

SUMMER SWARM

Some of you may have noticed that the summer newsletter came a little later this year. I have to confess to writer's block! I knew that to be "medically relevant" as promised with this publication, the most up to the minute summer news should be about avoiding mosquito bites and providing solid information about West Nile Virus without the 11 o'clock-news-style hype. Unfortunately, there's just no *poetry* in mosquitoes and bug spray – nothing to draw me away from the sunshine and long days of my off hours and back to the key board. Well it is still sunny, but Stephanie, my long-suffering publisher, has given me what is apparently the effective dose of meaningful glances and inquiring emails as to the newsletter so here I am!

Mosquito borne viral illnesses are something that happens to people in other parts of the world – more tropical parts of the world – dare we say, the Third World. In our civilized climate mos-

quito bites are a nuisance. They itch for awhile and are gone. The kids complain and whine and then look funny and cute all covered in pink calamine polka dots.

POOF

If this was a cartoon instead of a newsletter that was your 20th century dream bubble exploding up there. Welcome to the 21st Century of globalization and evolution of microbes everywhere. I'm afraid we are going to have to start caring more about mosquitoes. That being said, we are the final contiguous state to have a confirmed human case of West Nile Virus late last year. It is anticipated that this late summer and early fall will bring a greater number of cases if our neighbors Oregon and Idaho are any indication.

Here is where I stop the drama and begin to help you relax and put it all in perspective. That's why it's good to get your information from your family doctor and not the evening news. Probably 80% of people who will catch West Nile Virus will have **no symptoms at all**. About 20% will have headache, fatigue, fever of more than 38 C and rarely a rash. Less than 1% will develop fever with meningitis, encephalitis or other nerve damage. This serious form is more common in those over age 50 but has been seen in all ages. The peak time to suspect this infection would be late summer, but activity has been seen May through November. High fever and headache should prompt a call to the office at any time of the year I would hope!

There is, as of yet, no vaccine for this virus though there are attempts in the works. The treatment for the serious neuro invasive form is "supportive" meaning you get put in the hospital and various medicines are given to you for ways in which your body is malfunctioning until it passes or you get worse. This is why I emphasize prevention above all else even though the chances of contracting a serious form of the virus are very low.

(continued on page 2)



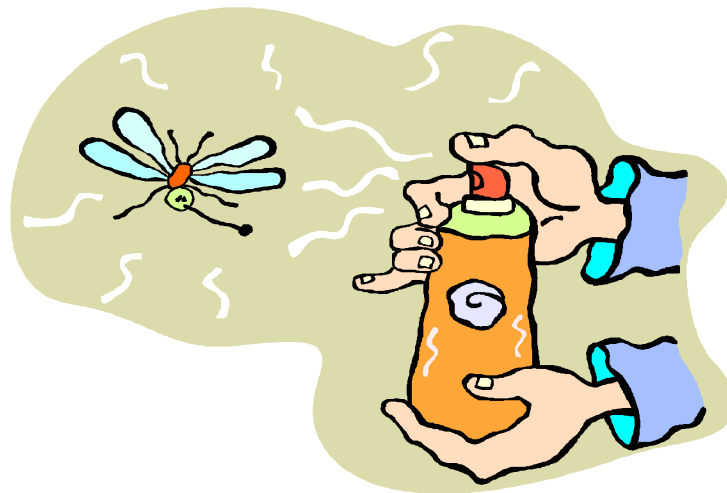
SUMMER SWARM (CONTINUED)

For this particular disease, prevention is easy. There's no special diet or exercise regimen. You just have to keep mosquitoes out of your airspace! You can do this in the following ways:

1. **GO INSIDE** – most mosquitoes are out at dawn and dusk. Staying inside during these times can really limit your exposure to the probing proboscis.
2. **KEEP THEM OUTSIDE** – check screens for holes or get screens or resort to yelling, “Close the door! Were you raised in a barn?”
3. **BECOME REPELLENT** – don't stop showering or tell racist knock-knock jokes; just use one of the EPA-approved mosquito repellents. These include DEET, Picaridin, oil of lemon eucalyptus (which is not long lasting and has to be applied frequently) or permethrin treated fabrics for clothes and tents.
4. **PROVIDE BIRTH CONTROL FOR MOSQUITOES** – remove any sources of standing water on your property and if you have ornamental ponds drop the little mosquito-killing bombs in them. Walk your perimeter and look for tires, old pots or current over-watered planters with standing water, clogged gutters, uncovered rain barrels, abandoned swimming pools, unused pet dishes, birdbaths, etc.
5. **THANK A PREDATOR** – while you may not be comfortable enough with bats to build them a house on your property, at least thank them as they swoop out at dusk to eat up to 3000 mosquitoes in a night. If you do have enough land to create space for bats far away from where you work and play, look into making or buying a bat house to hang on a tree to keep your own little crew of exterminators. Also think twice before knocking down that messy swallow's nest. Swallows are also an important part of your back yard ecosystem and eat their share of troublesome critters.

Now, one quick note on the safety of DEET containing insect repellants. How could something that smells that bad be good for you? I am not suggesting that you drink it or soak in it. The higher the concentration the less frequently you need to re-apply – that is the only significance. To avoid absorbing too much of the chemical through the skin, do not apply UNDER clothing but rather spray lightly to exposed skin and spritz ON clothes. Avoid young children's hands as those usually go in mouths. Don't spray right on faces but rather squirt a little on the hands and rub onto the face. DEET is approved for pregnant women and for children down to 2 months of age. Under two months they should be under netting in a carrier or indoors. Keep that tasty morsel safe! Even the highest concentration should be re-applied about every 4 hours. So if the kids are going out in the back yard for an evening barbecue, spritzing everyone with a lower concentration DEET product for an hour or two of outdoor fun is appropriate. If camping, the high concentration re-applied regularly is more appropriate.

So there you are, feet planted firmly in the 21st century. Go grab some DEET and enjoy the summer. No need to be paranoid – just a little wiser and safer!



VCRG UPDATE

Dr. Ogilvie's clinical research studies are still enrolling for the following conditions:

- Gout
- Type II diabetes on medication but not currently perfectly controlled
- Irritable Bowel (both constipated and diarrhea predominant types)
- Atrial fibrillation needing to be on a blood thinner
- Asthma

If you have any of these diagnoses and would like to contribute to medical research regarding treatment of these conditions and be compensated for your time and medical costs, please contact his assistant Gretchen at 459-5515 to see if you qualify.



VACCINE UPDATE

The Health Department is supplying Gardasil, the vaccine against some strains of genital warts as of May 2007 and we just received our first limited shipment. If we have not already contacted you and you would like your daughter aged 10 through 18 to receive this, please call us. It is a series of three shots given at 2 and then 6 month intervals so we need to plan ahead in our ordering.



SPORTS PHYSICALS

Summer is a great time to get those sports physicals taken care of and remember that your child will not be allowed to start practice for fall sports until the paperwork is complete. Beat the back to school rush!



If you would like future publications of this newsletter emailed to you, please call us at 360-438-1161 or send and email to:

zsj@vantagephysicians.net

SUMMER TRIVIA

- The beach ball was invented by Jonathon DeLonge in 1938 in California.
- An average cruise ship burns one gallon of fuel to move 6 inches
- The hottest day on record in the United States was on July 10th, 1913 in Death Valley at a scorching 135 degrees Fahrenheit.
- Americans will take an estimated 230 million vacation trips this summer.
- The average American eats 20 quarts of ice cream in a year (this seems low to me!)

