This issue of *HealthWise: A Bulletin for School and Community Health* is devoted to topics in infectious diseases. New Mexico has gained national prominence in recent years in its efforts to combat infectious disease. Researchers at the University of New Mexico (UNM) and the New Mexico Department of Health joined forces to successfully isolate and describe new infections, such as hantavirus pulmonary syndrome, and to combat the emerging problems of West Nile Fever in a state with a large equine population. As a result of these notable experiences, the UNM School of Medicine has assumed a leading edge research effort in biodefense programs.

However, this issue of *HealthWise* will cover the seemingly mundane problems of using effective methods to control the burgeoning problems of antibiotic resistance and to address the public concerns about contracting infections in the school, hospital, and even the shopping mall. This issue will also cover the never-ending battle with infections preventable with immunizations. New Mexico has had some striking successes with these programs as well.

For example, the New Mexico Department of Health in recent years, in collaboration with other agencies such as the U.S. Indian Health Service, successfully stopped a meningococcal epidemic in northwestern New Mexico by administering hundreds of doses of vaccine and antibiotic prophylaxis. New Mexico also has reduced the incidence of hepatitis A from more than 40 cases per 100,000 people only 4 to 5 years ago to less than 2 cases per 100,000 with an intensive vaccine and educational program that targeted high risk populations.

Nevertheless, pertussis (whooping cough) continues to plague New Mexico’s population, with more than 430 cases reported in 2001-2002. New Mexico has also had difficulty maintaining high immunization rates, particularly those immunizations that are recommended for children in the first year of life. New Mexico has also shared the worldwide plague of ever-increasing infections with antibiotic-resistant bacteria. Only 65% of pneumococci, a common cause of otitis media and other infections of childhood, are currently fully susceptible to penicillin. Community acquired methicillin-resistant staphylococci have become commonplace, accounting for more than a third of all infections, especially skin infections among children.

Therefore, this *HealthWise* issue addresses New Mexico’s immunization requirements for schools, the role of hand hygiene in preventing infections, the proper use and care of water bottles to prevent bacterial infections, and programs to lessen the environmental and bacterial ecologic impact of the overuse of antibiotics.

Dr. Gary Overturf is a 1969 graduate of the UNM School of Medicine and currently Professor of Pediatrics and Pathology at UNM, and Director of Pediatric Infectious Diseases. He chairs and serves on multiple advisory committees for the Pediatric Infectious Disease Society, Infectious Disease Society of America, the American Academy of Pediatrics, CDC and FDA on issues of infection control, antibiotic resistance and laboratory testing for infectious diseases, and use of and advocacy for immunizations and vaccines.

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**Inside HealthWise**

- Immunizations in N.M. ....................... 3
- Antibiotics Overuse ......................... 5
- Hand Sanitizer Use in Schools ............ 6
- Controlling Head Lice ..................... 8
A Note from the Founding Editor
Sally Davis, Ph.D.

We at the University of New Mexico Center for Health Promotion and Disease Prevention (CHPDP), New Mexico’s Prevention Research Center, are pleased to send you the first 2004 edition of HealthWise: A Bulletin for School and Community Health. Published since 1978, HealthWise is once again being published on a quarterly basis, and the editorial team looks forward to receiving your comments.

As past readers of HealthWise will note, we have developed a new look with an updated banner and new sections, including helpful tips, facts, resources, and the latest updates to enhance your knowledge about school and community health. HealthWise has a new production team; their bios are described below. In particular, Christine Hollis, MPH, MPS, CHPDP’s Health Promotion Manager, has taken the position of Editor.

The purpose and content of HealthWise remain the same—to provide the most up-to-date, practical, evidence-based information on crucial school and community health topics. Future editions will be devoted to mental and behavioral health in schools, school safety, physical education and activity, programs to enhance school nutrition, environmental health, coordinated school health programs that can improve academic performance, promising health promotion strategies, culturally-relevant health approaches, and more.

The mission of CHPDP is to address the health promotion and disease prevention needs of New Mexican communities through participatory, science-based, health promotion and disease prevention research. HealthWise is a key component in our efforts to provide this information to you, our readers. We appreciate and value your insights and support and look forward to our continued HealthWise relationship!

Sally Davis, Ph.D., is the Director of the UNM Center for Health Promotion and Disease Prevention, New Mexico’s Prevention Research Center, and also serves as professor in the Department of Pediatrics at the UNM School of Medicine. She has 30 years experience working in partnership with American Indian communities to design, implement, and evaluate health promotion and disease prevention programs, with a focus on physical activity, nutrition and obesity prevention.

Elverna Bennett, B.A., has worked at CHPDP since 1997 on several projects. In 2001, she assumed responsibility for the CHPDP website, where the electronic version of HealthWise: A Bulletin for School and Community Health can be found.

Christine Hollis, M.P.H., M.P.S., joined CHPDP in 2001 as Health Promotion Manager. She has 20 years of experience in health communications, including social marketing and media literacy, and coordinated school health. She recently produced the Navigation Guide for Teachers—Resources for School Health.

Linda J. Peñaloza, Ph.D., joined CHPDP in 2003 as Research Assistant Professor with 22 years of experience in survey research, research methods, public opinion and participation. She oversees several school health evaluation projects, the tobacco evaluation resource team, the Youth Risk and Resiliency Survey, Safe Schools Reports, and leads the CHPDP Communication/Dissemination Team.

Andrew Rubey, B.F.A., joined CHPDP in 2002 as the Multimedia Development Specialist. He is responsible for developing documents, including the graphic design and layout for presentations, web materials, reports, and the newsletter, The Connection and HealthWise: A Bulletin for School and Community Health.
Immunizations in New Mexico
Gary D. Overturf, M.D.

Immunization requirements for day care or school attendance play a prominent and effective role in helping attain full immunization of children in the United States. Virtually all states and U.S. territories use school and pre-school immunization requirements when enrolling children to assure more complete immunization. Currently, the requirements for completed immunization for entry into public schools in New Mexico apply to ten routinely recommended immunizations in the first two years of life (diphtheria, tetanus, pertussis, polio, hepatitis B, measles, mumps, rubella and varicella, and haemophilus vaccines).

In addition, immunization against hepatitis A is strongly recommended for children in New Mexico because of past high attack rates of hepatitis A in the state (e.g. ≥20/100,000 population), but it is not required for school or day care attendance. Similarly, the administration of the pneumococcal conjugate vaccine (Prevnar), which is currently a routinely recommended vaccine for children, but not yet mandated for school attendance, is likely to be required in the future. The past influenza season, 2003-2004, was the first year that immunization with trivalent inactivated influenza vaccine (TIV) was recommended for normal infants between 6-12 months of age. TIV must be given as two doses separated by 1 month in children less than 9 years of age who receive influenza vaccine for the first time. Influenza vaccine is strongly recommended for children of any age with recurrent otitis media, for those who have high risk cardiopulmonary and metabolic diseases (including asthma and diabetes), for those children who have family contacts with high risk conditions, and for those who attend day care or preschool.

University student health programs now recommend meningococcal quadrivalent polysaccharide vaccine for adolescents who will attend college. A single dose provides immunity for at least 5 years, but does not protect against meningococcus B, the cause of approximately one-half of U.S. cases. Recent data have suggested that the increased risk of adolescent meningococcal disease begins during high school and the possibility of a routine recommendation for vaccinating adolescents is currently a topic of research. Further, it is likely that a boosting pertussis vaccine for adolescents will be licensed within the next 1-2 years. The accompanying table outlines the recommendations for the use of routine vaccines as described in the current 2004 harmonized schedule for children and adolescents and the requirements for school and preschool (day care) immunization as provided on the NM Department of Health Immunization Program website (www.health.state.nm.us/immunize/).

For all vaccines, the American Committee on Immunization Practice (ACIP) of the Centers for Disease Control and Prevention (CDC) has approved a 4 day “grace period” be extended for all vaccines and at all intervals. For instance, if a child received an MMR vaccine four days before his/her first birthday, it would still count as a valid vaccine. The CDC recently published a useful document for all providers of vaccines to children, adolescents and adults. The General Recommendations on Immunization (MMWR, February 8, 2002, Vol. 51, No. RR-2) is a 36-page supplement that provides useful data on the timing and spacing of immunobiologics; contraindications; vaccine administration, storage and handling; special situations in immunization practice; vaccination record keeping; and reporting of adverse events. This document is available on-line at the CDC National Immunization Program website (www.cdc.gov/nip/publications/acip-list.htm) or from the Government Printing Office (www.gpo.gov/).

Parents in New Mexico have the right to refuse immunization of their children for medical, religious or philosophical reasons. Medical exemptions are granted if a letter is written on letterhead paper and signed by a licensed physician. Religious and philosophical exemption forms are available at the New Mexico Department of Health Immunization Program website (www.health.state.nm.us/immunize/Pages/Public/sched/sched.html). These forms must be filled out, notarized and returned to the New Mexico Immunization Program for filing. A copy is returned to the parent/guardian to present to school providers and be kept on file. Religious and philosophical immunization exemptions must be renewed every school year. Vaccine Information Statements (VIS) must be given to recipients with the administration of any vaccine covered by the Vaccine Compensation Program. The purpose of each VIS is to inform parents of the benefits and risks of immunization and each VIS is available in several languages.

(continued on page 4)
In New Mexico, the Clinical Prevention Initiative (CPI) Childhood Immunization Workgroup has begun a “Done By One” program. This program encourages giving all needed immunization injections at 2, 4, 6 and 12 months of age, including DTaP, IPV, HepB, Hib, PCV, MMR and VZV. This simpler, condensed schedule discourages the practice of deferring shots and thus protects children at the earliest possible time. The “Done By One” schedule is available on the New Mexico Department of Health Immunization Program website (see “childhood” at www.health.state.nm.us/immunize/Pages/Public/sched/sched.html). This site provides the “Done By One” schedule, the CDC/ACIP schedule, a “catch up schedule,” “Done By One” immunization posters in English and Spanish, as well as a “Done By One Health Passport,” which explains and records needed immunizations. The Passport has been distributed to families of newborn infants by many of the major health plans of New Mexico.

### Recommended and Required Immunizations for Children and Adolescents Attending Day Care, Pre-Schools or K-12 in New Mexico

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>ACIP/CDC Recommended Schedule*</th>
<th>NM Day Care Centers and Pre-Schools**</th>
<th>NM School Requirements (K-12)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria. Tetanus, Pertussis (DTaP)</td>
<td>5 doses at 2, 4, 6 months, 15-18 months, and 4-6 years</td>
<td>Age appropriate immunization with at least 4 doses by 2 years of age</td>
<td>Four or more doses at K-6 years (1 dose after 4 years of age); Td, 3 doses if started at &gt;7 years</td>
</tr>
<tr>
<td>Polio (inactivated)</td>
<td>4 doses at 2, 4, and 6-18 months, and 4-6 years</td>
<td>Age appropriate immunization with at least 3 doses by 1 year of age</td>
<td>Four doses OPV or IPV; but at least 1 dose of IPV after 4 years of age</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 doses at birth-2 months, 1-6 months, and 6-18 months</td>
<td>Age appropriate immunization with at least 3 doses by 6 months of age</td>
<td>3 doses for children K-7th grades; 2 doses for children 11-15 years</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>2 doses at 12-18 months, and 4-6 years</td>
<td>MMR after one year of age; 2nd dose at 4-6 years of age</td>
<td>2 doses for K-6 years; 1 dose for &gt;7 years (but 2 strongly recommended)</td>
</tr>
<tr>
<td>Varicella (VZV)</td>
<td>1 dose at 12-18 months (13 years or older; 2 doses at 4 weeks apart)</td>
<td>One dose of VZV after one year of age or reliable history of varicella</td>
<td>1 dose at K-12 or documentation of disease or immunity</td>
</tr>
<tr>
<td>Haemophilus influenzae b conjugate vaccine (Hib)</td>
<td>3 doses at 2, 4, 6 and 12-15 months (note: MSD vaccines a 6 month dose is not required)</td>
<td>Children less than 5 years of age are required to complete the Hib series; 4 doses before 4 years</td>
<td>Not required for children K-12</td>
</tr>
<tr>
<td>Pneumococcal conjugate vaccine (PCV)</td>
<td>4 doses at 2, 4, 6 and 12-15 months</td>
<td>Some day care now requires a complete or pending series of PCV</td>
<td>Not required for children K-12</td>
</tr>
<tr>
<td>Hepatitis A vaccine</td>
<td>2 doses at 6 months apart at 2 years of age or older</td>
<td>Strongly recommended for children in day care or pre-school older than 2 years of age</td>
<td>Not required for children K-12, but strongly recommended in New Mexico</td>
</tr>
</tbody>
</table>

*ACIP (www.cdc.gov/nip/acip) and the American Academy of Pediatrics (www.aap.org)  
** New Mexico Department of Health Immunization Program (www.health.state.nm.us/immunize/Pages/Public/sched/sched.html)
Medical evidence has shown that the common cold is best treated with rest and adequate fluids and most everyone with a cold feels better in a few days. We also know that using antibiotics for the cold does not change how quickly you get better. However, the additional medication may have a negative impact on someone’s health when they are exposed to bacteria that can cause other serious illnesses.

*Streptococcus pneumoniae* – a bacteria - is a significant source of infectious diseases that cause illness and death in both adults and children. Each year in the U.S., pneumococcal infections cause more than 100,000 hospitalizations for pneumonia, 6 million cases of ear infections, 50,000 cases of blood infections, and over 3,000 cases of meningitis.

Ordinarily, antibiotics can help cure infections caused by bacteria, such as strep throat, and some ear and sinus infections. But they will not cure, or even help other illnesses such as chest colds, bronchitis and the flu. Using antibiotics, such as penicillin and erythromycin, for colds, etc. creates a risk that resistant strains of bacteria will develop and cause serious illness for which there are inadequate remedies. The rate of serious pneumococcal infections that are resistant to penicillin has increased dramatically by over 260% in the past decade in the U.S., from less than 8% of cases reported in 1992 to approximately 21% in 2002. In New Mexico, approximately 20% of reported cases of serious pneumococcal disease are resistant to penicillin. What that means for health care providers is that 1 in 5 persons with pneumococcal infection may not benefit from the typical antibiotics that are used to treat these infections.

### Antibiotics Overuse Can Cause More Serious Health Problems

Studies of pneumococcal disease have identified the recent overuse of antibiotics as the single most important risk factor for contracting infections that are caused by drug-resistant bacteria. Many investigators have studied patterns of antibiotic use in the U.S. and found disturbing results. Data show that upper respiratory tract infections (including ear infections, common cold, sinusitis, bronchitis, pharyngitis) are the most common illnesses for which antibiotics are prescribed in the U.S. However, nearly 55% of antibiotic prescriptions written for these illnesses are unnecessary because many of these illnesses are not caused by bacteria. And since antibiotics ONLY work for bacterial infections (not for viral infections like the common cold), this represents an enormous misuse of antibiotics. In fact, national estimates show that there are nearly 20 million courses of unnecessary antibiotics prescriptions for viral illness each year in the U.S. This amounts to an estimated $700 million in excess medical costs!

Why are antibiotics being overused? Surveys of patients and physicians reveal that overuse of antibiotics is caused by several factors, including diagnostic uncertainty and time pressures in the physician’s office and patients’ expectations for antibiotics for many illnesses, regardless of their cause.

### So What Can Be Done?

Numerous pilot programs have been developed in the past several years to promote more appropriate antibiotic use for upper respiratory tract infections (URI). These programs show that inappropriate prescribing for URIs can be reduced through educational campaigns directed at clinicians and patients. Many states, including New Mexico, are initiating educational activities modeled after these earlier programs. In addition, guidelines for health care personnel that outline the appropriate use of antibiotics for URIs in adults and children have been developed from evidence-based knowledge.

The New Mexico Department of Health has taken steps to increase awareness about the appropriate use of antibiotics, with a public education program, “Antibiotics Are Not Always The Answer.” The key message is a basic medical fact: antibiotics do not treat certain illnesses like colds, flu and bronchitis. The campaign includes English and Spanish television and radio announcements, brochures and fact cards available in pharmacies and providers’ offices. The materials discuss when antibiotics are or are not appropriate, tips to stay healthy and information about what to do to feel better faster if no antibiotics are prescribed.

For more information or to request free program materials, please contact the New Mexico Department (continued on page 10)
Are Waterless Alcohol-Based Hand Sanitizers a Good Idea in Schools?
Cynthia A. Johnson, B.S., M.T. (ASCP), C.I.C.

We all know that frequent hand washing is a good practice. The U.S. Centers for Disease Control and Prevention (CDC) and the Association for Professionals in Infection Control and Epidemiology (APIC) state that hand washing is the single most important method of preventing the spread of infectious diseases. At the same time, the CDC recommends the use of alcohol-based hand rubs (“hand sanitizers”) to disinfect the hands of health care workers when hands are not visibly soiled or contaminated with fluids containing protein such as blood. When hands are visibly soiled, the recommendations are that conventional soap and water hand washing be performed. Can these practices be applied in the school setting?

Schools, like hospitals and community health clinics, have significant predisposing factors for the transmission of microorganisms and cross-contamination, such as a close environment, inanimate objects serving as vehicles of transmission, and often inadequate supplies for washing hands. The spread of communicable diseases is responsible for more than 164 million lost school days annually among kindergarten through twelfth-grade public school students. On average, students are absent from school 4.5 days a year and teachers are absent from school 5.3 days per year due to illness. Absenteeism caused by illness contributes significantly to the costs of education due to lost public funding, school administrative expenses, health care, and parental leave. A report of the Carnegie Foundation for Education stated that 83% of teachers think that absenteeism is the main problem they face in school.

Two recent studies conducted in 21 elementary schools and involving over 6,300 school students showed a reduction in absenteeism of 19.8% and 50.6% for the schools which had instituted a monitored hand hygiene program as compared to the control groups. In both of these studies, alcohol-based waterless hand-gel was used to disinfect the children’s hands. Even though conventional hand washing with soap and water is an excellent method for achieving hand hygiene, the school setting presents several challenges, including the complexity of children’s behavior and the difficulty of maintaining compliance to basic hand washing practices. Time constraints and lack of facilities with soap and water make the use of alcohol-based hand sanitizers a quick, easy and effective alternative.

Most hand sanitizers contain ethanol (ethyl alcohol) and those containing 60% to 95% ethanol are most effective at rapidly killing bacteria, fungi, and viruses that may be found on the hands. Because hand sanitizers are alcohol-based, they can present a chemical and flammable hazard. This should be carefully considered in the school setting, including their storage, and it may warrant use of sanitizers only under direct teacher supervision.

To use hand sanitizers, apply the manufacturer’s recommended amount (enough to wet the hands completely), then rub the hands together, covering all surfaces of the hands and fingers until the hands are dry. Do not wash or rinse hands after applying the product. Hand sanitizers can be used any time hand washing is recommended, unless the hands are visibly soiled. Hand sanitizers can be used when entering and leaving the classroom, before and after lunch, before and after “group play” especially if students are sharing toys or other items, after recess, and after coughing or sneezing. Conventional hand washing should be performed after using the restroom if soap and water are available. This is done primarily to reinforce good hand washing habits, and reflects the fact that many restrooms do not have hand sanitizers available. Hand sanitizers should be used after using the restroom if soap and water are unavailable. Many hand sanitizers contain emollients to reduce skin irritation and dryness due to the alcohol in the product. Although allergic contact dermatitis associated with alcohol-based hand sanitizers is uncommon, some people may have allergies to the fragrances or emollients they contain.
(continued from page 6)

To help stop the spread of colds and flu at home, work and school, the CDC recommends people:

- cover their mouth and nose when they cough or sneeze;
- clean their hands often (this includes washing hands with soap and water as well as using alcohol-based hand sanitizers or alcohol-based disposable hand wipes); and
- remind children to practice healthy habits.  

A hand hygiene program that combines education, administrative support and the use of a hand sanitizer in the classroom can lower absenteeism due to illness and be cost effective. One study sited a projected cost savings of $24,300 per year or roughly $167 per student enrolled.

Research on hand hygiene using alcohol-based waterless hand sanitizers in schools is limited, but studies about using hand sanitizers in the health care system as a model suggests their use in schools may be just as important and efficacious. One issue schools may need to address, however, would be the use by students of their own individual hand sanitizer bottles, given some school policies regarding medications or drugs.


Cynthia A. Johnson, BS, MT (ASCP), CIC, has a Bachelor’s Degree in Microbiology and is certified as a Medical Technologist. She is also Certified in Infection Control (CIC). She has worked at UNM Hospital since 1979 when she began working for the Pathology Laboratory—first as a Generalist, then running the Cancer Center’s out-patient Blood Lab, then working as a Med Tech in Immunophenotyping and Cytogenetics. She has been with the Epidemiology Department as an Infection Control Practitioner since 1997, and is currently the President-Elect for The New Mexico Chapter of the Association for Professionals in Infection Control and Epidemiology, Inc. (APIC/NM).

Stay Healthy, Avoid School Absences: Wash Those Hands!!
Elizabeth Van Mil, Ph.D.

Many illnesses among children and teachers can be prevented if proper and frequent hand washing is practiced. Supervision of hand washing is especially effective in helping younger children learn good habits that benefit everyone. Children should wash their hands after playing outdoors or playing with pets, after using the bathroom, after blowing their noses or sneezing, and especially before eating.

Why? Research shows that --

- Infectious disease accounts for millions of lost school days each year. Nearly 22 million school days are lost annually due to the common cold, and 52.2 million cases of the common cold affect Americans under age 17 each year.  
- Contamination from coliform (including fecal) bacteria causes diarrhea, which is second to the common cold as a cause of absence from work or school, with 25 days lost each year for every 100 Americans.
- Hand washing decreases the risk of becoming ill or spreading illness, and thus decreases school absences.
- In addition to colds, serious diseases such as hepatitis A, meningitis, and infectious diarrhea as well as food poisoning (salmonella) can be prevented if people make a habit of washing their hands. 
- A study of Detroit school children showed that washing hands at least four times daily can reduce gastrointestinal illness and related absences by more than 50%. 
- A primary cause that was proposed for contamination of water bottles and of coffee mugs is failure to use proper hand hygiene.

What is the correct way to wash your hands? 

- First, wet your hands with warm running water and apply liquid or clean bar soap.
- Place bar soap on a rack and allow it to drain.
- Next, rub your hands vigorously together and scrub all surfaces and under your nails with sud.
- Continue rubbing for 10-15 seconds or about the length of a little tune (Happy Birthday sung twice).
- Using the soap and rubbing hands helps dislodge and remove germs.
- Rinse well and dry your hands thoroughly with a clean towel.

(continued on page 10)
Pediculosis Capitus or Head Lice
Gary D. Overturf, M.D.

Almost every year school health personnel find themselves dealing with the problem of head lice among students. The following is a synopsis of the latest information from the American Academy of Pediatrics, Report of the Committee on Infectious Disease (RED BOOK (2003) pp. 463 – 465.).

Clinical:
Itching and excoriation of the scalp with regional lymphadenopathy. Lice deposit eggs at 3 – 4 mm; as hair grows at 1 cm/month and mature nits hatch at < 2 wks, therefore they are found at not greater than 8 – 9 mm from scalp. Many infections are asymptomatic.

Incubation Period:
From the laying of eggs, 6-10 days; lice mature 2-3 wks later.

Treatment:
Permethrin (1%): available without prescription; ovicidal, high cure rate. Pyethrin-based shampoos: 10 minute shampoo, repeated once 7-10 days. Lindane (1%): 4 minute shampoos, requires prescription; for non-responders to permethrin or pyethrin Malathion (0.5%): requires prescription, 8-12 hr application, repeated in 7-9 days.

Detection of mature lice at 24 hours or more after treatment suggests either misuse of treatment, heavy infestation, re-infestation or resistance. REMOVAL OF NITS after treatment is NOT NECESSARY to prevent spread. It may be attempted for aesthetic reasons or to decrease diagnostic confusion. Data are needed to determine whether suffocation of lice by application of occlusive agents (e.g. petroleum jelly, olive oil or mayonnaise) is an effective method of treatment.

Control Measures:
Household and close contacts should be examined and treated if infested. Children should not be excluded or sent home from school because of head lice. “No-Nit” policies requiring that children be free of nits before they return to child care or school have not been effective in controlling head lice transmission and are not recommended. Lice incubating in egg cases (nits) are so close to the scalp that they are difficult to remove with nit combs. Fomites (inanimate objects that can transmit an infectious agent) do not have a major role in transmission. Some parents may wish to disinfect headgear, pillow cases and towels by washing them in hot water and machine drying, using a hot cycle. Combs and hair brushes can be washed with pediculicide shampoo or soaked in hot water.

Navigating Resources for School Health
Christine Hollis, M.P.H., M.P.S.

Do you ever wonder where you can quickly get help if ...

- you want to get more healthful food into your school’s vending machines?
- you want to find out how to increase playground safety?
- you have just been selected to teach sexuality education?
- a student says he is depressed and doesn’t care about life?
- you want to improve students’ academic performance by improving their health?

If so, you should get the Navigation Guide for Teachers: Resources for School Health. This easy-to-use guide was created specifically for New Mexico school personnel by the University of New Mexico Center for Health Promotion and Disease Prevention (CHPDP). It provides information on local, state and national resources that can help you and your school resolve questions or problems related to student physical health, mental and emotional health, a safe school environment, nutrition, physical activity, staff wellness, health education, and parent and community involvement. Over 500 individuals and organizations have already received this guide!

To access or download this free and valuable resource, go to the UNM CHPDP website: hsc.unm.edu/chpdp. Click on Publications, then click on Navigation Guide.
Having current information about a school or community health issue at your fingertips can often be all that is needed to persuade a parent, colleague or school board member about the need for a change in policy or practice. To fill this need, New Mexico’s Prevention Research Center (PRC) offers a new informational series of fact sheets called “Facts About…” Each fact sheet presents one important health issue in a concise one-page format. This series covers key health issues in New Mexico, providing current evidence-based research findings about the topic and recommendations for prevention. This series is designed to disseminate research that is useful to those working to improve public health policies and practices.

The first fact sheet, published in December 2003, is of particular interest to those promoting school health. It provides information about links between physical activity and academic performance. It describes research showing that students who engage in moderate to high levels of physical activity in school exhibit better academic performance. This includes improved math, reading and writing scores; increased concentration and alertness; and fewer behavior problems in class.

The second fact sheet provides information about obesity in children and adolescents. It describes risks associated with obesity and overweight, such as heart disease (the leading cause of death), cancer (the second leading cause of death), and diabetes (the 6th leading cause of death). Research shows that heart disease occurs with increasing frequency in overweight children and adolescents as compared to those with a healthy weight.

Future “Facts About…” topics may include: tobacco prevention, diabetes prevention, influenza and its prevention, nutrition and vending machines in schools, HIV/AIDS education, teen pregnancy, safe schools, and more.

To view or download a copy of the latest fact sheet, go to the PRC website at: hsc.unm.edu/chpdp/publications/factsheets.htm. For more information contact Dr. Linda J. Peñaloza, LPenaloza@salud.unm.edu or (505) 272-4462.
Antibiotics Overuse Can Increase Risks of Drug-Resistant Infections
(continued from page 7)

of Health Office of Epidemiology at (505) 827-0006 or visit www.health.state.nm.us. Click on “What you need to know about antibiotics.”

What about antibiotics and ear infections?
A new guideline posted March 9, 2004, about treatment of children with ear infections has just been published by the American Academy of Pediatrics and the American Academy of Family Physicians (available at www.aap.org/policy/aomfinal.pdf). These guidelines outline a “no antibiotic treatment and observe” option for select patients with acute ear infections. This approach may be considered for previously healthy children older than 6 months of age with non-severe illness and for whom appropriate clinical follow-up can be assured.

Bernadette Albanese, MD, MPH, received her medical training at Upstate Medical University in Syracuse, NY, and completed a pediatric infectious disease fellowship at Brown University and a Master of Public Health at Johns Hopkins Bloomberg School of Public Health. She is currently a medical epidemiologist at the New Mexico Department of Health working in infectious disease epidemiology and antimicrobial resistance.

Stay Healthy, Avoid School Absences: Wash Those Hands!!
(continued from page 7)

How often should you wash?2
• After you use the bathroom.
• Before, during, and after you prepare food.
• Before and after you eat.
• After handling animals or animal waste, taking out garbage.
• When your hands are dirty, such as when you sneeze or cough.
• After you have handled money.
• If someone in your home is sick, wash even more frequently.


Dr. Elizabeth Van Mil served as CHPDP’s Editor until April 2004. She assisted in developing various materials for CHPDP researchers, writing reports, preparing web materials, and writing and editing articles for The Connection and HealthWise: A Bulletin for School and Community Health.

Become HealthWiser
1. CDC, Germ Stopper materials and posters for good hygiene in classrooms, cafeterias or bathrooms: www.cdc.gov/flu/school/
An Apple a Day: Info Bites

• Although 94% of adults report they always wash their hands after using public restrooms, when observed, only 68% actually do wash! Such were the results of a 1996 study on adult hand washing practices done by Wirthlin Worldwide research company for the American Society for Microbiology and Bayer Corporation. The observational study included 6333 adults. Doughton, S. (October 15, 2003). Wash your hands several times a day. The Seattle Times, p.F1.

• Bacteria grow easily under artificial fingernails. It is best to keep fingernails natural, short and clean. Also, if you wear jewelry, wash it! Avoid wearing rings, watches and bracelets while preparing foods. (Salt Lake Valley Health Department: Hygiene Education: www.slvhealth.org/fh/html/hygiene.html and CDC, www.cdc.gov/od/oc/media/pressrel/fs021025.htm)

Pop Quiz!

1. What percent of pre-schoolers do not know they should wash their hands after using the bathroom?
   - 100%
   - 75%
   - 50%
   - 25%

2. The bathroom is the dirtiest place in the home.
   - True
   - False

3. All bottled water comes from natural springs.
   - True
   - False

Answers

1. 75% A study of 133 Head Start children

2. False! The kitchen is the dirtiest place in the home. Remember that sponges and rags, in particular, harbor bacteria, so change them frequently.

3. False. You must read the label or cap to see if the water comes from a “municipal source” or “community water system,” which means it’s from the tap. If you do not see a source, call the bottler.

Additional information:
- An Apple a Day: Info Bites
- Pop Quiz!
- Bacteria grow easily under artificial fingernails. It is best to keep fingernails natural, short and clean. Also, if you wear jewelry, wash it! Avoid wearing rings, watches and bracelets while preparing foods. (Salt Lake Valley Health Department: Hygiene Education: www.slvhealth.org/fh/html/hygiene.html and CDC, www.cdc.gov/od/oc/media/pressrel/fs021025.htm)

The Seattle Times, p.F1.
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Address all correspondence, including reprint requests, to Christine Hollis, Editor, HealthWise, Prevention Research Center, Department of Pediatrics, 1 University of New Mexico, MSC11 6145, Albuquerque, NM 87131. Email messages to Christine Hollis at chollis@salud.unm.edu, or phone at (505) 272-4462.