



Health Health Disease
 ~Protection * Education * Prevention~

Volume 15, Issue 1

~An Active Member of the Dickinson-Iron County Community Collaboratives~

Winter 2016/2017

Our Mission

“To assure the highest possible level of health for the people of the communities we serve.”

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Stay Healthy Over the Winter Months!

With the cold winter months upon us, it is easy to put aside our health as we focus on celebrating winter activities with family and friends. But these activities fall in the middle of the annual flu season. Close quarters, stress and lack of sleep during this time of year can make us more vulnerable to illness and increases the need to avoid the spread of germs.

One of the most important steps a person can take to avoid getting sick and spreading germs to others is keeping their hands clean. Adults and children should wash their hands often, especially after coughing or sneezing.

Hand washing is simple! Just follow these steps:



- Wet your hands with clean running water and apply soap. Use warm water if it is available.
- Rub hands together to make a lather and scrub all surfaces.
- Continue rubbing hands for 20 seconds. This is about the time it takes to sing "Happy Birthday" twice through.
- Rinse hands well under running water.

- Dry your hands using a paper towel or air dryer. Sharing cloth towels can spread germs.
- If possible, use a paper towel to turn off the faucet and open the door.

In addition to hand washing, there are several other good health habits to practice now and throughout the rest of the winter season that can help your body stay healthy and fight off the flu and other illness. **Public health professionals in Michigan recommend the following:**

- Eat a balanced diet including plenty of vegetables, fruits and whole grain products.
- Drink plenty of water and go easy on salt, sugar, alcohol and saturated fat.
- Exercise regularly. Thirty or more minutes of physical activity most days of the week can help boost your immunity.
- Get plenty of rest. Sleep is shown to help your body fight off illness.
- Try not to touch your eyes, nose or mouth. Germs are often spread this way.
- Stay away from people who are sick as much as you can.
- If you get sick, stay home from work or school.



At this time of year, sickness and disease are the last things anyone should have to worry about, which is precisely why we should not let preventable health conditions get in the way.

Hypothermia and Older Adults

The cold truth about hypothermia is that Americans aged 65 years and older face this danger every winter. Older adults are especially vulnerable to hypothermia because their body's response to cold can be diminished by underlying medical conditions such as diabetes, some medicines including over-the-counter cold remedies, and aging itself. As a result, hypothermia can develop in older adults after even relatively mild exposure to cold weather or a small drop in temperature.



These tips from the National Institute on Aging (NIA) at the National Institutes of Health will help older people avoid this dangerous cold-weather condition. When the temperature gets too cold or the body's heat production decreases, hypothermia occurs. Hypothermia is defined as having a core body temperature below 95 degrees.

Someone suffering from hypothermia may show one or more of the following signs: slowed or slurred speech, sleepiness or confusion, shivering or stiffness in the arms and legs, poor control over body movements or slow reactions, or a weak pulse. If you suspect hypothermia, or if you observe these symptoms, call 911.

Here are a few tips to help older people avoid hypothermia:

- When going outside in the cold, it is important to wear a hat, scarf, and gloves or mittens to prevent loss of body heat through your head and hands. Also consider letting someone know you're going outdoors and carry a fully charged cell-phone. A hat is particularly important because a

large portion of body heat can be lost through the head. Wear several layers of loose clothing to help trap warm air between the layers.

- Check with your doctor to see if any prescription or over-the-counter medications you are taking may increase your risk for hypothermia.
- Make sure your home is warm enough. Some experts suggest that, for older people, the temperature be set to at least 68 degrees.
- To stay warm at home, wear long underwear under your clothes, along with socks and slippers. Use a blanket or afghan to keep your legs and shoulders warm and wear a hat or cap indoors.

The U.S. Department of Health and Human Services has funds to help low-income families pay heating bills through the Low-Income Home Energy Assistance Program (LIHEAP).

Applicants can call the National Energy Assistance Referral (NEAR) project at: **1-866-674-6327**, email energy@ncat.org or go to the LIHEAP website <http://www.acf.hhs.gov/programs/ocs/resource/liheap-brochures>.

NEAR is a free service providing information on where you can apply for help through LIHEAP. The Administration for Children and Families funds the Energy Assistance Referral hotline.

The NIA has free information about hypothermia, including the brochure *Stay Safe in Cold Weather*, the fact sheet *Hypothermia: A Cold Weather Hazard*, and other free publications on healthy aging on the [NIA website](http://www.nia.nih.gov) <https://www.nia.nih.gov/health/publication/stay-safe-cold-weather/what-hypothermia> or order free copies by calling NIA's toll-free number: 1-800-222-2225.



Hepatitis C Virus

Hepatitis C is a viral infection that causes liver inflammation, sometimes leading to serious liver damage. The hepatitis C virus (HCV) spreads through contaminated blood. Until recently, hepatitis C treatment required weekly injections and oral medications that many HCV-infected people couldn't take because of other health problems or unacceptable side effects. That's changing. Today, chronic HCV is usually curable with oral medications taken every day for two to six months. Still, about half of people with HCV don't know they're infected, mainly because they have no symptoms, which can take decades to appear. For that reason, the U.S. Centers for Disease Control and Prevention recommends a one-time screening blood test for everyone at increased risk of the infection. The largest group at risk includes everyone born between 1945 and 1965 — a population five times more likely to be infected than those born in other years.

Long-term infection with the hepatitis C virus (HCV) is known as chronic hepatitis C. Chronic hepatitis C is usually a "silent" infection for many years, until the virus damages the liver enough to cause the signs and symptoms of liver disease. Among these signs and symptoms are:

- Bleeding easily
- Bruising easily
- Fatigue
- Poor appetite
- Yellow discoloration of the skin and eyes (jaundice)
- Dark-colored urine
- Itchy skin
- Fluid buildup in your abdomen (ascites)
- Swelling in your legs
- Weight loss
- Confusion, drowsiness and slurred speech (hepatic encephalopathy)
- Spider-like blood vessels on your skin (spider angiomas)

Every chronic hepatitis C infection starts with an acute phase. Acute hepatitis C usually goes undiagnosed because it rarely causes symptoms. When signs and symptoms are present, they may include jaundice, along with fatigue, nausea, fever and muscle aches. Acute symptoms

appear one to three months after exposure to the virus and last two weeks to three months. Acute hepatitis C infection doesn't always become chronic. Some people clear HCV from their bodies after the acute phase, an outcome known as spontaneous viral clearance. In studies of people diagnosed with acute HCV, rates of spontaneous viral clearance have varied from 14 to 50 percent. Acute hepatitis C also responds well to antiviral therapy.

Hepatitis C infection is caused by the hepatitis C virus. The infection spreads when blood contaminated with the virus enters the bloodstream of an uninfected person. Globally, HCV exists in several distinct forms, known as genotypes. The most common HCV genotype in North America and Europe is type 1. Type 2 also occurs in the United States and Europe, but is less common than type 1. Both type 1 and type 2 have also spread through much of the world, although other genotypes cause a majority of infections in the Middle East, Asia and Africa. Although chronic hepatitis C follows a similar course regardless of the genotype of the infecting virus, treatment recommendations vary depending on viral genotype.

Your risk of hepatitis C infection is increased if you:

- Are a health care worker who has been exposed to infected blood, which may happen if an infected needle pierces your skin
- Have ever injected or inhaled illicit drugs
- Have HIV
- Received a piercing or tattoo in an unclean environment using unsterile equipment
- Received a blood transfusion or organ transplant before 1992
- Received clotting factor concentrates before 1987
- Received hemodialysis treatments for a long period of time
- Were born to a woman with a hepatitis C infection
- Were born between 1945 and 1965, the age group with the highest incidence of hepatitis C infection
- Were ever in prison



(Cont. on back page)

Hepatitis C Virus

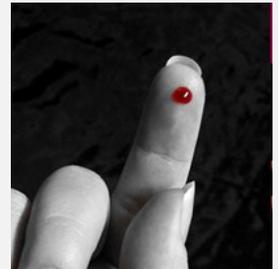
(Cont. from pg. 3)

Hepatitis C infection that continues over many years can cause significant complications, such as:

- **Scarring of the liver (cirrhosis).** After 20 to 30 years of hepatitis C infection, cirrhosis may occur. Scarring in your liver makes it difficult for your liver to function.
- **Liver cancer.** A small number of people with hepatitis C infection may develop liver cancer.
- **Liver failure.** Advanced cirrhosis may cause your liver to stop functioning.

Health officials recommend that anyone at high risk of exposure to HCV get a blood test to screen for hepatitis C infection. People who may want to talk to their doctors about screening for hepatitis C include:

- Anyone who has ever injected or inhaled illicit drugs
- Anyone who has abnormal liver function test results with no identified cause
- Babies born to mothers with hepatitis C
- Health care and emergency workers who have been exposed to blood or accidental needle sticks
- People with hemophilia who were treated with clotting factors before 1987
- People who have ever undergone long-term hemodialysis treatments
- People who received blood transfusions or organ transplants before 1992
- Sexual partners of anyone diagnosed with hepatitis C infection
- People with HIV infection
- Anyone born from 1945 to 1965



DICKINSON-IRON DISTRICT HEALTH DEPARTMENT

601 Washington Ave.
Iron River, MI 49935
and
818 Pyle Drive
Kingsford, MI 49802

Phone:
(906) 265-9913
(906) 774-1868

Fax:
(906) 265-2950
(906) 774-9910

E-mail: rumpf@hline.org

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THE PUBLIC HEALTH PRESS

is published quarterly by the Dickinson-Iron District Health Department

Stephen Markham,
Director

Kelly Rumpf, Editor
Health Educator

