

KACO Connections

Welcome note

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Welcome to the fall 2022 edition of KACO Connections. It feels like the COVID epidemic has died down and things have relaxed. People are wearing masks less and attending events once again. However, at the time of writing this, COVID cases are still very high in our area, but most cases are mild, particularly in the vaccinated or those who have had COVID previously. It is rare to see a serious case requiring hospitalization in people that are fully vaccinated and have received boosters. I think we have moved more to a phase where we are living with COVID as a part of our lives, just not as deadly a part.

We are getting back to a lot of things that we did pre-COVID. Much like we are getting back together with friends and family or traveling again, we are getting back to routine healthcare that we have put off or delayed for the past 2 years. That may be a dental checkup, mammogram, colonoscopy, diabetes care or other non urgent but necessary health care tasks. It's time to get those done.

So in this edition, I wanted to address a very important but often neglected part of diabetes care, the diabetic eye exam. We also wanted to address some typical late summer early fall topics. One is tick borne disease and the other is fall vaccines. I wanted to highlight one of the specialty clinics that we have in Wayne Memorial Community Health Centers, our Tick Borne Disease Wellness Center at our Lords Valley Office in Pike County. We have an article from one of our providers there.

We also wanted to remind everyone about their vaccinations. Make sure you are up to date on your COVID boosters and of course get your flu shot this fall. From what we have seen of rebound of other respiratory illnesses when we started taking our masks off, this upcoming winter flu season is likely to be bad. In this edition we have an update on new pneumococcal vaccine recommendations and information about shingles vaccine.

Keep up on your healthcare so that you can enjoy all the other things you love to do.

Thank you,
James G. Cruse, M.D.

The importance of diabetic eye exam

One of the most overlooked parts of diabetes care is regular diabetic eye exams, mostly in those that are newly diagnosed or do not have any vision problems or eye complaints. However it is one of the most important regular screenings for a person with diabetes to have.

Diabetic eye disease is the leading cause of adult onset blindness in the U.S. Diabetes affects small blood vessels all around the body including the eye, heart, kidney, brain and the extremities. However damage to one blood vessel in the eye can cause significant visual impairment, particularly if it is in the central part of the retina. Early detection and treatment of diabetic eye disease before one actually has symptoms such as vision loss or blurred vision is very important. There are very good treatments to treat diabetic eye damage, including treatment of damaged blood vessels with a simple laser therapy or injection of medication into the eye. These treatments are much more successful if done early in the course of diabetic eye disease. They mainly keep the damage from getting worse but do not fix damage or vision loss that has already occurred.

There are 2 major methods to check for diabetic eye disease. One is by doing a dilated eye exam where the eye doctor puts drops in your eyes to dilate your pupils and then can look into your eye with special equipment. The other method is to take a picture of the back of the eye that the doctor then reviews. That photographic method is becoming more popular, because it is quick and easy and can be done without dilating your pupils. It also can pick up some changes earlier. Neither exam is painful, but dilating the pupils leaves them more light sensitive for a few hours.

How frequently a person with diabetes needs an eye exam varies based upon their risk factors and blood sugar levels. The recommendation is that when a person is diagnosed with Type 2 diabetes that they see an eye doctor for exam soon after they are diagnosed. That is because Type 2 diabetes (the type of diabetes that most people have) usually has a gradual onset and one could have significant eye damage already occurring by the time they are diagnosed. Most experts usually recommend a repeat eye exam every 1-2 years. In someone whose diabetes is very well controlled and a completely normal eye exam then every 2 years is often enough. In patients with risk factors for eye disease or early signs of eye disease on exam, a repeat exam at least once a year is recommended. In people with significant advanced eye disease then even more frequent exams may be needed.

If you have diabetes, there are a couple of things you can do to reduce your risk of eye disease. The most important is to keep your blood sugar and blood pressure under excellent control. Eat a healthy diet rich in leafy green vegetables such as spinach and kale. When you are in the sun, wear sunglasses that block UV-A and UV-B rays.

So if you have diabetes and have not had an eye exam recently then call your eye doctor or primary care doctor for a referral as soon as possible. You don't want to wait for symptoms. Early intervention matters.

James G. Cruse, M.D.

Tick borne diseases in Pennsylvania

Wayne Memorial Community Health Centers offers a Tick Borne Disease Wellness Center. The treatment program includes treatment of all stages of Lyme disease and other co-infections from ticks and supportive care services such as physical or occupational therapy, behavioral health consultation, or pain management consultation.

Tick Borne Disease:

A tick borne disease is an infection with a bacteria or virus that is transmitted through the bite of an infected tick. Lyme disease is the most common tick-borne disease in PA. Common symptoms are flu-like symptoms including fever, headache, fatigue, rashes, and joint pain and swelling. The rash is typically described as a bullseye: a ring shaped rash with an area of clearing. However the rash can have different appearances. It is typically a circular or oval flat red rash. The joint pain or swelling associated with it usually affects a small number of joints and can jump around to different joints.

Other diseases carried by ticks in our area include Anaplasmosis, Babesiosis, Ehrlichiosis, and Powassan virus. Each of these illnesses has slightly different symptoms, pattern, and lab abnormalities. They should be considered in anyone that has a fever of unknown cause with headache, body aches and fatigue, but no respiratory, gastrointestinal or urinary symptoms, especially in the summer or fall. If you have such an illness you should be tested for all of these and not just Lyme.

If you are diagnosed with one of these you should be treated with antibiotics. If you continue to have symptoms after treatment then you may need more specialized care.

Prevention:

It is important to protect against tick bites. When you are outdoors, avoid high grass and bushy areas as much as possible. Wear long sleeve shirts and long pants to reduce tick exposure. Tuck your pants into your socks to create a barrier. Wear light colored clothing so you can easily spot ticks. Use tick repellants on your skin and clothing.

When you get back indoors, check for ticks on yourself, family members and pets. Pay attention to areas under the arms, around the ears and neck, in the groin, around the waist, in your belly button and behind the knees.

If you find a tick on you, remove it as soon as possible. Do this by using pointed tweezers and grasping the head as close to the skin surface as possible. Pull gently and steadily up until the mouth parts come out. Be patient. Do not burn, squeeze or put substances on the tick.

If you are concerned about a tick bite, rash, fever, or other symptoms, contact your doctor.

Harriet Loizeaux, CRNP

Family Medicine

Tick Borne Disease Wellness Center

Wayne Memorial Community Health Centers



The changes in pneumonia vaccine. What are the latest recommendations?

First, we have to discuss why it is important to get the vaccine. Most pneumococcal infections (caused by a bacteria called *Streptococcus pneumoniae*) are mild, however, pneumococcus is the leading cause of serious infectious illness amongst older adults. Despite it being referred to as a "pneumonia vaccine" the pneumococcal vaccine is a vaccine not against all pneumonia, but against a particular bacteria that is a common cause of serious pneumonia and also causes sinus infection, infections in blood stream, and meningitis. For this reason, it is very important to get vaccinated.

In 2015 the recommendation came out that all individuals over 65 receive the pneumococcal 13 (Pneumovax 13) vaccine followed by the pneumococcal 23 (Pneumovax 23) vaccine in 1 year. The number in the name indicates how many strains are covered by the vaccine. As more children were getting Pneumovax 13 as part of the childhood vaccine there was more herd immunity and as a result the recommendation changed and people 65 and older no longer needed Pneumovax 13. In 2021 two more pneumococcal vaccines came out. Pneumovax 15 and Pneumovax 20. Both vaccines are conjugated vaccines that provide longer immunity than Pneumovax 23. Pneumovax 23 is older vaccine technology and protection wanes over 6 years.

New CDC guidelines for those who have not gotten pneumococcal vaccine is that if Pneumovax 15 is used this should be followed by Pneumovax 23 one year later. Minimum interval is 8 weeks for some conditions. If Pneumovax 20 is used, then the Pneumovax 23 is not needed. The advantages of the one shot of Pneumovax 20 is the ease of the one shot regimen and not having to remember to go get a second shot a year later. The advantage of the 2 shots of Pneumovax 15 and Pneumovax 23 is that more strains of the bacteria are covered and by being a shot then a booster, it may provide better long term immunity.

For those who have gotten Pneumovax 23 then one dose of Pneumovax 15 or 20 should be administered at least one year after recent Pneumovax 23 vaccine. No further vaccination needed.

For those who only have Pneumovax 13 they should continue with Pneumovax 23. Further recommendations will come out as to if Pneumovax 15 or 20 is also needed in people who had Pneumovax 13 and Pneumovax 23, but it is currently not recommended.

Another shingles vaccine, do I need the new one?

For anyone who has seen shingles or has had shingles, you know that it is common and extremely painful. The CDC estimates around 30% of people will develop shingles at some point in their life. Shingles is most common in people over 50 but can happen at a younger age. Shingles is caused by the same virus that causes chickenpox. If you have had chicken pox you are at risk for shingles and 90 percent of people over 50 years old have had chicken pox even if they don't know it.

The old shingles vaccine, Zostavax, was a live vaccine and only 70% effective at preventing shingles while the new shingles vaccine Shingrix contains an inactivated form of the virus and is over 90% effective.

CDC recommends two doses of Shingrix separated by 2 to 6 months for adults aged 50 years and older whether or not you had shingles and whether or not you had Zostavax that is no longer available in the U.S. Please discuss with your provider regarding when you got the Zostavax vaccine for the most recent recommendations.

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Flu shots

Remember to get your influenza (flu) vaccine this fall. This is the best way to prevent or reduce the severity of flu symptoms if you do contract the virus. Plan to attend a flu shot clinic in your area or schedule with your primary care physician. Dates for flu shot availability will be announced. Watch for additional information within your community.

The best defense is prevention!

"Long-haulers" after COVID:

What do you do when the symptoms won't go away?

Most people recover fully and quickly from COVID-19 — but some don't. It's possible to have physical and mental symptoms that develop during or after infection. This syndrome is often known as "long COVID," and people who have it are called "long-haulers."

Symptoms of long COVID generally last more than a month and can't be explained by another cause. Even though your infection has cleared, some symptoms linger or you develop new ones. Why does this happen for some people and not others? It's not clear yet.

Although it may be worse in people who were very sick with COVID and had to be hospitalized, even young and previously healthy people who only had mild infections can get long COVID.

Common long COVID symptoms include:

- Fatigue
- Getting short of breath with exertion
- Chest pain
- Cough
- Joint pain and body aches
- Headaches
- Loss of smell or taste
- Hair loss
- Anxiety
- Depression
- Poor memory or concentration

Resources

To contact Medicare

For additional information on accountable care organizations, contact Medicare at 1-800-Medicare (1-800-633-4227) and ask for the Medicare ACO Department.

TTY users should call 1-877-486-2048.

You may also visit [medicare.gov/acos.html](https://www.medicare.gov/acos.html).

If you have symptoms of long COVID, you may need closer evaluation. This could mean laboratory tests and tests of your heart and lungs, though it will vary from person to person. You might also need rehabilitation or medications to help with symptoms.

Regardless of how severe your case is and whether you need treatment, recovering from COVID can be slow. It's common for people with long COVID to have symptoms for many months.

Having symptoms of long COVID? Talk to your primary care physician. They can give you a thorough evaluation and if needed, refer you to a Post-COVID Clinic, which specializes in caring for people with long-term COVID symptoms.

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UNION COUNTY
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QUESTIONS? CALL UNION-SNYDER CAA AT 570-374-0181

Watermelon, Arugula and Feta Salad

Recipe Courtesy of: Fresh Food Farmacy
modified from American Diabetes Food Hub



Ingredients:

- 3 cups of seedless watermelon (cubed and chilled)
- 1/3 cup reduced fat-feta cheese (crumbled)
- 7 oz arugula
- 1/4 small red onion (thinly sliced)
- 2 tablespoons balsamic vinegar
- 1 tablespoon olive oil
- 1/4 teaspoon black pepper

Directions:

1. In a large bowl, toss together the watermelon, feta, arugula, and onion.
2. In a medium bowl, whisk together the balsamic vinegar, olive oil and pepper.
3. Drizzle the dressing over the salad and toss gently to coat.

Nutritional facts - servings per recipe: 6

Amount per serving - calories 80

Total fat - 4 g

Saturated fat - 1.6 g

Trans fat - 0 g

Cholesterol - 5 mg

Sodium - 90 mg

Total carbohydrate 3g

Dietary fiber - 1 g

Total sugars - 7 g

Protein - 3 g

Vitamin D 0.25 mcg

Calcium 104 mg

Iron 0.8 mg

Potassium - 237 mg

Phosphorus 58 mg

Tips:

Consuming watermelon will help keep you hydrated and may also lower inflammation and relieve sore muscles.

Arugula is a low-calorie, leafy green plant mostly used in salads. It is packed with vitamins, minerals and antioxidants. This nutrient rich green helps to improve bone health, immune system, mineral absorption and so much more.

Benefits of olive oil

- reduces blood pressure
- maintains healthy weight
- fights inflammation
- promotes heart health
- reduces joint pain
- balances cholesterol



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