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Migrant Health Newsline

News and Information from the *National Center for Farmworker Health* since 1984

The H1N1 Influenza cases were first documented in Mexico in March 2009 and shortly after in the United States in April. The United States government declared H1N1 a public health emergency on April 26, 2009. As a result, Migrant and Community Health Centers were forced to develop plans for diagnosing, controlling and preventing H1N1 infections. This issue of Migrant Health Newsline documents the preparedness, preventative plans, education and information communication of Migrant and Community Health Centers in the face of the H1N1 outbreak.

Lessons Learned on Preparedness from H1N1

by Mollie Melbourne, Director of Emergency Management, National Association of Community Health Centers.

In March and April 2009, a novel strain of Influenza A or H1N1 began causing illness in central and northern Mexico. The first laboratory confirmed case of Influenza A or H1N1 in the United States occurred April 15, with a second laboratory confirmed case following on April 17. It was dubbed 'Swine Flu' because of its similarity in gene structure to influenza viruses normally found in pigs. Those infected with novel H1N1 Influenza experienced a wide variety of flu-like symptoms, such as fever, cough, sore throat, body aches, chills, and fatigue. Some patients also reported gastro-intestinal upset. In response to an increasing outbreak and the threats associated with a novel strain of influenza, the United States government declared a public health emergency on April 26, 2009. As the geographic spread of the disease continued across the globe, the World Health Organization declared novel H1N1 Influenza to be a pandemic on June 11, 2009.

The initial wave of the first pandemic in four decades has provided an invaluable opportunity to learn about our current stage of preparedness on federal, state, and local levels as well as identify issues that may become magnified this fall with simultaneous outbreaks of both seasonal and pandemic influenza strains. Federal agencies, states, and municipalities along with private sector organizations were able to test their pandemic influenza plans in real time and with real stressors caused by a widespread infectious disease outbreak. The following are some of the lessons that health centers and Primary Care Associations have learned from this experience and are using to strengthen their pandemic influenza plans.

Effective response to community outbreaks of H1N1 required strong partnerships between health care providers, public health departments, community and faith based organizations, local government and many others. Actively seek a role in community planning to ensure that the needs of your health center and your patients are included in the response efforts. Know what the health department, local hospitals, and other key stakeholders are planning for pandemic influenza, seek opportunities for collaboration, and share your plans with them.

Communication is frequently found to be challenging in emergency response and H1N1 is no exception. One of the early issues with communication was the sheer volume of information coming from many different sources. There were frequent updates from the Centers for Disease Control and Prevention, State Health Departments, Local Health Departments, news outlets, and others. It became very time consuming to stay up to date with the most pressing information. Here are a few suggestions to help your health center manage information during a return of H1N1 and communicate clearly with staff, patients, and partners:

a. Assign a staff person with the responsibility to monitor public health advisories and inform key members of your health center.
b. Develop a process to keep all staff members of your health centers up to date on the latest developments and the health center response to the outbreak.
c. Appoint a spokesperson for your health

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H1N1 Coming Your Way…

by Lynn Terral, RN, Clinic Manager, Hope/Migrant Community Health Center, Hope, AR

This past April, a news story concerning a new illness in Mexico began to fill the airways of our area. What came to be known as the H1N1 virus had moved into South Texas. On April 20th, I received a call from our local health department administrator informing us that due to our patient population and the fact that we serve migrant farmworkers, we were considered as a high risk facility for H1N1. We had to get ready, in more ways than one.

The local health department provided our clinic with testing kits that contained two swabs, a culture medium, transport kit, and paperwork. The instructions told us to obtain both a throat swab and nasal swab. The paperwork was more challenging than obtaining the swab. We needed to include all patient information, clinical information, specimen information, and recent contact information. The CDC provided testing kits that included a Dacron swab placed in a sealed specimen container with normal saline. However, there was a limit on the number of testing kits we could obtain. These supplies were ordered for every clinic.

It was important to educate the staff on what H1N1 is and how to prevent it from spreading. The H1N1 virus was so new that only the CDC had educational information available. We reviewed the signs and symptoms to include fever over 100°, sore throat, and cough. It was understood that many infected people in Mexico were developing complications of pneumonia.

Now we needed to develop and activate a plan to prevent the spread of H1N1 within the clinic. It was decided that any patient that came into the clinic with signs and symptoms of H1N1 would be given a mask to wear. These patients would then be taken to an exam room immediately or asked to wait in their car until an exam room became available. Once in an exam room, we closed the door and indicated the need to minimize traffic into the room. A sticky note was placed on the door to remind all personnel to wear a mask upon entering the room. After the patient left, we then cleaned the room as we would for a highly infectious patient. We also placed in the waiting room, exam rooms, laboratory, x-ray, nurse's station, weigh station, and offices the following supplies: masks, Kleenexes, hand sanitizers, and Lysol spray.

Education was key in alleviating fears and preventing the possible spread of H1N1. The providers educated the patients and families about H1N1 and how to take care of themselves while recuperating. It was explained to the patient and/or family that they had to be quarantined at home until the test results were received. If the patient had to leave their home, they were instructed to wear a mask at all times. A child could not return to school or day care until results were received. Each patient and/or family was given the "7 Steps of Prevention" written by the CDC.

The Hope Migrant Complex (HMC) is a rest stop for farmworkers located in Hope, Arkansas. Within HMC, there are five separate departments available to serve farmworkers on education and preparedness for the H1N1. The managers of these five departments came together to develop the processes needed within the complex and for the care of farmworkers. We printed and laminated signs for all restrooms, laundry room, pavilion, and other areas for good hand washing techniques. We developed an email system of notification for all departments to keep everybody alert and aware of H1N1. We made sure to notify these departments of the number of tests run and the results without breaking confidentiality with the patient.

Because of the quick turnover of farmworkers through our complex, coordination with other agencies was needed. One of our fears was that after testing, we would be unable to locate the migrant patient with their test results. I contacted the Migrant Clinicians Network (MCN), and they suggested we have the patient fill out minimal paperwork to register them in their tracking system.

The National Center for Farmworker Health (NCFH) was contacted, and they developed a tri-fold education pamphlet in both English and Spanish for farmworkers. These pamphlets were given to all five departments of the complex who then handed them out to farmworker families.

The local Disaster Shelter Directors were called for assistance with food for the farmworkers who could not leave the complex due to illness. Local pharmacies were called to assist in helping patients obtain their medications. Local churches were also called for assistance. We contacted our State Primary Care Association's office and Community Health Centers of Arkansas for help. They were able to assist us in filtering through all the informa-

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"Education was key in alleviating fears and preventing the possible spread of H1N1."

Lessons Learned on Preparedness from H1N1

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center to communicate with the health department, funders, media, community partners, and other stakeholders. This will help ensure consistent messaging from your health center.

d. Identify and contact key public health points of contact for emergency management/ pandemic influenza to discuss your role within the community and the needs of your patient population.

e. Create a listing of key healthcare and social service agencies and their points of contact (e.g. local hospitals, other health centers, laboratories, mental health providers, and substance abuse programs) to support coordination and communication during a response.

f. Identify what information you may need to share with your patients and how you will get it to them (e.g. changes to your operations such as increased hours, modifications to patient screening and triage process, or ways to stay healthy during an outbreak of H1N1). Communication methods might include messages on your phone system, patient education brochures, postings on your website or social networking sites, press releases to local media, and announcements to your local partners.

Health centers located in an area where there was a large outbreak of H1N1 reported disruption to their operations, ranging from increased patient volume, to decreased staffing levels, to inability to access needed supplies, such as anti-virals, masks, and hand sanitizer. These challenges highlighted the importance of having a robust business continuity plan (also known as a continuity of operations plan). Here are some key components to consider for maintenance of health center operations:

a. Identify the essential functions of your health center and the staff necessary to perform them. Try to have at least two people in your health center that are trained to perform each essential function.

b. Clarify the process of requesting supplies such as antiviral medications and personal protective equipment (masks, gowns, gloves) from Strategic National Stockpile (SNS) and/or State Cache, and determine the availability of these items to your health center. The distribution of SNS supplies is determined at the state and local levels. During the first wave of H1N1, many health centers were able to access critical supplies through their local health department. In addition, in some communities where anti-virals were released for outpatient treatment, health centers had access to these medications for their patient population. If your health center hasn't been involved in the planning process for pandemic influenza, contact your local health department now to let them know about the patients that you serve and the services you provide. If you are still unable to obtain support through the local health department, contact the Primary Care Association in your state.

c. Know the community plan for caring for patients requiring treatment beyond primary care and how your health center fits into these plans.

d. Stockpile at least one week's supply of personal protective equipment, medical supplies, and hand hygiene products.

e. Identify at least two additional vendors for medical supplies and establish accounts in the event that your primary supplier is unable to meet your demand.

Just as all emergencies are ultimately local, all preparedness begins with the individual. The best health center plan is ineffective if staff is not able to come to work because they don't have a family plan to manage disruption caused by a return of H1N1. Be sure that your health center is helping staff develop family plans that address child care provisions in the event of daycare or school closings, caring for a sick family member at home, needs of high risk family members, and includes strategies to prevent illness and manage stress associated with H1N1.

For more information, please contact Mollie Melbourne, Director of Emergency Management, National Association of Community Health Centers at *mmelbourne@nachc.com* ■

"Communication is frequently found to be challenging in emergency response, and H1N1 is no exception."

H1N1 Coming Your Way…

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tion provided by various organizations and forward us only pertinent information.

We accomplished this in a very short period of time and were able to give quality care to our patients during the outbreak of the H1N1 virus. We appreciate all the help and support we received from the agencies mentioned.

For more information, please contact Lynn Terral at *lynnt@cabun.org*. ■

Delivery of Health Education Messages to Farmworkers in the H1N1 Outbreak – Continuing A Shared Responsibility

by Katherine M. Wilson, PhD, MPH, CHES; David C. Ramsey, MPH, CHES
and Gail Williams, MPH, CHES, Centers for Disease Control and Prevention

The Community Health Education and Outreach Team within CDC had been asked to develop a communication plan specifically for ensuring delivery of educational messages to farmworkers.

Almost one year before the recent novel H1N1 flu outbreak this past spring, the Centers for Disease Control and Prevention (CDC) convened a panel of public health scientists and service program managers to obtain advice on the utility to vulnerable populations of published guidelines for preparation and response to a pandemic influenza.[1] The advisory group specified that CDC should effectively communicate to public officials, responders, and lay persons what they should do during a pandemic influenza outbreak. From late April through May 2009, a pandemic outbreak of the novel H1N1 virus occurred.[2] CDC's Joint Information Center (JIC) was one of the key points of distribution of health guidance, and farmworkers were a key audience. This article shares lessons learned about the delivery of those health education messages, suggestions from partners, and steps CDC is taking for the anticipated pandemic outbreak of H1N1 this fall.

The Community Health Education and Outreach Team (CHET) within CDC of the JIC had been asked to develop a communication plan specifically for ensuring delivery of educational messages to farmworkers. At that time, messages distributed by the CHET were primarily household-focused—that is, were focused on personal protection practices. The messages were electronically delivered to interested health and social service groups, which in turn distributed them to their constituents, who gave them to farmworkers themselves. Partners included the National Center for Farmworker Health, the National Association of Community Health Centers, Migrant Clinicians Network, the North Carolina Primary Health Care Association, Farmworker Health Services, Farmworker Justice, and the Northwest Regional Primary Care Association.

In May 2009, CHET hosted two conference calls with these partners to learn how to improve communication. Specifically, participants were asked how relevant and usable were the Web links to novel H1N1 flu information and materials, how information was used with constituents, what was the utility of materials and their formats, what was missing, and who else might be included in this group of intermediaries.

In general preparation for pandemic influenza, CDC had developed many basic educational materials on personal protection and had cleared them for scientific and language accuracy. For example, at the onset of the pandemic, fact sheets on proper handwashing and proper covering of sneezes and coughs were available from the CDC Web site in four languages, including Spanish, and in PDF or Word format. Information specific to the novel H1N1 virus, of course, was not prepared in advance. As CDC learned more about how the virus spread and who was most vulnerable to its effects, messages were created, reviewed for scientific accuracy, translated to Spanish, and placed on the CDC H1N1 information Web site (www.pandemicflu.gov).

As might be imagined, developing novel H1N1 flu messages and materials involves clearance from more than one federal agency. Although a number of federal agencies share the responsibility to protect vulnerable populations, a shared protocol for clearing the relevant messages was especially complex when documentation of individuals was considered. The absence of a shared protocol resulted in lengthened time between concept clearance and distribution of messages for farmworkers. Partners told CDC that they went to other Web sites and sources of information when they could not find information on the CDC site that was specific to farmworkers. One alternate source initially was the Mexican government. The information was thought to be accurate, but it lacked the local specificity of directing people where to go if they had symptoms or whom to contact for more information. Partners also went to state health departments and other agencies to locate materials. Some groups developed and distributed their own materials during the first part of the pandemic. Partners emphasized the importance of maintaining the scientific accuracy of the materials they distributed and suggested that CDC establish a repository of credible materials from various sources (i.e., not only from CDC).

Language translation presented a fundamental, continuing challenge. CDC had materials ready in the major languages (such as Spanish)

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The Consumer and Prescriber Education Grant Program

By Bobbi Ryder, Chief Executive Officer, NCFH

In 2004, the Attorneys General of the 50 states and the District of Columbia settled a lawsuit against Warner-Lambert for unlawful marketing of the drug Neurontin. Warner-Lambert agreed to pay $430 million to resolve allegations that it illegally marketed its drug, Neurontin®, for "off-label" purposes not approved by the Food and Drug Administration. Among other things, this settlement provided for a $21 million Consumer and Prescriber Education grant program to be administered by a Special Committee of State Attorneys General. The first round of grants focused on prescriber education and NCFH was responsible for the development of Prescriber Education independent study modules which provide free CEUs and which have recently been released. The second round focused on consumer education and NCFH is participating in this project through a partnership agreement with the Consumers Union.

Consumer Education

The goal of The Consumer Program is to improve the clinical and economic value of prescription drugs by educating consumers about sound purchasing concepts, reliable sources of drug information, and marketing practices of the pharmaceutical industry.

Consumers Union Grant

On April 24, 2008, the Special Committee of State Attorneys General announced that Consumers Union had received a $4.4 million grant to fund a public education program designed to eliminate huge gaps in public knowledge about prescription drugs.

Objectives

The objectives of the Consumers Union grant are to: 1) Enhance public understanding of issues surrounding prescription drug effectiveness, safety and side effects, and costs, and help consumers make informed drug comparisons; 2) Empower consumers to talk with their doctors, pharmacists, and other providers about their prescription drug choices; 3) Provide consumers with early drug safety alerts and information about off-label use; and 4) Improve health outcomes by enhancing drug compliance and treatment adherence.

Goals

The project is structured around five goals: 1) Increase the usefulness and use of Consumer Reports Best Buy Drugs by expanding the categories and increasing the frequency of report updates; 2) Increase public awareness of prescription drug choices and value through a social marketing campaign that aims to enhance public understanding surrounding prescription drug effectiveness, safety, side effects and costs, and helps consumers make informed drug comparisons; 3) Test the success of dissemination strategies to the target audiences and through web-based technology networks; 4) Enhance the content distributed by Consumer Reports on drug safety and off-label use to better educate consumers; and 5) Measure the impact of the use of Consumer Reports Best Buy Drugs and specific strategies to educate consumers about their drug choices.

Consumer Reports Best Buy Drugs

With close to $10 billion dollars spent on drug advertising each year, the airwaves are saturated with drug promotions that often provide incomplete and inadequate information about drug choices. The grant gave Consumers Union, the nonprofit publisher of Consumer Reports, the assistance to expand its current public education campaign to reach new audiences with free and unbiased prescription drug information. The purpose of the project is to help millions of consumers who either go without needed medications or pay high prices for their prescriptions because they do not know about effective, affordable alternatives and counter pervasive drug industry marketing that drives up health care costs by informing consumers about their choices when it comes to prescription medications.

The grant enables Consumers Union to leverage the success of its *Consumer Reports Best Buy Drugs*™ campaign, which aims to level the prescription drug "playing field" for consumers by comparing drugs based on effectiveness, safety, and price. At the time the grant was awarded, *Consumer Reports Best Buy Drugs*™ (www.CRBestBuyDrugs.org) had so far examined prescription drugs used to treat 35 major medical illnesses and conditions, including high blood pressure, high choles-

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"With Close to $10 billion dollars spent on drug advertising each year, the airwaves are saturated with drug promotions that often provide incomplete and inadequate information about drug choices."

Observed Days

September 2009
National Cholesterol Education Month
National Heart, Lung, and Blood Institute Health Information Center
P.O. Box 30105
Bethesda, MD 20824
(301) 592-8573
hp2010.nhlbihin.net/cholmonth/

September 20-26, 2009
National Farm Safety & Health Week
National Education Center for Agricultural Safety
10250 Sundown Rd.
Peosta, IA 52068
(888) 844-6322
www.nsc.org/necas

October 2009
Eye Injury Prevention Month
American Academy of Ophthalmology
P.O. Box 7424
San Francisco, CA 94120-7424
(415) 447-0213
www.aao.org/aaoesite/eyemd/injury.cfm

October 5-11, 2009
Mental Illness Awareness Week
National Alliance on Mental Illness
Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201-3042
(800) 950-6264
www.nami.org

October 15, 2009
National Latino AIDS Awareness Day
Latino Commission on AIDS
24 W 25th Street, 9th Floor
New York, NY 10010
(212) 675-3288 x 315
www.nlaad.org/

Delivery of Health Education Messages to Farmworkers in the H1N1 Outbreak

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of the geographic regions affected by an emergency situation. Translation into less frequently used languages, such as Zapoteca or Haitian Creole, was not feasible financially. Some partners suggested that if the English-language materials were in plain language, the partners would be able to translate the messages for their audiences. Others were not positioned to translate in this way and wanted to receive ready-to-distribute materials; partners warned that burdening lay health workers with one more task, even in an emergency situation, might be less than fruitful. Having accurate, concise, language-matched materials that stood on their own and were ready for quick distribution would greatly help lay health workers and others reach their audiences.

Although the prevention methods in educational materials apply to farmworkers as well as to all the general public, CDC's partners discussed how to better communicate more feasible ways to promote hand-washing in the field. Partners also made it clear that the employers of farmworkers—farmers—are an important part of protecting farmworkers from the novel H1N1 flu and minimizing its spread. Initial efforts to reach farmers focused on the small to mid-size farms, which are represented by the National Farmers Union, and resulted in the novel H1N1 flu information being included in two Web-based newsletters sent to constituents. Further dialogue with farmers is being explored.

Finally, a suggestion that generated much enthusiasm was a radio tour in addition to the electronic distribution of information. A radio tour would use short interview segments with credible individuals followed by a call-in segment from listeners, thereby providing accurate information and real-time answers for questions the public may have. This strategy, which has been successfully used to distribute HIV/AIDS information, may be an attractive channel for novel H1N1 flu, since fear and stigma may prevent farmworkers from going to a clinic if they have flulike symptoms.

In preparation for an uncertain and changing fall flu season, CDC is focusing on prevention by encouraging high-risk populations to be vaccinated against both the seasonal flu and the novel H1N1 virus (www.pandemicflu.gov). For those who get the flu, it will be important to recognize symptoms early and get to a clinic quickly. Antivirals work best in the early stages of flu and can minimize the length of time a person is ill. Plans are in the works to have sufficient antivirals available for high-risk populations. Farmworkers are likely to be in this category, simply by virtue of their occupation. The CHET staff are continuing their dialogue with health and social service intermediaries, other federal agencies, and employers of farmworkers to identify the best way to get these messages and others to farmworkers.

One of CDC's overarching health protection goals is "People prepared for emerging health threats." We realize that planning and preparing for the next emergency threat is a shared responsibility with partners. We have the opportunity and the obligation to work together to protect the health of farmworkers and their families. ■

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2. Centers for Disease Control and Prevention. Update: novel influenza A (H1N1) virus infections—worldwide May 6, 2009. MMWR 2009;58:453-458.

The Consumer and Prescriber Education Grant Program

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terol, depression, insomnia, and diabetes.

Target populations include people with large out-of-pocket drug expenditures, such as seniors, minorities, uninsured, and Spanish-speaking consumers. Consumers Union will use several avenues to disseminate this information, including on their website at *http://www.consumerreports.org/health/best-buy-drugs/index.htm*.

The website includes separate sections specifically written for medical professionals, consumers on Medicare, and Spanish-speaking consumers. Consumers are also offered the opportunity to sign up for e-updates. In addition, the print consolidated edition of *Consumer Reports Best Buy Drugs* reports, *Best Drugs for Less*, lists best buys for every major drug category based on overall effectiveness, safety, and price. The goal is to help consumers, insurers, agencies, and corporations choose the best drugs while saving money.

Source: http://www.consumerreports.org/health/best-buy-drugs/index.htm

Note: If you are interested in more information on the Consumer Education Project, please contact Lisa Miller at *miller@ncfh.org*. ■

Summer Vacation for Fernando

by Moraima Duran, Program Services Coordinator, NCFH

In early June of 2009, seven year old Fernando and his mother were travelling from Michigan to Texas to visit relatives. Fernando was on summer vacation and was very excited about getting to see his cousins. He told his mother that he was ready to play soccer and football with them. While Fernando, the youngest of three, visited Texas, his two older brothers stayed in Michigan to help their father harvest crops during their summer break.

Fernando and his mother had been in Texas just a few days before he began feeling ill. His mother was very concerned because Fernando was experiencing symptoms similar to the H1N1 flu that she had been hearing so much about in the news. One evening, Fernando's temperature got so high that his mother decided not to wait until morning and took Fernando to the emergency room. Her concerns had been confirmed; Fernando's results came back positive for H1N1 flu. He was treated and given medication that evening in the emergency room, and when released he was provided with a two-day supply of medication and a prescription for two medications to treat his illness.

Fernando has insurance through Medicaid but unfortunately, it is only valid in the state of Michigan. His mother attempted to get his prescriptions filled at two different pharmacies but neither would accept Michigan Medicaid, and she was not able to pay the cost of the medications. It was very important that Fernando get his medications filled immediately.

Over the weekend, Fernando had already taken his two-day supply that was given to him during his visit to the hospital emergency room. Not knowing who to turn to, Fernando's mother contacted the health center in Michigan where the family is registered and explained her situation. Luckily, the person whom she spoke with at the health center referred her to the Call for Health Program for assistance and provided her with the toll-free number.

After speaking with Fernando's mother, the Call for Health Specialist knew the importance of getting these medications filled as soon as possible. The Call for Health Specialist contacted several pharmacies in their area and after several attempts was finally successful in finding one that would accept payment through the Call for Health Program.

Through the collaboration of the health center in Michigan and the Call for Health Program, Fernando was able to receive his medications. Several weeks later, the Call for Health Specialist contacted Fernando's mother to see how he was doing. His mother tells us that he is better now and was able to spend a great, although short, vacation playing soccer and football with his cousins in Texas.

The Call for Health Program assists farmworkers and their families with financial assistance in conjunction with the referral service. Please help us continue this work by donating to the "Gift of Health." Visit our website at www.ncfh.org or contact Moraima Duran at 1-800-377-9967. Thank You for Your Support! ■

CALL FOR HEALTH

America's Voice for Farmworker Health — A Free Phone Call Away.

Information on Health Services for Farmworkers

Una Voz Para la Salud — Con Solo Llamar... y es Gratis

Información de Servicios de Salud para los Trabajadores del Campo

9:00 a.m.–5:00 p.m. Hora del Centro/Central Time

1-800-377-9968

Calendar

October 7, 2009
The National Latina Institute for Reproductive Health will be hosting its 15th Anniversary Celebration, Quinceanera. For more information, go to *www.latinainstitute.org*

October 21-23, 2009
The West Virginia Division of Rural Health is hosting the **17th Annual West Virginia Rural Health Conference** held at The Resort at Glade Springs in Daniels, West Virginia. For more information go to *www.wvochs.org/orhp/wvrhc.aspx*

October 22-24, 2009
The North Carolina Community Health Center Association will host the **2009 East Coast Migrant Stream Forum** in Atlanta, GA. For more information, please visit *www.ncchca.org*

October 24–29, 2009
The Northwest Regional Primary Care Association and the Community Health Association of Mountains/ Plains States will host the **Fall Primary Care Conference** in Seattle Washington. For questions, please visit *www.nwrpca.org*

November 2-4, 2009
The National Network for Oral Health Access will host the **National Primary Oral Health Conference** in Nashville, TN. For more information on the conference, please visit *www.nnoha.org*

November 19-21, 2009
The National Center for Farmworker Health will be hosting **The 19th Annual Midwest Stream Farmworker Health Forum** in South Padre Island, TX. For more information, please visit *www.ncfh.org*

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Edward Hendrickson, PhD, PA-C
Chair, NCFH Board of Directors,
Migrant and Environment Health Director
Plan De Salud del Valle, Inc.
Fort Lupton, CO

E. Roberta Ryder
President and CEO

Josh Shepherd
Editor

Sylvia Partida
Assistant Newsline Editor

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Did You Know?

- In the United States alone, the influenza virus or "flu" causes anywhere between 30,000 and 40,000 deaths annually.
- As of mid-August, 2009, the Centers for Disease Control and Prevention reports that 7,983 hospitalizations and 522 deaths have occurred in the United States due to the H1N1 virus.
- As of August 1, 2009, the World Health Organization estimates 1,154 deaths due to H1N1 globally.
- Symptoms of H1N1 infection are those typical of the common flu. The top 3 most-frequently occurring symptoms of H1N1 infection include fever (93% of diagnosed cases), cough (83% of diagnosed cases) and shortness of breath (54% of diagnosed cases). ■