

Vitamin D Appears Useful in Preventing Respiratory Infections

From Massachusetts General Hospital

Vitamin D may be an important way to arm the immune system against disorders like the common cold, report investigators from the University of Colorado Denver (UC Denver) School of Medicine, Massachusetts General Hospital (MGH), and Children's Hospital Boston.

In the largest study of the association between vitamin D and respiratory infections, people with the lowest blood vitamin D levels reported having significantly more recent colds or cases of the flu. The risks were even higher for those with chronic respiratory disorders, such as asthma and emphysema.

"The findings of our study support an important role for vitamin D in prevention of common respiratory infections, such as colds and the flu," says Adit Ginde, MD, MPH, of the UC Denver Division of Emergency Medicine, who was lead author of the study. "Individuals with common lung diseases, such as asthma or emphysema, may be particularly susceptible to respiratory infections from vitamin D deficiency."

In recent years, evidence has accumulated that vitamin D—most commonly associated with the development and maintenance of strong bones—may also play a key role in the immune system. In this study, adults and adolescents with the lowest vitamin D blood levels were about 40 percent more likely to report having a recent respiratory infection than participants with higher vitamin D levels. The association was present in all seasons and even stronger among participants with a history of asthma or chronic obstructive pulmonary disease (COPD).

"A respiratory infection in someone with otherwise healthy lungs usually causes a few days of

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Dear Reader,

As the winter continues it is important to stay warm and healthy; in this issue, you will find articles from the WorldCare Consortium on the importance of the H1N1 vaccine for kids, vitamin D for preventing infections, and the link between smoking and seizures.

Sincerely,

*Rebika Shaw,
Regional Director, Corporate Communications*

HEALTH NEWS

Doctor Urges Importance of H1N1 Vaccine for Kids

By Adrienne Randolph, MD, MSc
Children's Hospital Boston

A taxi driver who picked me up at the Centers for Disease Control and Prevention (CDC)—where I was meeting with influenza researchers—recently asked me whether his son should be vaccinated against the so-called "swine flu."

In June and July of this year, my hospital had an upsurge of admissions of children with influenza pneumonia who had profound oxygen deprivation that wasn't responding to treatment. I immediately said, "Get him vaccinated as soon as it is available. My three children will get the vaccine."

However, the risks of the vaccination aren't completely clear. Testing hasn't yet been performed in an enormous number of children, and longer-term risks can't be assessed. "There is a very small risk of developing neurologic side effects from the vaccine, but this virus causes a very severe pneumonia that can kill otherwise healthy children," I told him. "The risks of not getting vaccinated are higher than the risks of getting vaccinated."

According to the CDC's website, from August 30 to September 12 alone there were 4,569 hospitalizations and 364 deaths among U.S. adults and children from any type of influenza - and the only flu strain going around at the time was the novel H1N1 influenza A swine-origin strain. Of the 114 children who died from influenza from September 28, 2008, to September 12, 2009, 46 had influenza A H1N1 — the strain that started to infect people in April.

Because I was funded by the CDC in January to investigate why some children get sicker with influenza infection, I knew of severe flu cases in my study network, consisting of 30 pediatric ICUs. We've seen cases of encephalitis, an infection in the brain, and cases of influenza myocarditis, an infection of the cardiac muscle causing the heart to have severely depressed function.

Our government quickly released millions of dollars to combat 1N1, and I hope that those who are able to get their children vaccinated will take advantage of the opportunity.



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Vitamin D (continued)

relatively mild symptoms,” explains Carlos Camargo, MD, DrPH, of the Massachusetts General Hospital and senior author of the study. “But respiratory infections in individuals with an underlying lung disease can cause serious attacks of asthma or COPD that may require urgent office visits, emergency department visits, or hospitalizations. So the impact of preventing infections in these patients could be very large.”

Dr. Ginde adds that “While it’s too early to make any definitive recommendations, many Americans also need more vitamin D for its bone and general health benefits. Clinicians and laypeople should stay tuned as this exciting area of research continues to expand.”

Smoking—But Not Caffeine—Linked to Seizure Risk

From Brigham and Women’s Hospital

Researchers at Brigham and Women’s Hospital have found a significant risk of seizure in individuals who currently smoke cigarettes.

Epilepsy is a neurological condition marked by repeated unprovoked seizures where electrical disturbances in the brain cause sudden, involuntary body movements (convulsions and muscle spasms) and sensory awareness. Approximately 2.5 million Americans are affected by epilepsy. Single seizures or those provoked by alcohol withdrawal or other causes are even more common.

The researchers used data obtained from the Nurses’ Health Study II, a group of 116,608 female registered nurses who answered questionnaires on their lifestyle and medical history, including epilepsy and seizure activity. They discovered a significant association between current cigarette

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smoking and risk of seizure.

“Our analysis showed risk of seizure was significantly higher for current smokers, but not related to the amount of cigarettes smoked daily,” says Barbara Dworetzky, MD, of Brigham and Women’s Hospital. “It does appear, however, that the number of years of smoking does increase seizure risk.” Risk of epilepsy was modestly elevated with both past and current smoking, but this was not statistically significant.

The researchers also found that drinking more than 400 milligrams of caffeine daily over the long term—the equivalent of two or more cups of coffee—was not associated with

greater risk of seizures or epilepsy compared with drinking less than 200 milligrams daily. Researchers also found no trend of increasing seizure or epilepsy risk with increasing caffeine consumption.

The participants in this study were primarily white women with better health knowledge and access to healthcare than women in the general population, so these findings may not apply to men or many other groups, Dr. Dworetzky says. The authors suggest that more studies are needed to shed more light on modifiable risk factors for seizures and epilepsy.



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