

# NEWSLETTER

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**“An ounce of prevention is worth a pound of cure” - William Baker, MD**



Benjamin Franklin’s famous advisory in 1736 was directed to fire-threatened Philadelphians reminding them that preventing fire was better than fighting them. The proverb that it is easier to stop something from happening than to repair the damage after it has happened is the foundation for our modern approach to medicine-first emphasizing prevention. This principle has never been more evident than during the years of the COVID-19 pandemic. The concept of preventive medicine began in 1388 with the first sanitary act in England directed to removing nuisances. The first plague order was issued in 1443 recommending quarantine and cleansing to prevent illness. Vaccination was introduced in 1798 and discoveries in the early and middle years of the 19th century led to an understanding of contagious diseases.

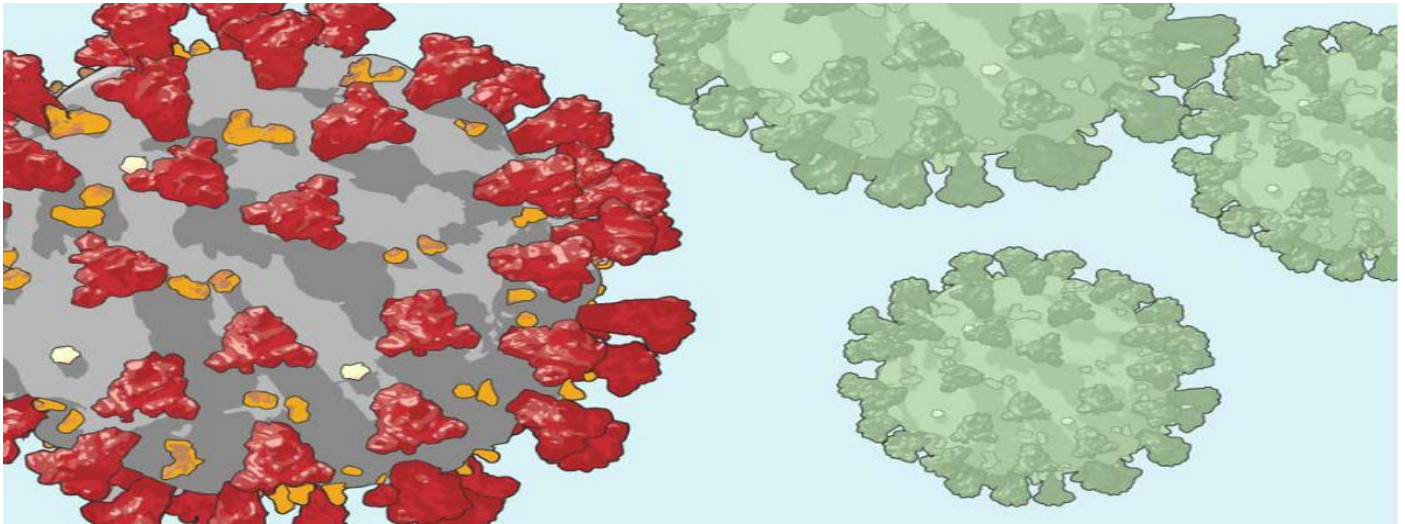
Prevention plays a major role in reducing the incidence of all of the top 10 causes of death in the world (ischemic heart disease, stroke, COPD, lower respiratory tract infection, cancer, diabetes, tuberculosis, diarrheal disease, motor vehicle accidents, Alzheimer’s disease). Vaccination has dramatically altered the risk of

death from infection. As the results of vaccination, the mortality rate of children declined by 25% between 2010 and 2017. Measles vaccine alone prevented 25.5 million deaths since 2000 and polio cases have been reduced by 99% since 1988. The development of vaccines to prevent pneumococcal pneumonia has dramatically reduced the incidence of disease and death in both children and adults.

The CDC updated guidelines regarding vaccination are in the table below. Following these guidelines can prevent us from becoming ill and also ensure a safer, healthier local community and world. Recommendations concerning COVID-19 prevention through social distancing, wearing masks in close indoor environments and vaccination followed by boosters are by now well known to most of us and summarized in the enclosed article.

Now is the season for celebration. It is also the season to review your vaccination status and be sure to get you Flu shot, pneumococcal pneumonia shot and COVID-19 booster!! Take the “OUNCE OF PREVENTION” to prevent illness from ruining your Holiday.

## COVID-19 Variants and Vaccines - William Baker, MD



We are approaching the end of the third year of the COVID-19 pandemic. Over 1 million Americans have died from COVID-19. Although the case rate and death rate have been low in recent months, people continue to die from COVID-19. Deaths are occurring at a 6X higher rate in unvaccinated individuals than in those vaccinated. Due to the changing seasons driving people indoors and the emergence of new Omicron variants, it is expected that a significant surge in illness and hospitalizations will develop over the next 4 months. Lulled into complacency by the low case numbers and lower virulence of the current BA.4 and BA.5 variants, most Americans no longer wear masks or practice social distancing. 80% of Americans have received at least one dose of vaccine and 68.2% have completed the primary series of 2 doses. Of those 5 and older, 49.2% have received 1 booster and of adults 50 and over 40.6% have received a second dose. Over the last few weeks, the rate of positive Covid PCR tests has been increasing.

New COVID-19 Omicron variants are emerging which appear to be as much as 15% more contagious

than the current BA.5 variant (the most dominant in the US). There are 8 known subvariants of Omicron – BA.5, BA.4.6, BQ.1, BQ 1.1, BF.7, BA.2.75, BA.2.75.2 and BA.4. BA.5 is the current predominant lineage at 62% of cases. The proportion of BA.4.6 and Bq.1as well as other variants is increasing. So far it does not appear that the new variants are more likely to cause severe illness. COVID-19 guidelines have evolved, as has the pandemic. All current boosters are bivalent, meaning they are effective against both the original AND Omicron variants.

### Recommended

#### **Pfizer-BioNTech**

Children 6 months to 4 years - Primary series with 2nd dose 3-8 weeks after the 1st and 3rd dose at least 8 weeks after the 2nd

Children 5-11 years – Primary series with 2nd dose 3-8 weeks after the 1st and 3rd dose at least 2 months after the 2nd dose or last booster; Children age 5 years can only get a Pfizer-BioNTech booster and ages 6-11 can get a Pfizer-BioNTech or Moderna vaccine

Children 12-17 years- Primary series with 2nd dose 3-8 weeks

after the 1st and 3rd dose at least 2 months after the 2nd dose or last booster

Adults 18 and older-Primary series with 2nd dose 3-8 weeks after the 1st and 3rd dose at least 2 months after the 2nd or last booster; booster may be Pfizer-BioNTech or Moderna

#### **Moderna**

Children 6 months to 5 years- Primary series with 2nd dose 4-8 weeks after the 1st and 3rd dose for in children 5 years and older at least 2 months after the 2nd dose (children 6 months to 4 years 3rd dose not recommended)

Children 6 to 17 years-Primary series and 2nd dose at least 4-8 weeks after the 2nd dose and 3rd dose at least 2 months after the 2nd primary series dose

Adults 18 and older-Primary series with 2nd dose 4-8 weeks after the 1st and 3rd dose at least 2 months after the 2nd primary series dose or last booster; booster may be Moderna or Pfizer-BioNTech

**DO NOT MIX PRIMARY SERIES VACCINES BUT MAY MIX BOOSTERS**

**Table 1** Recommended Adult Immunization Schedule by Age Group, United States, 2022

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV4) or Influenza recombinant (RIV4) or Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
  Recommended vaccination for adults with an additional risk factor or another indication
  Recommended vaccination based on shared clinical decision-making
  No recommendation/Not applicable

## Hydration in the Winter Months: It's Just as Important as Summertime - Kelsey Reason, CEP



It seems that the Fall/Winter seasons have taken their sweet time to get here this year. After the long summer months, we are all very eager to see a change in weather that will lead to different food choices and wardrobe picks (bring on the soups, stews, cozy sweaters, and flannel please!). You may even experience changes in your workout routine with the cooler temperatures and darker days, but the one thing that shouldn't change is your hydration tactics. It's tempting to think that you don't need to drink as much water during the cold months because your thirst sensation is decreased, however this is often one of the first signs of dehydration in the cold weather. Regardless of the outdoor temperature, your body needs a steady flow of water intake to aid in digestion, thermoregulation, and toxin removal as well as preventing injury and caring for our joints and organs by acting as a cushion of sorts as we move.

As a minimum, one should consume half of their body weight in

ounces of water. So, if you weigh 200 pounds then you should drink at least 100 ounces of water per day. If you are exercising, you likely will need to drink more than this to ensure you have replenished what you may have lost through the exercise you conducted. A good trick is to weigh yourself pre and post exercise. You should weigh the same amount, which would indicate that you have hydrated properly during your exercise routine. Another way to monitor hydration status is to observe the color of urine you produce. Darker color is an indication that you need to drink more water!

You also don't want to forget to consider that the cooler months might increase our likelihood of drinking other things besides water – think hot tea and coffee. These drinks often contain caffeine which will dehydrate you. A good rule of thumb is to drink excess water equal to the amount of caffeinated beverage you drank. Using the example of the 200-pound individual above who should be drinking at least 100 ounces of

water, let's say that person also drinks 12 ounces of coffee during the day. They would then need to drink at least 112 ounces of water per day to counterbalance their fluids properly. Be sure to be looking out for dehydration symptoms which include dry mouth, headache, fatigue, and light-headedness and remedy these issues by drinking water.

Take advantage of this change in weather to get a jump start on your attaining your fitness goals. While the weather might be nicer than the blazing summer, the cooler temperatures can bring their own set of hinderances to exercise. I often find it helpful to change into your workout clothes right away, whether that be first thing in the morning, as you leave work, or right when you get home. You are more likely to stick to your resolve to exercise if you are already dressed and ready to go. Your mental preparedness will soon follow, especially if you've planned ahead and diligently worked to execute adequate hydration throughout the day.

## We Are Here for You - Bakersfield Heart Hospital



Nearly one in three Americans between the ages of 50 and 80 put off an in-person appointment for medical care in 2020 because they were worried about exposure to COVID-19, according to a survey conducted by the National Poll on Healthy Aging. What these findings suggest is that health care providers and older adults both need to make a collaborative effort to get back on track with the care that can help manage chronic conditions and spot complications, as well as regular preventive care.

The same goes for emergency care. We want our community to know Bakersfield Heart Hospital's Emergency Department is open 24/7 every day of the year. Our staff follow essential precautions to ensure that we deliver care safely. If you or your loved one needs emergency care – especially for life-threatening conditions such as serious injuries, heart attack or stroke – tell your ambulance driver to take you to the Heart Hospital.

Our Women's Heart Center is seeing patients again. We have re-opened to screen women and men for their risk factors for heart disease. This screening has helped to identify heart disease in some and has helped many people change their lifestyle habits and put them on the road to heart health.

We are also getting our elective surgeries back on track. Our Orthopedic Surgeons are scheduling hip and knee replacements and we will be sponsoring Orthopedic and Neurosurgical physicians who will be providing a community talk about Spine Health. Look for more information coming out soon.

COVID did teach us is something we have been saying for years: handwashing and covering coughs/sneezes (whether with a tissue or by wearing a mask) are effective in reducing the transmission of viruses. The Centers for Disease Control and Prevention (CDC) reported that it had logged 1,316 positive flu cases in

its surveillance network between September 2020 and the end of January 2021. During that same period the prior year, the CDC had recorded nearly 130,000 cases.

The number of Americans getting flu shots rose in 2020 and 2021, due to people worrying about getting a "double-whammy" of COVID and Flu. But those additional vaccines also kept flu cases low. So, if we continue with what we've done for the last few years (handwashing, covering coughs/sneezes and getting vaccinated) we can keep the number of cases low again this flu season.

As we continue through the end of 2022 and look forward to 2023, our pledge to you remains as strong as ever: our patients always come first, we strive for excellence in everything we do, and we want Bakersfield Heart Hospital to be your first and best choice for healthcare. We are proud to be your local hospital, and we are here for you.

## Nutrition Nuggets - Michele Chynoweth RD, CDE

**Fall means**—shorter days, ...cooler nights. Craving comfort foods? Color?

### Pumpkin, Hubbard, Acorn, Butternut and Queen Anne:

These orange winter squashes are full of vitamin A and deliver 3 grams of fiber per ½-cup

Cook, blenderize or puree squashes:

Freeze in 1 cup portions or ice cube size

- a) Thicken soups
- b) Make chili heartier
- c) Add color to pancake/waffle batter
- d) Add to smoothies or oatmeal

### Add to the roasted vegetable tray.

Select a seasoning: lightly brush of olive oil, maple syrup, balsamic vinaigrette, pepper, cinnamon...your choice (operative word: lightly)

**Holiday behaviors**—it's only a bite...just a taste. Is this wise thinking? Winter holidays offer many calorie 'bites' ...or maybe 'sips'. (check labels)

**Sips:** Cranberry juice cocktail, apple cider; eggnog, mixed drinks, and tequila/bourbon/brandy to name a few. 1.5 oz (3 tablespoons) of alcohol = 90-100 calories. Eggnog (a well-known love-hate beverage = 55 calories per ounce; Juice/Cider = 15-30 calories per ounce (read the label)

Much like budgeting for a big trip, try to think ahead when holiday food celebrations arrive. Start slowly. Be mindful! Survey the table menu options.

- a) Begin with 8 ounces water, tea or another non-caloric beverage



b) WAIT 10 minutes before eating  
c) Choose a smaller serving spoon. You and the host!

d) Use less dominate hand to eat ...lefties use right; righties use left. Concentration—**S L O W S** our pace

e) Select color—half the plate should include fruits and vegetables. Choose from A to Z to vary your choices all season long.

### Pumpkin Hummus for veggie dip

Source: ADA diabetesfoodhub.org

**Chickpeas** (garbanzo beans) (drained and rinsed) 1 (15-oz) can  
**Canned pumpkin** 1/2 cup  
**Tahini** 2 tbsp (international grocery)

**Olive oil** 1 tbsp

**Lemon juice** 1 tbsp

**Garlic** 2 cloves

**Smoked paprika** 1/4 tsp

**Freshly ground black pepper** to taste

**Pumpkin seeds** 1 tsp to garnish

Blend all ingredients (except seeds) in Food processor or blender.

Makes 7 servings ¼ cup each

Provides 110 calories per serving  
Sodium 70mg, Fat 5g, Protein 4g, Fiber 4g, Carbohydrate 13g  
Potassium 160mg, Phosphorus 100mg

### Repurpose turkey leftovers in 3 days

Source: Eatingwell.com

- Turkey enchilada verde casserole
- Romaine or spinach salad with shredded turkey
- Turkey tacos or burritos
- Turkey Phyllo -Top pot pie made rather than 2 pie crusts!
- Cabbage & other vegetable soup with shredded turkey
- Open face turkey sandwiches-use cookie cutters you'll use in coming weeks at holiday time.

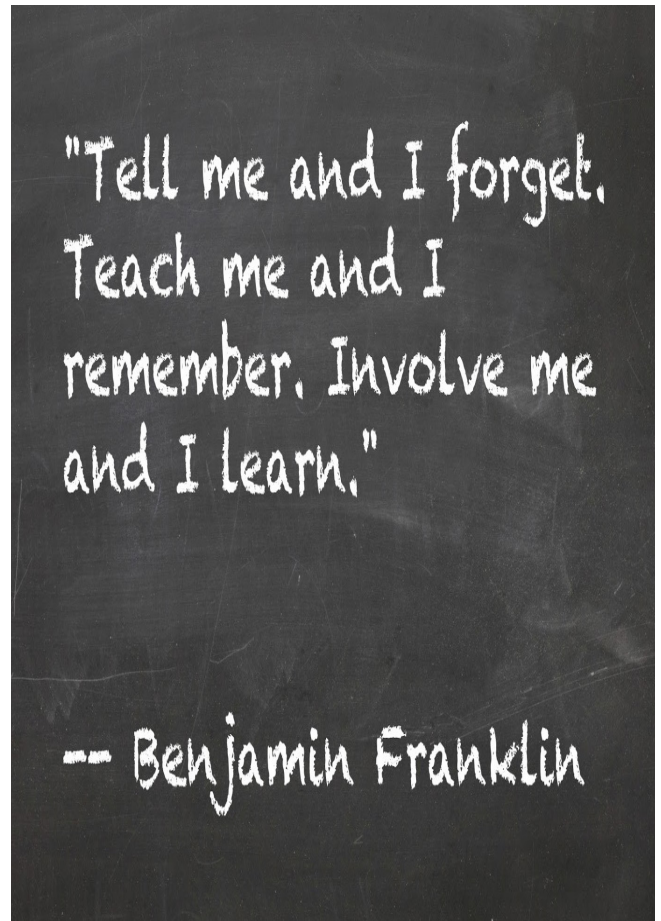
Locate a registered dietitian nutritionist (RDN) to develop a nutrition plan to include holiday foods and stay healthy. Check insurance or 800-877-1600 or [www.eatright.org/find-a-nutrition-expert](http://www.eatright.org/find-a-nutrition-expert)

# Centric Health

Centric Health is a multispecialty medical group comprised of many of the most outstanding medical professionals and medical groups in Bakersfield dedicated to providing the highest quality of medical care in a rapidly changing health care landscape. Centric Health was developed to enable physicians to do their best work and to assure access to high quality care for residents of our community. Centric Health includes a broad spectrum of medical specialties and services designed to meet the many needs of patients.

The Physicians and healthcare professionals at Centric Health Medical Offices offer an array of services ranging from Cardiology, Vascular, Primary Care, Endocrinology, Pulmonology, Urgent Care, and Diagnostic Imaging.

- **Central Cardiology Medical Center**
- **Preferred Family Care**
- **Sillect Medical Centers**
- **Kern Endocrine Center**
- **WF Baker MD and Associates**
- **J. Foster Campbell, MD**
- **Golden Valley Medical Associates**
- **Harjeet Singh, MD**
- **Susan Hall, MD**
- **Dr. Ashraf - Pulmonology**
- **Clinica Del Valle**
- **Golden State Hospitalists**
- **Centric Health Imaging**
- **Centric Urgent Care**



**"IF WE SACRIFICE A FEW LUXURIES LIKE FOOD, CLOTHING, AND SHELTER, WE CAN AFFORD NECESSITIES LIKE A FASTER COMPUTER AND BIGGER MONITOR."**



**"Don't tell me to improve my diet. I ate a carrot once and nothing happened!"**

You must not rely on the information in these materials as an alternative to medical advice from an appropriately qualified professional. If you have any specific questions about any medical matter you should consult an appropriately qualified professional. If you think you may be suffering from any medical condition you should seek immediate medical attention. You should never delay seeking medical advice, disregard medical advice, or discontinue medical treatment because of information in these materials.