



YOUR CHILD AND ANTIBIOTICS

UNNECESSARY ANTIBIOTICS CAN BE HARMFUL

About Antibiotics

Antibiotics are among the most powerful and important medicines known. When used properly they can save lives, but used improperly, they can actually harm your child. Antibiotics should not be used to treat viral infections.

Bacteria and Viruses

Two main types of germs - bacteria and viruses - cause most infections. In fact, viruses cause most coughs and sore throats and all colds. Bacterial infections can be cured by antibiotics, while common viral infections cannot. Your child recovers from these common viral infections when the illness has run its course.

Resistant Bacteria

New strains of bacteria have become resistant to antibiotics. These bacteria are not killed by the antibiotic. Some of these resistant bacteria can be treated with more powerful medicines, which may need to be given by vein (IV) in the hospital, and a few are already untreatable. The more antibiotics prescribed, the higher the chance that your child will be infected with resistant bacteria.

How Bacteria Become Resistant

Each time we take antibiotics, sensitive bacteria are killed, but resistant ones may be left to grow and multiply. Repeated use and improper use of antibiotics are some of the main causes of the increase in resistant bacteria. These resistant bacteria can also be spread to others in the family and community.

When Are Antibiotics Needed, And When Are They Not Needed?

This complicated question is best answered by your doctor, and the answer depends on the specific diagnosis. Here are a few examples:

Ear Infections:

There are several types; most need antibiotics, but not all.

Sinus Infections:

Most children with thick or green mucus do not have sinus infections. Antibiotics are needed for some long-lasting or severe cases.

Cough or bronchitis:

Children rarely need antibiotics for bronchitis.

Sore Throat:

Most cases are caused by viruses. Only one main kind, "strep throat," requires antibiotics. This kind must be diagnosed by a laboratory test.

Cold:

Colds are caused by viruses and may sometimes last for 2 weeks or more. Antibiotics have no effect on colds, but your doctor may have suggestions for comfort measures while the illness runs its course.

The Infection May Change

Viral changes may sometimes lead to bacterial infections. While treating viral infections does work, they may lead to infection with resistant bacteria. Keep your doctor informed if the illness gets worse or lasts a long time, so that proper treatment can be given, as needed. *(Continued on page 3)*

Influenza Vaccine - What you need to know	2
Making the most of the "Golden Hour"	4
A "Hearty Resolution" - Eat Smart!	5
Secondhand smoke increases risk of stroke . . .	6



Influenza Vaccine :

What You Need to Know in "2001"

1. Why Get Vaccinated?

Influenza is a serious disease.

It is caused by a virus that spreads from infected persons to the nose or throat of others. The "influenza season" in the U.S. is from November to March or April each year.

Influenza Can Cause:

- Fever
- Cough
- Chills
- Sore Throat
- Headache
- Muscle Aches

People of any age can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes thousands of deaths each year, mostly among the elderly.

Influenza vaccine can prevent influenza

2. Influenza Vaccine

The viruses that cause influenza change often. Because of this, influenza is updated each year by replacing at least one of the vaccine viruses with a newer one. This is done to make sure the influenza vaccine is as up-to-date as possible.

Protection develops about two weeks after the shot and may last up to a year.

3. Who Should Get Influenza Vaccine?

People at risk for getting a serious case of influenza or complications - or people in close contact with them - should get the vaccine.

These include:

- Everyone 65 years of age or older
- Residents of long term care facilities housing persons with chronic medical conditions.

Anyone who has a serious long-term health problem with:

- heart disease
- metabolic disease, such as diabetes
- anemia, and other blood disorders
- kidney disease
- asthma
- lung disease

Anyone whose immune system is weakened because of:

- HIV/AIDS or other diseases that affect the immune system.
- Long-term treatment with drugs such as steroids.
- Cancer treatment with x-rays or drugs.
- Anyone 6 months to 18 years of age on long-term aspirin treatment (who could develop Reye Syndrome if they catch influenza).
- Women who will be past the 3rd month of pregnancy during the influenza season.



- Physicians, nurses, family members or anyone else coming in close contact with people at risk of serious influenza.

Others who should consider getting influenza vaccine include:

- People who provide essential community services.
- Travelers to the Southern hemisphere between April and September, or those traveling to the tropics any time.
- Students and staff at schools and colleges, to prevent outbreaks.
- Anyone who wants to reduce their chance of catching influenza.

4. When Should I Get Influenza Vaccine?

The best time to get influenza vaccine is between September and December. A new shot is needed each year.

- People 9 years of age and older need one shot.
- Children less than 9 years old may need two shots, given one month apart.

Influenza vaccine can be given at the same time as other vaccines, including pneumococcal vaccine.

5. Can I Get Influenza Even Though I Get the Vaccine?

Yes. Influenza viruses change often, and they might not always be covered by the vaccine. But people who do get influenza despite being vaccinated often have a milder case than those who did not get the shot.

Also, to many people “the flu” is any illness with fever and cold symptoms. They may expect influenza vaccine to prevent these illnesses. But influenza vaccine is effective only against illness caused by influenza viruses, and not against other causes of fever and colds.

6. Some People Should Consult With a Doctor Before Getting Influenza Vaccine

Consult with a doctor before getting an influenza vaccination if you:

- Ever had a serious allergic reaction to eggs or a previous dose of influenza vaccine.
or
- Have a history of *Guillain-Barre’ Syndrome* (GBS). Reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What Should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 800-822-7967.

7. What Are the Risks From Influenza Vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Almost all people who get influenza vaccine have no serious problems from it. The viruses in the vaccine are killed, so you cannot get influenza from the vaccine.

Mild Problems:

- Soreness, redness or swelling where the shot was given.
- Fever and Aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe Problems:

- Life threatening allergic reactions are very rare. If they do occur, it is within a few minutes to a few hours after the shot.
- In 1976, swine flu vaccine was associated with a severe paralytic illness called *Guillain-Barre’ Syndrome* (GBS). Influenza vaccines since then have not been clearly linked to GBS. However, if there’s a risk of GBS from current influenza vaccines, it is estimated at 1 or 2 cases per million persons vaccinated - much less than the risk of severe influenza, which can be prevented by vaccination.

8. What If There Is a Moderate or Severe Reaction?

What Should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include: difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heartbeat or dizziness.

What Should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

9. How Can I Learn More?

Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.

Contact the Centers of Disease Control and Prevention (CDC):
Call 1-800-232-2522 (English) - Call 1-800-232-0233 (Spanish)

Visit the National Immunization Program’s website at:
<http://www.cdc.gov/nip>

(Continued from Page 1)

Your Child and Antibiotics

Commonly Asked Questions:

What can I do to protect my child from antibiotic-resistant bacteria?

Use antibiotics only when your doctor has determined that they might be effective. Antibiotics will not cure most colds, coughs, sore throats, or runny noses - children fight off colds on their own.

If mucus from the nose changes from clear to yellow to green, does this mean that my child needs an antibiotic?

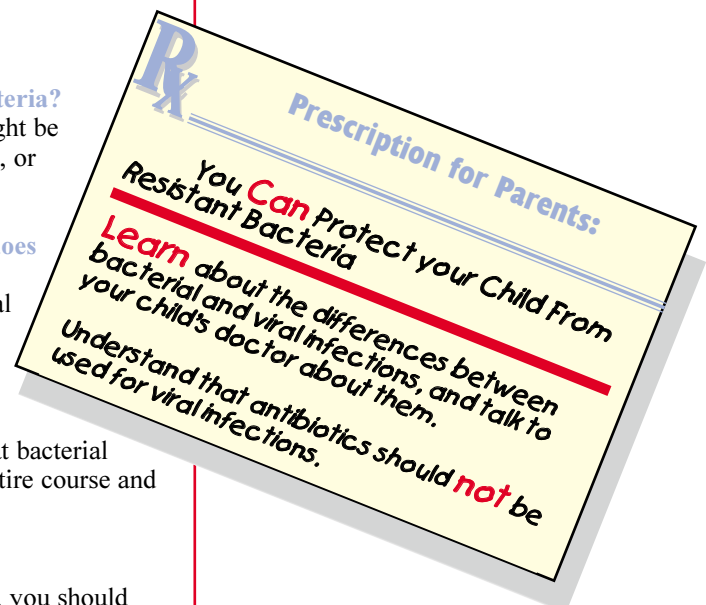
Yellow or green mucus does not mean that your child has a bacterial infection. It is normal for the mucus to get thick and change color during a viral cold.

Does this mean I should never give my child antibiotics?

Antibiotics are very powerful medicines, and should be used to treat bacterial infections. If an antibiotic is prescribed, make sure you take the entire course and never save antibiotics for later use.

How do I know if my child has a viral or bacterial infection?

Ask your doctor. If you think that your child might need treatment, you should contact your doctor. But remember, colds are caused by viruses and should not be treated with antibiotics.



Making the Most of the "Golden Hour"

If you Suspect a Heart Attack, Get Help Fast!

Last June, Bobbie Shumate, 49, of Aurora, IL, awoke to heartburn-like symptoms, nausea, and sweating. When heartburn medication didn't relieve her discomfort, she telephoned her daughter, who promptly called 9-1-1.

Shumate was rushed by ambulance to the hospital, where doctors quickly diagnosed a heart attack.

"I never even considered that I was having a heart attack," she says. "I just felt that I was really sick and needed help."

After initial tests, Shumate had an emergency angioplasty to open the blocked arteries and was placed in intensive care for six days. Doctors soon determined that she would need open-heart surgery following a brief recovery from her heart attack. She left the hospital and spent the next six weeks recuperating at home. She then had successful quadruple bypass surgery, and today, this single working mother of three feels great.

"I thank God and my doctors that I'm healthy today," she says. "If I can offer advice to anyone else experiencing similar symptoms, it would be to pay attention to what your body is telling you and see your doctors."

What Is a Heart Attack?

Each year, about 1.1 million Americans suffer a heart attack - myocardial infarction - which occurs when the blood supply to part of the heart muscle is severely reduced or stopped, often due to a coronary artery blockage.

Early Warning Signs

A month or so before having a heart attack, an individual may experience mild chest pain, fatigue, ill health or depression. Often, right before a heart attack, many patients experience angina (spasmodic attack of suffocating pain) that doesn't go away with medication or when resting.

Studies suggest women who experience a heart attack are more likely to experience extreme fatigue rather than chest pain after physical activity; they're also more apt to feel nausea and pain high in the abdomen or chest. Because pain varies so widely or may not exist at all, people at risk for heart disease should

regularly visit their physician, and any chest pain should be taken seriously.

What to Expect at the Hospital

When a patient with a suspected heart attack arrives in the emergency room, he or she is given top priority. For starters, if the patient hasn't taken an aspirin at home or in the ambulance, one may be given at the hospital. Aspirin helps prevent further blood clots from forming, but should only be taken with advice from a medical professional.

Next, an EKG (electrocardiogram) is ordered to determine if heart damage has occurred. Then within 30 to 50 minutes, treatment is begun. This tight time frame is known as the "door-to-treatment" protocol and is practiced at hospitals nationwide.



Depending on the patient's condition, one of several treatments may be recommended, including an emergency angioplasty to open blocked arteries; open heart surgery; or nitroglycerine and heparin medications to open blood vessels and dissolve clots.

More than half the time, thrombolytic therapy is administered.

It's extremely important to get to the hospital as soon as possible after the onset of symptoms of a heart attack to minimize damage to the heart,"

Thrombolytic Therapy

Thrombolytic, or clot-busting, drugs are now a mainstay in the early treatment of heart attacks. These drugs dissolve the clot that's causing the artery blockage and heart-muscle tissue death.

Survival rates improve even when thrombolytic drugs are administered up to 12 hours after symptoms have started, but after that there is little or no benefit.

Unfortunately, these highly potent drugs carry a risk of bleeding complications, including strokes, and aren't suited for all patients.

Despite all the lifesaving therapies available to patients, the fact remains that heart disease is the leading cause of death among men and women in the United States. That's why it's critical to get medical help as quickly as possible when you suspect you're having a heart attack. ■

A Hearty Resolution - *Eat Smart!*

High Carb, Combination, The Zone, Cabbage Soup, Fat Buster ... No matter what you call them, these are “diets” that promise to help you lose weight. But, do they work? Will they keep the pounds off, or are they fads? How can you keep your weight in tow and your heart healthy?

Go Ahead, Eat ... The Right Way. There is such a thing as “the perfect diet.” It’s the one that you’re willing and able to do forever and the one that never leaves you hungry. Sounds too good to be true? Fortunately, it isn’t.

With fad diets, she contends, you’re willing to make sacrifices for a couple weeks. But, they’re not meal plans that you can realistically commit to for the rest of your life.

You have to look at the long-term picture. Are you willing to give up pasta forever? Are you willing to eat cabbage soup every day? Fad diets tend to require drama to be successful.

How Can You Tell if it’s a Fad Diet?

Look for the red flags. If it promises quick results, tries to sell you something like potions or powders or has a list of ‘good’ and ‘bad’ foods, more than likely it’s a fad and one to avoid.

The Heart of the Matter

Good nutrition starts with the food you eat, and it’s the total number of calories in food that’s important. Eating sensibly cannot only stave off heart disease (high cholesterol, high blood pressure) but also diabetes, obesity, cancer and osteoporosis.

The latest research suggests that a diet moderate in protein (15 to 20 percent of calories), carbohydrates (50 to 55 percent) and fat (30 percent) is the most balanced, sensible and satisfying. That translates into eating different items and controlled servings from each of the five food groups every day.

“Healthy eating habits cover all the bases and even allow for indulgences,” says Nelson. “Typically, fad diets are nutritionally unbalanced and ultimately unsatisfying, leaving you prone to cravings for and binging on their forbidden foods. The kinds of foods you’re eating are the primary concern and the key to your sustained health.

One meal doesn’t define healthy eating. What you eat over the course of several days and your lifetime does.

Thinking Smart

When your body is in starvation or overload mode, your vital organs are taxed. They become stressed and are forced to perform in uncharacteristic ways. This can be extremely damaging over time.

Both dietitians agree on five steps to safe, sensible and satisfying weight control.

* **Eat sensibly. The easiest way is to avoid fad diets.**

* **Exercise daily. Don’t ignore easy places to exercise to get your heart rate up.**

* **Reshape your eating behaviors. Be aware of the behaviors that lead to your unhealthy eating or overeating habits, such as munching while watching TV or in the car.**

* **Keep a food and exercise diary. A diary helps you see exactly what you eat and drink and how much you really exercise. It’s an excellent motivator.**

* **Have moral support. Get your family and friends on the bandwagon to your healthier lifestyle.**



CBS Adds Lab Card™ Program to Healthcare Benefits

Do you know what you are paying for outpatient laboratory testing each time your doctor orders laboratory work for you? Did you know that anywhere from 5 to 13 percent of a company's total healthcare dollars is spent on outpatient laboratory testing services? Did you know that you can do something to bring these costs down? On a national level, current estimates for outpatient laboratory testing services is at \$20 billion annually.

The Lab Card Program is a new and innovative solution to the rising cost of healthcare. With the Lab Card Program, Christian Brothers Services will realize a savings in the overall cost of outpatient laboratory testing services provided to our employees. And, when employees have their specimens sent to LabOne for testing, they will receive all out-patient diagnostic laboratory testing currently covered by their healthcare plan absolutely free -- even before they have met their deductible! Because LabOne operates a centralized, highly automated laboratory, it offers significant savings on lab work -- sometimes up to 50 percent less than what other labs charge. Christian Brothers Services can pay the entire amount of your lab work and still save money.

How the program works

Lab Card is an additional benefit that does not replace your existing benefit. Lab Card is optional. If you don't use your Lab Card, your normal benefits apply.

What do you have to do to "use your Lab Card?"

Basically, you show your Lab Card to your doctor or the office

staff and let them know that your specimens must be sent to LabOne for testing for you to receive free laboratory testing.

Typically, your specimens will be collected in the doctor's office. You need to make sure that your doctor does not mistakenly send your specimens to the reference laboratory that they normally use. Make sure that you show your Lab Card to the office manager when you check in, and let him/her know that you want to use your Lab Card when you need lab testing. You should also remind whoever is collecting your specimens that they need to send them to LabOne for testing.

It is important for you to know that this is a new program. LabOne needs your help in educating your doctors and their staff so that you can take full advantage of the savings available to you. You can also help LabOne educate your doctors by completing the postage paid business card included in your educational packet of information about the Lab Card Program. By providing LabOne with the names of your doctors and their phone numbers, LabOne will be able to notify your doctors that you are a member of the Lab Card Program prior to your next visit.

If your doctor is unable to collect specimens, you can call LabOne at 1-800-646-7788 for the location of a collection center nearest you that can collect your specimens and send them to LabOne for processing. As long as your doctor collects your specimens, or you go to an approved LabOne collection center, you will be able to receive your covered outpatient laboratory testing services at no cost to you. If for some reason, you are not able to have your specimens sent to LabOne, you won't be

Secondhand Smoke Sharply Increases Risk of

London - Highlighting the dangers of passive smoking, a new study suggested Tuesday that breathing in other people's cigarette smoke makes nonsmokers 82% more likely to suffer a stroke.

The study by researchers at the University of Auckland in New Zealand is the most rigorous to date and gives more ammunition to those campaigning to have smoking banned in workplaces and public areas.

Researchers also said their findings indicate the dangers of smoking are much worse than originally believed.

Current estimates of how smoking increases the risk of various diseases are dramatically underestimated because the ill effects of secondhand smoke inhalation are not taken into account, say the researchers, whose work is published in the British anti-smoking journal Tobacco Control.

That means research into the hazards of tobacco smoke may have artificially narrowed the true gap between smokers and people

who bodies really are tobacco-free, said Dr. Rodney Jackson, a professor of epidemiology at the University of Auckland and one of the authors of the study.

Because New Zealand's anti-passive-smoking legislation is among the most aggressive in the world, it is easier to separate out people who have been exposed to secondhand smoke, he said.

Two previous studies have linked strokes with secondhand smoke.

The study examined 521 stroke patients in Auckland and compared them with 1,851 randomly selected healthy people matched by sex and age to see the effect of smoking and secondhand smoke on the chances of suffering a stroke. None of the subjects was older than 74.

"Half of the people who have strokes are 75 or older, so these are premature strokes that should not be happening," said Ruth Bonita, the lead author of the study, who now runs the noncom-

able to take advantage of this Program. However, it won't cost you more than it has in the past...your regular benefits will apply.

What does the Lab Card Program cover?

The Lab Card benefit includes diagnostic outpatient laboratory testing currently covered by your healthcare plan. If your doctor asks you for a blood or urine sample, chances are he/she is ordering laboratory work for you. Lab work usually also includes any test on a "body specimen" such as a pap smear, throat culture or biopsy. Any tests currently covered by your medical plan are included, provided the tests have been ordered by your doctor and are sent to LabOne for processing.

The Lab Card Program does not cover lab work performed by another laboratory, ordered during hospitalization, or needed on an emergency (STAT) basis. In addition, nonlaboratory work such as mammography, X-ray, and imaging is not covered. These services may be covered by your healthcare plan, but they are not part of the Lab Card Program.

How Does My Specimen Get to LabOne?

The laboratory specimen is sent via courier to LabOne. LabOne currently has approximately 12,000 specimens delivered to its laboratory each day for processing from all across the United States. LabOne's logistics network is built around a combination of company and outside courier services to transport specimens to its laboratory.

After tests are completed, the results are forwarded to your doctor. Your bill is sent by LabOne to our healthcare processor for payment. You should not receive a bill from your doctor for laboratory testing services if your specimens were sent to LabOne. If you are billed, please contact your benefits department.

LabOne, a fully accredited and certified laboratory, has been providing laboratory testing services on a nationwide basis since 1972. Operating a centralized laboratory in the Kansas City

area, LabOne employs state-of-the-art technology and automation to provide the highest standards for quality testing. Stringent quality assurance programs, personalized client service and a unique fee structure allow LabOne to provide excellence and value in their testing services.

LabOne has developed the most sophisticated, automated and fully integrated systems available in the laboratory industry, including: touch screen accessioning, single-number, random-access bar coding, automated testing platforms, positive specimen identification, specimen banking system, and backup power and water systems.

LabOne ensures accuracy by using a testing service called Superblind™. This service challenges every process within the laboratory operation. The Superblind testing service exceeds the highest standards required in the laboratory testing industry. The quality improvement staff at LabOne prepares more than 2,000 specimens each month with multiple problems and submits them anonymously to the laboratory along with patient samples.

Performing and reviewing these 15,000-20,000 challenges each month enables the LabOne staff to gain key information concerning every step of its operation - from specimen arrival to results reporting and final billing.

What this means to Christian Brothers Services members is that you can be assured of the highest quality testing available in the industry today...at absolutely no cost to you!



Stroke

municable disease section the World Health Organization.

Anyone who smokes at least one cigarette a day was termed a smoker. Those who either had never smoked or hadn't smoked for at least a decade were considered nonsmokers.

People were categorized as having been exposed to secondhand smoke if they lived with or worked in the same room as someone who regularly smoked in front of them for more than one year during the past 10 years.

The fewer cigarettes people smoked each day, and the longer ex-smokers had abstained, the better off they were, but the difference between them and nonsmokers was not as dramatic once secondhand smoke was taken into account.

Lifetime nonsmokers and those who had quit smoking more than a decade earlier, were 82 percent more likely to have a stroke if they were breathing secondhand smoke.

Men fared worse, with a doubling of their stroke risk, compared with 1.5 times increased chance for women.



Quick Tips

Stay Safe on the Slopes

More than 10 million people ski more than once a year, and up to 2.5 million snowboard each year. The sport can be lots of fun and a great source of exercise. But remember these safety guidelines: Warm up. Take a couple of slow ski or snowboard runs on easy slopes before you hit the higher levels.

Use the buddy system. Ski and snowboard with a partner. Keep each other in sight. If one falls behind, the other should wait for him or her to catch up.

Watch for hazards. Start a run slowly, keeping an eye out for ice patches and rocks. Stay on marked trails.



**We make a living
by what we get.
We make a life
by what we give.**

~Winston Churchill

Walk off. If you end up on a slope that exceeds your skill level, always leave your skis or snowboard on. Then step down the slope.

Fall correctly. Falls are inevitable, so practice falling down on your rear end or on your side..

Drink water. Keep yourself hydrated and stay away from alcohol when you're skiing or snowboarding. There's plenty of time for that when you come in from the cold.

DON'T BLOW IT -

Be on guard for road accidents if you're traveling during the holidays. A common cause of accidents is a blown tire at highspeeds.

Here's how to get your car safely to the side of the road:

1. **Step off the accelerator. Allow the car to come to a gradual stop. You risk rolling your car over if you step on the brake and try abruptly to stop.**
2. **Drive in a straight line. Jerking the steering wheel while you try to stop the car also can cause it to roll. Try to steer straight, and if you start to skid, steer in the direction of the skid until you get control.**
3. **Turn away from oncoming traffic. If you're headed for a collision, aim for something that will give way, or try to steer toward something that you can swipe to slow the car down.**



Christian Brothers Services
1205 Windham Parkway
Romeoville, IL 60446-1679

phone: 630-378-2900
fax: 630-378-2501
e-mail: info@cbservices.org
web: www.cbservices.org

© 2001 Christian Brothers Services. All Rights Reserved.
Permission to reproduce any article in part or whole must be obtained through Christian Brothers Services.

Material contained herein is published solely for informational purposes. This information should be helpful but is not advisory in its condensed form. Comments and inquiries on subject matter presented are encouraged.

In compliance with public disclosure requirements, you may request access to covered documents by contacting Financial Services Division at the above address.