Mercury Thermometer Exchange Program Reminder

Call Allegan County Health Department 269-673-5411 to exchange your Mercury Thermometer for a new digital thermometer at NO CHARGE!

Reasons to Exchange Your Mercury Thermometers:

- Eliminating even a small amount of mercury reduces the potential for human mercury poisoning. Mercury is a pollutant of concern because of its toxic & bio-accumulative properties. Mercury does not break down in the environment, but is converted by natural bacterial action to methyl mercury, which concentrates in the tissues of fish, wildlife & people who eat the fish.¹

- A few drops of spilled mercury from a broken thermometer can raise air concentrations of mercury to levels that may affect human health. Mercury & its vapors are very difficult to remove from carpets, clothing, furniture, floors, walls, & other items.¹

- If a broken thermometer is not correctly cleaned up, the spilled mercury will volatilize slowly at room temperature into a colorless, odorless gas. 80% of inhaled mercury vapor is absorbed into the bloodstream.¹

- Exposure to mercury can cause significant adverse health effects. Human exposure to mercury can result in nervous system damage, liver damage, kidney damage, muscle tremors, impaired coordination, & mental disturbances. Mercury is especially harmful to children & developing fetuses.¹

- Assuming one thermometer per household, approximately 60 pounds of mercury are contained in 38,165 mercury thermometers within Allegan County households.

- Every ounce of mercury collected by the Health Department minimizes the potential of a spill, thereby reducing the public health & environmental threat posed by this dangerous compound.

Non-Mercury Thermometers:*

- Are less toxic; and
- Result in NO exposure to hazardous mercury vapors

Funding for this effort has been provided by Allegan County Community Foundation

¹ Mercury Exchange Program, 2002 http://www.ovpr.gsu.edu/environmentalprograms/hmep.html
The Facts are Staggering: Tobacco Use in Michigan

### Tobacco Use in Michigan

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage or Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school students who smoke</td>
<td>22.6% (131,600)</td>
</tr>
<tr>
<td>Male high school students who use smokeless or spit tobacco</td>
<td>10.0% (females use much lower)</td>
</tr>
<tr>
<td>Individuals (under 18) who become new daily smokers each year</td>
<td>29,700</td>
</tr>
<tr>
<td>Children exposed to secondhand smoke at home</td>
<td>716,000</td>
</tr>
<tr>
<td>Packs of cigarettes bought or smoked by children each year</td>
<td>32.4 million</td>
</tr>
<tr>
<td>Adults in Michigan who smoke</td>
<td>23.2% (1,758,300)</td>
</tr>
</tbody>
</table>

Nationwide, youth smoking has declined since 1997, but remains at high levels. The 2004 National Youth Tobacco Survey (YTS) found that 22.3% of U.S. high school adolescents smoke & 10.8% of high school males use spit tobacco. U.S. adult smoking has decreased gradually since the 1980s, & 21.6% of U.S. adults (about 45 million) currently smoke.

### Deaths in Michigan From Smoking

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults who die each year from their own smoking</td>
<td>14,500</td>
</tr>
<tr>
<td>Children now under 18 and alive in Michigan who will ultimately die prematurely from smoking</td>
<td>259,500</td>
</tr>
<tr>
<td>Adults, children, &amp; babies who die each year from others’ smoking</td>
<td>1,400 to 2,490</td>
</tr>
</tbody>
</table>

Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, & suicides combined -- AND thousands more die from other tobacco-related causes -- such as fires caused by smoking (more than 1,000 deaths/year nationwide) & smokeless tobacco use. No good estimates are currently available, however, for the number of Michigan citizens who die from these other tobacco-related causes, or for the much larger numbers who suffer from tobacco-related health problems each year without actually dying.

### Smoking-Caused Monetary Costs in Michigan

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual health care costs in Michigan directly caused by smoking</td>
<td>$3.13 billion</td>
</tr>
<tr>
<td>- Portion covered by the state Medicaid program</td>
<td>$1.04 billion</td>
</tr>
<tr>
<td>Residents’ state &amp; federal tax burden from smoking-caused government</td>
<td>$597 per household</td>
</tr>
<tr>
<td>Smoking-caused productivity losses in Michigan</td>
<td>$3.62 billion</td>
</tr>
</tbody>
</table>

Amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, spit tobacco use, or cigar & pipe smoking. Other non-health costs from tobacco use include residential & commercial property losses from smoking-caused fires (more than $500 million per year nationwide); extra cleaning & maintenance costs made necessary by tobacco smoke & litter (about $4+ billion nationwide for commercial establishments alone); additional productivity losses from smoking-caused work absences, smoking breaks, & on-the-job performance declines & early termination of employment caused by smoking-caused disability or illness (dollar amount listed above is just from productive work lives shortened by smoking-caused death).

### Tobacco Industry Influence in Michigan

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual tobacco industry marketing expenditures nationwide</td>
<td>$12.7 billion</td>
</tr>
<tr>
<td>Estimated portion spent for Michigan marketing each year</td>
<td>$556.1 million</td>
</tr>
</tbody>
</table>

Published research studies have found that children are three times more sensitive to tobacco advertising than adults & are more likely to be influenced to smoke by cigarette marketing than by peer pressure, & that one-third of underage experimentation with smoking is attributable to tobacco company advertising.
Smoking in the Workplace

Benefits of a Smoke-Free Workplace

For the Employees

- A smoke-free environment helps create a safe, healthful workplace.
- A well planned & carefully implemented effort by the employer to address the effect of smoking on employees' health & the health of their families shows the company cares.
- Workers who are bothered by smoke will not be exposed to it at the worksite.
- Smokers appreciate a clear company policy about smoking at work.
- Managers are relieved when a process for dealing with smoking in the workplace is clearly defined.

- Causes burning of the eyes, nose, and throat; headaches; increases in the heart rate and blood pressure and upsets the stomach.
- Nonsmokers who are regularly exposed to secondhand smoke at home or work have almost double the risks of heart disease.
- Causes 30 times as many lung cancer deaths as all regulated air pollutants combined.

For the Employer

- A smoke-free environment helps create a safe, healthful workplace.
- Direct health care costs to the company may be reduced.
- Maintenance costs go down when smoke, matches, & cigarette butts are eliminated in facilities.
- Office equipment, carpets, & furniture last longer.
- It may be possible to negotiate lower health, life, & disability coverage as employee smoking is reduced.
- The risk of fires is lower.

1 Smoking in the Workplace, 2004  http://www.cancer.org/docroot/PED/content/PED_10_2X_Smoking_In_The_Workplace.asp?sitearea=PED

Allegan County Tobacco Reduction Coalition (ACTRC) Invitation:

You are invite as a Citizen of Allegan County to be a part of an important community-wide health promotion initiative. This is spearheaded by the Allegan County Tobacco Reduction Coalition (ACTRC) in Cooperation with the Allegan County Health Department, Clean Indoor Air Task Force (CIATF).

This new initiative promotes smoke-free worksites & public places in Allegan County. As you may have heard, there is a movement across Michigan to protect workers, citizens & children from the dangers of environmental (secondhand) smoke—the second leading cause of preventable death in Michigan! A number of Michigan counties & cities have passed local policies to provide for smoke-free worksites & public places. Many others are currently working to pass local policies; Allegan County is among those. Experience shows in other communities that these initiatives are most successful when there is a wide degree of support for the effort. To that end, Allegan County Tobacco Reduction Coalition, Clean Indoor Air Task Force is reaching out to new partners to invite them to participate in this important health initiative.

The ACTRC/CIATF recognizes that different partners bring diverse views to the table & we invite you to attend this meeting to learn more about how you might be able help.

If you would be interested in attending future meetings and/or would like further information, please contact: Kathy Yonkers-Wright, RDH, BS, MS; at kwright@allegancounty.org and/or call her at 269-686-4523.
What is the “MOTIVATION FOR USE”? According to Mayrhofer et al in the 2002 issue of the Journal of Addictive Diseases, abusers of methamphetamine gave the following PERCEPTIONS as reason for their use of this drug:

- Methamphetamine is a substitute for another stimulant, but better, cheaper, safer & more satisfying.
- Methamphetamine helped people with mental illness or past trauma to feel “normal” & “balanced”.
- Methamphetamine helped people stay awake longer.
- Methamphetamine enhanced sexual experiences & performance.
- Methamphetamine was effective for weight loss.

What gender is at higher risk for use?

Richard A. Rawson, Ph.D. discussed in his presentation on “Methamphetamine Addiction: Cause for Concern-Hope for the Future” that “Females had significantly higher rates of methamphetamine use than males, whom had higher rates of other drugs, particularly marijuana & alcohol.”

Richard A. Rawson, Ph.D. reported that the “self reported reasons for starting methamphetamine use is to lose weight for females & to relieve depression for males.”

Are treatments for Methamphetamine effective?

Richard A. Rawson, Ph.D. stated that “A pervasive rumor has surfaced in many geographic areas with elevated methamphetamine (MA) problems that MA users are virtually untreatable with negligible recovery rates; and rates from 5% to less than 1% have been quoted in newspaper articles and reported in conferences. The resulting conclusion is that spending money on treating MA users is futile and wasteful, BUT no data exists that supports these statistics.”

Why the “methamphetamine treatment does not work” perceptions?

Richard A. Rawson, Ph.D. explored the rationale for these false perceptions:

- Many of the geographic regions impacted by Methamphetamine do not have extensive treatment systems for severe drug dependence.
- The medical & psychiatric aspects of Methamphetamine dependence exceeds their county’s program capabilities.
- High rate of use by women, their treatment needs & the needs of their children can be daunting.
- Although some traditional elements may be appropriate, many staff report feeling unprepared to address many of the clinical challenges presented by these patients.”
What treatments are available to address methamphetamine addiction?

There are several cognitive behavioral interventions designed to help modify a client’s thinking & behaviors, & to increase skills in coping with various life stresses, have been found to be effective. Cognitive-behavioral therapy (CBT) modalities are derived, in part, from both the behavioral & cognitive theories. While CBT shares a number of procedures in common with other therapeutic modalities it is also very distant from traditional psychotherapy. CBT places less emphasis on identifying, understanding, & changing underlying beliefs about self & the self in relationship to substance abuse.

CBT focuses on learning & practicing a variety of coping skills, only some of which are cognitive. A greater emphasis is also placed on using behavioral coping strategies, especially early in therapy. CBT tries to change what the client both does & thinks. 2, 3

The key concepts of cognitive behavioral therapy are: 2,3

• Encouraging & reinforcing behavior change;
• Recognizing & avoiding high risk settings;
• Behavioral planning (scheduling);
• Coping skills;
• Conditioned “triggers”;
• Understanding & dealing with cravings;
• Self-efficacy;
• Abstinence violation effect; and
• Understanding basic psychopharmacology principles.

There are currently are not any medications available to treat addiction or overdose to amphetamine or amphetamine-like drugs such as methamphetamine. Withdrawal from methamphetamine is typically characterized by drug craving, depressed mood, disturbed sleep patterns, & increased appetite. Antidepressant medications may be prescribed to combat the depressive symptoms frequently seen in methamphetamine withdrawal.

Is there a “model” for outpatient treatment of stimulant abusers? 1,2, 3, 4

Yes...The Matrix Model (Rawson et al., 1995) of outpatient treatment was developed during the 1980s in response to an overwhelming demand for stimulant abuse treatment services. The intent was to create an outpatient model responsive to the needs of stimulant-abusing patients while constructing a replicable protocol that could be evaluated. The goal of the Matrix Model has been to provide a framework within which stimulant abusers can achieve the following: (a) cease drug use, (b) retain in treatment, (c) learn about issues critical to addiction & relapse, (d) receive direction & support from a trained therapist, (e) receive education for family members affected by the addiction, (f) become familiar with the self-help programs, and (g) receive monitoring by urine testing. There is an outcome potential that these treatment modalities designed for stimulant abusers & as delivered by CBT trained & licensed mental health professionals may decrease the death rate, reduce morbidity, reduce use, & improve quality of life. 1, 2, 3, 4, 5

References-
1 Amphetamines & Methamphetamines; www.oasas.state.ny.us/ADMed/drugs/fyimeth.htm
2 Methamphetamine Addiction Cause for Concern-Hope for the Future; Richard A. Rawson, Ph.D. www2.apa.org/ppo/rawson62805.ppt
3 Outpatient Treatment for Substance Use Disorders; Richard A. Rawson, Ph.D. http://www.uclaisap.org/AddClinic/documents/PowerPoint/2004/Outpatient%20Treatment%20for%20Substance%20Use.ppt
5 National Institute on Drug Abuse; US Department of Health & Human Services Center for Disease Control & Prevention
About 50 volunteers from the area were processed through the clinic. Medications used to thwart the disease included Ciprofloxacin, Doxycycline, & Amoxicillin.

Various organizations helped to prepare for or participate in the exercise including:

- Allegan Public Schools
- Red Cross
- Allegan EMS
- Allegan Police Department
- Allegan County Sheriff’s Department
- Allegan County Emergency Management
- Michigan Pharmacists Association
- Allegan General Hospital

The HCSIT includes a handheld version of the Fagerstrom Test for Nicotine Dependence. This test assesses a smoker’s level of dependency on nicotine & has demonstrated validity and reliability in previous research. The tool guides clinicians through the appropriate questions and makes intervention recommendations based on the level of dependency.

When medication therapy is strongly indicated, common prescription information is provided on the handheld tool to assist professions with dispensing the appropriate medication.

Additionally, this tool contains:
- Public Health Service (PHS) Tobacco Cessation Guidelines
- Second-line pharmacotherapy
- Brief motivational interventions for tobacco users (the "5 R’s");
- Evidence-based recommendations from the PHS Guidelines (the "5 A’s").

To download this innovative program, please go to:
http://www.smokefree.gov/hp-hcsit.html
**Tooth Loss**

The ultimate outcome of uncontrolled periodontal disease is tooth loss. As the destructive factors cause the breakdown of bone & connective tissue, there remains no anchor for the teeth.

**Halitosis**

A much less severe but nevertheless distressing problem caused by periodontal diseases is halitosis (bad breath), although coatings on the tongue may contribute more to bad breath than even periodontal disease.

**Cardiovascular Disease & Stroke**

Some studies have reported a one & a half- to four-fold increased risk for cardiovascular disease in people with periodontal disease. (The four-fold risk was in men with extensive periodontal disease, bleeding from every tooth.)

In one study, 85% of “heart attack” patients had periodontal disease compared to 29% of people without any cardiovascular problems.

Periodontal disease has also been associated with stroke. In addition, high cholesterol blood levels have been associated with both chronic periodontal disease & coronary artery disease.

Recent evidence is pointing to the inflammatory response as the common element. This is an over-reaction of the immune system that causes injury to tissues in the body.

A common link between patients with both cardiac conditions & periodontal diseases may be elevated levels of C-reactive protein (CRP), a marker for the inflammatory response.

Some experts believe, then, that immune factors causing this response are released into the blood stream during periodontal diseases & cause injury in the arteries supplying blood to the heart.

Other evidence suggests that the bacteria itself, particularly *P. gingivalis*, may play a direct role in arterial injury.

However, treating & eliminating periodontitis does not appear to have any effect on preventing cardiovascular disease. Some experts believe that there is not any actual causal relationship, but that common factors induce inflammation & damage resulting in diseases in the blood vessels & in the periodontium.

Studies in 2000 & 2001 suggest that the only significant association between periodontal diseases & cardiovascular disease is a socioeconomic one. In the 2000 study, for example, patients who had both conditions were more likely to be poor, African American, older, & overweight. They were also more likely to have other risk factors for cardiovascular disease, including smoking & diabetes.

**Effect on Diabetes Mellitus**

Diabetes is not only a risk factor for periodontal diseases, but periodontal diseases may exacerbate or even cause diabetes. Some evidence has suggested that the bacteria causing periodontal diseases may enter the blood stream & activate cytokines, the damaging factors in the immune system, which then may even destroy cells in the pancreas, where insulin is produced.

One study found that treating periodontal diseases reduced the need for insulin in some people with diabetes.

**Effect on Respiratory Disease**

Bacteria that reproduce in the mouth can also be carried into the airways of throat and lungs, increasing the risks for respiratory diseases & worsening chronic lung conditions, such as emphysema.

**Effect on Pregnancy**

The bacterial infections that cause moderate to severe periodontal disease in pregnant women may also increase the risk of premature delivery & low birth weight infants.

Research indicates that the bacteria from periodontal diseases may trigger the same factors in the immune system as genital & urinary tract infections do.

These biologic substances called prostaglandins & tumor necrosis factor produce inflammation in the cervix & uterus that can cause premature dilation & contractions.

Some experts recommend that women have a periodontal examination before becoming pregnant or as soon as possible thereafter. Because women with diabetes are at higher risk for periodontal disease, it is particularly important for diabetics to see a licensed dental care professional early in pregnancy.

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**How Serious Are Periodontal Diseases?**

The prevalence of carotid artery plaque was 61%, on average, among people who were missing 10-19 teeth; and 57% among people with 20-31 missing teeth.

1 How Serious is Periodontal Disease?, 2002  
http://www.umm.edu/patiented/articles/how_serious_periodontal_disease_000024_5.htm
For the last 35 years Family Planning, a Title X agency, continues to serve the residents of Allegan County & the surrounding areas with a variety of services for female reproductive health needs & issues. Family Planning services aid individuals & families in making choices regarding the spacing & number of their children. Family Planning is an integral component of the Department of Health's efforts to reduce teen pregnancy, prevent unintended pregnancies & sexually transmitted infections, reduce infant mortality & morbidity, reduce the incidence of breast & cervical cancer by early screenings, & improve the health of women, men, & children of all ages.

Often it is thought that family planning services are available for young families, however for the last five years the family planning agency has contracted with the Breast & Cervical Control Program (BCCCP) to provide annual examinations & mammograms for women ages 40-64 that could not access services elsewhere. To be eligible for the program women must meet income guidelines which are very generous & she may have health insurance but not be a part of a HMO. Once enrolled, when the woman has an abnormal breast examination or "Pap test" the BCCCP program will fund much of the cost of follow up diagnostic testing & many treatment options. If it is determined that the woman has a precancerous or cancerous condition she will likely be eligible for Medicaid to help with her care, within 48 hours.

Our clinic also contracts with the Susan G. Komen Foundation (Race for the Cure) offering financial assistance for women who are under 40 years of age with breast abnormalities. Currently the funding covers diagnostic services for women in that age grouping. Last year 79 women were enrolled at our site & it appears the number will grow to approximately 90 women this year. Family Planning & Women’s Health of Allegan County is the largest 'Breast and Cervical Cancer Control' enrollment site in Allegan County.

A Change in Rabies Post Exposure Vaccination Payment Procedures: For many years the state of Michigan has been in a unique position to provide rabies vaccine at no cost to citizens who have experienced an exposure to a suspect or proven rabid animal. This has been accomplished through local health departments who obtained the free vaccine from the state biologic products manufacturing facility. As you may be aware, the vaccine manufacturing operation was separated from the state several years ago & now, unfortunately, the state has nearly exhausted the supply of rabies vaccine that was provided as part of the settlement from the state. This means the Allegan County Health Department no longer has access to free vaccine. Similarly, hospitals treating patients with exposures have traditionally billed the Allegan County Health Department for rabies immune globulin (RIG) & the first dose of the rabies vaccine (RVA). This practice was singular to our health jurisdiction & again unfortunately, we no longer are able to continue to pay for this treatment.

It is important for health care providers who are treating exposed patients to recognize patients that alternative sources of payment for rabies post-exposure prophylaxis must now be vigorously investigated. Persons bitten or exposed to rabid or suspect rabid animals should be advised to contact the holder of their health insurance, as most treatments can be settled through their party payment. When billing an insurer, the services should be coded as TREATMENT not PROPHYLAXIS. This is true for situations where a bite is evident, as well as those events where an exposure has occurred without evidence of a bite (i.e., bat found in the room of a sleeping person). If the patient is a Medicaid beneficiary, reimbursement can be obtained through normal billing mechanism using the CPT codes 90375 and 90376 for rabies immune globulin and 90675 for rabies vaccine.

Insured or Medicaid patients who present to emergency departments following an exposure incident should be treated according to current CDC recommendations & subsequent vaccine visits should be arranged with the emergency department, walk-in clinic or private provider. Allegan County Health Department will continue to attempt to provide free rabies vaccine for patients who are uninsured & unable to pay for the vaccine on their own. These patients may be referred to the health department for follow-up. Please know that our resources are severely limited, so every means of alternative payment should be investigated before referral. The Health Department will continue to serve as a resource for questions about rabies post-exposure prophylaxis, and providers may contact us at (269) 673-5411 to discuss exposure incidents & inquire about vaccine use.

Adapted from CD link, Barry-Eaton District Health Department, Volume 7, Issue 3, August 2005
Researchers at the Yale School of Medicine report that adolescents who smoke cigarettes show impairment of memory & other cognitive functions. The scientists tested working memory—used when keeping information in mind & manipulating it—as well as verbal learning & memory, attention, mood, symptoms of nicotine withdrawal, & tobacco cravings in 41 adolescent daily smokers & 32 nonsmokers. The groups were similar in age, gender, & education.

They found that adolescent smokers had impairments in accuracy of working memory performance. Male adolescents, who as a group begin smoking at an earlier age than females, showed significantly greater impairment in selective and divided attention, perhaps resulting from more prolonged exposure to tobacco smoke. Females, however, showed more pronounced symptoms of nicotine withdrawal & associated increased anxiety. All of the adolescent smokers showed further disruption of working memory & verbal memory when they stopped smoking—indicating that nicotine withdrawal is disruptive to cognition in teens.

**WHAT IT MEANS:**
According to the 2004 Monitoring the Future (MTF) survey, almost 16 percent of 12th graders, 8.3 percent of 10th-graders, & 4.4 percent of 8th-graders report that they smoke daily. Teens appear to be particularly susceptible to the negative consequences of smoking, which include cognitive impairment at a time when their brains are still developing. Further research is needed to know the long-term consequences & how these affect their educational potential.

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**Nicotine Patch Therapy Effective for Adolescents**

Results of one of the first studies of nicotine replacement therapy in teens show that the use of a nicotine patch is an effective means of helping adolescents quit smoking.

This study, conducted by researchers at National Institute on Drug Abuse’s Intramural Research Program, also is the first to evaluate the use of nicotine gum by teens. It included 120 volunteer adolescent smokers aged 13 to 17 who smoked at least 10 cigarettes per day. The teens were randomly assigned to receive: active nicotine patch & placebo gum; active nicotine gum & placebo patch; or placebo gum & placebo patch. All of the participants also received cognitive behavioral therapy.

At the end of the 12-week study, & at a follow-up visit 3 months later, the researchers observed that teens who received the nicotine patch were more than 8 times more likely to have quit smoking than teens who received the placebo patch. Those who received the nicotine gum were almost 3 times as likely to be abstinent, compared with those who received the placebo gum.

**WHAT IT MEANS:**
These findings lend support for practitioners to more consistently prescribe or recommend the nicotine patch in addition to counseling to adolescent smokers who are trying to quit.

The study, led by Dr. Eric T. Moolchan, Director of NIDA’s Teen Tobacco Addiction Research Clinic in Baltimore, MD, was published in the April 2005 issue of the journal *Pediatrics.*

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**Tobacco Smoking Linked to Cognitive Impairments in Adolescents**

Researchers at the Yale School of Medicine report that adolescents who smoke cigarettes show impairment of memory & other cognitive functions. The scientists tested working memory—used when keeping information in mind & manipulating it—as well as verbal learning & memory, attention, mood, symptoms of nicotine withdrawal, & tobacco cravings in 41 adolescent daily smokers & 32 nonsmokers. The groups were similar in age, gender, & education.

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**Allegan County Disease Incidence Quarterly Report: April–June 2005**

<table>
<thead>
<tr>
<th>Event Name</th>
<th>April 2005</th>
<th>May 2005</th>
<th>June 2005</th>
<th>Event Name</th>
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</table>
Focus on Tobacco Use, Heart Disease & Oral Health for 2005 National Dental Hygiene Month

The American Dental Hygienists’ Association (ADHA) announced that in response to the staggering oral & general health statistics related to tobacco use that continue to afflict this country it will focus on the relationship between oral health, tobacco use, & heart disease for National Dental Hygiene Month (NDHM) this October 2005. ¹

“Nearly one-third of coronary heart disease (CHD)-related deaths in the United States are attributed to cigarette smoking, the number one preventable risk factor contributing to the morbidity & mortality of CHD sufferers.” ¹ Smoking-caused heart disease results in more deaths annually than smoking-caused lung cancer.¹ These statistics prompted the ADHA to continue its focus on tobacco-related health issues into 2005. Katie L. Dawson, RDH, BS, ADHA president stated that "Dental hygienists (RDH) are the frontline of defense against oral disease, & they have a responsibility to educate their patients about how tobacco use & heart disease are interrelated with oral health.”¹

ADHA is encouraging Registered Dental Hygienists across the country to get involved during National Dental Hygiene Month to increase public awareness of tobacco-related risk factors, especially the heightened risk of heart disease & the harmful effects on oral health. The ADHA’s national "Smoking Cessation Initiative” is designed to promote cessation intervention by Registered Dental Hygienists. To review the fact sheets about the ADHA’s “Ask, Advise, & Refer” program, go to http://www.askadviserefer.org

This national initiative is funding by the Robert Wood Johnson Foundation's Smoking Cessation Leadership Center at the University of California, San Francisco. ¹ ADHA Press Release, 2005 http://www.adha.org/media/releases/08152005_tobacco.htm

Attention International Travelers: Travel clients are seen by appointment only at the Allegan County Health Department. Appointments are available every other Thursday afternoon. Yellow fever, typhoid, hepatitis A & B, meningitis, Td, MMR, IPV, rabies, immune globulin, influenza & varicella vaccinations are available. Prescriptions for malaria prophylaxis & oral typhoid vaccines are also available.

Insurances are not billed for these services by the ACHD. A detailed receipt including the billing codes will be given to clients to submit a claim to their insurance company. Medicare does not cover travel related vaccinations. Travel consultation fee is $25 per person or $50 for a family of two or more. Clients are charge the consultation fee plus the cost of any vaccines they decide to receive per the current fee schedule. Malaria & Oral typhoid prescriptions are given at no additional charge, the client will pay for those items through the pharmacy of their choice.