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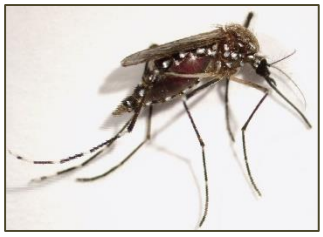
Zika Fever and Virus



The Brazilian Government has asked young women to avoid becoming pregnant until they can determine how to stop the spread of Zika fever. Pregnant women, especially those who are infected in the early stages of pregnancy are at high risk for their offspring developing microcephaly. This small brain in an even smaller skull leads to death or severe permanent neurological deficits. There are now over 3,800 children born with microcephaly in Brazil due to their mother's infection with Zika Virus.

Zika Virus is in the family of Dengue Fever. It is transmitted by the bite of the Aedes mosquito which also transmits Chikengunya Fever. The incubation period is only 2 - 14 days producing symptoms in only one of five people who have been infected. Symptoms are generally very mild with a very low grade fever, a rash, joint and muscle pains, headache, conjunctivitis and vomiting in some. Treatment is supportive with the disease resolving in about one week.

In adults infected in Brazil there has been an upsurge of post infection Guillan - Barre syndrome which is believed to be due to the disease. While the mode of transmission has been by mosquito in most instances there are two cases in the United States believed to be due to blood to blood transmission and or sexual fluid transmission. Both of these individuals became infected in Brazil.

The Center for Disease Control and Prevention (CDC) has noted the presence of Zika fever in South America, Central America, the Caribbean and now Mexico. Avoiding mosquito bites is the best way to avoid the disease. For women who are infected there is no commercial test to confirm the diagnosis. A polymerase chain reaction RNA test available through the Florida Department of Health and research centers can be obtained one week after the onset of symptoms.

In the United States a protocol has been developed with obstetricians to screen pregnant women who have been infected with frequent ultrasound evaluations of the developing child to determine if the virus has affected the development of the fetus.

The emergence of this virus, which is devastating to developing fetuses, is leading to calls for the development of a vaccine which is "at best" years off. For now the best we can do is avoid endemic areas and be diligent in mosquito control.

Does Tdap Protect You From Whooping Cough?

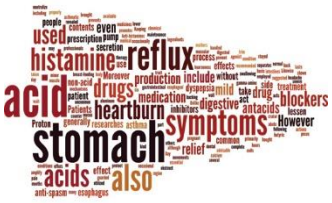
Within the past few years an epidemic of whooping cough swept through and injured youngsters in California and Arizona. There were tragic childhood mortalities in the frail not yet vaccinated pediatric population. The researchers from the Center for Disease Control and National Institute of Health swooped in and concluded that adults, primarily grandparents, were transmitting the disease to their newly arrived and not yet immunized grandchildren. They reasoned that the adults' immunity from their childhood vaccinations with DPT had worn off and they were unknowingly transmitting it to the youngsters after a mild adult upper respiratory tract infection with bronchitis. We were told that in adults, Bordetella pertussis produced bronchitis indistinguishable from a viral bronchitis. This was just the type of illness health care leaders were telling physicians not to prescribe an antibiotic for in their international campaign for the prevention of antibiotic resistance developing. Little did they know at first that in adults, the bronchitis is a mild illness but in children it is aggressive and is often lethal. They were not originally aware that long after our adult mild bronchitis resolved we could still transmit the bordetella pertussis to our grandchildren.

Their solution was to re-immunize adults with a pertussis booster in combination with your next tetanus shot. The combination was called Tdap. A national information campaign was undertaken to get primary care physicians to spread the word to their adult patients. The question is does it really work? In a recently published study led by Dr. Nicola P. Klein of the Kaiser Permanente Vaccine Study Center in Northern California which appeared in the Journal Pediatrics, it seems that the vaccine is only effective for a short time in the very healthy and robust 11 and 12 year children. Their study showed that Tdap protected young adolescents 69% of the time in the first year, 57% in the second year, 25% in the third year and only 9% in the fourth year. The vaccine was given during an epidemic in California in whooping cough in the hopes of averting a greater infection rate.

The failure of the vaccine to provide long term benefits in adolescents and teenagers will lead to different immunization strategies. Tdap is already a milder form of a former vaccine, scaled down to prevent some of the rare side effects seen when it was administered. A possible return to that previous vaccine or whole cell preparation may be needed. Another proposal calls for vaccinating pregnant women hoping that their maternal antibodies will pass to the fetus and provide long term protection.

The real question with no answer is what about the millions of adults who received Tdap with immune systems far less robust and protective than adolescents? Are they immune and for how long? No one knows because the research has not been done or published yet. Still the CDC and the NIH and the American College of Physicians call for adult immunization with Tdap. The Kaiser Permanente Study will surely establish the need for an adult efficacy investigation. Until then we will give the Tdap while we wait for answers. It does raise the question of whether our approach to adult bronchitis should include an antibiotic that treats bordetella pertussis until a quick test is developed to distinguish it from run of the mill viral pneumonias.

Increased Dementia Risk in Senior Citizens Due to Proton Pump Inhibitors (PPIs)



Brittany Haenisch, PhD of the German Center for Neurodegenerative Diseases in Bonn, has reported in *JAMA Neurology*, a study from health insurance data suggesting that taking Proton Pump Inhibitors (PPIs) such as Aciphex (omeprazole), Protonix (pantoprazole), Nexium (esomeprazole), and Prevacid (lansoprazole), was associated with a markedly increased risk of developing dementia. The correlation was stronger in men than women with a slightly increased risk for those taking Nexium.

The study, conducted from 2004 through 2011, looked at 73,679 people age 75 years or older and who were free of dementia at "baseline". It revealed 29,510 patients (40%) developed dementia and, of these, almost 3,000 (average age of 84) were taking a PPI medication. The authors concluded that avoiding PPIs may prevent dementia.

All of these medicines are now freely sold over the counter not requiring a prescription. Their use has dramatically increased. There is belief from animal studies that PPIs cross the blood brain barrier and effect the production of amyloid and tau protein associated with dementia. In humans, B12 levels can be lowered effecting cognitive ability. None of this data shows a clear cause and effect relationship so we cannot say PPIs hasten the onset or cause dementia. Newer well designed controlled and blinded studies will be needed for this purpose.

In the interim, I will ask my patients to reduce or avoid these medications. We can treat heartburn and indigestion with products such as antacids, weight loss, eating smaller portions and staying upright after those meals, loosening your belt at the waist and avoiding those foods that reduce lower esophageal sphincter muscle pressure leading to reflux.

There will be some with conditions such as Barret's Esophagus, which is precancerous, and recent bleeding ulcers which require the use of PPIs for eight or more weeks and then switch to Tums, Rolaids, Gaviscon or Carafate. Some patients will need the PPIs for symptom relief beyond eight weeks and they will need to make a tough decision between symptom relief and increased dementia risk while the researchers search for the answer.

Vitamin D in Senior Citizens: How Much is Enough?

Vitamin D levels are the most popular blood test being billed to CMS Medicare and private insurers. The World Health Organization considers 20 ng/ml to be a normal level of 25-hydroxyvitamin D which contrasts with 30ng/ml in the USA. Vitamin D is made by the kidney when our limbs get exposed to sufficient sun light. It is low in severe and chronic states. Supplementing Vitamin D does not improve the illness except possibly in multiple sclerosis but can return the serum level to normal.

Experts in fall prevention hoped that supplying adequate vitamin D will preserve muscle function and reduce falling. About one in three elderly experience a fall annually with one fracture per five falls. In the USA this amounts to 250,000 hospital admissions for hip fracture each year. The research hope was that by raising the Vitamin D level to 30 we would reduce falls and fractures. Unfortunately individuals 70 years or older who took 2000IU of Vitamin D a day or 60,000units per month, had more falls and a higher risk of falls than seniors who had lower serum levels and less supplementation. Their muscle function improved with higher dose vitamin D but so did the falls.

The Institute of Medicine, an independent US advisory panel advises taking 800 IU per day or 24,000 IU per month with a goal of a serum level of 21-30 and less frequent Vitamin D level monitoring.

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