

WHAT IS A CSA?

Professionals with CSA behind their names are Certified Senior Advisors who have earned this designation through Society of Certified Senior Advisors™ (SCSA). People who become CSAs make a clear and conscious decision to learn as much as possible about how to serve seniors.

Seniors share many satisfactions and many challenges. Today, a combination of health, financial and social issues determines whether seniors reach their common goal of remaining vibrant and independent for as long as possible. CSAs understand that longer lives demand better advice.

Professionals who often work with seniors—in fields such as insurance, accounting, law, clergy, health, real estate and many others—are excellent candidates to become CSAs. After SCSA approves their applications for its designation program, candidates must meet the requirements to become a CSA, set by the independent SCSA Certification Council. These include passing the CSA exam, which tests knowledge encompassing more than 20 key areas that affect seniors: areas such as nutrition, physical and cognitive changes of aging, housing, Social Security, Medicare and Medicaid, financial and estate planning, caregiving, home and community-based services, spirituality, and more. Candidates must also agree to adhere to the standards of professional conduct in the CSA Code of Professional Responsibility; and CSAs must fulfill continuing education requirements to recertify their CSA credential. The CSA designation program is accredited by the National Commission for Certifying Agencies.

CSAs find that their communication with senior clients is improved, their skills heightened, their credibility enhanced and, often, their business increased. Seniors find that it's rewarding to do business with someone who wants to work with them—and who has done the hard work to earn the credential of Certified Senior Advisor.

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Fighting the Flu

Fact vs. Fiction

By Cheryl L. Courtney, MA

Frantic over the flu? According to the Center for Disease Control (CDC), healthier cough etiquette, frequent hand washing or disinfecting, and increasing social distances can lower the risk of exposure to influenza viruses. Unfortunately, the many myths that are circulating can mire people down with confusing and conflicting information. What are the facts about the various influenzas, and how can you help yourself stay healthy this year?

Just the Facts

Each year in the United States, an average of 36,000 people die (and more than 200,000 are hospitalized) from flu complications. For older adults, the seasonal flu can be especially serious, even deadly:

- Ninety percent of flu-related deaths and more than half of flu-related hospitalizations occur in people age 65 and older.
- Research indicates that more than 30 percent of Americans 65 and older refuse to get a seasonal flu shot.
- Although many people over 65 seem to have immunity to 2009 H1N1 (swine flu), any influenza infection can turn underlying health concerns into a life-threatening situation.
- Because supplies of the 2009 H1N1 vaccine have been limited, people over 65 were not necessarily in the first priority groups to receive it.

Seniors are at high risk for seasonal flu and may be put at severe risk by the H1N1 strain if they have underlying conditions. Therefore, many healthcare providers suggest that seniors be vaccinated for seasonal influenza and for 2009 H1N1 influenza when the vaccine becomes available to them (CDC 2009). The remainder of this article addresses some of the questions and concerns that seniors are likely to have in response to this suggestion.

Q: Can't the vaccination actually make me ill?

A: This might be the most important myth to dispel in order to help keep communities safe. Although it is true that nasal-spray vaccines contain a weakened

At a Glance

Many myths about the spread of influenza—particularly 2009 H1N1 (swine flu)—are miring seniors in confusing and conflicting information. Cheryl L. Courtney highlights the most damaging myths, which can keep people from properly protecting themselves from the flu.

form of the virus called the Live Attenuated Influenza Virus (LAIV), this form is engineered to stimulate an immunological response from the cooler mucous linings of the nose (keeping the warmer, more-vulnerable regions of the lungs—where 2009 H1N1 thrives—at lesser risk).

If seniors are still concerned about exposure to this form of the vaccine—or if they have a condition (such as an immunosuppressive disease) that might preclude even a weakened form of the virus—they should talk to a healthcare provider about the injected form called Trivalent Inactivated Vaccine (TIV). This injected vaccine does not contain live virus and therefore cannot transmit the disease.

It is true that some patients might experience mild, flu-like symptoms, such as runny noses and coughs, after vaccination. These are more likely manifesting issues from other circulating viruses, such as the common cold (which is caused by the adenovirus or rhinovirus). Still, seniors should consult with their healthcare providers regarding any flu-like symptoms that immediately precede or follow vaccination.

Q: By the time the 2009 H1N1 vaccine is available, won't it be too late into the flu season for me to be vaccinated?

A: No. The CDC reminds us that the flu season will run into late spring, possibly even summer. (The 2009 H1N1 strain has shown up unusually early compared to the seasonal flu, thus extending the flu season.) Seniors should be vaccinated for both the seasonal and H1N1 as soon as possible, even if that is outside of the typical flu season.

Q: Aren't several appointments necessary for me to be fully vaccinated?

Not necessarily. Contrary to what you might have heard, some groups of people can receive both the seasonal and the 2009 H1N1 vaccines on the same day. Seniors should contact their healthcare providers, who can clarify any questions and make recommendations as to which vaccinations are right for them.

Initially, researchers believed two doses of H1N1 vaccine, with an interval of several days, would be required. However, recent tests have shown that one dose is sufficient. (Seniors who receive the nasal-spray vaccinations might be exceptions and should contact their healthcare providers for specifics.)

Q: Is the 2009 H1N1 vaccine safe? Has it been tested enough?

A: You might have heard that the 2009 H1N1 vaccine has been manufactured so quickly that it remains untested. As with the annual seasonal flu shot, the 2009 H1N1 vaccine has endured vigorous testing by both the manufacturers and the National Institutes of Health. Thus, the new vaccine is safely licensed by the FDA. The U.S. Assistant Attorney General, Dr. Anne Schuchat, asserts: "Our top doctors and scientists believe the risk of the flu, especially for pregnant women, children and people with underlying health conditions, is higher than any risk that might come from the H1N1 vaccine" (U.S. DHHS 2009).

Q: Can I get 2009 H1N1 from drinking water or swimming pools or from eating pork?

A: No. The CDC has no reports of anyone acquiring the flu from chlorinated tap water or from swimming pools. Cooking destroys viruses, so influenza is not spread by

eating food that has been properly handled or cooked (U.S. DHHS 2009).

Q: I had the swine flu vaccination in 1976. Am I still protected?

A: Probably not. Many senior Americans participated in the swine-flu vaccination program of 1976. Many people are accustomed to thinking that vaccinations cover health for a lifetime. This is not true for current influenza forms. Do not assume that vaccination to past strains of H1N1 will provide immunity for 2009 H1N1.

Q: Will Medicare pay for 2009 H1N1 shots?

A: Yes. Medicare will pay for a single dose of the seasonal influenza vaccine and the administration costs plus the administration costs for one or more doses of the 2009 H1N1 vaccine. The U.S. Government is providing the H1N1 vaccine itself free of charge (CDC 2009). Seniors should contact their healthcare providers to clarify whether they will have any out-of-pocket charges. Local State Health Insurance Programs (SHIPs) can provide counseling and assistance regarding the billing and payment rules that apply to influenza vaccinations. *[Editor's note: For more information about SHIPs, see "Catch the SHIPs" in this issue.]*

Q: I've already had the flu. Do I still need to be vaccinated?

A: Yes! There are many strains of the seasonal influenza, so people can be infected several times by several strains. Do not risk your health by assuming that you are immune because you were ill last year or even earlier this season. Those who have already been ill and who are re-infected might experience a milder version of the flu the second time around, but you can definitely become ill again in the same season.

Q: Is there anyone who should not be vaccinated?

People who are allergic to eggs might be at risk of an allergic reaction to vaccines such as the TIV 2009 H1N1. Also, anyone who has had a previous allergic reaction to vaccination or who has recently had a fever or Guillain-Barré syndrome might need to put off vaccination. All these groups should consult with their healthcare providers before being vaccinated.

For those who have already been vaccinated, hives or swelling of the lips or tongue is a red flag of an allergic reaction. Anyone who experiences such symptoms should contact a healthcare provider or emergency medical facility immediately.



Q: Can't I just take antiviral drugs, such as oseltamivir (Tamiflu®) or zanamivir (Relenza®), as prevention? What about antibiotics?

A: Antiviral medications do not prevent the disease, although they might mitigate the worst symptoms of the flu and might help those who have been recently exposed. The CDC has placed people 65 and older on the priority list to receive antiviral medications for illness from any strain. However, these medications work best if administered within 48 hours of exposure or onset of symptoms and are not 100-percent successful. Furthermore, some strains have shown resistance to Tamiflu (Lite 2009).

As for antibiotics, they have no effect on the flu (which is caused by a virus, not bacteria). Healthcare professionals might use them to combat any secondary bacterial infections that might affect seniors whose resistance has already been weakened by a bout of the flu.

Q: Is anyone required to be vaccinated?

A: No. The national vaccination program is voluntary. However, some hospitals and work settings are requiring healthcare providers to be vaccinated. And the CDC strongly recommends that the following people be vaccinated (CDC 2009):

- Employees and students who are in training at assisted living facilities or other residences for persons in high-risk groups (which include seniors)
- Persons who provide home care to persons in high-risk groups
- Household contacts of high-risk groups

Dispel Dangerous Flu Myths

Because of their economic, social, or medical situations, many seniors face numerous and complex challenges during the 2009–2010 influenza season. As a CSA, you can model the best health practices and provide accurate health information to seniors and their families. Spread the accurate facts. Check out the CDC Web site to download and print free posters and flyers, and sign up to receive updates, so that you can pass along best practices and accurate flu information to your senior clients or loved ones. Do not let myths persist and endanger the health of those you love and serve. 

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Don't Forget Other Vaccines

Seniors should ask their healthcare providers about the pneumococcal immunization, which is designed to guard against more serious bronchial disease. More than half of influenza-related deaths are actually caused by bacterial pneumonia, which occurs as a secondary infection in the lungs after a person has already been weakened by the flu (Altshuler 2006).

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