

Rabid coyotes and flu shots

by Dr. E. Kirsten Peters

One December's afternoon a few years ago I crawled through a barbed wire fence buried in the snow. It was an experience that led me to relearn a lesson of virology — the science of viruses and their nasty effects on us bigger creatures.

I wasn't graceful getting through the barbed wire, so my hand was bleeding from a jagged cut when I staggered to my feet. A moment later, my dogs chased a sickly coyote toward me in the corner of the field. Normally, a coyote would outrun my canines, but this one couldn't, and all the parties concerned were biting each other thick-and-fast, surprisingly near to my feet in the snow bank.

Then the coyote started lunging for my dogs' faces, aiming for their eyes.

I was younger then, and with visions of enormous veterinary bills in my head, I stupidly reached down to grab a dog collar. I was rewarded with another slash on my already bleeding hand. I knew not from which animal.

When my canines and I had put some distance between ourselves and the coyote, we declared victory and calmed down a bit. But I didn't know how much of the blood on my hand belonged to me, to my dear dogs, or to the coyote. One thing was sure: The spit on my hand wasn't mine. And, reliving the scene in my memory, I was sure the coyote had been profoundly ill, judging from his emaciation and stagger.

So, even though it was winter when rabies isn't usually raging in wildlife, my doc and I went into close consultation with public health authorities before the day was through.

Rabies is caused by a virus. If you wait to see if you develop symptoms of rabies before you take action, you'll die. The only effective treatment is to go through a series of shots right away — vaccinations that help give your body's defenses a chance of fighting off the virus. The whole biological battle hinges on antibodies, microscopic parts of us that our bodies can "learn" to create and that bind to the problematic invaders, often neutralizing them and their effects.

Louis Pasteur was the man who first figured out how to effectively inoculate people who had been bitten by rabid wildlife. His work has saved the lives of thousands by giving us bite victims a head start on producing antibodies inside ourselves. Luckily, I knew that whole story from the history of science, and believe me, I had plenty of time to feel grateful to Mr. Pasteur in the days after that walk in the snowy field.

But even the modern descendants of Pasteur's injections are not easy-as-pie to experience. The first rabies shot entailed waiting around after the double injection for an hour to see if I'd collapse in a coma, and an amazing "rabies headache," too. I ran a fever in the night and was bushed for the next two days. But, on the good side, the response meant my body was rapidly making the antibodies I needed if there was coyote-rabies virus in me, starting to multiply.

You likely won't have to think about the rabies virus in your own life. But influenza is caused by a common virus, and you are bound to contract influenza at some point. The regular varieties of influenza kill 35,000 Americans each year. And this year, we have the swine flu, also known as H1N1, to consider, as well.

Dr. Mary Sanchez Lanier, a virology faculty member here at Washington State University, points out to me that the swine flu is most likely to affect young adults — the very group that tends to avoid getting vaccinated. She tells me that almost everyone, no matter age or health, should be getting at least one of the vaccines, maybe both. So please (calmly) call your doc's office and get advice for yourself and for family members.

Trust me on this one, compared to the rabies sequence, all influenza shots are a piece of cake. And they may keep you alive, at work, and able to take care of your family this winter, when others don't manage those tricks.

Not a bad return on a basic investment.

E. Kirsten Peters is a native of the rural Northwest, but was trained as a geologist at Princeton and Harvard. Questions about science or energy for future Rock Docs can be sent to epeters@wsu.edu. This column is a service of the College of Sciences at Washington State University.

News for those who take aspirin

(Taken from the Internet)

1. If you take an aspirin or a baby aspirin once a day, take it at night.

The reason is that aspirin has a 24-hour "half-life." Therefore, if most heart attacks happen in the wee hours of the morning, the aspirin would be strongest in your system.

2. Aspirin lasts a really long time in your medicine chest. When it gets old, it smells like vinegar. Keep it by your bed. It is important to always have aspirin in your home.

3. About heart attacks: there are other symptoms of a heart attack besides the pain on the left arm. One must also be aware of an intense pain on the chin, as well as nausea and lots of sweating. However, these symptoms may also occur less frequently. There may be no pain in the chest during a heart attack.

4. The majority of people (about 60 percent) who had a heart attack during their sleep did not wake up. However, if it occurs, the chest pain may wake you up from a deep sleep. If that happens, immediately dissolve two aspirins in your mouth and swallow them with a bit of water. Afterwards, call 9-1-1, phone a neighbor or a family member who lives VERY CLOSE by and state, "Heart Attack" and that you have taken two aspirins. Sit on a chair or sofa and wait for help to arrive. DO NOT LIE DOWN!



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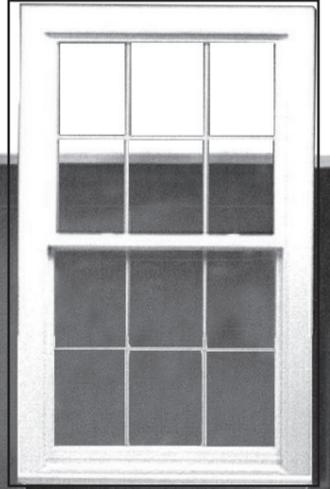
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