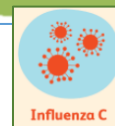


### Influenza Vaccination



In the United States, **influenza (flu) season** occurs in the fall and winter. Flu viruses circulate year-round; however, the peak months are between December and February. The overall health impact (e.g., infections, hospitalizations, and deaths) varies from season to season. To access the latest information published by the CDC on influenza, go to [CDC: About Flu](https://www.cdc.gov/about/flu).

#### Flu Symptoms vs. the Common Cold

Flu can cause mild to severe illness, and at times can lead to death. Flu is different from a cold. The onset of the common cold is very gradual. Symptoms of flu usually come on very suddenly. People who have the flu can experience some or all of the symptoms listed below. Symptoms of vomiting and diarrhea are more common in children than adults.

In the graphic below, you can see the commonalities between the cold and flu, as well as how they might differ. \*It is important to note that not everyone with flu will have a fever.

SIGNS AND SYMPTOMS	COLD	FLU
Symptom onset	Gradual	Abrupt
Fever	Rare	Usual
Aches	Slight	Usual
Chills	Uncommon	Fairly common
Fatigue, weakness	Sometimes	Usual
Sneezing	Common	Sometimes
Chest discomfort, cough	Mild to moderate	Common
Stuffy nose	Common	Sometimes
Sore throat	Common	Sometimes
Headache	Rare	Common

#FIGHT FLU

#### App of the month



This application showcases two of CDC's influenza surveillance systems, the WHO/NREVSS Collaborating Labs and the US Outpatient Influenza-like Illness Surveillance Network (ILINet). Users are able to view both influenza laboratory data and medically attended visits for influenza-like illness (ILI) side by side for the influenza season and geography (national, regional, or select states) of interest. (App of the Month is not endorsed by DBHDS Office of Integrated Health. User accepts full responsibility for utilization of app).

#### References

- (1) Centers for Disease Control and Prevention. (2021, June). Similarities and differences between Flu and Covid-19. <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>
- (2) Peacock, G., Ryerson, A., Koppaka, R., & Tschida, J. (2020, December). The importance of seasonal influenza vaccination for people with disabilities during the COVID-19 pandemic. Disability and Health Journal, 14(101058). DOI: 10.1016/j.dhj.2020.101058.

#### Is it COVID-19 or the Flu?

There are many similarities between the Flu and Covid-19, ranging from no symptoms to severe symptoms. Symptoms in common include:

- Fever/chills.
- Cough.
- Difficulty breathing/Shortness of breath.
- Feeling tired.
- Sore throat.
- Runny/stuffy nose.
- Body aches.
- Headache.
- Vomiting/Diarrhea.
- Change in smell and taste (1).



#### Who should get the flu vaccine?

- Those over 6 months.
- Individuals with high risk medical conditions (heart disease, diabetes, immune disorders, and respiratory diseases).

#### Who should not get the flu vaccine?

- Children under the age of 6 months.
- People with severe life-threatening allergies to the vaccine or any ingredient in the vaccine. (There are now two egg-free vaccines options available.)

#### What are the benefits to receiving the Flu Vaccine?

- Lowers the number of severe flu cases and deaths associated with flu.
- Reduces the risk for in-patient hospital care and shortens hospital stays.
- Reduces the number of people requiring a PCP appointment or emergency room care.
- Provides protection against the flu for babies born to vaccinated mothers.
- Protects the vulnerable (those who cannot take the vaccine, children less than 6 months, etc.).
- Lowers the risk of cardiac events for people with heart disease. (1).

### Oral Health Pearls of Wisdom



#### October is National Dental Hygiene Month<sup>1</sup>,

Which makes this the perfect time to learn about the role of a dental hygienist! Most dental visits include an assessment by a dental hygienist. Dental hygienists review all current health information, and health history, in order to provide important information to promote good oral health, and good overall health<sup>2</sup>. A dental hygienist may be the first person to determine if an individual may be susceptible to certain dental conditions, based on their current medications and existing health conditions.

During the assessment process, the dental hygienist makes note of conditions observed within the patient's mouth, so a customized care plan can be developed<sup>2</sup>. The dental hygienist focuses on building a strong relationship with each person receiving oral care. When individuals know whom they will be seeing, and what to expect, they will feel more at ease during future dental visits. Some patients who have healthy mouths and very little tooth decay or dental problems may only see their dentist for a few minutes, or sometimes not at all!

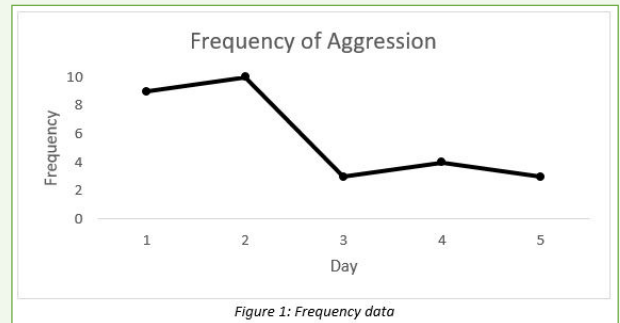
The new Virginia Medicaid benefit covers three dental hygienist visits per year<sup>3</sup>, per person. Dental hygienists work very closely with other healthcare professionals and caregivers, and are part of the inter-professional care team. This collaboration occurs at all levels of care, and at all care venues, including hospitals, primary care, long-term care, and with care providers in community settings. Dental hygienists work hard, to make everyone's oral care experience a positive one. Celebrate Dental Hygienist Month, by scheduling some time to see your dental hygienist soon!

References:  
 (1) American Dental Association (ADA) 2021. Home - American Dental Association. <https://www.ada.org/>  
 (2) Kisby, L. (2011). The role of the dental hygienist in establishing a dental home. Access, Sept-Oct 2011, pp.32-33.  
 (3) Virginia Medicaid, Department of Medical Assistance Services, Commonwealth of Virginia Government (2021). Dental. <https://www.dmas.virginia.gov/for-members/benefits-and-services/dental/>

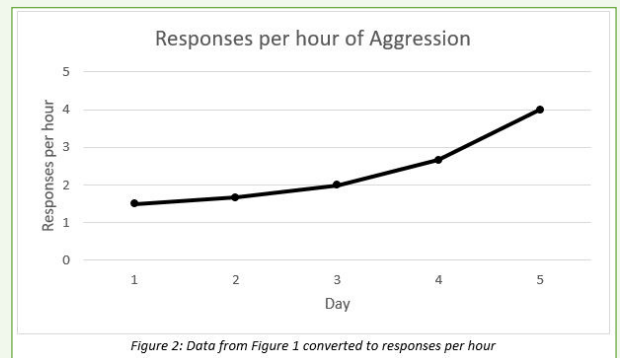
### ABA Snippets ... Brief Thoughts on Frequency and Rate



The term "frequency" is used often by behaviorists, though there are varying definitions of the word in the literature (1) (3). Another relevant term is "rate", which is a ratio of the count of responses divided by the period of time in which that count was obtained (2) (4). For this ABA snippet, we will consider "frequency" as synonymous with "count" (e.g. the number of instances of behavior) and the term "rate" to mean frequency per unit of time. Thus, a simple formula for calculating rate is as follows: frequency of instances during the recording period / the duration of the recording period = frequency per unit of time (rate). For readers unfamiliar with this concept, you may be asking yourself, "What would be the benefit of taking frequency data and then factoring in the duration of the recording period?" One answer to this question is that rate will yield a consistent analysis of graphed frequency data that are collected across inconsistent recording periods. Consider the following data set for frequency of aggression: Day 1, 9 instances; Day 2, 10 instances; Day 3, 3 instances; Day 4, 4 instances; and Day 5, 3 instances. These data, when graphed only to consider frequency, would look something like this (Figure 1):



Consider now the same frequency data above, along with the duration of the recording period, with sample data as follows: Day 1, 9 instances in 6 hours; Day 2, 10 instances in 6 hours; Day 3, 3 instances in 1.5 hours; Day 4, 4 instances in 1.5 hours; and Day 5, 4 instances in 45 minutes (.75 hours). The same frequency data, when converted to rate (formula: frequency of aggression / number of hours in the recording period = responses per hour), reveal a different trend altogether (Figure 2). If it is at all possible to capture the period of time in which frequency data are collected, a simple conversion to rate can vastly improve analysis and decision making.



References:  
 (1) Carr, J.E., Nosik, M.R. & Luke, M.M. (2018). On the use of the term "frequency" in applied behavior analysis. *Journal of Applied Behavior Analysis*, 51(2), 436-439.  
 (2) Cooper, J.O., Heron, T.E., & Heward, W.L. (2020). *Applied behavior analysis: third edition*. Pearson Education, Inc.  
 (3) Johnston, J.M., & Pennypacker, H.S. (2009). *Strategies and Tactics of Behavioral Research: Third Edition*. Routledge.  
 (4) Merbitz, C.T., Merbitz, N.H., & Pennypacker, H.S. (2016). On terms: frequency and rate in applied behavior analysis. *The Behavior Analyst*, 39(2), 333-338.

## COVID-19 VACCINES

### Considerations for 3rd Doses versus Booster Doses

for patients who received a primary series of an mRNA vaccine (Pfizer or Moderna)

#### 3rd Doses

(aka "additional doses")

Administered when initial immune response to a primary series is likely to be insufficient.

As of August 13th, 2021

Approved for administration to patients who are moderately to severely immunocompromised. A 3rd dose may be administered 28 days following the 2nd dose of an initial mRNA vaccination series.

Guidance **has** been established by the ACIP.

Providers may currently administer these 3rd doses to patients who are moderately to severely immunocompromised.

#### Booster Doses

Administered when initial immune response is sufficient, but immune response has decreased over time.

As of September 20th, 2021

Pending ACIP approval for administration to all patients who received a primary mRNA vaccination series. A booster dose may be administered 8 months following the 2nd dose of an initial mRNA vaccination series.

Guidance has **not yet** been established by the ACIP.

Providers **may not** currently administer these Booster doses. Booster doses may be administered starting September 20th, 2021.

Providers are REQUIRED to follow guidance from ACIP to administer COVID-19 Vaccines.

There is currently NO recommendation for additional doses or booster doses for patients who received the J&J Vaccine. Evidence is being reviewed for recommendations.

References: <https://www.cdc.gov/vaccines/imz/downloads/2021-08-13.html>  
<https://www.cdc.gov/media/releases/2021/s0920-covid-19-booster-doses.html>

Date: August 19th, 2021