

## Headgear Safety



## Getting it Straight

**3,000** years ago, stretched animal intestines (catgut) and crude metal bands were used to straighten teeth. What a difference a few millennia make. Today, the practice of straightening teeth is a dental specialty called orthodontics.

An orthodontist is a dentist with extensive training in preventing and treating problems involving misalignment of teeth and jaws. To treat these problems orthodontists use oral appliances such as braces, retainers and headgear.

According to the American Association of Orthodontists (AAO), about 4.5 million people in the U.S. are wearing oral appliances to achieve a beautiful smile and healthy teeth and gums. Modern orthodontic care is very safe and effective. There are rare reports of serious eye injuries associated with the use of headgear and other oral appliances.

### Headgear Basics

Headgear is used to treat malocclusion (mal-o-clue-shun), an improper positioning of the teeth and jaws. There are many types of malocclusion, including overbite, crowding of teeth and gaps between the teeth. Many malocclusions are inherited. Others are caused by finger or thumb sucking, dental disease or accidents. Malocclusions can affect the bite, the ability to clean teeth properly, gum tissue health, jaw growth, speech development and appearance. Headgear is designed to treat malocclusion by guiding growth of the upper jaw, moving teeth into a straighter position and preventing teeth from moving when they are not supposed to.

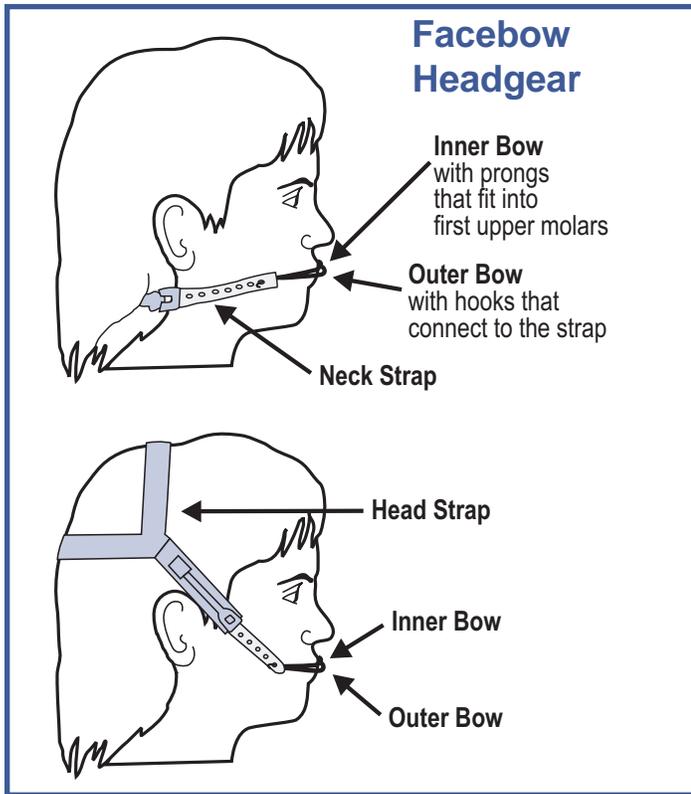
Headgear typically has two or three pieces, including a metal mouthpiece and a strap. The mouthpiece has prongs that fit into metal bands in the mouth and hooks to connect a strap that is wrapped around the head or neck. The hooks and strap are anchored to teeth by metal bands to create a back-pulling force that moves the teeth and jaw.

One of the most recognizable types of headgear is the facebow. Named for its bow shape and placement in front of the face, the facebow has a small inner bow connected in the middle to a larger outer bow. Prongs on each end of the inner bow fit into metal bands in the mouth. The larger bow has hooks on either end to connect a strap.

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To hold the facebow in place, metal bands are wrapped around the first upper molar on both sides of the mouth. The first upper molar is a large tooth in the top row that is usually located second from the back. This tooth is also known as a six-year molar because it grows into the mouth around age six. The metal bands act as an anchor to hold the facebow in the mouth. This allows the headgear to move teeth into position by putting force on the upper jaw. A strap is connected to the facebow and either wrapped around the top of the head or the back of the neck. Placement of the strap depends on which way force needs to be applied to move teeth into position. Your orthodontist decides whether the strap will be wrapped around your head or neck based on your treatment needs.

**The FDA's Role**

Like braces, retainers and other oral appliances, headgear is a medical device regulated by the FDA. Scientists, dentists and other health professionals have reviewed headgear to ensure that they are safe and effective for patients to use.

FDA monitors reports of injury related to the use of all medical devices, including headgear. As with any medical device, headgear is not risk-free. In one case

reported to the FDA, a child was blinded in one eye and injured in the other when headgear was removed improperly and the metal prongs of the mouthpiece snapped back in the child's face like a sling-shot.

While this type of injury is rare, it's important to use your headgear safely. Always follow your orthodontist's instructions for using headgear. **If an injury occurs, call your physician or eye doctor right away.** What seems like a minor injury can become serious if left untreated. There are many bacteria in your mouth and saliva that aren't dangerous in your mouth but are dangerous in your eyes. The introduction of these bacteria into the eye can lead to infection and blindness.

**Safety Tips for Headgear Use**

Knowledge and a little practice are very important for successful headgear treatment. The following headgear safety tips are based on recommendations from the FDA's Center for Devices and Radiological Health and the American Association of Orthodontists.

- Make sure your orthodontist shows you how to insert and remove your headgear.
- Ask for written instructions so you won't forget how to do it correctly.
- Don't leave your orthodontist's office until you've shown that you can use your headgear correctly.
- Prevent injury by always using your headgear the way you were taught.
- Never try to remove the mouthpiece or headgear without unhooking the strap. **Always** unhook the strap first.
- Remove your headgear before playing sports or any other activity where your headgear may get bumped or tugged.
- Prevent anyone from grabbing or pulling on your headgear. Brothers, sisters or friends who don't wear headgear may not understand the dangers involved, even in play.
- Always follow your orthodontist's instructions for wearing your headgear.

**DID YOU KNOW?**

The amount of time a patient wears headgear each day is different for everyone. Some people only wear headgear at night and others wear it during the day and night. Your orthodontist will tell you how many hours each day you'll need to wear headgear.

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- If you have any questions about wearing your headgear, ask them at your orthodontic appointment or call your orthodontist's office to ask. There are no silly questions when it comes to headgear use and your safety.
- Take your headgear with you to every orthodontic appointment. Report problems, discomfort and any injury you have using your headgear.

Remember that you're an important member of your orthodontic team. Preventing injury and following the treatment your orthodontist has outlined are the best ways to achieve your healthiest smile.

**Learn More**

You can learn more about headgear and other oral appliances at

<http://www.braces.org>

[http://www.fda.gov/fdac/features/2005/105\\_braces.html](http://www.fda.gov/fdac/features/2005/105_braces.html)

<http://www.nlm.nih.gov/medlineplus/orthodontia.html>

To report a headgear related injury to the FDA, visit the MedWatch reporting system at

<http://www.fda.gov/medwatch/report/consumer/consumer.htm>



**HEADGEAR HYGIENE TIP**

While the metal bands are in place you'll need to brush and floss more often. This will help keep your mouth healthy while you're using headgear. Oral appliances, like headgear, require more effort to keep teeth and metal bands clean and free from plaque and food debris. Ask your orthodontist to show you brushing and flossing techniques for keeping your teeth clean while using headgear.

**Online Antimicrobial Resistance Video**

Ever wonder how some bacteria outwit the effects of antimicrobial drugs, such as antibiotics? The culprit is a process called antimicrobial resistance. In a nutshell, antimicrobial resistance is the ability of bacteria to adapt quickly to new environmental conditions, in this case, the presence of antibiotics.

When used properly, antimicrobial drugs can effectively control the spread of disease and prevent loss of life. When there is excessive or improper use of antibiotics, bacteria can become resistant to their effects through either mutation or gene exchange.

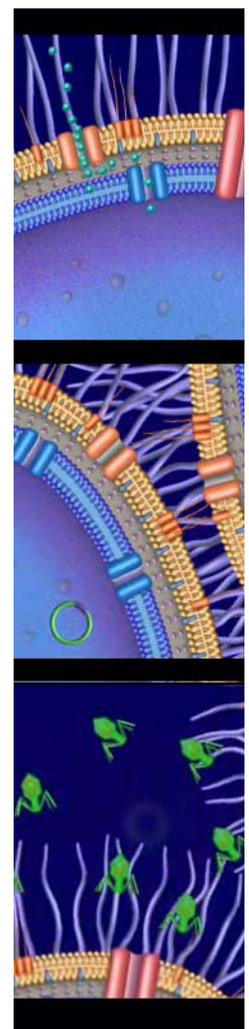
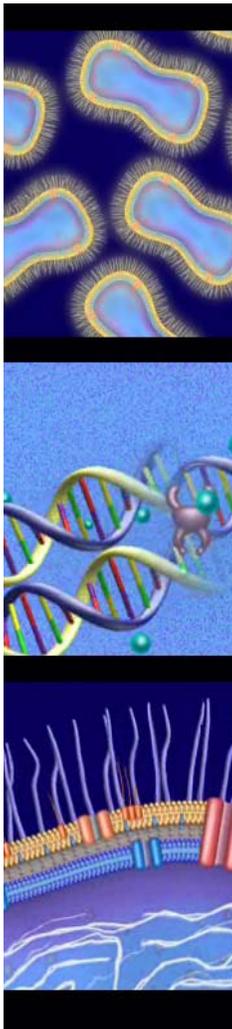
FDA is exploring ways to preserve the effectiveness of antimicrobial drugs in both veterinary and human medicine.

The Center for Veterinary Medicine (CVM) website offers a nine-minute animated video that simplifies the process of how bacterial antimicrobial resistance can develop and spread.

To watch the video, visit

<http://www.fda.gov/cvm/antiresistvideo.htm>.

You'll need Windows Media Player to view the video. A text version is also available at the same address.





***POLLEN GRAINS*** from trees, grass and weeds can float through the air in spring, summer or fall. On their way to fertilize plants and tree flowers, pollen particles often end up in our noses, eyes, ears and mouths. The result can be sneezing spells, watery eyes, congestion and an itchy throat.

Pollen allergy, commonly called hay fever, affects about 1 out of 10 Americans, according to the National Institute of Allergy and Infectious Diseases (NIAID). For some, symptoms can be controlled with occasional over-the-counter (OTC) medicine. Others have reactions that may more seriously disrupt the quality of their lives. Allergies can trigger or worsen asthma and lead to other health problems such as sinusitis and ear infections in children.

You can distinguish allergy symptoms from a cold because a cold tends to be short-lived, results in thicker nasal secretions, and is usually associated with sore throat, hoarseness, malaise, and fever. Allergic rhinitis is an inflammation of the mucous membranes of the nose. Symptoms can include a runny or stuffy nose that doesn't seem to go away. Many people with allergic rhinitis notice a seasonal pattern with their symptoms, but others may need a doctor's help to find out for sure that pollen is the source of their misery. If these symptoms crop up year-round, dust mites, pet dander or another indoor allergen could be the culprit. This is known as perennial allergic rhinitis.

FDA suggests you see a doctor if you're experiencing allergies for the first time, if your symptoms interfere with your ability to function, if you don't find relief in OTC medicine, or if you experience allergy symptoms on a chronic basis. You may need an allergy test, the most common of which is a skin test that shows how you react to different allergens, including specific pollen allergens like ragweed or grass pollen.

Once you know you have seasonal allergies, the most important step you can take is to avoid pollen as much as possible. Try to stay indoors when pollen levels are highest. In the fall ragweed pollen season, pollen levels are highest in the morning. During the grass pollen season in the spring and summer, pollen levels are highest in the evening. Pollen counts measure how much pollen is in the air and are expressed in grains of pollen per square meter of air collected during a 24-hour period.

*Allergy Relief - Continued from page 4*

It may also help to keep windows closed in your house and car and to run the air conditioner. If possible, avoid mowing grass and other yard work.

Of course there will be times when pollen is inescapable. Here's a rundown of medicine options that can help you survive the sneezing season:

- **Nasal corticosteroids:** These are typically sprayed or inhaled into the nose once or twice a day. The newer medicines in this category are Nasonex (mometasone furoate) and Flonase (fluticasone propionate). Side effects may include stinging in the nose.
- **Oral antihistamines:** These medicines, which are available in both OTC and prescription forms, counteract the action of histamine, a substance released in the body during an allergic reaction. Benadryl (diphenhydramine), Claritin (loratadine) and Chlor-Trimeton (chlorpheniramine) are examples of OTC antihistamines. Drowsiness is a common side effect, so don't take the medicine when you have to drive, operate machinery, or do other activities that require you to be alert. You could try newer and relatively non-sedating antihistamines that are available by prescription such as Clarinex (desloratadine), or Allegra (fexofenadine). Zyrtec (cetirizine), also available by prescription, has sedation frequency slightly higher than the relatively non-sedating antihistamines mentioned above.
- **Decongestants:** Decongestants are available both by prescription and over-the-counter. These medicines come in oral and nasal spray forms, and are sometimes recommended in combination with antihistamines. Antihistamines alone do not have an effect on nasal congestion. Allegra D (fexofenadine and pseudoephedrine) is an example of a prescription medicine that contains both an antihistamine (fexofenadine) and a decongestant (pseudoephedrine). Note that prolonged use of nose sprays and drops can result in even worse nasal congestion.
- **Non-steroidal nasal sprays:** NasalCrom (cromolyn sodium) nasal spray which is available without a prescription, can help prevent symptoms of allergic rhinitis if used before symptoms start.

It's a non-steroidal anti-inflammatory medicine and needs to be used more often than the nasal steroids, three to four times a day.

If you have any other health conditions, check with your doctor first to determine which OTC medicine to take. For example, people with uncontrolled high blood pressure or serious heart disease shouldn't take decongestants unless directed by a doctor.

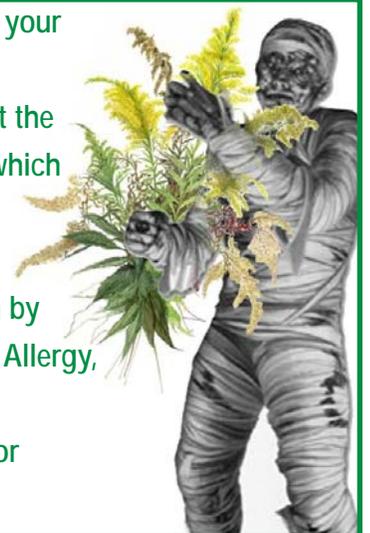
Immunotherapy (allergy shots), is also an option for treating allergic rhinitis. Candidates for immunotherapy might include those who don't respond to either OTC or prescription medications, or who suffer from frequent complications of allergic rhinitis.

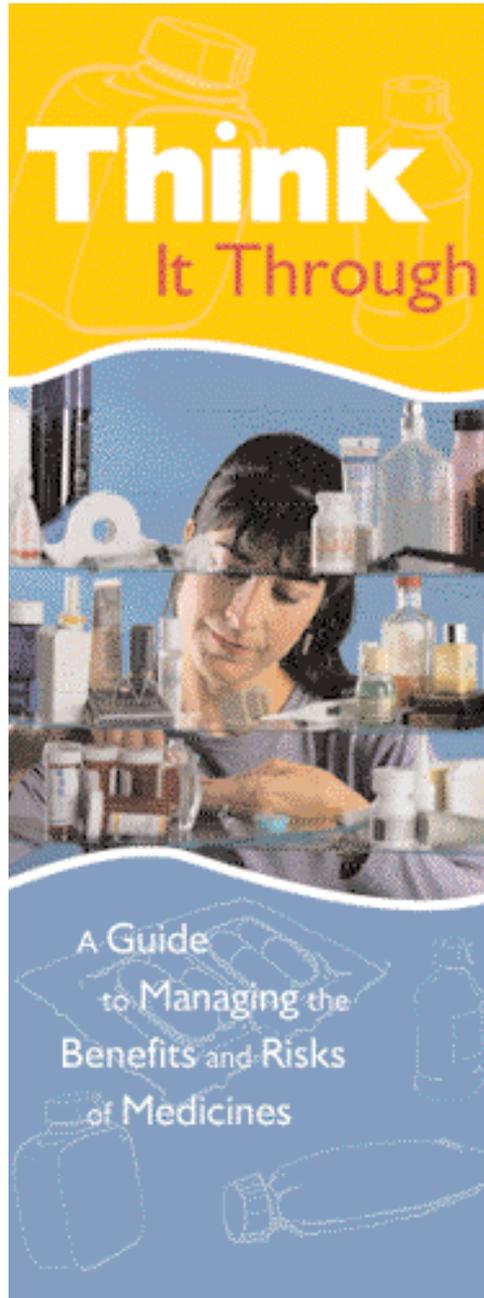
According to NIAID, about 80 percent of people with hay fever will experience a significant reduction in their symptoms and their need for medication within a year of starting allergy shots.

Discuss the option of immunotherapy with your doctor thoroughly because immunotherapy is not for everybody, and there is a significant time commitment involved.

The process involves getting injections of small amounts of allergens that are considered to be responsible for your symptoms. The injections are given over at least three to five years. The doses are gradually increased so that the body builds up immunity to the allergen, with discontinuation being based on minimal symptoms over two consecutive seasons of exposure.

To check pollen counts in your area, tune in to your local weather reports or contact the National Allergy Bureau, which monitors pollen counts throughout the United States. The Bureau is run by the American Academy of Allergy, Asthma, and Immunology. Contact 1-800-9-POLLEN or visit <http://www.aaaai.org>.





Although medicines can make you feel better and help you get well, it's important to know that ALL medicines, both prescription and over-the-counter, have risks as well as benefits.

The **benefits** of medicines are the helpful effects you get when you use them, such as lowering blood pressure, curing infection or relieving pain. The **risks** of medicines are the chances that something unwanted or unexpected could happen to you when you use them. Risks could be less serious, such as an upset stomach, or more serious, such as liver damage.

When a medicine's benefits outweigh its known risks, the FDA considers it safe enough to approve. But before using any medicine--as with many things that you do every day--you should **think through** the benefits and the risks in order to make the best choice for you.

There are several types of risks from medicine use:

- The possibility of a harmful interaction between the medicine and a food, beverage, dietary supplement (including vitamins and herbals), or another medicine. Combinations of any of these products could increase the chance that there may be interactions.
- The chance that the medicine may not work as expected.
- The possibility that the medicine may cause additional problems.

For example, every time you get into a car, there are risks---the possibility that unwanted or unexpected things could happen. You could have an accident, causing costly damage to your car, or injury to yourself or a loved one. But there are also benefits to riding in a car: you can travel farther and faster than walking, bring home more groceries from the store, and travel in cold or wet weather in greater comfort.

To obtain the benefits of riding in a car, you **think through** the risks. You consider the condition of your car and the road, for instance, before deciding to make that trip to the store.

The same is true before using any medicine. **Every** choice to take a medicine involves **thinking through** the helpful effects as well as the possible unwanted effects.

## How Do You Lower the Risks and Obtain the Full Benefits?

### C A R

- Wear a seatbelt.
- Drive defensively.
- Obey the speed limit and traffic laws.
- Avoid alcohol or medicines that could affect your driving ability.
- Keep your car in good repair.

### M E D I C I N E

- Talk with your doctor, pharmacist, or other health care professional.
- Know your medicines.
- Read the label and follow directions.
- Avoid interactions.
- Monitor the medicine's effects.

## Weighing the Risks, Making the Choice

The benefit/risk decision is sometimes difficult to make. The best choice depends on your particular situation.

You must decide what risks you can and will accept in order to get the benefits you want. For example, if facing a life-threatening illness, you might choose to accept more risk in the hope of getting the benefits of a cure or living a longer life. On the other hand, if you are facing a minor illness, you might decide that you want to take very little risk. In many situations, the expert advice of your doctor, pharmacist, or other health care professionals can help you make the decision.

This article is available in Spanish and as a brochure in PDF format at <http://www.fda.gov/cder/consumerinfo/think.htm>

## Here are Some Specific Ways to Lower the Risks and Obtain the Full Benefits of Medicines

### Talk with Your Doctor, Pharmacist, or Other Health Care Professional

- Keep an up-to-date, written list of ALL of the medicines (prescription and over-the-counter) and dietary supplements, including vitamins and herbals, that you use--even those you only use occasionally.
- Share this list with ALL of your health care professionals.
- Tell about any allergies or sensitivities you have.
- Tell about anything that could affect your ability to take medicines, such as difficulty swallowing or remembering to take them.
- Tell if you are or might become pregnant, or if you are nursing a baby.
- Always ask questions about any concerns or thoughts you have.

### Know Your Medicines-- Prescription and Over-the-Counter

- The brand and generic names.
- What they look like.
- How to store them properly.
- When, how, and how long to use them.
- How and under what conditions you should stop using them.
- What to do if you miss a dose.
- What they are supposed to do and when to expect results.
- Side effects and interactions.
- Whether you need any tests or monitoring.
- Always ask for written information to take with you.

### Read the Label and Follow

#### Directions

- Make sure you understand the directions; ask if you have questions or concerns.
- Always double check that you have the right medicine.

- Keep medicines in their original labeled containers, whenever possible.
- Never combine different medicines in the same bottle.
- Read and follow the directions on the label and the directions from your doctor, pharmacist, or other health care professional. If you stop the medicine or want to use the medicine differently than directed, consult with your health care professional.

### Avoid Interactions

- Ask if there are interactions with any other medicines or dietary supplements (including vitamins or herbal supplements), beverages, or foods.
- Use the same pharmacy for all of your medicine needs, whenever possible.
- Before starting any new medicine or dietary supplement (including vitamins or herbal supplements), ask again if there are possible interactions with what you are currently using.

### Monitor Your Medicines'

#### Effects--and the Effects of Other Products that You Use

- Ask if there is anything you can do to minimize side effects, such as eating before you take a medicine to reduce stomach upset.
- Pay attention to how you are feeling; note any changes. Write down the changes so that you can remember to tell your doctor, pharmacist, or other health care professional.
- Know what to do if you experience side effects and when to notify your doctor.
- Know when you should notice an improvement and when to report back.

**Remember: Think it Through and Work Together with Your Doctor, Pharmacist, or Other Health Care Professional to Better Manage the Benefits and Risks of Your Medicines.**



*Before you pack your swimsuit or hit the hiking trail, learn how to avoid these summer hazards.*

## ***Sunburn***

Excessive sun exposure and frequent blistering sunburns can leave you at risk for serious health risks, like skin cancer. Everyone is at risk for skin cancer, especially people with light skin color, light hair or eye color, a family history of skin cancer, chronic sun exposure, a history of sunburns early in life, or freckles, according to the American Cancer Society. Rays from artificial sources of light such as tanning booths also increase the risk of skin cancer.

**What you can do:** Limit sun exposure, wear protective clothing, and use sunscreen. Sunscreen should be applied 30 minutes before going outdoors and reapplied at least every two hours. Use water-resistant sunscreen with a sun protection factor (SPF) of 15 or higher. Sunscreen is formulated to protect the skin against the sun's ultraviolet light (UV), not to help the skin tan.

Wear a wide-brimmed hat and seek shade under a beach umbrella or a tree. Sunscreens alone may not always protect you. And don't forget sunglasses, which protect the sensitive skin around the eyes and may reduce the long-term risk of developing cataracts. People who wear UV-absorbing contact lenses should still wear UV-absorbing sunglasses since contact lenses don't completely cover the eye.

Some medications can increase sensitivity to the sun. Examples are tetracycline antibiotics, and non-steroidal anti-inflammatory drugs such as ibuprofen. Cosmetics that contain alpha hydroxy acids (AHAs) may also increase sun sensitivity and the possibility of sunburn. Examples are glycolic acid and lactic acid. It is important to protect your skin from the sun while using AHA-containing products and for a week after discontinuing their use.

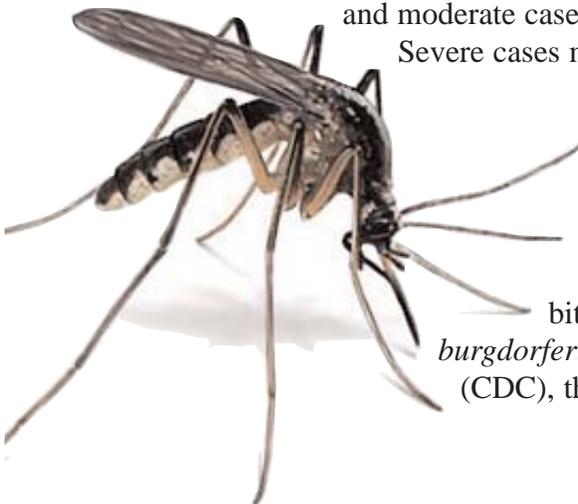


If you do get sunburned, don't put ice or butter on it. Use a cold compress, and if you don't have that, a pack of frozen vegetables will work. Over-the-counter (OTC) pain relievers may also be helpful. Mild and moderate cases may be helped by topical corticosteroids such as hydrocortisone. Severe cases may require oral steroids prescribed by a doctor.

Watch for moles that change color or size, bleed, or have an irregular, spreading edge--all potential signs of skin cancer.

## ***Bites from Ticks and Mosquitoes***

Ticks are usually harmless. The biggest disease threat from tick bites is Lyme disease, which is caused by the bacterium *Borrelia burgdorferi*. According to the Centers for Disease Control and Prevention (CDC), there were more than 23,000 cases of Lyme disease reported in 2002.



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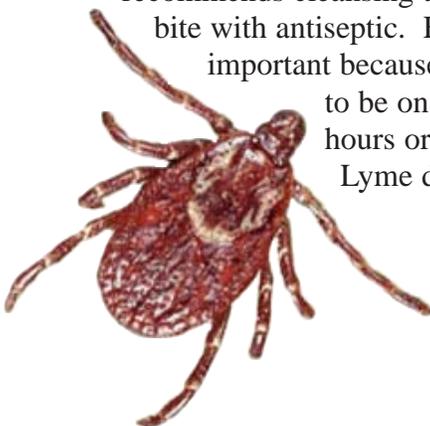
Lyme disease is spread by the bites of Ixodes ticks (the deer tick, bear tick, western black-legged tick, or black-legged tick, depending on the region of the country). These ticks are about the size of a pinhead. They can attach to any part of the body, often to moist or hairy areas such as the groin, armpits, and scalp. About 80 percent of people who get Lyme disease develop a large rash that looks like a bull's-eye. Other symptoms include muscle aches and stiff joints.

Another insect-borne illness, West Nile virus, is transmitted by infected mosquitoes and usually produces mild symptoms in healthy people. But the illness can be serious for older people and those with compromised immune systems. In 2002, there were 4,156 cases of West Nile virus in humans reported to the CDC. Less than 1 percent of people infected with West Nile virus develop severe illness. The symptoms are flu-like and can include fever, headache, body aches, and skin rash.

**What you can do:** There are no vaccines on the market for West Nile virus or Lyme disease. If you're spending time in tall grass or wooded areas, use insect repellent with DEET to ward off mosquitoes and ticks. Insect repellent should not be used on babies, and repellent used on children should contain no more than 10 percent DEET.

Check yourself for ticks before bedtime. If you find a tick, remove it with tweezers, drop it in a plastic bag and throw it away. You don't have to save the tick to show it to doctors. People who want to get a tick tested for diseases or other information could check with their local health departments, but not all of them offer tick testing. The CDC

recommends cleansing the area of the tick bite with antiseptic. Early removal is important because a tick generally has to be on the skin for 36 hours or more to transmit Lyme disease.



Anti-itch cream applied to the affected area also may help.



## Bee Stings

Most reactions to bees are mild, but severe allergic reactions lead to between 40 and 50 deaths each year. An allergic reaction can occur even if a person has been stung before with no complications. Symptoms of an allergic reaction are swelling in the face or an area other than where the sting occurred, hives, itching, rash, difficulty breathing, and shock.

**What you can do:** To keep bees away, wear light-colored clothing and avoid scented soaps and perfumes. Don't leave food, drinks, and garbage out uncovered. Treat a bee sting by scraping the stinger away in a side-to-side motion with a credit card or fingernail, and then washing the area with soap and water. Pulling the stinger or using tweezers may push more venom into the skin. For any bug bite or sting, ice or a cold compress and OTC pain-relieving creams or oral medications can help.

Because bees puncture the skin with their stingers, there is a risk of tetanus infection. After getting the regular series of childhood tetanus shots, adults should have a tetanus booster shot every 10 years.

Watch for signs of allergic reaction to stings, which typically happen within the first few hours. If you have ever had an allergic reaction to a sting, experts recommend carrying epinephrine, a prescription hormone given by injection to support blood pressure, increase heart rate, and relax airways.

## Heat Illness

During heat illness, the body's cooling system shuts down. Body temperature goes up, which slows down the ability to sweat. Mild symptoms of heat exhaustion include thirst, fatigue, and cramps in the legs or abdomen. Left untreated, heat exhaustion can progress to heat stroke. Serious heat-related symptoms include dizziness, headaches, nausea, rapid heartbeat, vomiting, decreased alertness, and a temperature as high as 105° F or more. In severe cases, the liver, kidneys, and brain may be damaged. About 400 people die each year from heat exposure, according to the CDC.

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The risk of heat illness goes up during exertion and sports and with certain health conditions such as diabetes, obesity, and heart disease. Alcohol use also increases the risk. So do medications that slow sweat production such as tricyclic antidepressants and diuretics used to treat water retention, high blood pressure, and some liver and kidney conditions.

**What you can do:** Air conditioning is the No. 1 protective factor against heat illness. If you don't have air conditioning, spend time in public facilities, such as libraries and malls that have air conditioning. Reduce strenuous activities or do them during early mornings and evenings when it's cooler. If you're outside for long stretches of time, carry a water bottle, drink fluids regularly, and don't push your limits. People who play sports should wear light, loose-fitting clothes and drink water or sports drinks before, during, and after activity. If you see someone experiencing heat illness, have the person lie down in a cool place and elevate their legs. Use water, wet towels, and fanning to help cool the person down until emergency help comes.

## *Burns From Fireworks and Grills*



The U.S. Consumer Product Safety Commission estimates that about 8,800 people were treated in emergency rooms in 2002 for injuries associated with fireworks.

Most injuries involved the hands, head, and eyes.

Summer cookouts are fun, but open grill flames and improperly maintained propane tanks can also be a hazard.

**What you can do:** Stick with public firework displays handled by professionals. Children should always be closely supervised when food is being cooked indoors or outdoors. Be aware that gas leaks, blocked tubes, and overfilled propane tanks cause most gas grill fires and explosions. If you see someone's clothes catch on fire, instruct them to cover their face, stop, drop, and roll.

Generally, minor burns smaller than a person's palm can be treated at home. Larger burns, and burns on the hands, feet, face, genitals, and major joints usually require emergency treatment. To treat a minor injury, run cool water over it and cover it with a clean, dry cloth. Don't apply ice, which can worsen a burn. Don't apply petroleum jelly or butter, which can hold heat in the tissue. Consult your doctor if a minor burn doesn't heal in a couple of days or if there are signs of infection, such as redness and swelling.

## *Foodborne Illness*

Typical signs of foodborne illness include nausea, vomiting, cramps, and diarrhea. In serious cases, high fever, bloody stool, and prolonged vomiting may occur. Young children, pregnant women, older people, and those with compromised immune systems are hit hardest.

Bacteria, whether in food or in the air, grow faster in warmer weather. You have to be careful with all food, including melons, lettuce, potato salad and egg dishes. Since 1996, the FDA has responded to 14 outbreaks of foodborne illness for which fresh lettuce or fresh tomatoes were the confirmed or suspected source. The causes included *E. coli*, salmonella, cyclospora, and hepatitis A virus.

**What you can do:** Wash hands well and often with soap and water, especially after using the bathroom and before cooking or eating. Wash surfaces when cooking, keep raw food separate from cooked food, marinate food in the refrigerator, cook food thoroughly, and refrigerate or freeze food promptly. The FDA suggests never leaving food out for more than one hour when the temperature is above 90° F. Any other time, don't leave food out for more than two hours. Keep hot food hot and cold food cold. Wash fruits and vegetables with cool running water. Also, scrub fruits with rough surfaces like cantaloupe with a soft brush.



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When packing for a picnic, place cold food in a cooler with plenty of ice or commercial freezing gels. Cold food should be held at or below 40° F and the cooler should be stored in shade. Hot food should be wrapped well, placed in an insulated container, and kept at or above 140° F.

Victims of foodborne illness must stay hydrated. Try giving them ice chips to chew or clear fluid to sip after vomiting has stopped. For the next couple of days, they should only eat light foods such as bananas, rice, applesauce, toast, crackers, and soup. Seek emergency treatment if severe pain accompanies the illness, if vomiting doesn't stop in a couple of hours, or if bloody diarrhea is experienced.

## Poison Ivy, Poison Oak, and Poison Sumac



Rashes from poison ivy, oak, or sumac are all caused by urushiol, a substance in the sap of the plants. Poison plant rashes can't be spread from person to person, but it's possible to pick up a rash from urushiol that sticks to clothing, tools, toys, and pets.

**What you can do:** Learn what poison ivy looks like and avoid it. While "leaves of three, beware of me," is the old saying, "leaflets of three, beware of me" is even better because each leaf has three smaller leaflets.

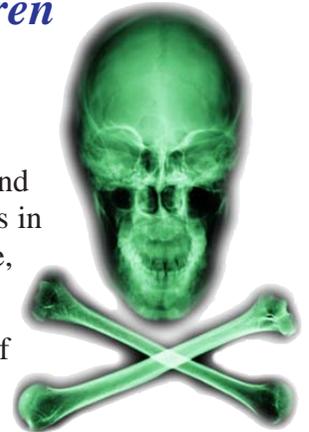
Wash garden tools regularly, especially if there is the slightest chance that they've come into contact with poison ivy. If you know you will be working around poison ivy, wear long pants, long sleeves, boots, and gloves.

Hikers, emergency workers, and others who have a difficult time avoiding poison ivy may benefit from a product called Ivy Block, made by EnviroDerm Pharmaceuticals Inc., of Louisville, Kentucky. It's the only FDA-approved product for preventing rashes from poison ivy, oak, or sumac. The OTC lotion contains bentoquatam, a substance that forms a clay-like coating on the skin.

If you come into contact with poison ivy, oak, or sumac, wash the skin in cool water as soon as possible to prevent the spread of urushiol. If you get a rash, oatmeal baths and calamine lotion can dry up blisters and bring relief from itching. Talk to a health care professional about medicines that may help.

## Poisoning in Children

Children may accidentally ingest sunscreens, berries, cleaning solvents, insect repellents, pesticides, plants and mushrooms, and hydrocarbons in the form of gasoline, kerosene, and charcoal fluid.



The American Academy of Pediatrics (AAP) no longer recommends that syrup of ipecac be used routinely to induce vomiting in poisoning cases. The main reason that the AAP changed its recommendation in 2003 was that, although it seems to make sense to induce vomiting to empty the stomach contents after a poisoning, research hasn't shown that ipecac-induced vomiting is beneficial in improving the clinical outcome of accidental poisoning cases.

Other concerns are that the continued vomiting caused by ingesting ipecac could prevent children from keeping down the activated charcoal they may be given in the emergency room. Charcoal binds to poison and keeps it out of the bloodstream. There are also some substances that you don't want coming back up because they do more damage, such as drain cleaner and other corrosives.

The FDA is considering various positions on the safety and effectiveness of ipecac syrup and whether it should still be made available OTC or switched to prescription status.

**What you can do:** Dangerous substances, including medication, should be kept out of reach of children. In addition, substances should be kept in their original containers to avoid confusion or mistakes. Children who have ingested poisonous substances may experience difficulty breathing, throat pain, or burns to the lips and mouth.

*Continued on page 12*

Summer Safety - Continued from page 11



If you suspect that a child has ingested a poison, call the poison center immediately to relay the type of poison ingested and get advice on what to do. If you dial the nationwide poison help line--(800) 222-1222--you'll be connected to your regional poison center. Convulsions, loss of breathing, or loss of consciousness require calling 911 immediately. Take the poison with you to the emergency room, whether it's a part of a plant or the chemical's container.

## Skin Reactions

**Henna tattoos:** The FDA has received complaints from people who have received products marketed as henna temporary tattoos, especially so-called "black henna," at places such as salons and kiosks at beaches and fairs. There have been reports of allergic reactions, skin irritations, infections, and even scarring. "Black henna" may contain the added "coal tar" color, p-phenylenediamine, also known as PPD, which can cause allergic reactions in some people. Henna itself is made from a plant and typically produces a brown, orange-brown, or reddish-brown tint. Ingredients must be added to produce other colors. Even brown shades of products marketed as henna may contain other ingredients intended to make them darker or make the stain last longer. While the FDA has approved henna for coloring hair, and PPD is used in cosmetics as a hair dye, neither of these color additives is approved for direct application to the skin.



**Depilatories:** The FDA also has received complaints about skin burns and scarring from some chemical hair removal products. If you use this type of product, always do a patch test in accordance with the directions, don't use it on broken or irritated skin, and keep the product away from eyes. Cosmetics don't go through FDA approval before they are marketed, though the FDA can take action to get unsafe products off the market.

## Learn About it Online: Diabetes

FDA's Diabetes Information website provides information to help people manage diabetes and live a healthy life.

FDA regulates nearly all of the foods people eat and the medical products they use to treat diabetes, including glucose meters, insulin pumps, diabetes medicines, and insulin. FDA's mission is to assure that these products are safe and that they work as well as claimed. The website includes information about many products that help people check and control their blood sugar.

The website includes:

- Glucose Meters & Diabetes Management
- Insulin
- Diabetes Pills
- Lancing Devices and Sharps Disposal
- Food & Meal Planning
- Complications of Diabetes
- Q's & A's About Diabetes and FDA
- Other Resources



**VISIT**

<http://www.fda.gov/diabetes>

**to learn more**



## First Whooping Cough Booster Vaccine Approved for Teens

FDA has approved Boostrix, the first vaccine for teens that provides booster immunization against whooping cough (pertussis) in combination with tetanus and diphtheria. Whooping cough is a highly contagious respiratory disease caused by the bacterium *Bordetella pertussis* (or *B. pertussis*). It can be serious, possibly fatal, in infants less than one year old.

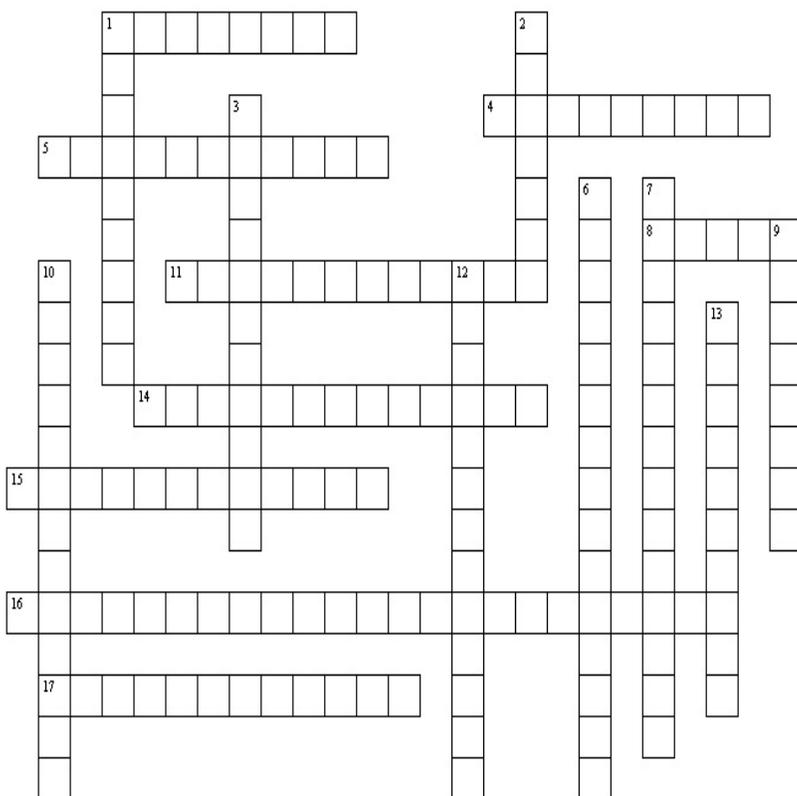
Whooping cough got its unusual name from the sound often made by people who have it. People with the infection cough a lot. When they try to catch their breath in between coughs they make a "whoop" sound.

Although the disease is generally less severe in adolescents, with the number of reported cases of whooping cough on the rise in the United States, experts feel that immunizing adolescents could help prevent transmission of the disease to infants.

For more information on whooping cough, visit

<http://www.nlm.nih.gov/medlineplus/whoopingcough.html>  
[http://kidshealth.org/kid/health\\_problems/heart/whooping\\_cough.html](http://kidshealth.org/kid/health_problems/heart/whooping_cough.html)

### FDA & YOU Crossword



#### ACROSS

- 1 This oral appliance typically has two or three pieces
- 4 Triggers or worsens asthma and can lead to sinusitis
- 5 One type of antimicrobial drug
- 8 The chances that something unwanted or unexpected could happen to you when you use medicines
- 11 Know if your medicines are over-the-counter or \_\_\_\_\_
- 14 Respiratory disease caused by bacterium *B. pertussis* (2 words)
- 15 Dentist who treats misalignment of teeth and jaws
- 16 Ability of infectious bacteria to adapt quickly to new environmental conditions (2 words)
- 17 Check for \_\_\_\_\_ before starting any new medicine or dietary supplement.

#### DOWN

- 1 Substance released in the body during an allergic reaction
- 2 Skin produces this when exposed to UV radiation
- 3 Measure of how much pollen is in the air (2 words)
- 6 Exposure to these is an important factor in developing skin cancer (2 words)
- 7 4.5 million people in the U.S. are wearing these (2 words)
- 9 Dermatologists agree that their continued use can be dangerous, particularly during the teen years
- 10 Some states want to make this illegal for teens (2 words)
- 12 Another name for allergy shots
- 13 A common side effect of antihistamines

See page 14 for answers.

## Calendar of National Health Events

May	June	August
<p><b>Asthma &amp; Allergy Awareness Month</b>                      Asthma &amp; Allergy Foundation of America                      1233 20th Street, NW, Suite 402                      Washington, DC 20036                      (800) 7-ASTHMA  <a href="http://www.aafa.org">http://www.aafa.org</a></p> <p><b>Skin Cancer Awareness Month</b>                      American Cancer Society                      1599 Clifton Road, NE                      Atlanta, GA 30329                      (800) ACS-2345  <a href="http://www.cancer.org">http://www.cancer.org</a></p>	<p><b>National HIV Testing Day - June 27th</b>                      National Assoc. of People with AIDS                      1413 K Street, NW, Suite 700                      Washington, DC 20005                      (800) 458-5231  <a href="http://www.napwa.org">http://www.napwa.org</a></p>	<p><b>National Immunization Awareness Month</b>                      National Partnership for Immunization                      121 North Washington Street, Suite 300                      Alexandria, VA 22314                      (703) 836-6110  <a href="http://www.partnersforimmunization.org">http://www.partnersforimmunization.org</a></p>
	<p><b>July</b></p>	<p><b>Hearing Aid Awareness Week</b>                      International Hearing Society                      16800 Middlebelt Road, Suite 4                      Livonia, MI 48154                      (734) 522-7200  <a href="http://www.ihinfo.org">http://www.ihinfo.org</a></p>
	<p><b>Eye Injury Prevention Month</b>                      American Academy of Ophthalmology                      P.O. Box 7424                      San Francisco, CA 94120-7424  <a href="http://www.aao.org">http://www.aao.org</a></p>	

### Check Out the Interactive Food Pyramid

The United States Department of Agriculture (USDA) has released the new food pyramid, called MyPyramid. MyPyramid is an interactive food guidance system that provides many options to help you make healthy food choices and to be active every day. The plan can help you choose the foods and amounts that are right for you. The My Pyramid Tracker feature provides an assessment of your food intake and physical activity level. Find a wealth of ideas that can help you get started toward a healthy diet at <http://mypyramid.gov>.



### Crossword Answers

**ACROSS:** 1 Headgear, 4 Allergies, 5 Antibiotics, 8 Risks, 11 Prescription, 14 Whooping Cough, 15 Orthodontist, 16 Antimicrobial Resistance, 17 Interactions

**DOWN:** 1 Histamine, 2 Melanin, 3 Pollen Count, 6 Ultraviolet Rays, 7 Oral Appliances, 9 Sunlamps, 10 Indoor Tanning, 12 Immunotherapy, 13 Drowsiness

### Word Find

D L K R Z T V L I Z R O C J N  
 I X Y D E T A G I A B A T O Q  
 P P W M W V W N M M T T I Z P  
 T L O N E G E Y N G U S W W R  
 H P G T Y D P F U I U T W Q Y  
 E I Q E G Y I T Y L N O C K L  
 R V A T R J T S C A B G U P L  
 I E R A E Y U C E E H Q J Y T  
 A U M N L S O R C A S V A P L  
 M I Z U L L L A B I S L C F P  
 D V W S A L F Q Q T W E I F L  
 X E Y M S I S S U T R E P S C  
 B H Z C R G C F G L U C O S E  
 I N T E R A C T I O N M S C I  
 B K U V X D Z F Z J L K Z H R

- ALLERGY
- CATGUT
- DIPHTHERIA
- FACEBOW
- GLUCOSE
- HAY FEVER
- INTERACTION
- LYME DISEASE
- MALOCCLUSION
- MY PYRAMID
- PERTUSSIS
- TANNING
- TETANUS

### About FDA & You

*FDA & You* is an FDA publication to inform and encourage health educators and students to learn about the latest FDA medical device and health news.

The publication's contents may be freely reproduced. Comments should be sent to the Editor.

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