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Dr. Sam's News

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BACTERIAL SKIN INFECTIONS – WHAT'S GOING ON ?

You may recall that in previous issues, this office has informed patients about bacterial skin infections in the area. With all of the media attention, it is important to explain what is really going on. A bacteria known as Methicillin Resistant Staphylococcus Aureus (MSRA), is causing many cases of skin infection in the area. MSRA is resistant to many antibiotics. It appears on the skin as an abscess which is a large, tender, hot, mass or boil. MRSA originated from hospitals. It survived in the hospital setting and developed resistance to many antibiotics. Dr. Williams feels it should be called Drug Resistant Staphylococcus Aureus because it is resistant to many other antibiotics besides methicillin.

This bacteria has now worked its way into the community without any connection to hospitals. The new official name for this infection is Community Acquired- Methicillin Resistant Staphylococcus Aureus (CA-MRSA). In a recent study of over 1200 sites across the country (airports, schools, hotels, restaurants and many other sites) this organism was found at 100% of the sites. So this CA-MRSA is everywhere. We all have less harmful bacteria on our bodies and in our nasal passages, but they are being replaced by CA-MRSA. It is estimated that this bacteria is now part of the flora on the skin and in the nasal passages of 30-40% of the population. The problem is that this bacteria is more



aggressive than the former bacteria on our skin. The slightest abrasion or skin wound could result in an infection.

What can we do? Keep your hands clean. Immediately care for any cut or abrasion with cleaning and an antibiotic ointment. If a boil develops, see Dr. Williams. Cultures may be obtained, incision and drainage may be required, and the patient placed on oral antibiotics. Don't worry about these reported deaths. If treated promptly, it is rarely fatal.

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Important Numbers

- Office number
410-788-2350
- Fax number
410-788-6859
- Beeper
410-748-0849
- Poison Control
800-222-1222

TELL YOUR CHILDREN YOU LOVE THEM

"I love you Son," my father said. Dr. Sam was that son. "I was about 17 years old and that was the first time I had ever heard my father tell me that he loved me. It felt so good to hear it that I tingled all over." Parents, especially dads, it is very

important that you tell your kids that you love them. Children, teenagers, and even our young adults, need to hear this from their parents. Sometimes, parents can get so involved with their busy lives that they forget to show affection to

their children. We can't assume that "they already know it". Expressing our feelings, can be difficult for some of us, but we must do it. By the way, it might not be a bad idea to tell our spouses that we love them also.

CELL PHONES- THE ICE CAMPAIGN

Many of us use cell phones now- including our children and teenagers. For many young adults, the cell phone is the primary way of communicating.

Our cell phones usually contain the names and telephone numbers of our contacts. But only the phone user knows which of those numbers belong to his family members or closest friends.

If we were involved in an accident or taken ill, the people attending to us would have our cell phone but wouldn't know who to call. Who do they call from the hundreds of numbers stored in our cell phones?

The "In Case of Emergency (ICE) campaign" addresses this problem. It is a method of identifying who to contact, on your cell phone, during emergency

situations. Simply store the numbers of your contact people under the name "ICE" (In Case of Emergency). For example, "ICE Mary wife" or "ICE mother Susan Jones". Also, you could include



The cell phone can be a life saver.

your name to help with your identification such as "ICE my name Larry Jones".

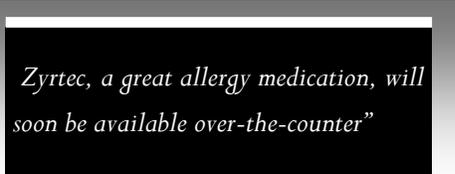
The concept of ICE originated with a paramedic who found that when he went to the scenes of accidents, most of the victims had cell phones on their person. The problem was- the paramedic didn't know who to call from the many numbers listed in the cell phone's contact list.

With this ICE system in place- in an emergency situation- police, ambulance crews, and emergency hospital personnel will be able to quickly contact the important people in your life simply by dialing your ICE numbers

Please use this ICE system on all of your cell phones and share this information with others.

NEWS YOU CAN USE

1. On December 26, 2007, Zyrtec allergy medication will be over-the-counter, as well as generic. Prices are expected to drop substantially. Dr. Williams feels that Zyrtec works much better than Claritin, the other over-the-counter allergy medication. Patients will no longer have to go through the authorization process



to obtain Zyrtec.

2. Unwanted faxes to your home or office can be gotten rid of by sending them to the "fax police". Simply write your fax number on the unwanted fax and fax it to 800-473-6209.

3. Zaditor, an excellent

allergy eye drop medication, is now available over-the-counter. This product is excellent for itchy, watery, eyes.

4. When being treated for a strep throat, or other bacterial throat infection, discard your toothbrush. It has been identified as a source of reinfection.

NEW ALBUTEROL INHALERS- SAVE MONEY

Albuterol inhalers used to contain chlorofluorocarbons (CFCs) as a propellant. CFCs can be inhaled safely, but they harm our ozone layer. The Food and Drug administration (FDA) has banned CFC inhalers. These inhalers will be replaced with ones containing a safer type of propellant known as hydrofluoroalkane (HFA). This propellant will not harm the ozone layer.

Two pharmaceutical companies, who

manufacture the new HFA inhalers, have provided Dr. Williams with patient discount cards. Patients may obtain the new HFA inhalers from the pharmacy with the discount card which allows \$20.00 off the co-pay. The card is good for 3 to 4 refills with \$20.00



Albuterol inhalers are rescue drugs for asthmatics.

off each refill. As of January 2008, HFA inhalers will be the only type available. Please call the office if you need a prescription for an inhaler. You may then pick up the prescription and discount card from this office.

GET YOUR FLU SHOTS!!

This office is already seeing cases of flu. This does not bode well for the flu season if cases are being seen so early. Each year, the flu viruses change which we refer to as minor changes. That is the reason why new vaccines for the flu viruses are made each year.

However, every 8 to 9 years, the flu viruses undergo major changes. When this occurs, the incidence of flu increases dramatically for that year. This might be the year for the major change.

Dr. Williams urges all at risk patients to receive the flu vaccine. High risk includes: 1) all children between the ages of 6 months to 5 years 2) children in day care 3) children and people who are in contact with the above mentioned age group. 4) patients with dia-

betes, anemia, or asthma 5) immune deficient patients and 6) pregnant women.

FluMist, the intranasal spray, has been recently approved from 5 to 49 years to 2 to 49 years of age. The minimum age was reduced from 5 to 2 years of age.



Patients afraid of needles should consider getting this vaccine. It has been very popular this year. "More parents and children are requesting the FluMist than I have ever seen," Dr. Williams stated.

"Of course, the ever popular, shot blocker, which eases the pain of the injection has been in great demand", he added.

The flu vaccines, if still available, will be offered well into January, February, and March. Because for the past 3 years, most cases of flu have occurred in March and April in our area.

PROBIOTIC USE WITH ANTIBIOTICS RECOMMENDED

We all have "good" bacteria found in the mouth and intestinal tract. These "good" bacteria promote good digestion and help prevent an overgrowth of "bad" bacteria and yeast in the intestinal tract. The "good" bacteria can be destroyed when antibiotics are used. This results in side effects such as diarrhea or yeast infections. Probiotics contain "good" bacteria and help by replen-

"Probiotics can prevent the diarrhea and yeast infections associated with antibiotic use"

ishing the "good" bacteria in our intestinal tract. Cases of diarrhea and yeast infections are prevented or at least minimized with the use of probiotics. Foods rich in these probiotics include cheese, plain yogurt, buttermilk, and acidophilus milk. Probiotic supplements are also available in supermarkets and health food stores. These foods or supplements should be con-

sumed while on antibiotics and continued for 1 week after the antibiotic has been discontinued. The types of probiotics recommended should contain "good" bacteria called lactobacillus acidophilus, bifidobacterium bifidum, or bifidobacterium logum. Most probiotics contain a combination of these "good" bacteria. Probiotic supplements are available in powder, liquid, capsule, or tablet form. In addition, as a travel consultant, Dr. Williams sometimes recommends these supplements for the prevention of traveler's diarrhea.

DR. WILLIAMS' IMMUNIZATION RATE HITS 95%

Maryland monitors the immunization rates of its physicians. Dr. Williams' immunization rate has always been high, but for 2007, his immunization rate of 95%, was one of the highest in the state.

Frances Lopes, vaccine specialist for the state, was quite impressed.

Making sure patients have appointments for their next well child visits and

calling patients 2 days before their appointments has been very beneficial.

But Dr. Williams stated, "I have the best patients in the world. Most of them keep their appointments. Most offices have a 10% no show rate, my office doesn't even



come close to that. My patients always ask questions about the vaccines and I appreciate that. I also believe that seeing my patients on time and answering their well baby questions, has a positive influence. They look forward to our well baby visits."

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To the parent/guardian or patient

We apologize if you have received this newsletter in error. Please contact our office for address changes or if you would like your name removed from our mailing list.

CHLAMYDIA SCREENING IN YOUNG WOMEN

The Centers for Disease Control (CDC) and Maryland Healthcare Commission report that Chlamydia is the country's most commonly reported sexually transmitted disease.. There are 3 million new cases each year and 70% of infected women don't have any symptoms. Untreated Chlamydia can lead to pelvic inflammatory disease, infertility, ectopic pregnancy, and chronic pelvic pain. Unfortunately, women with Chlamydia are 5 times more likely to acquire HIV (AIDS) if exposed. It is believed that only about 35% of sexually active females, aged 16 to 25 years, are screened for Chlamydia.

Primary Care physicians and OB-GYNs need to increase screening for this disease. It has been strongly recommended that all sexually active women 25 years and younger be screened annually. Males can be screened for this disease with a simple urine specimen. However, for females, the endocervical swab is preferred. (a swab specimen obtained from the vagina.) Because the dam-

age caused by Chlamydia may be "silent", it is extremely important for the young women in this practice to be screened, and treated, for Chlamydia infections.



Dr. Williams performs GYN exams. He explains everything and makes the girls feel comfortable.

Other vaginal infections commonly seen in this office include:

Yeast Infections

Usually presents with an itchy, white, cottage cheese discharge. It is caused by the overgrowth of a fungus that most females have as part of their normal vaginal flora. This is easily treated with a medication of 1 or 2 pills taken orally.

Bacterial Vaginosis

This is characterized by a watery discharge, foul smelling, fishy type odor. It is caused by the overgrowth of normal vaginal flora. This also is easily treated with an oral antibiotic.

Both of these infections can occur commonly in girls who are not sexually active. Many girls are too embarrassed to mention these problems. Girls, please don't hesitate to speak up about any of these problems.