

SPECIAL POINTS OF INTEREST:

- Annual WVAC Retreat
- Medicare covers cessation counseling
- Does back to school make asthma worse?
- WVAC Awards
- Meth properties get new life

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Flu Season 2010-11: What to Know to Stay Healthy

No flu season in recent memory has been as hyped and harrowing as last year's, when swine flu infected millions and vaccine shortages led to long lines and frustration. As a new flu season dawns, and students head back to school, the latest vaccine—which protects against three strains of flu expected to circulate in months ahead, including the H1N1 virus — is already arriving at doctors' offices and other clinics.

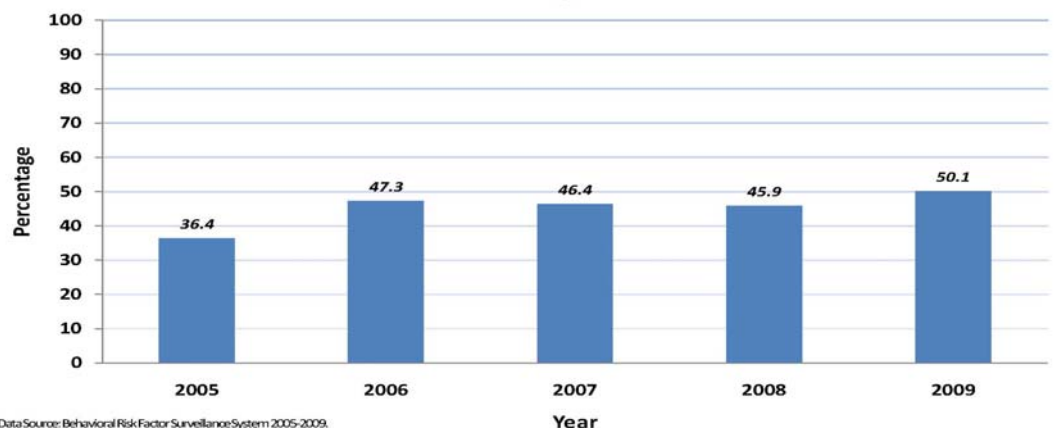
Jeff Neccuzi, Director of the Division of Immunization Services with the WV Bureau for Public Health, offers the following information about the upcoming flu season:

- All people 6 months of age and older are recommend to get a flu vaccination. The 2010-2011 flu vaccine contains a strain of the 2009 H1N1 virus in addition to two other strains. People who received the 2009 H1N1 influenza vaccine are recommended to receive 2010-2011 seasonal flu vaccine, also.
- Infants, older persons and people with chronic medical conditions (cardiac, respiratory, metabolic) are at greater risk of severe influenza. Vaccination is especially important for these higher risk persons which means it should be important to people who have close contact with people in these groups.
- Flu vaccines became available in August for the 2010-2011 flu season. It is never too early to get vaccinated; vaccination as early as August does *not* mean that a person will need to be vaccinated again later in the flu season. Getting the vaccine as early as it is available means you will be protected if the flu season arrives earlier than usual.
- It is also never too late to get vaccinated in any particular flu season. In recent flu seasons, most of the flu occurs in January or later.

For more information, contact Jeff at Jeffrey.J.Neccuzi@wv.gov



Percentage of West Virginians with Asthma Who Received an Annual Flu Vaccine 2005 through 2009



Data Source: Behavioral Risk Factor Surveillance System 2005-2009.
Population: West Virginians age 18 and older with current asthma.
Current asthma—Responding “yes” to both “Have you ever been told by a doctor, nurse, or other health professional that you had asthma?” and “Do you still have asthma?”
Note: US estimates exclude territories.

Graph submitted by AEPP Surveillance Epidemiologist Sharon Hill

2010 West Virginia Asthma Coalition Annual Retreat



Dr. Mary Veloso
Presents Asthma
Insight &
Management Survey

“Approaches to
Asthma
Management:
Urban v. Rural—
Is There Really a
Difference?”

Day One of the 2010 West Virginia Asthma Coalition (WVAC) Annual Asthma Retreat kicked off with **WVAC Manager Megan Moore** presenting the WVAC’s new logo and communication plan. **WVAC President Len Picha** followed, giving a brief presentation of the WVAC mission and vision statements, goals, subcommittee descriptions, and the 2007 NHLBI Guidelines,

The following presentations were delivered:

“Asthma Health Policy: Can We Breathe Easier?” by **Dr. Krista Capehart**, University of Charleston

“Addressing Asthma in WV through Evaluation” by **Cynthia Keely-Wilson**, WVAEPP, and

“What H1N1 Taught Us About the Flu” by **Janet Briscoe**, Kanawha-Charleston Health Dept.

Day Two of the Retreat opened with **Dr. Karen Malamut** from Merck & Co., Inc. presenting the keynote address: “Approaches to Asthma Management: Urban v. Rural—Is There Really a Difference?” This presentation discussed Chicago, IL asthma statistics and how their community is making strides in asthma education. Dr. Malamut provided suggestions for how to apply these asthma interventions in WV.

After the keynote speaker presentation, participants were given the opportunity to attend four breakout sessions:

Grant Writing
Asthma 101
Keynote Speaker Session
Evaluation Basics for
Addressing Asthma in WV

Dr. Mary Veloso was the final presenter of the Retreat addressing the “Asthma Insight & Management Survey (AIM).” The

Asthma Insight & Management Survey is the largest and most comprehensive survey of asthma in the United States conducted in more than a decade.

Megan Moore concluded the retreat by encouraging coalition members to submit an updated membership form, provide feedback on the Retreat evaluations, and complete a leadership nomination form. The executive committee will be announced September 7.

The data sharing subcommittee has been dissolved and the by-laws will be updated.

For complete minutes from the retreat, and downloads of presentations, please visit our website www.wvasthma.org

Excerpted from Retreat Minutes by WVAC Manager, Megan (Moore) Canavan

WVAC Subcommittees in Action

During the retreat, WVAC Subcommittees participated in breakout sessions to plan for the 2010-2011 Grant Year. Following is a brief review of their discussions.

Clinical Asthma Management—The CAM Subcommittee focused on the outline and development of a business model for the Asthma & Spirometry Education (Clinical Pathways) initiative started at Cabin Creek Health Center – Dawes.

Community Outreach & Education—The subcommittee discussed developing a form for people involved with asthma could use to obtain e-mail addresses for asthma patients to receive quarterly or biannually information or newsletters regarding asthma education.

Environmental— Discussion of the Asthma Friendly Business Awards Ceremony continued as well as formulating an asthma “lunch-n-learn” program

through the Wellness Council of WV. The subcommittee has also been formulating an action plan regarding *Why is Coco Orange?* and distributing it to WV Public Schools about air quality.

Schools & Pediatrics— Increase the access to quality asthma care by increasing the number of children that receive Asthma Action Plans as part of their asthma care.



US Smoking Rate Still Stuck At 1 In 5 Adults

U.S. smoking rates continue to hold steady, at about one in five adults lighting up regularly, frustrated health officials reported.

About 21 percent of U.S. adults were smokers in 2009, about the same percentage as the year before, according to the Centers for Disease Control and Prevention. The smoking rate — which fell dramatically since the 1960s — basically has been flat since about 2004.

Health officials believe they've lost momentum because of cuts to anti-tobacco campaigns and shrewd marketing by cigarette companies. The new report suggests that more than 46 million American adults still smoke cigarettes.

"It's tragic," said CDC director Dr. Thomas Frieden, who calls smoking the No. 1 preventable cause of death in the United States. He estimates that smoking kills 1,000 Americans a day.

Some experts were particularly disheartened by a CDC finding in a second report that nearly

all children who live with a smoker — 98 percent — have measurable tobacco toxins in their body.

Experts say tobacco taxes and smoking bans are driving down rates in some states. But nationwide, they say progress has been halted by tobacco company discounts or lack of funding for programs to discourage smoking or to help smokers quit.

The annual smoking report was based on government surveys. The second report looked at levels in the blood of cotinine, a chemical from tobacco smoke, in a total of more than 30,000 nonsmokers between 1999 and 2008.

Overall, detectable levels of cotinine dropped over the 10 years — from about 52 percent to 40 percent. That may be due in part to more smoking bans in workplaces, restaurants and other places.

But there were several bits of bad news in that report, too:

Most of the decline came about 10 years ago.

More than half of U.S. children ages 3 to 11 are exposed to secondhand smoke, and there is no safe level of exposure.

There's been virtually no improvement for children who live with a smoker, noted Matthew L. Myers, president of Campaign for Tobacco-Free Kids.

Although the statistics are largely unchanged, advocates said the reports are important. They plan to use the data to pressure national, state and local governments to do more against smoking.

"Without bold action by our elected officials, too many lives, young and old, will suffer needlessly from chronic illness and burdensome health care expenses," Nancy Brown, chief executive of the American Heart Association, said in a statement.

<http://www.cdc.gov/vitalsigns>

"Without bold action by our elected officials, too many lives, young and old, will suffer needlessly from chronic illness and burdensome health care expenses,"

Medicare Now Covers Tobacco Cessation Counseling

The Centers for Medicare and Medicaid Services has determined that counseling to prevent tobacco use is reasonable and necessary for prevention of illness or disability and is appropriate for individuals entitled to benefits under Part A or enrolled under Part B.

CMS will cover tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries:

- Who use tobacco, regardless of whether the patient has signs or symptoms of tobacco-related disease;
- Who are competent and alert at the time that counseling is provided; *and*
- Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner.

CMS will cover two individual tobacco cessation counseling attempts per year. Each at-

tempt may include a maximum of four intermediate or intensive sessions, with the total annual benefit thus covering up to eight sessions per Medicare beneficiary who uses tobacco. The practitioner and patient have the flexibility to choose between intermediate (more than three minutes) or intensive (more than ten minutes) cessation counseling sessions for each attempt.



[Click to View Official Medicare Decision Memo](#)

“Children with asthma are nearly twice as likely to visit the emergency room when school starts than at any other time of the year.”

Does Back to School Make Asthma Worse?

Dr Sami Bahna, MD, PH, President, American College of Allergy, Asthma & Immunology answers the question:

Is this true or a myth?

Bahna: It's not a myth. Children with asthma are nearly twice as likely to visit the emergency room when school starts than at any other time of the year.

Not everyone with asthma, however, is at an increased risk in the fall. It's important to know what sets off

your asthma symptoms. If you're allergic to ragweed, which peaks in September, then your asthma may get worse at that time. But if your asthma is connected to dust mite or pet allergies that occur year-round, the fall shouldn't be very different from other times of year. Seasonal colds or the excitement of starting a new school year can also aggravate asthma in some children.

Research shows that patients who see an allergist, a

doctor who specializes in the diagnosis and treatment of asthma, have 76 percent fewer emergency room visits overall.

Make an appointment for a “tune-up” visit with your physician to review your personalized asthma action plan as the new school year begins. When you stick to the plan, you'll minimize the need for emergency treatment.

[Allergy & Asthma Today, Fall 2010, Volume 8, Issue 3](#)

2010 WVAC Awards

The August WVAC Retreat included the 2010 Awards Presentation. Following is a list of winners:

2009-2010 Coalition Member of the Year—Joan Skaggs from WV Division of Primary Care

2009-2010 Subcommittee of the Year—Clinical Asthma Management and Community Outreach & Education

Executive Committee—Len Picha (President), Krista Capehart (Vice President), Adam Baus (Clinical Asthma Management), Heidi Putman-Casdorph (Clinical Asthma Management), Trisha Pettite (Community Outreach & Education), Georgia Narsavage (Data Sharing), Jeanne Chandler (Environmental), Paula Fields (Schools & Pediatrics), and Joan Skaggs (Schools & Pediatrics).

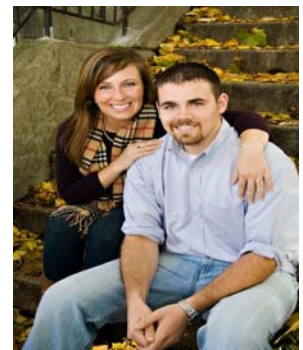
Congratulations!

WVAEPP would like to offer special congratulations to WVAC Manager Megan Moore.

Megan will marry fiancé Brian Canavan in a ceremony to be held in New York State on October 2, 2010.

Along with her new last name, Megan's new e-mail address will be mcanavan@lunginfo.org

Join us in wishing Megan and Brian many years of love and happiness!



Methamphetamine Lab Properties Get New Life

Methamphetamine has been a problem in West Virginia for over a decade. Eighty to ninety percent of methamphetamine found in West Virginia originates from other states, as well as, Mexico. Mexican drug cartels are the leading producer and seller of methamphetamine nationwide. But it is the ten to twenty percent produced in the State that affects every citizen living in West Virginia. It is the State's rural environment that poses the greatest threat when fighting the war against methamphetamine.

Methamphetamine is manufactured by using toxic chemicals and over-the-counter cold medication. In the early 1990s, labs were found in locations such as warehouses with technical lab equipment and technical-grade chemicals. The recipes were lengthy and the time it took to cook methamphetamine was about two days. Then, with the increasing use of the internet, faster and smaller lab recipes became available. The time it took to cook methamphetamine was about 8 to 12 hours and the size of the lab was averaging the size of a kitchen. These labs were known as mom-and-pop labs. This designation was adopted by law enforcement and the forensic community due to the fact that the labs were anything but technical in nature. Meth cookers were now using household kitchen equipment and everyday household chemicals to produce the drug. Today, methamphetamine can be produced in 2-liter bottles, and the time has been

reduced to approximately 45 minutes.

But no matter the size of the lab, the toxic waste and methamphetamine residue still exists. These toxic substances leave behind the most hazardous environment any unknowing individual could walk into, especially innocent children.



For several years now, laws have been passed to limit the sale of pseudoephedrine-containing medications and have extended their reach to include the sale of other meth-making ingredients. There have even been laws passed to give law enforcement the authority to arrest individuals that possess the ingredients to produce methamphetamine.

But it wasn't until recently that the West Virginia Legislature passed a law that would change the future for once-known meth properties. In 2007, the Clandestine Drug Laboratory Remediation Act was written and passed that gave the

West Virginia Department of Health and Human Resources the authority to write regulations relating to the remediation of former methamphetamine lab properties, the licensing of contractors and technicians, and the accrediting of training providers. On April 2, 2008, Governor Joe Manchin, signed 64 CSR 92, the "Clandestine Drug Laboratory Remediation Rule".

The new rule provides the guidance and authority the State needs to combat the public health hazards caused by meth production. The rule includes the responsibilities of law enforcement, property owners, and the contractors performing the remediation. The minimum decontamination level of 0.1 ug/100 cm² for methamphetamine residue was adopted and is used by most states. Law enforcement has the new role of notifying the Clandestine Drug Laboratory Remediation Program and the property owner within 24 hours of a lab bust. Property owners are now responsible for securing the property; they must also hire a licensed contractor to perform testing and remediation, and disclose the information to potential buyers or renters. The property must remain secure and unoccupied until the State issues a Certificate of Remediation Completion. **Properties can not be sold or rented until a Certificate is issued by the Clandestine Drug Laboratory Remediation Program.** The option of demolition is still valid if the owner chooses not to remediate.

For more information regarding the new regulation, please contact Brandon Lewis at 304-558-6782 or email at brandonlewis@wvdhhr.org.

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WV-AEPP—OUR MISSION

The **WV Asthma Education and Prevention Program (WVAEPP)** seeks to ensure that our state's asthma education and prevention organizations - from state government programs to non-profit organizations - are working together to educate in every community on prevention and early diagnosis, medication and equipment availability, proper treatment per national clinical guidelines, and improved quality of life.

For more information, visit our website, www.wvasthma.org



Breathe Well, Live Well

Become a facilitator for ALA's adult asthma self-management program. Endorsed by the WVAC and WV-AEPP.

Contact Megan Canavan for more info!

Announcements

November is COPD Awareness Month

A COPD Awareness Day event will be held on November 10 from 10-2 at Cabell-Huntington Hospital. For more information, contact jim.Perrine@chhi.org

Save the Date!

October 2

Teddy Bear Fair,
Women & Children's Hospital

October 14

World Spirometry Day

October 27-29

WV Rural Health Conference,
Glade Springs Resort

November 3 and 4

WV Association of School Nurses, Oglebay Resort

November 18

WVAC Fall Quarterly Meeting,
Waterfront Hotel, Morgantown

The Asthma Quarterly Report is produced by the West Virginia Bureau for Public Health Asthma Education and Prevention Program (WVAEPP). It is a non-profit publication and its purpose is to disseminate asthma-related information, current research and resources to health care providers, schools, and community members. This report is funded through grant number EH000534-02 from the Centers for Disease Control and Prevention (CDC). The content of this publication is the sole responsibility of its authors and does not necessarily represent the official views or findings of the CDC. The mention of any product or person herein, does not constitute endorsement by the WVAEPP or the CDC. It is the responsibility of each individual to speak with his or her health care professional before making any changes to medication, management, or treatment methods.