition to diabetes and heart disease, PCOS is a risk factor for uterine and endometrial cancer.

Weighing in on contraception and pregnancy

Contraception can be a problem for overweight women. The rate of unwanted pregnancies for these women is higher than that for women of normal weight. Birth control pills work by providing hormone levels that mimic pregnancy, thereby suppressing the release of eggs from the ovaries. Because very heavy women’s bodies contain a greater volume of blood, the amount of hormone in today’s low-dose pill may not be enough to achieve the hormone blood levels that will reliably suppress ovulation.

Although infertility is more common in obese women, obesity is not a barrier to pregnancy. However, obesity does elevate the risks of pregnancy, including birth defects, miscarriage, stillbirth, hypertension/toxemia and blood clots. The chance of having a cesarean section is higher, along with complications of the surgery. While none of these would be a reason to avoid pregnancy, the first step for a woman who is significantly overweight and thinking about becoming pregnant should be to try to lose some of that weight.

Another area of concern is gestational diabetes—diabetes that arises during pregnancy as a result of the interaction between the placenta and the body’s insulin supply. While this condition can occur in any woman, fat tissue makes the body more resistant to the effects of insulin. The more overweight one is, the greater the chance of developing gestational diabetes. Untreated gestational diabetes is dangerous because it can cause significant problems for the baby.

YHP screens all obstetrics patients for gestational diabetes. If diagnosed, the woman will be put on a food plan to minimize surges in blood sugar. If a revised diet is not enough, she may have to take insulin or other medications to keep diabetes under control.

When blood sugars are kept normal, pregnancy outcomes are the same as for non-diabetic pregnancies. And although gestational diabetes resolves after birth (once the placenta is gone), those who have had it are at an increased risk for diabetes later in life.

Moving into the later years

For older women, obesity can cause different hormonal problems. Fat tissue produces its own type of estrogen, independent of the ovaries; the more fat, the more estrogen produced. Thus, overweight women can have a high level of circulating estrogen, even after menopause. The excess of estrogen, without the normal balance of hormones of a woman with regular cycles, can result in growth of endometrial and breast cells—leading to abnormal bleeding and ultimately to a greater risk of uterine and breast cancer.

Please let your primary care or ob/gyn clinician know if you would like help to achieve or maintain a weight that is healthy for you. Maintaining a healthy weight can help improve reproductive and over-all health, and assist women in reducing risks for certain conditions specific to them.

A few points to keep in mind:

- While general weight standards exist and are useful, each individual’s healthy weight is a product of many factors, including genetics, family and personal health history, and current health indicators.
- While excess weight can be a health risk factor, being thin does not in and of itself assure good health.
- Working with your clinicians is the best way to evaluate your health and improve your well-being.

Electrocardiograms (EKGs) are no longer available on a walk-in basis. When your doctor requests the test, it will be scheduled for you by the receptionist as you leave your appointment.

Are you trying to fit in your child’s health plan appointments with school, sports, and other activities? Or do you just have a question? Calling at our less busy times—in the late afternoons on Wednesdays, Thursdays and Fridays (and avoiding Mondays)—will allow our Pediatrics staff to spend more time working with you. As always, call whenever necessary if your child is ill.
From the Pharmacy

BEHIND THE SCENES:
WHAT WE DO WHEN WE “FILL A PRESCRIPTION”

Pharmacists, licensed medication specialists who train for six years and graduate with doctorates in pharmacy (PharmD), are an integral part of the clinical team. When the YHP Pharmacy dispenses medication—or “fills a prescription”—the prescription request sets in motion a series of procedures meant to ensure that your prescription medication is right for you.

Checking the written order. If there are no questions about the order, the pharmacist will go to the next steps. If clarification is needed the pharmacist will contact the clinician.

Entering your information into the computer. The pharmacist enters your prescription information into the computer system, which contains your complete medical history. This feature is especially useful in an emergency, when a clinician may need to know exactly what medications you are or have been taking. To make sure your medication record is complete, you should always inform the pharmacist of any drug products—prescription and nonprescription, including vitamins and supplements—that you have obtained from other sources.

Checking your prescription history. After the information has been entered, the pharmacist checks your prescription history, looking especially for therapeutic duplication—the simultaneous use of two or more medications that serve the same purpose.

Guarding against drug interactions. Pharmacists also look for potential adverse interactions not only between prescription drugs, but also between foods, beverages and over-the-counter medications. An interaction may also occur when a medication prescribed for one condition has an unintended effect on another problem.

Checking dosage and duration. Pharmacists verify the dosage and duration of use, comparing against standard usage recommendations.

When your clinician selects a treatment that is different from the standard or prescribes a drug not traditionally used to treat your condition, the pharmacist may need more information to be sure the prescribed therapy is best for you.

Adjudicating the claim. At this time the prescription is electronically transmitted to a third party (Medco or Restat) to process for appropriate pricing according to which pharmacy benefit the member has.

Checking against allergies. Pharmacists also check for medication allergies by reviewing your medication records every time you have prescription orders filled.

Making recommendations. Pharmacists are trained not only to recognize the potential for drug interactions and allergies, but also to recommend to the clinician the best alternatives.

Double-checking the prescription. After the prescription is filled, the pharmacist reads the label. The written directions were checked as the information was entered into the computer system and are now checked against the written order. The contents of the package are rechecked to ensure that what was prescribed is the same as what was placed in the bottle. When needed, labels are fixed to your prescription to alert you to side effects, possible interactions and other information.

Counseling you about your medicine. Common questions include: Should this medication be taken with food or between meals? Is there anything I should avoid while on this medication? Can I continue to take over-the-counter medications while using this prescription? Can I take this medication beyond its expiration date? Is a less expensive version available? We are happy to answer these or any other questions. Talk to us when you are at the Pharmacy, or call us at 203-432-0033.

EVENTS AND CLASSES

Unless otherwise noted, programs are free (although registration is required) and take place in the YUHS building, 17 Hillhouse Avenue.

Living with Diabetes
For adult YHP members with type 1 or type 2 diabetes. Topics will include an overview of diabetes, nutrition and exercise, medications, and problem-solving. The series is led by diabetes educator Vanessa Jefferson, APRN and other YHP clinical staff. The series takes place the four Tuesdays from October 20 through November 10, 5:15–7:00 pm at the YUHS building in room 445. Register by October 15 by signing up online at www.yale.edu/yhp/health/classes.

Questions? Call (203)432-0246. Attendance at all four class is highly encouraged; a family member or friend is welcome to join you.

Colonoscopy Lunch and Learn
Learn everything you always wanted to know about colonoscopy! Dr. Harry Aslanian and clinicians from the YUHS endoscopy suite will talk about colorectal cancer, colonoscopies, and answer your questions. There will also be a tour of the endoscopy suite. Open to all YHP members. Wednesday, November 11 from 12:00–1:00 p.m. in the lower level cafeteria of the YUHS building. Space is limited, so register online at www.yale.edu/yhp/health/classes by Wednesday, November 4. Call 203-432-0246 for more information. Feel free to bring your lunch. Beverages will be provided.

If you’re sick, stay home!
Help for quitting smoking

You can double your chances of quitting by using at least one of the methods below. Using more than one method increases your chances of staying quit for good. Talk to your clinician about which strategies might work best for you.

Quitting smoking is one of the most important actions you can take for your health. Many resources can help. One of the most widely-publicized is the American Cancer Society’s Great American Smokeout®, which became a national event in 1977 and is held every year on the third Thursday in November (November 19 this year).

Telephone-based support programs—such as the Connecticut Quit Line—can provide counseling and other strategies.

Community-based programs are generally low-cost. The Connecticut Quit Line can provide information about classes in your area.

On-line quit programs are often free and offered by organizations (such as the American Lung Association’s Freedom from Smoking Program).

Self-help materials are useful no matter where you are in the process. Learn how to prepare for your quit attempt, to develop strategies to help with cravings, and to prevent relapses.

Medication. Nicotine replacement therapy (NRT) can relieve many of the withdrawal symptoms.

Prescription medicines can also help you quit. The FDA has approved these medications to help you quit smoking:

Available by prescription and over the counter*

- Nicotine patch
- Nicotine gum
- Nicotine lozenges

Available by prescription

- Bupropion SR (Zyban®)
- Varenicline (Chantix®)nicotine inhaler

Available over the counter

- Nicotine gum
- Nicotine lozenges

* Please contact Member Services to check your prescription drug plan.

Online resources

Yale Health Plan. Healthwise offers interactive tools for quitting. www.yale.edu/yhp

Quit With Yale. Information on Yale studies to help people quit. www.quitwithyale.org

American Cancer Society offers a quit-smoking guide. www.cancer.org

American Heart Association. Resources and tools for quitting. www.americanheart.org


Centers for Disease Control and Prevention. “How to quit smoking” resources. www.cdc.gov


Resources by phone:

Connecticut Quit Line 866-END-HABIT (866-363-4224)
American Cancer Society 800-ACS-2345 (800-227-2345)
American Lung Association Helpline 800-LUNG-USA (800-586-4872, press option 2)

The American Cancer Society suggests that you set a quit date and stick to it. Some steps to help you prepare:

- Pick the date and mark it on your calendar. (Again, the Great American Smokeout® takes place on Thursday, November 19.)
- Tell friends and family about your goal.
- Decide on a plan. Will you use nicotine replacementix, will you go cold turkey, or do other techniques? Practice saying, “No thank you, I don’t smoke.”
- Get rid of all cigarettes and ashtrays in your home, car, and workplace.
- Stock up on substitutes—sugarless gum, carrot sticks, hard candy.
- Set up a support system—a group, an online program, or a friend or family member who has successfully quit and is willing to help you.
- Ask family and friends who still smoke not to smoke around you or leave cigarettes out where you can see them.

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Centers for Disease Control and Prevention. “How to quit smoking” resources. www.cdc.gov


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Flu vaccines and children

Because seasonal flu can cause serious illness in children, the American Academy of Pediatrics (AAP) recommends yearly flu vaccination for all children aged 6 months through 18 years. The YHP Pediatrics Department will be giving flu vaccinations during routine well-child visits, as well as at seasonal flu shot visits, which are available by appointment. Please call 203-432-0206 if you need to schedule an appointment for your child’s seasonal flu vaccine. Also note that children 12 years and older may go with their parents to the adult flu clinics. It is also recommended that household contacts and out-of-home caregivers of children from birth to 5 years be vaccinated against seasonal flu.

2009 YHP FLU CLINIC SCHEDULE

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<th>DATE</th>
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<th>TIME</th>
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<tr>
<td>10/1</td>
<td>Thursday</td>
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<tr>
<td>10/5</td>
<td>Monday</td>
<td>4:00 pm–7:00 pm</td>
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<td>Hall of Graduate Studies 320 York St</td>
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<td>10/13</td>
<td>Tuesday</td>
<td>10:00 am–3:00 pm</td>
<td>Anlyan Center 300 Cedar Street</td>
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<td>Tuesday</td>
<td>9:00 am–1:00 pm</td>
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<td>Medical School, Harkness Lounge 367 Cedar St</td>
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<td>Wednesday</td>
<td>10:00 am–3:00 pm</td>
<td>Science Park, Conf Rm 125 25 Science Park</td>
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To keep away the flu

To help our members stay healthy during flu season, we have set up stations throughout the building where you can wash your hands with Purell and apply a mask if you have symptoms of the flu or a cold (i.e. cough, fever, sore throat, sneezing). These stations are located at the first floor entrance, on every floor across from the elevators and at each receptionist desk.
Who should be vaccinated for the seasonal flu?

In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, many clinicians recommend that people at high risk of serious complications or people who live with or care for those at high risk should have the vaccination yearly.

According to most advisory groups and medical professionals, the following should be vaccinated each year:

- Children 6 months up to their 19th birthday
- Pregnant women
- People 50 and older
- Those of any age with certain chronic medical conditions
- Residents of nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including:
  - Health care workers
  - Household contacts of persons at high risk for complications from the flu
  - Household contacts and out-of-home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

The above information is adapted from the Centers for Disease Control (CDC): www.cdc.gov