It's Tick Time!

Warmer temps in the spring and summer mean more outdoor activities and more potential exposure to wood ticks and deer ticks, insects known to carry Lyme disease and Rocky Mountain Spotted Fever. The Minnesota Department of Health offers the following suggestions for minimizing your risk of tick-borne disease:

- Avoid tick habitat (wooded, brushy areas) during the peak time of year (generally mid-May through mid-July).
- Walk in the center of hiking trails to avoid picking up ticks from grass and brush.
- Use a good tick repellent. Products containing permethrin, which are used on clothing, are especially recommended for people who will be spending an extended period of time in possible tick habitat. Do not use permethrin on your skin. Standard DEET-based products are another option. Use a product containing no more than 30% DEET for adults. Do not use DEET products for infants under two months of age.
- Wear clothes that will help shield you from ticks. Wear long sleeve shirts and long pants. Tuck your pants into the top of your socks or boots to create a "tick barrier."
- Wear light colored clothes to make it easier to spot ticks.
- Check frequently for ticks and remove them promptly. Check the hairline, behind the ears, behind the knees, waistline and armpits.
- If you find a tick on yourself, remove the tick promptly. If possible, use a pair of tweezers to grasp the tick by the head. Grasp the tick close to the skin, pull the tick outward slowly, gently, and steadily. Do not squeeze the tick. Use an antiseptic on the bite.
- More information about tick-transmitted disease prevention is available from www.health.state.mn.us

How Safe is your water bottle?

No doubt about it: college students love reusable water bottles. A quick glance around campus shows the bottles attached to or stowed in many students’ backpacks. But recent news reports about potential health risks associated with polycarbonate containers have some wondering if reusable water bottles are safe. Polycarbonate plastic bottles, which are durable, lightweight and shatter-resistant, are made with bisphenol A, a man-made chemical found in plastic water bottles, baby bottles, food can liners, and dental sealants. Bisphenol A, or BPA, has a chemical make-up similar to naturally occurring estrogen and opponents of its use point to research that shows potential harm from exposure, especially to fetuses and infants. The Canadian government recently decided to ban the sale of polycarbonate bottles. In the U.S., the Food and Drug Administration recently released a message for consumers about plastic products containing BPA, not recommending anyone discontinue using products containing BPA while an FDA Task Force assesses the risk. The message also reminded concerned consumers that alternatives to polycarbonate baby bottles, including glass baby bottles, are available: helpful information if you have a small child to think about but not so great if you are thinking about giving up your favorite Nalgene bottle. Fortunately, some companies, including Nalge Nunc International (the company that makes Nalgene bottles), are responding to consumer concerns by offering BPA-free plastic beverage bottles. Rubbermaid, Camelbak, and Polar bottles also have non-BPA water bottles available. Bottles made with BPA are marked with a #7 recycling symbol or the abbreviation PC. Most BPA-free water bottles are made of plastics with a #2 (HDPE) or #5 (PP) recycling symbol. If you’re not ready (or willing) to give up the water bottle you are currently using, a few easy-to-follow suggestions may limit your exposure to BPA:

- Don’t microwave polycarbonate plastic containers. High temperatures may increase the “migration” of PBA into your beverage.
- Use mild soap and warm water to clean your water bottle. Harsh chemicals or abrasive cleansers may degrade the plastic.
- Discard water bottles that are visibly worn.
New CPR Guidelines Issued by American Heart Association

About 310,000 adults in the United States die each year from sudden cardiac arrest occurring outside the hospital setting or in the emergency department. Without immediate, effective CPR from a bystander, a person’s chance of surviving sudden cardiac arrest decreases 7 percent to 10 percent per minute. Recent research shows a potentially lifesaving option, Hands-Only Cardiopulmonary Resuscitation (CPR), can save lives and can be used to help an adult who suddenly collapses.

According to a new American Heart Association scientific statement, Hands-Only CPR is a potentially lifesaving option to be used by people not trained in conventional CPR or those who are unsure of their ability to give the combination of chest compressions and mouth-to-mouth breathing it requires. “Bystanders who witness the sudden collapse of an adult should immediately call 9-1-1 and start Hands-Only CPR. This involves providing high-quality chest compressions by pushing hard and fast in the middle of the victim’s chest without stopping, until emergency responders arrive,” said Michael Sayre, M.D., chair of the statement writing committee and associate professor in the Ohio State University Department of Emergency Medicine in Columbus. “Many times people don’t help because they’re afraid they will hurt the victim or aren’t confident in what they’re doing,” he said. “We want people to know that they can help many victims, just by calling 9-1-1 and doing chest compressions. Don’t be afraid to try it.”

Additional information in the statement released by the American Heart Association emphasized the importance of “high-quality chest compressions—deep compressions that allow for full chest recoil, at a rate of about 100 per minute—with minimal interruptions.

Hands-Only CPR should not be used for infants or children, adults whose cardiac arrest is from respiratory causes (like drug overdose or near-drowning), or for an unwitnessed cardiac arrest. In those cases, the victim would benefit most from the combination of chest compressions and breaths in conventional CPR.

More information about Hands-Only CPR is available at: http://handsonlycpr.eisenberginc.com/

Keeping up with Your Vaccinations

Chances are, once you met all the vaccination requirements for admission to college, you stopped thinking about your vaccination schedule. But young and older adults may need certain vaccinations to remain protected, and may benefit from certain vaccinations that previously were not available.

Some examples of vaccinations adults should discuss with their health care provider include:

* Vaccine for human papillomavirus (HPV). In June 2006, the FDA licensed Gardasil to help prevent HPV, the most common sexually transmitted infection in the U.S. This vaccine can be given to women up to age 26.  
* Vaccine for meningococcal disease. In January 2005, the FDA licensed Menactra for people ages 11 years to 55 years. People at elevated risk include first-year college students living in dorms, military recruits, and travelers to areas with high meningococcal disease.  
* Vaccine for tetanus, diphtheria, and whooping cough (Tdap). Adacel is the combination vaccine licensed for people ages 11 years to 64 years.  
* Vaccine for measles, mumps, and rubella (MMR). A two-dose vaccine regimen has been recommended after a mumps outbreak that began on an Iowa college campus in December 2005.  
* Vaccine for flu. As long as adequate vaccine supplies exist, students that fall outside the recommended age range for flu shots should consider getting vaccinated each year.