

# Englewood Health Watch

Volume 10, Issue 1

Sep / Oct / Nov

## Health Observances

- **Sept—National Preparedness Month; Prostate Cancer Awareness Month**
- **Oct—Breast Cancer Awareness Month; Domestic Violence Prevention Month**
- **Nov— American Diabetes Month; Great American Smoke-Out**

### Inside this issue:

Breast Cancer Awareness Month	2
Modern Day Typhoid Mary	2
More Matters Month	2
Typhoid Mary (cont'd)	3
Prostate Cancer (cont'd)	3
Domestic Violence (cont'd)	3
Vaccines—Not Just For Kids	4

## September— National Preparedness Month

National Preparedness Month (NPM) serves as a reminder that we all must take action to prepare, now and throughout the year, for the types of emergencies that could affect us where we live, work, and also where we visit. FEMA has repeated last year's theme, "*Don't Wait, Communicate. Make Your Emergency Plan Today,*" with a continuing emphasis on preparedness for youth, older adults, and people with disabilities and others with access and functional needs.

The most important thing you can do is to have an emergency plan. Since

every family is different, each family's plan will be different too. It's best to involve all family members in your planning. Start with a discussion about being prepared for an emergency.

A key part of your plan needs to include putting together an emergency kit. This should contain supplies that will last for at least 3 days. The kit should include:

Water (top priority):  
At least 1 gallon per person per day (change every 6 months so it stays fresh)

Food (that need no refrigeration or cooking and

little or no water to prepare). Include formula or baby food if you have an infant, and pet food if applicable. Store in airtight plastic bags in cool, dry place.

Tools and misc. supplies

Hygiene supplies

Medications, non-prescription medicines, first-aid manual and kit

Important documents (keep copies in waterproof container in a safe place away from home)

Other: card games, etc.

For additional information, call (201) 568-3450 ext. 6502.

## October—Domestic Violence Prevention Month

Nearly half of all women and men in the U.S. have experienced psychological aggression by their partner in their lifetime, and a third have experienced rape, physical violence, or stalking by their partner.

*What is domestic violence?* It is the willful intimidation, physical assault, battery, sexual assault, or other abusive behavior as part of power and control done by an intimate partner.

*Why does it happen?* It occurs when one person feels entitled to power and control over their partner and chooses to use abuse and fear to gain and maintain that control. (cont'd pg. 3)

## October—Breast Cancer Awareness Month

Nearly 40,000 women die of breast cancer each year in the U.S. It is the second leading cause of cancer deaths among women in the U.S. Breast cancer deaths are declining fastest among white women compared to women of other races and ethnicities. Black women have the highest death rates of all racial and ethnic groups, and are 40% more likely to die of breast cancer than white women.

When a mammogram shows something is not normal, follow-up tests are needed to see if it is cancer. More black women experience follow-up times of over 60 days compared with white women after a

mammogram that is not normal. Waiting longer for follow-up care may lead to cancers that spread beyond the breast and are harder to treat.

After cancer is found, treatment should start as soon as possible. Only 69% of black women start treatment within 30 days (compared with 83% of white women). Fewer black women receive the surgery, radiation, and hormone treatments they need compared to white women. Black women have 9 more deaths per 100 breast cancers diagnosed compared to white women.

The reasons for this difference result from many factors including having more aggressive cancers and fewer social and economic resources. To improve this disparity, black women need more timely follow-up and improved access to high-quality treatment.

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

Register to participate in, or donate to, the 2016 Walk for Awareness, sponsored by Englewood Hospital & Medical Center on October 30th. <http://bit.ly/2bPHSVU>

Deborah L. Baldwin  
Program Coordinator

## Modern day Typhoid Mary discovered in Colorado

Many people have heard of the infamous Typhoid Mary. Mary Mallon lived in the early 1900's and worked as a cook for wealthy families. She was a carrier of typhoid fever and was attributed to causing at least three deaths because she did not practice food safety. Typhoid fever is spread by eating or drinking food or water

contaminated with the feces of the infective person.

On September 11, 2015, a single case of typhoid fever was reported to the Colorado Department of Health. Because the patient had recently travelled internationally, the case was thought to be travel-related. On October 1<sup>st</sup>, a second

case was reported, but the patient had no international travel. Additionally, the patient lived 6 miles away from the first, but there was no discernible epidemiological connection between the two people, which puzzled the public health investigators.

(cont'd pg. 3)

## September—More Matters Month

Fruits and vegetables are rich in vitamins and minerals our bodies need. By eating five or more servings, you can reduce the risk of chronic diseases. They are naturally low in fat, sodium and calories, thus lowering the risk of heart disease, type 2 diabetes and some types of cancer.

It's easy to increase your fruit and vegetable intake – top your breakfast cereal with bananas or fresh berries; blend some fruit, yogurt, and honey for a delicious smoothie; add vegetables like spinach, tomatoes, and peppers to an omelet; add fresh fruit with your lunch or as a snack.

Introduce children to fruits and vegetables at an early age. Challenge yourself and your family to eat five servings of fruits and vegetables a day. It will be fun for everyone.

[www.fruitsandveggiesmorematters.org](http://www.fruitsandveggiesmorematters.org)  
Elsie Sanchez, Public Health Intern  
Montclair State Univ

## Typhoid Mary (cont'd)

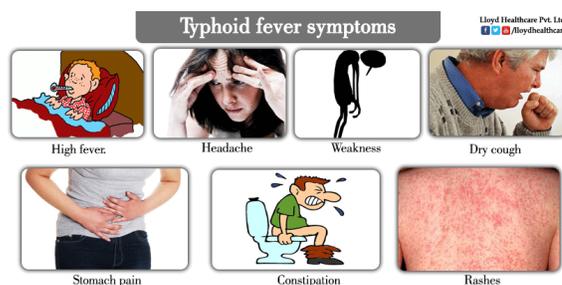
Then, on October 19<sup>th</sup>, a third person contracted typhoid in the same county, and through good investigative work, it was found that all three persons had eaten in the same restaurant. At this time, it was suspected that an asymptomatic typhoid carrier might be working in the restaurant; in essence, a modern day Typhoid Mary was profiled as the culprit.

The Colorado Department of Health tested all the employees at the restaurant on October 28<sup>th</sup> for the disease and, on October 30<sup>th</sup>, it was verified that one worker

tested positive for typhoid. The interview revealed that the carrier had no recent symptoms of typhoid or contact with the ill persons but had travelled 15 years earlier to a country where typhoid is endemic. The employee was not permitted to work in food service until treated with azithromycin for 28 days and when three consecutive stool samples had been produced that were negative.

For more details on the case study, see *Morbidity and Mortality Weekly Report*, June 17, 2016, 65(23);606-607.

James Fedorko, Health Officer



## September—Prostate Cancer Awareness Month

Prostate Cancer, the second leading cause of cancer related death in men in the U.S., is most likely related to DNA changes in our cells, which can be passed down through families or occur due to environment or lifestyle changes. Characterized by abnormal cell growth (cancer) in the prostate, it is usually slow and supported by male hormones, and can spread rapidly

throughout the body with no noticeable symptoms in the early stages. In the more advanced stages, symptoms may include difficult or frequent urination or blood in the urine.

Early detection occurs with several screenings, which are tests for disease in people with no symptoms. These can help find cancers in an

early stage when they are small, have not spread, and are more easily cured. Risk factors are age, race/ethnicity, genes, diet and family history. Talk to your doctor about your known risk factors and what you can do to lower your risk.

To read more about colorectal and other types of cancer, visit [www.cdc.gov](http://www.cdc.gov) or [www.cancer.org](http://www.cancer.org).

## Domestic Violence (cont'd)

Abuse can happen to anyone, no matter their age, ethnic background, or economic status. An abuser can be anyone – your teacher, friend, neighbor, husband or wife – from any group, culture, or religion. Some warning signs from abusive partners include: extreme jealousy, possessiveness, bad tem-

per, verbal abuse, unpredictability, blaming the victim for anything bad that happens, forced sex.

*What can you do?* Reach out to others for help. Tell a trusted friend and/or adult. Get a restraining order if needed. Call the hotline for support and counselling

(1-800-799-SAFE).

Source: <http://www.ncadv.org/learn-more/what-is-domestic-violence>

Wonjun (John) Han,  
Youth Health Educator

City of Englewood  
Department of Health  
73 South Van Brunt Street  
Englewood, New Jersey 07631

Phone: 201-568-3450  
Fax: 201-568-5738  
E-mail: [healthadmin@englewoodnjhealth.org](mailto:healthadmin@englewoodnjhealth.org)



**Public Health**  
Prevent. Promote. Protect.

**We're on the Web!**  
**[www.cityofenglewood.org/health](http://www.cityofenglewood.org/health)**

*This local health department offers a comprehensive array of public health prevention, promotion, and protection services and programs serving 27,147 residents (census data of 2010) in the City of Englewood, New Jersey. The Department operates under the mandated, legal framework of the Public Health Practice Standards of Performance for Local Boards of Health in New Jersey (N.J.A.C 8:52) and the New Jersey State Sanitary Code (N.J.A.C 8:26). Under the governing authority of the Englewood Board of Health, its mission is to improve the quality of life for individuals and families in the City of Englewood through innovative policies, effective services, and strong community partnerships.*

*Englewood Health Watch is not copyrighted. Any or all parts may be reproduced without permission. However, an acknowledgment of the source would be appreciated. Reference to any site on the Internet is provided as a service to Englewood Health Watch readers and does not constitute or imply endorsement of these organizations or their programs by the Englewood Health Department. The Englewood Health Department is not responsible for the content of the pages found at these sites.*

*Deborah L. Baldwin, CMR, Editor.*

**Like us on Facebook** [www.facebook.com/EnglewoodNJHealth](http://www.facebook.com/EnglewoodNJHealth)

**Follow on Twitter** [@EnglewoodHealth](https://twitter.com/EnglewoodHealth)

**and on Pinterest** [/englewoodnjhlth](https://pinterest.com/englewoodnjhlth)

## Vaccines are not just for kids

Many believe that only children need vaccines, but they are needed at different stages of life when there is an increased risk for a particular illness. The risk may be the result of a lifestyle change, environmental factors, or the natural aging process.

From birth to six years old, several vaccines are needed which require a series of scheduled doses. Many are required to attend school while others are needed to maintain health. Pre-teens and teens need three vaccines; two are required for school attendance. For age specific vaccines, refer to the CDC web site <http://www.cdc.gov/vaccines/parents/protecting-children/index.html>.

Adults also need vaccines for travel, work, or disease prevention meas-

ures. The general population may need hepatitis A, hepatitis B, meningococcal, MMR, Tdap, and varicella, but specific vaccines are recommended for older adults. Anyone 60 years and older should get one dose of shingles vaccine, and people 65 years and older should receive the pneumococcal vaccines (two doses).

Vaccines also play a vital role in pregnancy. Influenza and Tdap vaccines during pregnancy provide protection not only for the mother but also for the growing fetus. Women in child-bearing age, who plan to get pregnant, should receive the rubella (MMR) vaccine before, not during, pregnancy.

Other vaccines that are recommended for the general population are Tetanus and diphtheria (Td), needed every ten years, and travel vaccines. Vaccines against yellow fever, typhoid, hepatitis A, hepatitis B, and Influenza are recommended for travelers going to countries that are known to have these diseases present in the environment.

Even though vaccines are important and provide great benefits, it is imperative that you speak to a healthcare provider to determine if a required or recommended vaccine is right for you.

Submitted by: Claudette Murdock,  
Public Health Nurse