



SOUTH CENTRAL PENNSYLVANIA
HEALTH CARE QUALITY UNIT

IT'S YOUR HEALTH FALL 2012



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SODIUM

Sodium is an essential nutrient and is needed by the body in relatively small quantities, provided that substantial sweating does not occur. On average, the higher an individual's sodium intake, the higher the individual's blood pressure. A strong body of evidence in adults documents that as sodium intake decreases, so does blood pressure. Moderate evidence in children also has documented that as sodium intake decreases, so does blood pressure. Keeping blood pressure in the normal range reduces an individual's risk of cardiovascular disease, congestive heart failure, and kidney disease. Therefore, adults and children should limit their intake of sodium.

Virtually all Americans consume more sodium than they need. The estimated average intake of sodium for all Americans ages 2 years and older is approximately 3,400 mg per day.

Sodium is primarily consumed as salt. As a food ingredient, salt has multiple uses, such as in curing meat, baking, masking off flavors, retaining moisture, and enhancing flavor. Salt added at the table and in cooking provides only a small proportion of the total sodium that Americans consume. Most sodium comes from salt added during food processing. Many types of processed foods contribute to the high intake of sodium. Not all foods and created equal and understanding sodium in foods can be very confusing.

FIGURE 3-2. Sources of Sodium in the Diets of the U.S. Population Ages 2 Years and Older, NHANES 2005-2006*

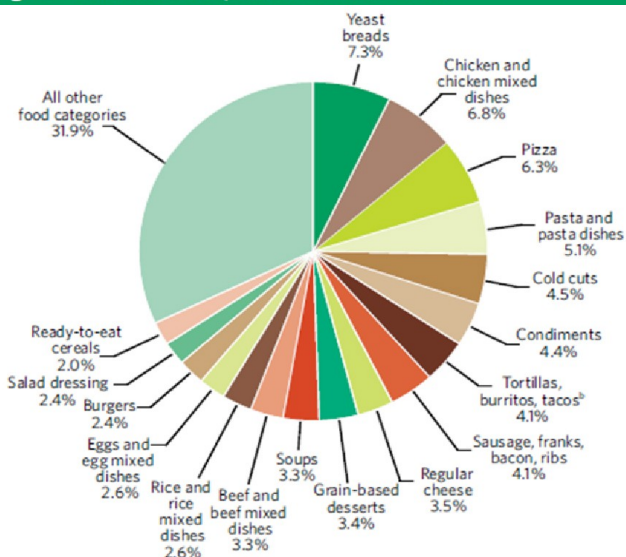
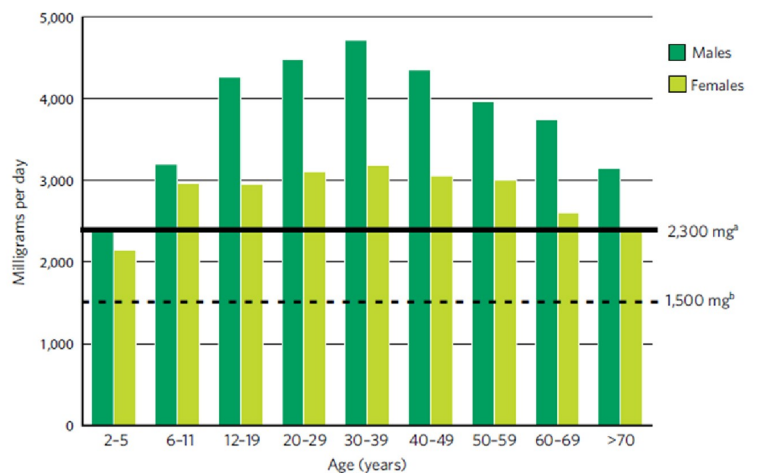


FIGURE 3-1. Estimated Mean Daily Sodium Intake, by Age-Gender Group, NHANES 2005-2006



Types of Foods Matter

More than 40% of sodium comes from the following 10 types of foods: Breads and rolls, cold cuts and cured meats such as deli or packaged ham, or turkey, pizza, fresh and processed poultry, soups, sandwiches such as cheeseburgers, cheese, pasta dishes,* meat-mixed dishes, such as meat loaf with tomato sauce, and snacks such as chips, pretzels, and popcorn.

Sources of Foods Matter

About 65% of sodium eaten comes from food bought at retail stores, so look for lower sodium choices. About 25% comes from restaurants and it can be hard for a person to tell how much sodium is in restaurant foods.

Brands of Foods Matter

Different brands of the same foods may have different sodium levels. For example, sodium in chicken noodle soup can vary by as much as 840 milligrams (mg) per serving.

Americans can reduce their consumption of sodium in a variety of ways:

- Read the Nutrition Facts label for information on the sodium content of foods and purchase foods that are low in sodium.
- Consume more fresh foods and fewer processed foods that are high in sodium.
- Eat more home-prepared foods, where you have more control over sodium, and use little or no salt or salt-containing seasonings when cooking or eating foods.
- When eating at restaurants, ask that salt not be added to your food or order lower sodium options, if available.

Eating less sodium is a challenge.

Americans eat on average about 3,300 mg of sodium a day. The [U.S. Dietary Guidelines](#) recommend limiting sodium to less than 2,300 mg a day, and about 6 in 10 adults should further limit sodium to 1,500 mg a day.

- Foods that otherwise seem healthy may have high levels of sodium (e.g., cottage cheese and turkey breast luncheon meat).

Food	Sodium Range (in milligrams)
1 slice white bread	80 - 230
3 oz turkey breast, deli or pre-packaged luncheon meat	450 - 1,050
4 oz slice frozen pizza, plain cheese, regular crust	370 - 730
4 oz slice restaurant pizza, plain cheese, regular crust	510 - 760
4 oz boneless, skinless chicken breast, fresh	40 - 330
3 oz chicken strips, restaurant, breaded	430 - 900
3 oz chicken nuggets, frozen, breaded	200 - 570
1 cup chicken noodle soup, canned prepared	100 - 940
1 corn dog, regular	350 - 620
1 cheeseburger, fast food restaurant	710 - 1,690
1 oz slice American cheese, processed (packaged or deli)	330 - 460
1 cup canned pasta with meat sauce	530 - 980
5 oz pork with barbecue sauce (packaged)	600 - 1,120
1 oz potato chips, plain	50 - 200



- Sodium is already part of processed foods and cannot be removed.
- Sodium is included in surprising ways. For example, much of the raw chicken and pork bought from a store has been injected with a sodium solution.
- Too many foods in restaurants are high in sodium.

Sodium levels of the same food can vary widely, so choose wisely.

These charts show a range of sodium amounts in different types of food. Serving sizes may vary for some foods, e.g., bread slices which may be lower in sodium because of thinner slices.

Always check the Nutrition Facts Label for the sodium content per serving.

	Sodium (in milligrams)
Breakfast	
Egg and cheese sandwich	760
Orange juice, 1 cup	5
Coffee, 1 cup	5
Snack	
Banana, medium	1
Lunch	
Vegetable soup & ½ sandwich combo	1,450
Tea, 1 cup unsweetened	10
Snack	
Chips (plain)	140
Dinner	
Spaghetti (without added salt) with meat sauce (1 ½ cup pasta, ¾ cup sauce, 3 oz meat)	380
Garden salad with ranch dressing	340
Water, 1 cup	10
Snack	
2 Chocolate chip cookies	70
Skim Milk, 1 cup	100
Total	3,271

Who is at Risk?

Everyone should to monitor their sodium intake, but those especially at risk are:

- People who are 51 years or older
- African Americans
- People with high blood pressure
- People with diabetes
- People with chronic kidney disease





WHAT YOU SHOULD KNOW FOR THE 2012-2013 INFLUENZA SEASON

Why should people get vaccinated against the flu?

Influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others. Over a period of 31 seasons between 1976 and 2007, estimates of flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people. During a regular flu season, about 90 percent of deaths occur in people 65 years and older. The “seasonal flu season” in the United States can begin as early as October and last as late as May.

During this time, flu viruses are circulating in the population. An annual seasonal flu vaccine (either the flu shot or the nasal-spray flu vaccine) is the best way to reduce the chances that you will get seasonal flu and lessen the chance that you will spread it to others. When more people get vaccinated against the flu, less flu can spread through that community.

How do flu vaccines work?

Flu vaccines [the flu shot and the nasal-spray flu vaccine (LAIV)] cause antibodies to develop in the body about two weeks after vaccination. These antibodies provide protection against infection with the viruses that are in the vaccine.

The seasonal flu vaccine protects against three influenza viruses that research indicates will be most common during the upcoming season. Three kinds of influenza viruses commonly circulate among people today: influenza B viruses, influenza A (H1N1) viruses, and influenza A (H3N2) viruses. Each year, one flu virus of each kind is used to produce seasonal influenza vaccine.

What kinds of flu vaccines are available?

There are two types of vaccines:

The **flu shot** is an inactivated vaccine (containing killed virus) that is given with a needle, and usually in the arm. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions. There are three different flu shots available:

- Regular flu shot approved for people ages 6 months and older
- High-dose flu shot approved for people 65 and older, and
- Intradermal flu shot approved for people 18 to 64 years of age.

The **nasal-spray flu vaccine** is a vaccine made with live, weakened flu viruses that is given as a nasal spray (sometimes called LAIV for “Live Attenuated Influenza Vaccine”). The viruses in the nasal spray vaccine do not cause the flu. LAIV is approved for use in healthy* people 2 through 49 years of age who are not pregnant.

Seasonal flu vaccines protect against the three influenza viruses (trivalent) that research indicates will be most common during the upcoming season. The viruses in the vaccine can change each year based on international surveillance and scientists' estimations about which types and strains of viruses will circulate in a given year. About 2 weeks after vaccination, antibodies that provide protection against the influenza viruses in the vaccine develop in the body. Information specific to the 2012-2013 season including the flu vaccine formulation, can be found at <http://www.cdc.gov/flu/about/season/flu-season-2012-2013.htm>.

Who Should Get Vaccinated This Season?

Everyone who is at least 6 months of age should get a flu vaccine this season. It's especially important for some people to get vaccinated. Those people include the following:

- People who are at high risk of developing serious complications like pneumonia if they get sick with the flu. This includes people who have certain medical conditions including asthma, diabetes, and chronic lung disease; pregnant women; and people 65 years and older
- People who live with or care for others who are high risk of developing serious complications. This includes household contacts and caregivers of people with certain medical conditions including asthma, diabetes, and chronic lung disease.

A detailed list is available at <http://www.cdc.gov/flu/protect/whoshouldvax.htm>. A complete list of health and age factors that are known to increase a person's risk of developing serious complications from flu is available at http://www.cdc.gov/flu/about/disease/high_risk.htm.

Who Should *Not* Be Vaccinated?

There are some people who should not get a flu vaccine without first consulting a physician. These include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination.
- Children younger than 6 months of age (influenza vaccine is not approved for this age group), and
- People who have a moderate-to-severe illness with a fever (they should wait until they recover to get vaccinated.)
- People with a history of Guillain-Barré Syndrome (a severe paralytic illness, also called GBS) that occurred after receiving influenza vaccine and who are not at risk for severe illness from influenza should generally not receive vaccine. Tell your doctor if you ever had Guillain-Barré Syndrome. Your doctor will help you decide whether the vaccine is recommended for you.

When Should I Get Vaccinated?

CDC recommends that people get vaccinated against influenza as soon as flu season vaccine becomes available in their community. Influenza seasons are unpredictable, and can begin as early as October. It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against the flu. Flu vaccine is produced by private manufacturers, so availability depends on when production is completed. If everything goes as indicated by manufacturers, shipments are likely to begin in August and continue throughout September and October until all vaccine is distributed. Doctors and nurses are encouraged to begin vaccinating their patients as soon as flu vaccine is available in their areas, even as early as August.

Where can I get a flu vaccine?

Flu vaccines are offered in many locations, including doctor's offices, clinics, health departments, pharmacies and college health centers, as well as by many employers, and even in some schools. Even if you don't have a regular doctor or nurse, you can get a flu vaccine somewhere else, like a health department, pharmacy, urgent care clinic, and often your school, college health center, or work.

The **Flu Vaccine Locator** (<http://www.flu.gov/wherewelive/index.html>) is a useful online tool for finding vaccine in your area.

Why Do I Need a Flu Vaccine Every Year?

- A flu vaccine is needed every year because flu viruses are constantly changing. It's not unusual for new flu viruses to appear each year, so the flu vaccine is formulated each year to keep up with the flu viruses as they change.
- Also, multiple studies conducted over different seasons and across vaccine types and influenza virus subtypes have shown that the body's immunity to influenza viruses (acquired either through natural infection or vaccination) declines over time.
- Getting vaccinated each year provides the best protection against influenza throughout flu season.

Does flu vaccine work right away?

No. It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against influenza virus infection. In the meantime, you are still at risk for getting the flu. That's why it's better to get vaccinated early in the fall, before the flu season really gets under way.

Can I get seasonal flu even though I got a flu vaccine this year?

Yes. The ability of flu vaccine to protect a person depends on two things: 1) the age and health status of the person getting vaccinated, and; 2) the similarity or "match" between the virus strains in the vaccine and those circulating in the community. If the viruses in the vaccine and the influenza viruses circulating in the community are closely matched, vaccine effectiveness is higher. If they are not closely matched, vaccine effectiveness can be reduced. However, it's important to remember that even when the viruses are not closely matched, the vaccine can still protect many people and prevent flu-related complications. Such protection is possible because antibodies made in response to the vaccine can provide some protection (called cross-protection) against different, but related strains of influenza viruses. For more information about vaccine effectiveness, visit <http://www.cdc.gov/flu/about/qa/vaccineeffect.htm> to read *How Well Does the Seasonal Flu Vaccine Work?*



Will This Season's Vaccine Be a Good Match for Circulating Viruses?

It's not possible to predict with certainty which flu viruses will predominate during a given season. Flu viruses are constantly changing. They can change from one season to the next or they can even change within the course of one flu season. Experts must pick which viruses to include in the vaccine many months in advance in order for vaccine to be produced and delivered on time. [For more information about the vaccine virus selection process visit <http://www.cdc.gov/flu/professionals/vaccination/virusqa.htm>.] Because of these factors, there is always the possibility of a less than optimal match between circulating viruses and the viruses in the vaccine.

Over the course of a flu season, CDC studies samples of flu viruses circulating during that season to evaluate how close a match there is between viruses used to make the vaccine and circulating viruses. Data are published in the weekly FluView (<http://www.cdc.gov/flu/weekly/>). In addition, CDC conducts studies each year to determine how well the vaccine protects against illness.

Can the Vaccine Provide Protection Even if the Vaccine is Not a "Good" Match?

Yes, antibodies made in response to vaccination with one flu virus can sometimes provide protection against different but related viruses. A less than ideal match may result in reduced vaccine effectiveness against the virus that is different from what is in the vaccine, but it can still provide some protection against influenza illness.

In addition, it's important to remember that the flu vaccine contains three virus viruses so that even when there is a less than ideal match or lower effectiveness against one virus, the vaccine may protect against the other viruses. For these reasons, even during seasons when there is a less than ideal match, CDC continues to recommend flu vaccination. This is particularly important for people at high risk for serious flu complications, and their close contacts.



Vaccine Supply and Distribution

Influenza vaccine production begins as early as 6-9 months before the beginning of vaccine distribution. Even with this early start, it isn't possible to complete the entire production and distribution process prior to the vaccination season, particularly given the limited number of influenza vaccine manufacturing plants in the United States and the large number of doses that are produced each year. Instead, influenza vaccine distribution takes place in a phased fashion over a number of months. It begins in late summer for some manufacturers and vaccine products and usually completes near the end of November or early in December. This system can leave doctors and

other vaccine providers with uncertainty about when they can expect to receive their full order of vaccine and can make it difficult for them to plan their vaccination activities. Manufacturers and distributors work to try to get some vaccine to as many providers as possible as soon as possible so that they can begin vaccinating their patients. Getting some vaccine to all providers early in the season is important, because all providers serve at least some high-risk patients (such as people 50 years of age and older or those with chronic health conditions such as asthma, kidney disease, diabetes, lung disease and weakened immune system) and their household contacts.

Vaccine Side Effects

Different side effects can be associated with the flu shot and LAIV. The viruses in the **flu shot** are killed (inactivated), so you cannot get the flu from a flu shot. Some minor side effects that may occur are soreness, redness, or swelling where the shot was given, a low grade fever and body aches.

If these problems occur, they begin soon after the shot is given and usually last 1 to 2 days. Almost all people who receive influenza vaccine have no serious problems from it. However, on rare occasions, flu vaccination can cause serious problems, such as severe allergic reactions. As of July 1, 2005, people who think that they have been injured by the flu shot can file a claim for compensation from the National Vaccine Injury Compensation Program (VICP).

The viruses in the **nasal-spray vaccine** (also called LAIV or FluMist®) are weakened and do not cause severe symptoms often associated with influenza illness. In children, side effects from LAIV (FluMist®) can include runny nose, wheezing, headache, vomiting, muscle aches and fever. In adults, side effects from LAIV (FluMist®) can include runny nose, headache, sore throat, and a cough. More information about the safety of flu vaccines is available at Influenza Vaccine Safety.

PREVENTING THE FLU

GOOD HEALTH HABITS CAN HELP STOP GERMS

The single best way to prevent seasonal flu is to get vaccinated each year, but good health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses like the flu. There also are flu antiviral drugs that can be used to treat and prevent the flu.

1. Avoid close contact.

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.



2. Stay home when you are sick.

If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

3. Cover your mouth and nose.

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

4. Clean your hands.

Washing your hands often will help protect you from germs. If soap and water are not available, use an alcohol-based hand rub.

5. Avoid touching your eyes, nose or mouth.

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

6. Practice other good health habits.

Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.





CHECK OUT THESE WEBSITES MENTIONED IN THIS EDITION OF “IT’S YOUR HEALTH”

<http://www.cdc.gov/>

<http://www.influenzaspecialistgroup.org.au/>

<http://health.gov/dietaryguidelines/>

<http://www.hhs.gov/>

<http://www.cdc.gov/flu/protect/whoshouldvax.htm>

http://www.cdc.gov/flu/about/disease/high_risk.htm

<http://www.cdc.gov/flu/about/season/flu-season-2012-2013.htm>

<http://www.cdc.gov/flu/about/qa/vaccineeffect.htm>

<http://www.flu.gov/whereyoulive/index.html>

<http://www.cdc.gov/flu/about/qa/vaccineeffect.htm>

<http://www.cdc.gov/flu/weekly/>

<http://www.cdc.gov/flu/professionals/vaccination/virusqa.htm>





“Makeover” Chicken Noodle Delight Recipe

Ingredients

4 cups uncooked yolk-free noodles
1 can (10-3/4 ounces) reduced-fat reduced-sodium condensed cream of chicken soup, undiluted
4 ounces reduced-fat cream cheese, cubed
1 cup (8 ounces) reduced-fat sour cream
1 cup (8 ounces) plain yogurt

1/4 cup fat-free milk
3 tablespoons minced fresh parsley or 1 tablespoon dried parsley flakes
1 teaspoon onion powder
1/4 teaspoon salt
2 cups cubed cooked chicken breast
1 cup crushed reduced-fat butter-flavored crackers (about 25 crackers)
3 tablespoons reduced-fat butter, melted

Directions

Cook noodles according to package directions. Meanwhile, in a large bowl, combine the soup, cream cheese, sour cream, yogurt, milk, parsley, onion powder and salt. Stir in chicken.

Drain noodles; toss with chicken mixture. Transfer to a 2-qt. baking dish coated with cooking spray.

Combine cracker crumbs and butter; sprinkle over casserole. Bake, uncovered, at 350° for 40-45 minutes or until heated through. **Yield:** 6 servings.

Made Over Nutritional Facts

1 cup equals 432 calories, 17 g fat (9 g saturated fat), 86 mg cholesterol, 637 mg sodium, 41 g carbohydrate, 2 g fiber, 27 g protein.

Traditional Chicken Noodle Delight Nutrition Facts

1 cup equals 653 calories, 44 g fat (25 g saturated fat), 180 mg cholesterol, 1,635 mg sodium, 36 g carbohydrate, 2 g fiber, 25 g protein.



"Makeover" Chocolate Texas Sheet Cake Recipe

Ingredients

1/2 cup butter, cubed
1 cup water
1/4 cup baking cocoa
1 cup all-purpose flour
1 cup cake flour
1 cup sugar blend
1 teaspoon baking soda
1/2 teaspoon salt
2 eggs, lightly beaten
1/2 cup reduced-fat sour cream
1/2 cup unsweetened applesauce

Directions

In a large saucepan, bring the butter, water and cocoa just to a boil. Immediately remove from the heat. Combine the flours, sugar blend, baking soda and salt; stir into butter mixture. Combine the eggs, sour cream and applesauce; stir into butter mixture until blended.

Transfer to a 15-in. x 10-in. x 1-in. baking pan coated with cooking spray. Bake at 350° for 18-25 minutes or until a toothpick inserted near the center comes out clean. Cool on a wire rack.

For frosting, in a large bowl, beat butter and confectioners' sugar until light and fluffy. Add the cocoa, vanilla and enough milk to achieve desired consistency. Spread over cake.

Yield: 20 servings.

Editor's Note: This recipe was tested with Land O'Lakes light stick butter and Splenda sugar blend.

Made Over Nutritional Analysis: 1 piece equals 242 calories, 8 g fat (5 g saturated fat), 44 mg cholesterol, 208 mg sodium, 40 g carbohydrate, 1 g fiber, 3 g protein.

Made Over Nutritional Analysis: 1 piece equals 242 calories, 8 g fat (5 g saturated fat), 44 mg cholesterol, 208 mg sodium, 40 g carbohydrate, 1 g fiber, 3 g protein.

Traditional Texas Sheet Cake Nutritional Facts: 1 piece equals 359 calories, 16 g fat (9 g saturated fat), 63 mg cholesterol, 273 mg sodium, 54 g carbohydrate, 1 g fiber, 3 g protein.

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Ideas for Our Newsletter?

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