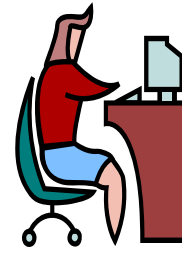


Special points of interest:

- Disease Update
- New Residents
- Video taping

**What Would You Like to See in the Newsletter?**

Please use the attached sheet to ask questions or make comments. Turn it into the receptionist when you check out



JANUARY, 2006

Carolyn

Abrahamson

RACINE FAMILY MEDICINE CLINIC & RESIDENCY PROGRAM 262/687-5600

The Practice Pipeline

1320 Wisconsin Ave., Racine, WI 53403

## Patient Communication Newsletter

### DISEASE UPDATE

#### What Is Hepatitis A?

##### What is hepatitis A?

Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is transmitted through the stool of persons with hepatitis A. It is usually spread by close personal contact and sometimes by eating food or drinking water contaminated with HAV.

##### Hepatitis A can cause:

mild "flu-like" illness, jaundice (yellow skin or eyes), severe stomach pains and diarrhea. People with hepatitis A often have to be hospitalized (up to about 1 person in 5). Sometimes, hepatitis A causes death (about 100 per year in the U.S.). A person who has hepatitis A can easily pass the disease to others within the same household. **Hepatitis A vaccine can prevent hepatitis A.**

##### Who should get hepatitis A vaccine?

Some people should be routinely vaccinated with hepatitis A vaccine:

- Persons 1 year of age and older traveling to or working in countries with high or intermediate prevalence of hepatitis A, such as those located in Central or South America, the Caribbean, Mexico, Asia (except Japan), Africa, and eastern Europe.
- Children and adolescents who live in states or communities where routine vaccination has been recommended.
- Men who have sex with men.
- Persons who use street drugs.
- Persons with chronic liver disease.
- Persons who are treated with clotting factor concentrates.
- Persons who work with HAV-infected primates or who work with HAV in research laboratories. Other people might get hepatitis A vaccine in special situations:
- Hepatitis A vaccine might be recommended for children or adolescents in communities where outbreaks of hepatitis A are occurring. *Hepatitis A vaccine is not licensed for children younger*

##### WHEN SHOULD HEPATITIS A VACCINE BE GIVEN?

The hepatitis A vaccine series may be started whenever a person is at risk of infection.

For travelers, the vaccine series should be started at least one month before traveling.

**Two doses** of the vaccine are needed for lasting protection. These doses should be given at least 6 months apart. (Note: Hepatitis A vaccine may be given at the same time as other vaccines.)

##### Some people should not get hepatitis A vaccine or should wait

- Anyone who has ever had a severe (life-threatening) **allergic reaction to a previous dose** of hepatitis A vaccine.
- Anyone who has a severe (life threatening) **allergy to any vaccine component** should not get the vaccine.
- Tell your doctor if you have any severe allergies. (Some hepatitis A vaccine contains alum and 2-phenoxyethanol.)

(Continued—over)

• Anyone who is **moderately or severely ill** at the time the shot is scheduled should probably wait until they recover. Ask your doctor or nurse. People with a **mild illness** can usually get the vaccine.

• Tell your doctor if you are **pregnant**. The safety of hepatitis A vaccine for pregnant women has not been determined. But there is no evidence that it is harmful to either pregnant women or their unborn babies. The risk, if any, is thought to be very low.

### What are the risks from hepatitis A vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of hepatitis A vaccine causing serious harm, or death, is extremely small. Getting hepatitis A vaccine is much safer than getting the disease.

#### Mild problems

- soreness at the injection site (*about 1 out of 2 adults, and up to 1 out of 5 children*)
- headache (*about 1 out of 6 adults and 1 out of 20 children*)
- loss of appetite (*about 1 out of 12 children*)
- tiredness (*about 1 out of 14 adults*) If these problems occur, they usually last for 1 to 2 days.

#### Severe problems

- serious allergic reaction, within a few minutes to a few hours of the injection (*very rare*)

#### 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 heart beat or dizziness.

#### What should I do if I think I am having a reaction?

- **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 report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at [www.vaers.org](http://www.vaers.org), or by calling 1-800-822-7967. *VAERS does not provide medical advice.*



**Dr. Troy Williams**

Contact the Centers for Disease Control and Prevention (CDC): Call **1-800-232-4636 (1-800-CDC-INFO)** Visit CDC websites at: [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis) or [www.cdc.gov/nip](http://www.cdc.gov/nip)

### VIDEOTAPING

Have you ever wondered why we have two exam rooms which contain a video camera? We use video teaching in the education of our residents. Just a few things you should know – First, we would never videotape your visit with your doctor without your signed permission. The nursing staff will explain the process to you and has you sign a consent form each time a videotaping is planned. This occurs before we ever turn the camera on. Second, the camera is focused on the chair and counter and not on the examination table. This helps protect your privacy. Third, you can refuse to be videotaped. We understand videotaping may make some people feel uncomfortable. You may ask to be moved to a room without a camera. Refusing to be videotaped will not affect the care you receive in any way. When the taping is finished, the tape is given to our clinical psychologist who reviews the tape with the resident physician. He gives the resident feedback on his/her patient communication skills. The tape is then permanently erased. We feel videotaping gives valuable feedback to our resident physicians and helps them become even better doctors. If you have any questions about this process, please feel free to discuss them with our staff, Program Administrator or Medical Director.



**Connie Kinnee, Program Administrator**

### PHYSICIAN RESIDENT PROFILE

**Dr. Julia Nasser**      **1st Year Resident Physician**

Dr. Nasser graduated from the University of California at Santa Barbara. She received her medical degree from the Saba University, Netherlands Antilles. Foreign Languages: She speaks some Spanish. Personal Interests: Landscape design and gardening, church choir, classical music, gourmet cuisine, swimming, jogging.

**Dr. Yvonne Neau**      **1st Year Resident Physician**

Dr. Neau (pronounced “No”) graduated from Northeastern Illinois University, Chicago. She attended medical school and received her medical degree from Rosalind Franklin University of Medicine and Science, Chicago Medical School. Foreign Languages: She speaks Polish. Personal Interests: Quality Family time, volleyball, spades and reading.