

COMPLIMENTS OF YOUR HEALTH MART PHARMACY - PLEASE TAKE ONE

DiabetesHealth

INVESTIGATE. INFORM. INSPIRE.

FLU GUIDE 2021

PREPARING FOR THE FLU SEASON

THE DIFFERENCES
BETWEEN THE
FLU AND
COVID

SEE OUR
DELICIOUS
RECIPES TO
HELP YOU
STAY HEALTHY



Contour
Evolving with you

Medicare patients:

Looking for accuracy
in a blood glucose meter?

CONTOUR[®]NEXT test strips have
demonstrated highly accurate^{2,3}
results and are always covered*
under Medicare Part B.

Be sure to ask your doctor about
a CONTOUR[®]NEXT prescription.

#1
Brand

in Medicare
Patient
Satisfaction¹



* Not a guarantee of coverage and payment. A doctor's prescription is required for Medicare coverage and patients must meet Medicare eligibility coverage criteria. Coverage and payment may be subject to coinsurance, deductible and patient eligibility requirements. Visit <http://www.medicare.gov> to learn more about Medicare plans and coverage.

References: 1. Ascensia Diabetes Care. Data on File. Q4 2019 dQ&A US Diabetes Connections Quarterly Patient Survey. Data collected from December 6 to December 31, 2019. 2. Christiansen, M. P. (2017). A New, Wireless-enabled Blood Glucose Monitoring System That Links to a Smart Mobile Device: Accuracy and User Performance Evaluation. *Journal of Diabetes Science and Technology*, 11(3), 567-573. 3. Bernstein, R. et al. (2013). A New Test Strip Technology Platform for Self-Monitoring of Blood Glucose. *Journal of Diabetes Science and Technology*, 7(5), 1386-1399.

©2020 Ascensia, the Ascensia Diabetes Care logo, Contour, No Coding, the No Coding logo, Sip-In Sampling, Second-Chance, the Second-Chance logo and Microlet are trademarks and/or registered trademarks of Ascensia Diabetes Care.



In This Issue



9

COVER STORY

9 How to Prepare for the Flu Season

- There are simple steps that can be taken to avoid catching the flu virus in the fall and winter.

FEATURES

7 Does Good Hygiene Really Make a Difference?

- To avoid becoming ill during flu season, which usually starts in the fall, there are some helpful things we've learned from coping with COVID-19.

11 Myths and Facts About Vaccines

- We live in a time where there is more access to information than at any other point in history. Yet, at the same time, it is also an era of disinformation.



11

17 The Differences Between the Flu and COVID-19

- Are viruses alive in the same sense that we are? Unfortunately, there's no definitive answer, although most biologists will point out that viruses cannot reproduce by themselves but must hijack hosts' (that's us!) genetic material to replicate.

21 Eating Your Way Back to Health with Good Nutrition

- When our body is run down, we are more susceptible to being sick. So, during these times, it is imperative to take care of yourself with good nutrition. If you don't, you could risk getting a flu variant that can knock you off your feet.

23 2021 Annual Vaccine Guide

- Our annual vaccine guide offers a quick lesson in which diseases most concern us today.



17

COLUMNS

Making a Difference

6 Letter From the Publisher

- Lessons We've Learned (And Just in Time!)

FROM THE SUGAR HAPPY KITCHEN

26 Chicken Soup with Super Greens

28 Timman Bagilla

29 Spicy Moroccan Lemon Chicken Bowl

30 Supporting Your Immune System with Homemade Drinks

Publisher / Editor-in-Chief **Nadia Al-Samarrie**
 Contributing Editor **Patrick Totty**
 Creative Director **Susan Pinkerton**

Advertising Sales & Business Development
 advertising@diabeteshealth.com

Accounting **"Matt" Mathewson**
 Online Media Coordinator **Spencer King**
 Circulation **Miranda King**
 subscribe@diabeteshealth.com

Diabetes Health Office

P.O. Box 1199, Woodacre, CA 94973-1199
 Phone: 415-488-4526
 Website: www.diabeteshealth.com

Subscription Services:

Please visit our website at diabeteshealth.com and click on the "subscribe Now" link in the upper right hand-side, or you may email us at subscribe@diabeteshealth.com, or send \$30.00 for a 1-year subscription, \$45.00 for a 2-year subscription, or \$60.00 for a 3-year subscription to the address above.

Copyright ©2021 by King's Publishing, Inc. All rights reserved.

Diabetes Health is published quarterly by King's Publishing, Inc. P.O. Box 1199, Woodacre, CA 94973-1199
 ISSN# 1550-2899

Buy a Friend a Subscription

United States: 4 print issues: \$30.00 or more or 6 digital issues: \$11.95

Update Your Address

Send address changes to *Diabetes Health*, P.O. Box 1199, Woodacre, CA 94973-1199.

Reprint Requests:

Please send e-mail to: reprints@diabeteshealth.com.

Reproduction in whole or in part is prohibited without prior written consent.

Mission Statement

Diabetes Health is the essential resource for people living with diabetes—both newly diagnosed and experienced—as well as the professionals who care for them. We provide balanced expert news and information on living healthfully with diabetes. Each issue includes cutting-edge editorial coverage of new products, research, treatment options, and meaningful lifestyle issues.

Letters to the Editor

Send letters by e-mail to editor@diabeteshealth.com, or mail letters to: *Editor*, P.O. Box 1199, Woodacre, CA 94973-1199. All letters and e-mails should include the author's full name, address, and home telephone number. Letters may be edited for clarity and length. Publication of advertisements and product pro les does not necessarily constitute endorsement of a product or service by this organization. Information in *Diabetes Health* is in no way intended to initiate or replace your healthcare professionals' therapy or advice.

Subscription Problems or Updates:

email subscribe@diabeteshealth.com.

ADVISORY BOARD

ENDOCRINOLOGY ADVISERS

Richard K. Bernstein, MD, FACE, FACN, CWS, FACCWS

*Diabetes Center
 Mamaroneck, NY*

Nancy Bohannon, MD, FACP, FACE

*Monteagle Medical Center
 San Francisco, CA*

Daniel Einhorn, MD, FACE

*Medical Director
 Scripps/Whittier Diabetes Institute
 La Jolla, CA*

Allen B. King, MD, FACE, CDE

*Medical Director
 Diabetes Care Center
 Salinas, California*

Peter Lodewick, MD

*Medical Director
 Diabetes Care Center
 Birmingham, AL*

Alan Marcus, MD

*South Orange County
 Endocrinology
 Laguna Hills, CA*

Robert J. Tanenberg, MD, FACP

*Professor of Medicine, Section of
 Endocrinology
 Brody School of Medicine, East
 Carolina University
 Greenville, NC*

NEPHROLOGY ADVISER

Robert C. Stanton, MD

*Chief of Nephrology
 Joslin Diabetes Center,
 Assistant Professor,
 Harvard Medical School
 Boston, MA*

NEUROPATHY ADVISER

Aaron Vinik, MD, PhD

*Director,
 Diabetes Research Institute
 Eastern Virginia Medical School
 Norfolk, VA*

DIABETES EDUCATION ADVISER

Gary Arsham, MD, PhD

*California Pacific Medical Center
 San Francisco, CA*

PUBLIC HEALTH EDUCATION ADVISER

Frederick S. Mayer, RPh, MPH.

*President, PPSI/PCDE
 San Rafael, CA*

PUMP THERAPY ADVISER

Bruce W. Bode, MD

*Atlanta Diabetes Association
 Atlanta, GA*

PSYCHOSOCIAL ADVISER

William H. Polonsky, PhD, CDE

*Clinical Professor of Psychiatry
 University of California
 San Diego, CA*

PHARMACY ADVISERS

John R. White, Jr., PA, Pharm.D.

*Professor,
 Dept. of Pharmacotherapy, College
 of Pharmacy
 Washington State University
 Spokane
 Spokane, WA 99210-1495*

EXERCISE ADVISERS

Kris Berg, EdD

*Professor, Physical Ed. Dept.
 University of Nebraska at Omaha
 Omaha, NE*

Sheri Colberg-Ochs, PhD

*Associate Professor of Exercise
 Science
 Old Dominion University
 Norfolk, VA*

PEDIATRIC EDUCATOR ADVISERS

Jean Betschart Roemer, MSN, RN, CPNP, CDE

*Children's Hospital of Pittsburgh
 Pittsburgh, PA*

Denise Richards, MSN, FNP, CDE

*Mass. General Hospital for Children
 Pediatric Endocrinology Boston, MA*

DOCTOR OF NURSING PRACTICE

Jane Jeffrie Seley DNP MSN MPH GNP CDE BC-ADM CDTC FAADE FAAN

Dr. Kathleen Pal yo DNP BC-ADM

PUBLIC HEALTH EDUCATION ADVISER

Frederick S. Mayer, RPh, MPH.

*President, PPSI/PCDE
 San Rafael, CA*

PUMP THERAPY ADVISER

Bruce W. Bode, MD

*Atlanta Diabetes Association
 Atlanta, GA*

PSYCHOSOCIAL ADVISER

William H. Polonsky, PhD, CDE

*Clinical Professor of Psychiatry
 University of California
 San Diego, CA*

PHARMACY ADVISERS

John R. White, Jr., PA, Pharm.D.

*Professor,
 Dept. of Pharmacotherapy, College
 of Pharmacy
 Washington State University
 Spokane
 Spokane, WA 99210-1495*

EXERCISE ADVISERS

Kris Berg, EdD

*Professor, Physical Ed. Dept.
 University of Nebraska at Omaha
 Omaha, NE*

Sheri Colberg-Ochs, PhD

*Associate Professor of Exercise
 Science
 Old Dominion University
 Norfolk, VA*

PEDIATRIC EDUCATOR ADVISERS

Jean Betschart Roemer, MSN, RN, CPNP, CDE

*Children's Hospital of Pittsburgh
 Pittsburgh, PA*

Denise Richards, MSN, FNP, CDE

*Mass. General Hospital for Children
 Pediatric Endocrinology Boston, MA*

Contour
Evolving with you

See pharmacist to purchase test strips.



**Hyper
accuracy.
Hypo
price.**

**#1 BRANDED
OVER-THE-COUNTER
TEST STRIPS***

FSA/HSA ELIGIBLE

*Ascensia Diabete Care. Data on file. OTC brand volume, IRI cash data.
Current Year to Date March 2019.

©2019 Ascensia Diabetes Care. All rights reserved. Ascensia,
the Ascensia Diabetes Care logo, and Contour are trademarks and/or
registered trademarks of Ascensia Diabetes Care.





Nadia Al-Samarrie was not only born into a family with diabetes, but also married into one.

She was propelled at a young age into “caretaker mode,” and with her knowledge of the scarcity of resources, support, and understanding for people with diabetes, co-founded *Diabetes Interview*—now *Diabetes Health* magazine.

Nadia’s leadership has spanned 30 years, establishing the magazine as a preeminent consumer and professional resource.

Under her management *DiabetesHealth.Com* was named “Best Diabetes Blog for 2019” by Healthline and *Diabetes Health* magazines was named one of the top 10 magazines to follow in the world for 2018 by Feedspot Blog Reader.

Lessons We’ve Learned (And Just in Time!)

As COVID-19 becomes less of a danger and less of an intrusion on our lives, some takeaways will help us get through the next virus attack that’s due soon: the annual flu season, which starts making its unwelcome presence known in autumn.

One thing that has hit home for most of us is the need to practice even better hygiene. More frequent hand washing has become a habit for many of us. “Does Good Hygiene Really Make a Difference?” (page 7) takes a close look at how caution and cleanliness have helped us through the COVID pandemic.

We present our updated annual Vaccine Chart (pages 23-25) that lists the other vaccines we need to know about besides COVID vaccines. They include flu, shingles, pneumonia, tetanus, diphtheria, and pertussis.

Here’s an enjoyable article title: “Eating Your Way Back to Good Health” (page 21). It’s a look at the best foods we can eat to restore our energy and fitness in the aftermath of COVID-19.

These articles point to the next challenge we all face: flu season. “How to Prepare for Flu Season” (page 9) offers practical, doable ways of anticipating and dealing with an annual hassle we’ve all been through. A sidebar, “Nutrients to Keep You Healthy,” lists the foods that offer the best help in regaining health.

COVID is a virus, but not all viruses are COVID. There are significant differences between COVID and other viruses in terms of structure and the health threats they present. “The Difference Between the Flu and COVID-19” (page 17) looks at those differences and what they mean in terms of how other viruses can harm us.

Not everything revolves around viruses, hygiene, and prepping for flu season. In “From the Sugar Happy Kitchen” (page 26), we feature 5 recipes that satisfy both hunger and the need to keep blood sugar under control. [DH](#)

**Nadia Al-Samarrie, Founder, Publisher,
Editor-in-Chief**

Does Good Hygiene Really Make a Difference?

Patrick Totty

To avoid becoming ill during flu season, which usually starts in the fall, there are some helpful things we've learned from coping with COVID-19.

THE CHEAPEST, SIMPLEST PROTECTION OF ALL: HAND WASHING

In 1881 President James Garfield was shot in the jaw. He didn't die from the wound. He lived another month after being wounded. In the end, what killed him were the unclean hands of his doctors as they probed his wound with dirty fingers to try to locate the bullet. Garfield died a month later from an infection brought on by his doctors. The concept of clean hands had not occurred to them, so they remained puzzled by how Garfield got infected.

Today we know better. In hospitals and doctors' offices, it is common to see healthcare workers clean their hands with alcohol-based sanitizer gel before touching a pa-

tient. Keeping hands clean is possibly the single best deterrent to almost any kind of infection, and it's one that any of us can do with little effort and minor loss of time. We all learned in kindergarten and grade school about the need to wash our hands before meals, touch other people, or handle dirty things. It's a good habit we developed early in life. Still, some people were surprised when the CDC advised Americans to wash their hands several times a day for at least 20 seconds each session. How can such a simple

Keeping hands clean is possibly the single best deterrent to almost any kind of infection, and it's one that any of us can do with little effort and minor loss of time. We all learned in kindergarten and grade school about the need to wash our hands before meals, touch other people, or handle dirty things.

procedure protect against a virus that measures one-hundredth the width of a human hair?

How it works is simple: Soap molecules wedge themselves between the inner and outer parts of a virus, destroying them and their ability to infect and damage people's respiratory systems. The beauty of handwashing is an inexpensive, simple, and highly effective act that almost anybody can perform.

During fall flu season, avoid direct contact with people, including handshakes, kisses, and speaking closely face to face with others. Carry tissues.

OTHER GOOD HYGIENE PRACTICES

Of course, there's more to good hygiene than just hand washing.

One couple who works with *Diabetes Health* says that they each carry the small alcohol pads that people with diabetes routinely use to sanitize the area to inject the medication. In this case, the pads

can double as an impromptu hand cleaner. They're inexpensive, individually wrapped, and easy to carry in a pocket or purse. They are an example of a small thing that can be a significant—and reassuring—contribution to help destroy the flu virus on the hands almost immediately.

During fall flu season, avoid direct contact with people, including handshakes, kisses, and speaking closely face to face with others. Carry tissues.

Do not share personal items, such as clothing and shoes, toiletries (razors, sprays), unwashed washcloths, silverware. In short, don't share personal items that can harbor the flu virus.

Should you continue to wear a mask? See "Preparing for the Flu Season" on page 9. **DH**

How to Prepare for the Flu Season

Patrick Totty

There are simple steps you can take to avoid catching the flu virus in the fall and winter. First, get inoculated when the vaccine becomes available. Inoculations are given almost everywhere, including supermarkets, pharmacies, and doctors' offices. In some locations, the vaccines are offered for free.

PERSONAL PREPARATIONS:

- Frequent hand washing
- Practice good hygiene (see "Good Hygiene," the article before this on page 7).
- Do not share clothes or personal items with other members of your household
- Stay hydrated. One of the risks people with diabetes may have is ignoring the thirst that can come when blood sugars are running high. Try not to share bottled water.

HOUSEHOLD PREPARATIONS:

- Use bathroom towels and washcloths only once, then put them in a hamper
- All members of a household should practice the same precautions
- Avoid serving raw food, such as vegetables and fruit, unless they have been thoroughly washed
- Wear rubber gloves when doing laundry
- If you're washing dishes by hand, wear rubber gloves and use the hottest water your water heater can provide

CHICKEN SOUP?

Believe it or not, some nutritional studies show that chicken soup is more than just a cliché. The soup hydrates the body, loosens nasal congestion, and eases breathing. Stock ingredients or ready made cans of soup in the pantry to be prepared.

CONTINUE WITH MASKS WHEN OUTDOORS?

The same practices that got people through COVID have prepared them to deal with flu season as well.

Does that include masks? It might.

Wearing a mask pursues two goals:

- 1) to prevent persons who have the flu virus

Stay hydrated. One of the risks people with diabetes may have is ignoring the thirst that can come when blood sugars are running high. Try not to share bottled water.

from spreading it by keeping their exhalations from spreading through the air, and 2) to protect uninfected persons from inhaling the virus from the breaths of infected persons.

As the COVID-19 crisis wears down and masks are increasingly an option, many

Sturdier masks can be cleaned and reused. The simplest way the CDC recommends is to put masks in the washing machine and run them through a hot water cycle, followed by air drying, preferably in sunlight.

people opt to keep wearing them, some from habit and others with doubts that shedding their masks is a safe thing to do. No mandate says you must go maskless once you're vaccinated. It is a personal choice.

Americans are used to seeing people wearing masks in public. What was once a strange sight is now commonplace. So using masks this fall to avoid flu will make sense to many people.

SOME ADVICE ABOUT MASKS

Paper masks are made for one-time use. However, healthcare providers advise against reusing them since they collect potentially infectious material, such as dust and germs, that can build from continued use.

Sturdier masks can be cleaned and reused. The simplest way the CDC recommends is to put masks in the washing machine and run them through a hot water cycle, followed by air drying, preferably in sunlight.

Track the CDC's Latest Takes on Avoiding Flu. This link will take you to the CDC's latest news and insights about influenza:

www.cdc.gov/flu/about/season/flu-season.htm

This link takes you to a discussion of the powers of chicken soup:

www.cbsnews.com/news/chicken-soup-for-colds-and-flu-does-it-really-help/ **DH**



Myths and Facts About Vaccines

Stephanie Clarke

We live in a time where there is more access to information than at any other point in history. Yet, at the same time, it is also an era of disinformation.

There are many reasons why there is disinformation, but it is primarily because wrong information breeds misinformation.

There are many myths, as well as facts people associate with vaccines. Not fully grasping a vaccine's job and how it works is the main reason why people can make claims against it. Add this to the COVID pandemic, when people are already fearful, and you get a recipe for controversy over being or not being vaccinated.

Here are some of the most prominent myths about vaccines, followed by accurate information about them:

“VACCINES CHANGE DNA”

This myth is one of the most openly dis-

cussed claims for rejecting vaccines. The gist of this myth is that the vaccine uses messenger RNA (mRNA) to change your DNA. This is bad because changing DNA can result in possible side effects, such as cancer.

Without getting into the hows and whys of mRNA and DNA interactions, what people fear can't happen because mRNA has no means of getting into DNA. DNA is located in a cell's nucleus, while mRNA is located outside the nucleus and cannot reach the DNA. Therefore, it cannot change anything in DNA.

Vaccines work by inserting proteins from viruses into mRNA. When injected into a patient, the mRNA acts as a kind of primer that allows the body to learn how to recognize a

There are many myths, as well as facts people associate with vaccines. Not fully grasping a vaccine's job and how it works is the main reason why people can make claims against it. Add this to the COVID pandemic, when people are already fearful, and you get a recipe for controversy over being or not being vaccinated.

particular virus's protein(s) and then gear up to destroy them. Thus, when protein(s) from actual viruses enter the body, the body has already learned how to detect and destroy them.

We know that vaccines can take years to create and far longer to disperse. And yet, we were not only able to get a working vaccine but multiple choices of them. As a result, a significant portion of the public was vaccinated fully within two years of the first shut down.

PUBLIC ANXIETY ABOUT VACCINES

With how complex the whole vaccination process is, it's no wonder why there's anxiety over it, especially when considering how much fear there is over the sicknesses themselves.

COVID-19, in particular, has been a fear-inducing sickness because of its severe

symptoms, high death rate, and extreme media coverage. Further, we all know that it takes time and resources to create medicine that can fight against illness, which leads to


two main questions:¹ why COVID-19 vaccines were produced so quickly, and 2) why they seemed to be more dangerous than previous vaccines for other viruses.

WHY WAS THE COVID-19 VACCINE PRODUCED SO QUICKLY?

We know that vaccines can take years to create and far longer to disperse. And yet, we were not only able to get a working vaccine but multiple choices of them. As a result, a significant portion of the public was vaccinated fully within two years of the first shut down.

Anxiety is logical in this situation because everything before now has led us to believe that it should take a long time to develop vaccines. But the COVID-19 pandemic was different because of its emergency status. As a result, vaccine developers received generous funding, and the workforce size that went into creating the vaccines hit an all-time high.

Further, we were able to run multiple tests together and overlap processes which



would help speed up time. In the end, everything came together very quickly. Still, no part of the process was skipped—the COVID-19 vaccines went through the same testing that all other vaccines go through, just in a shorter time because so many resources were available.

WHY ARE COVID VACCINES PERCEIVED AS MORE DANGEROUS THAN OTHER VACCINES?

Most everyone knows that there is some old research that claimed vaccines cause autism. But the research conducted in that study was disproven. Even though it offered “information” blatantly wrong, it still generated distrust of vaccines in many people, usually because they don’t understand how the vaccines work inside us.

Some of the other myths about vaccines include implanting microchips, improving the 5G internets, and even making us magnetic. Since there was a large amount of media coverage over COVID-19, naturally, these myths would also gain traction despite their lack of validity.

Also, because of people’s natural fear of COVID-19, it is understandable that putting anything close to resembling the sickness into our bodies is anxiety-inducing. In reality, it is the safest thing to do. Even vaccines mimic the proteins in a virus’s mRNA without actually putting the virus into you.²

HERD IMMUNITY

Back to vaccines: It’s commonly thought that eventually, the development of herd immunity will protect everyone, so not everyone needs to get the vaccine. The idea works by looking at the “herd” as the mass majority of people, say over 98 percent of a

COVID-19 vaccines went through the same testing[1] that all other vaccines go through, just in a shorter time because so many resources were available.

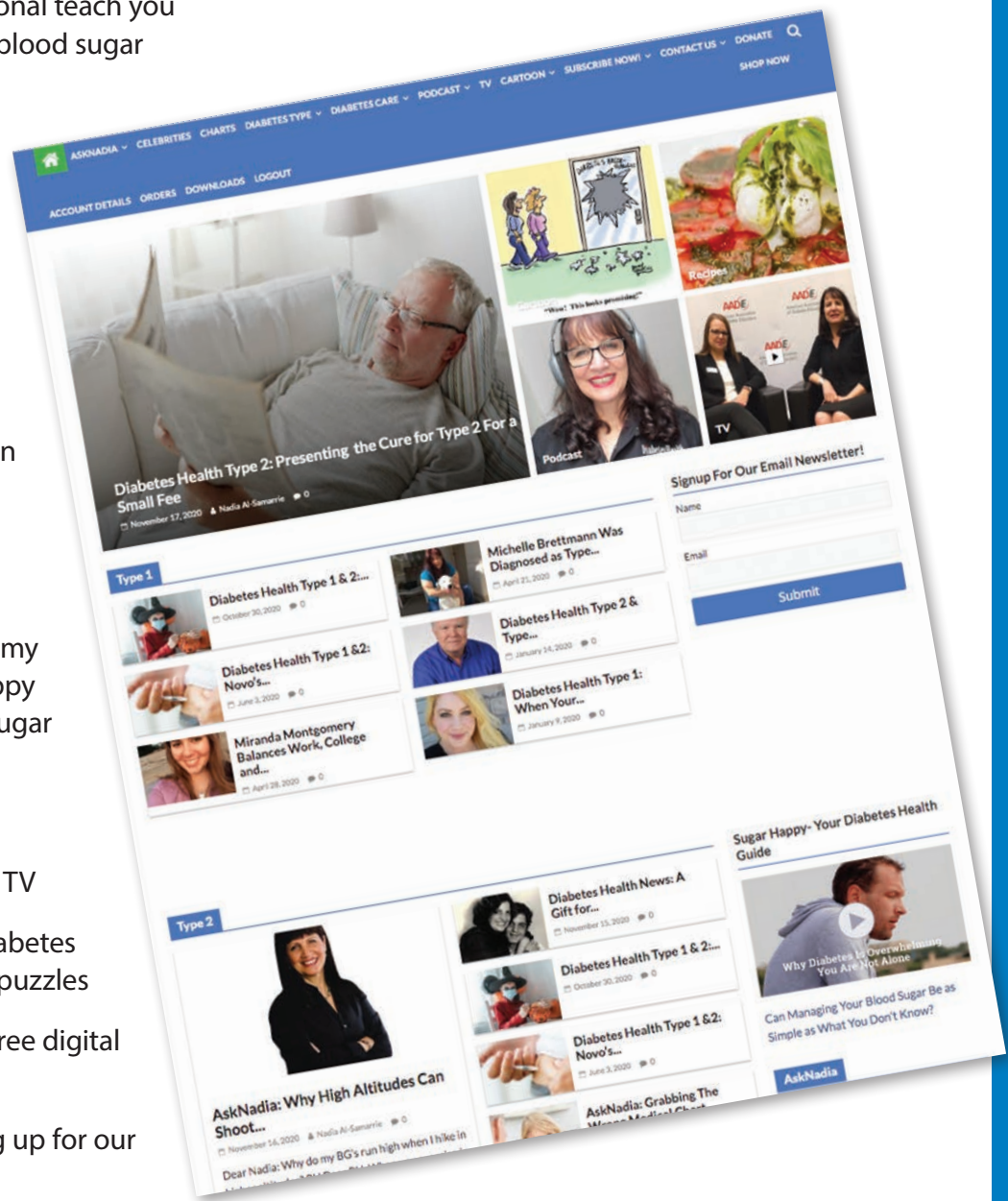
continues on page 15

Until There's a Cure, There's Diabetes Health

Diabetes Health

Fourteen Excellent Ways to Improve Your Health by Visiting DiabetesHealth.Com and SugarHappy.Com

- Let our healthcare professional teach you how to bring down a high blood sugar
- Get inspired with our everyday heroes and celebrities living with diabetes
- Gain a new perspective on living with type 1 and type 2 diabetes
- Learn about the latest in medical devices, medication options, and products
- Stay on top of the latest research on diabetes
- Try making one of our yummy recipes from our Sugar Happy Kitchen For Happy Blood Sugar Levels
- Listen to our Podcasts
- Watch our Diabetes Health TV
- Test your knowledge on diabetes with one of our crossword puzzles
- Take our survey and get a free digital magazine valued at \$14.95
- Stay in the know by signing up for our biweekly e-newsletter
- Shop at our store [SugarHappy.Com](https://www.sugarhappy.com)
- Join the Sugar Happy book club and receive the audiobook with the digital book to join the author and columnist AskNadia for a diabetes information update. This would be a good time to ask a question you have been thinking about.



AskNadia, Watch Videos, Listen to Podcasts, Read Type 1 & Type 2 Articles

continues from page 13

given population. So if the herd, the mass majority of people, gets vaccinated, then those last 2 percent of people don't need to get it. This is because the disease's ability to spread is almost totally canceled, so it tends to die out.

There are two ways to gain herd immunity: through a natural infection process or vaccines. The problem is that we cannot rely upon herd immunity. Many people will assume that others have gotten the vaccine, and so they are safe. The reality is that many people think this way—and herd immunity is not able to be achieved because there are not enough people getting the vaccine to reach that immunity threshold.

For example, when we're driving, we cannot assume that everyone has their eyes on the road. We need to assume that they are distracted, and so we have to be prepared. Similarly, we must prepare ourselves for what happens if we do not reach herd immunity. The answer: We must be vaccinated.

GLOBAL TRACKING AND THE U.S.

At first glance, the word "tracking" may inspire theories of government conspiracies and fears about microchips and robot birds. However, the global tracking of infections is more concerned about epidemic and pandemic diseases. It is a necessary part of what the Centers for Disease Control (and Prevention) does. In particular, the CDC watches for zoonotic³ diseases, which are diseases that travel from animals to humans. Its work is considered an element of national security, and it is a leader in public health directives.⁴ In many ways, the CDC helps track and prevent as many illnesses as possible, especially in the US.

There are two ways to gain herd immunity: through a natural infection process or vaccines.



THE BIGGEST TAKEAWAYS

Many myths surround vaccines and their processes. But, unfortunately, nearly every single one of those myths comes down to a considerable misunderstanding of how vaccines themselves work and how our bodies interact with them.

The world sometimes can be an intimidating place, full of uncertainty. But it can also offer great possibilities. The one thing that should not be scary or create uncertainty is our vaccines. They help us live, and beyond that, they keep everyone safe.

Further, there is public anxiety over vaccines, and while it makes sense for that anxiety to be active—upon a deeper look, that anxiety is unfounded. We cannot rely upon herd immunity to keep us safe because too many people will take the route of skipping vaccination, and as a population, we will never reach a natural group immunity. Finally, global tracking is an

important and necessary job of the Centers for Disease Control, as it helps identify and prevent the spread of upcoming diseases.

The world sometimes can be an intimidating place, full of uncertainty. But it can also offer great possibilities. The one thing that should not be scary or create uncertainty is our vaccines. They help us live, and beyond that, they keep everyone safe. **DH**

[1] <https://newsinhealth.nih.gov/2021/05/how-are-vaccines-tested>

[2] <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>

[3] <https://www.cdc.gov/outbreaks/index.html>

What Are The Differences Between the Flu and COVID-19?

Diabetes Health Staff

Are viruses alive in the same sense that we are? Unfortunately, there's no definitive answer, although most biologists will point out that viruses cannot reproduce by themselves but must hijack hosts' (that's us!) genetic material to replicate.

So how similar or not similar is COVID-19 to the flu viruses that we all get immunizations for around early fall?

Here's a look:

PEDIGREE:

What families do they belong to? Influenza and COVID-19 belong to different classes of viruses. COVID-19 is a member of the family of coronaviruses. It's related to SARS (severe acute respiratory syndrome), which caused much concern in 2002, but COVID-19 is much more potent. Looking back almost 20 years, SARS seems like a dry run for the COVID-19 pandemic.

Influenza viruses are members belonging to

the orthornavirae kingdom of flu-inducing illnesses. It's a large family, but its two most dangerous forms, Influenza A and B, can infect mammals and birds. A or B are the instigators of annual flu seasons.

THE DANGER POSED TO HUMANS:

Both viruses can cause respiratory illness—severe enough in some patients, such as the elderly or people with compromised immune systems, to lead to death.

COVID-19 exceeds the flu in the number of deaths that can be attributed to it. Early in 2020, in a single one-month stretch, 1 million people worldwide died from COVID-19.

Influenza and COVID-19 belong to different classes of viruses. COVID-19 is a member of the family of coronaviruses. It's related to SARS (severe acute respiratory syndrome), which caused much concern in 2002, but COVID-19 is much more potent. Looking back almost 20 years, SARS seems like a dry run for the COVID-19 pandemic.



CONTAGIOUSNESS:

COVID-19 is more contagious than the flu, spreading faster than influenza and taking longer to exhibit symptoms.

Confusion by which type of virus is causing respiratory illness is one reason why a test to detect COVID-19 was developed so quickly.

That test revealed that even people who tested positive for the virus, a high percentage—80 percent—were either asymptomatic or experienced very slight symptoms, such as a runny nose.

Scientists are still looking to see if other bodily secretions, such as feces or sweat, can harbor the COVID-19 virus.

Generally speaking, a large majority of people (up to 80 percent) usually experience only mild symptoms if they've been infected with either virus.

MEANS OF TRANSMISSION:

Research on COVID-19 has shown that it is spread mainly by respiratory droplets from the nose, expelled by sneezing, coughing, or normal conversation conducted at close range.

SYMPTOMS:

Both viruses present similar symptoms, many of which most people have experienced at one time or another. Among them:

- nausea
- coughing
- tiredness
- runny nose
- fever
- body aches
- headaches
- diarrhea
- vomiting

Their symptoms may be similar, but the time they take to incubate is different.

Among COVID-19 symptoms not shared with influenza are temporary losses of the senses of taste and smell.

Confusion by which type of virus is causing respiratory illness is one reason why a test to detect COVID-19 was developed so quickly. That test revealed that even people who tested positive for the virus, a high percentage—80 percent—were either asymptomatic or experienced very slight symptoms, such as a runny nose.



The CDC recommends getting tested even though you do not think you have been infected.

MEASURES TO AVOID CONTRACTING EITHER FLU:

The best routine for avoiding COVID-19 is one that most of us already know by heart: Wash hands regularly and vigorously, preferably with soap (hand sanitizer is your second-best choice), for at least 20 seconds before rinsing. The recommended time gives the soap a chance to strip any COVID-19 virus of the structural integrity it needs to function.

Each person in a household should have separate towels, sheets, face cloths, and personal clothing items to wear and use.

Wear a mask. This is no longer a necessity or requirement in many areas of the country and has almost become voluntary.

Avoid contact with surfaces that many people touch in a public place, such as handrails and elevator buttons.

Get vaccinated against both viruses. Annual influenza season begins around September, and vaccine for it is available in many places for a small price or even free.

MEASURES TO TAKE IF MADE SICK BY EITHER VIRUS

The CDC says there are several steps you can take if it is confirmed that you have COVID-19 flu:

Get tested.
Contact your doctor.
Tell your friends, coworkers, and other people you regularly come into contact with that you have tested for COVID-19.

The best routine for avoiding COVID-19 is one that most of us already know by heart: Wash hands regularly and vigorously, preferably with soap (hand sanitizer is your second-best choice), for at least 20 seconds before rinsing.



COVID has made us all more thoughtful about how we approach flu season. However, millions of us already are used to exercising the same safeguards against the flu that we've used to protect ourselves from COVID-19: hand washing, wearing a mask to protect others, getting vaccinated as soon as shots are available.

Stay home.

Isolate yourself—no physical contact with persons other than your doctor and immediate family.

Avoid taking any public transportation other than your car. This includes taxis, Uber, Lyft, and similar transportation.

MEDICINES/VACCINES DEVELOPED TO PREVENT THEM:

In the US, three COVID-19 vaccines are recommended for use:

- Pfizer BioNTech
- Moderna
- Johnson & Johnson/Janssen

The CDC has advised the public to take the first of these vaccines that becomes available in their locale.

THE SILVER LINING:

COVID has made us all more thoughtful about how we approach flu season. However, millions of us already are used to exercising the same safeguards against the flu that we've used to protect ourselves from COVID-19: hand washing; wearing a mask to protect others; getting vaccinated as soon as shots are available.

Through the years, East Asians such as the Chinese and Japanese have routinely worn masks when infected with something they don't wish to spread or are fearful of being infected, and nobody gives it a second thought. It may be that we will incorporate that custom into American culture and find ourselves not giving it a second thought when we see a masked person. **DH**

Sources:

The CDC: www.cdc.gov/

Johns Hopkins: www.hopkinsmedicine.org/

Eating Your Way Back to Health with Good Nutrition

Diabetes Health Staff

When our body is run down, we are more susceptible to becoming sick. During these times, it is imperative to take care of yourself with good nutrition. If you don't, you could risk getting a flu variant that can knock you off your feet.

Just as good nutrition can keep you healthy, unhealthy food will contribute to getting sick.

Fresh foods are the healthiest for you. Stay away from prepackaged foods as they tend to have less nutritional value.

Drink lots of herb teas. For example, rooibos tea has been shown to lower blood sugars in rodents with diabetes. If you have low energy, sometimes unexplained high blood sugars can be a precursor to being sick.

Higher blood sugars indicate inflammation—a state when your body cannot create the biochemical balance to stay healthy. Not enough insulin in your body to maintain targeted blood sugars causes inflammation. Having the right balance of good nutrition

and insulin is what brings the inflammation back into balance.

High blood sugars compromise your body's ability to fight infection while targeted blood sugars support healing. So eating foods that help maintain healthy blood sugar levels makes a difference.

Most of us think of lemon and honey when we are sick in bed. Lemons are packed with vitamin C, an excellent immune support. It aids in building back a healthy immune system. For people with diabetes, honey with lemon will raise their blood sugar. If you want a sweeter drink, add a little Stevia® to the lemon and water.

Warm bone broth is especially good for you. Your throat will appreciate the soothing warm liquid in addition to keeping you hydrated. If you can swallow small pieces of

Drink lots of herb teas. For example, rooibos tea has been shown to lower blood sugars in rodents with diabetes. If you have low energy, sometimes unexplained high blood sugars can be a precursor to being sick.

meat- chicken soup can be packed with nutrients from the celery parsley, carrots, onion, and garlic broth.

Chicken boosts collagen production, an essential amino acid that supports healthy bones, joints, skin elasticity, and nails. Recovering from the flu requires a strong body that can sustain itself by standing up and moving around.

Unsweetened yogurt has prebiotics, supporting a healthy gut, which in turn keeps your immune system healthy.

One cereal that gets mentioned over and over for its low glycemic index and load is oats. They are a dish that almost everybody has eaten at one time or another in their lives.

The first thing you should avoid is alcohol. Outside of dehydration, it will compromise your immune system.

Next, avoid difficult foods to digest. Fast food or greasy food is tough on your digestive system.

You will feel the difference when you eat nutritional foods, building back to a healthy body. Even better, try to make food choices packed with good nutrition to avoid flu complications from high blood sugars.

One cereal that gets mentioned over and over for its low glycemic index and load is oats. They are a dish that almost everybody has eaten at one time or another in their lives.

You can sweeten oats with artificial sweeteners, such as Stevia®, that taste like sugar but are chemically different. As a result, they cannot be absorbed by the body, eliminating concerns about spiking blood sugar levels.

Other suitable sweeteners for oats are berries, which are also low on the glycemic scale and are great accompaniments to any cereal.

Do *not* eat sweetened or flavored oats that usually come in packets and are intended to be short-cut meals for people in a hurry. [DH](#)

Sources:

A Beneficial Role of Rooibos in Diabetes Mellitus: A Systematic Review and Meta-Analysis

Significant Amounts of Functional Collagen Peptides Can Be Incorporated in the Diet While Maintaining Indispensable Amino Acid Balance

2021 Annual Vaccine Guide

Diabetes Health Staff

Our annual vaccine guide (page 24) offers a quick lesson in which diseases most concern modern humans and the (non-COVID) vaccines that have been designed to thwart those illnesses:

- **Meningitis:** While the media usually focus on meningitis cases on college campuses, this disease can afflict people of any age.
- **Pneumonia:** Older adults are most susceptible to pneumonia, which is why starting in September, there is always a flurry of warnings and notices about getting a vaccination for this.
- **Shingles:** This can be an excruciatingly painful condition caused by the same virus that causes chickenpox in children.
- **Flu:** Seemingly an annual occurrence these days. Lessons learned from COVID-19 will be beneficial in preparing for and resisting it.
- **Tetanus, Diphtheria, and Pertussis:** a three-in-one vaccine that shields people against three often deadly conditions.

Flu: Seemingly an annual occurrence these days. Lessons learned from COVID-19 will be beneficial in preparing for and resisting it.

Note that on the second page of the chart (page25), that several diseases and conditions cannot be protected against by just one inoculation.

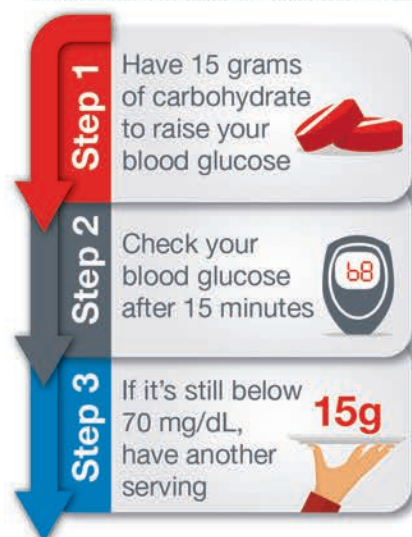


Meet Lance.™

He was just diagnosed with diabetes...

The key to managing an episode of severe low blood glucose is to be prepared.

Lance's healthcare team recommended him to follow the 15-15 Rule if symptoms are present or blood glucose levels fall below 70 mg/dL.¹





Visit Your Health Mart Pharmacy Today!

NICO-4358 01/19 © 2019 Trividia Health, Inc. Meet Lance is a trademark of Trividia Health, Inc. 1. American Diabetes Association, Hypoglycemia (Low Blood Glucose). <http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/hypoglycemia-low-blood.html?oc=low-slabnav>, Accessed 16 Oct 2018.

YOUR VACCINATION REFERENCE CHART

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV Infection CD4 Count <200 >200	Asplenia, complement deficiencies	
IIV or RIV (Inactivated Influenza Vaccine or Recombinant Influenza Vaccine)	1 dose annually LLV protects you from getting the flu- for children and adults				
Tdap or Td (Tetanus, diphtheria and pertussis)	Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection				
RZV Shingles (preferred) (Recombinant Zoster Vaccine)	DELAY	Recommended vaccination for adults with an additional risk factor or another indication			
PCV13 (Pneumococcal Conjugant Vaccine)	1 dose PCV13- protects against 13 types of pneumococcal bacteria - most common are pneumonia, meningitis, sinusitis, and middle ear infection - for ages 2-64 and all 65 and older				
PPSV23 (Pneumococcal Polysaccharide Vaccine)	Recommended vaccination for adults with an additional risk factor or another indication				
MenACWY (Meningococcal conjugate)	Recommended vaccination for adults with an additional risk factor or another indication				

 Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection


 Recommended vaccination for adults with an additional risk factor or another indication

Source: Centers for Disease Control and Prevention (CDC)

1. Precaution for LLV does not apply to alcoholism. 2. See notes for influenza; hepatitis B; measles, mumps, rubella and varicella vaccinations. 3. Hematopoietic stem cell transplant.

YOUR VACCINATION REFERENCE CHART

End-State renal disease, on hemodialysis	Heart or lung disease, alcoholism	Chronic liver disease	Diabetes	Health care personnel	Men who have sex with men
<p>1 dose annually RIV protects you from getting the flu- for 18 years and older</p>					
<p>1 dose Tdap, then Td booster every 10 yrs Tdap- protects you against tetanus, diphtheria, and pertussis (whooping cough) for ages 11 and older Td protects you from tetanus- for ages 11 and older</p>					
<p>2 doses at age >50 yrs RZV protects against shingles for 50 years and older, Centers for Disease Control and Prevention (CDC) recommends for 60 years and older</p>					
<p>1, 2, or 3 doses depending on age and indication PPSV23 protects against 23 types of pneumococcal bacteria- most common are pneumonia, meningitis, sinusitis, and middle ear infection - for ages 2-64 and all 65 and older</p>					
<p>1 or 2 doses depending on indication, then booster every 5 yrs if risk remains MenACWY protects against four different strains of meningococcal bacteria (meningitis and blood poisoning) - for ages 11 and older</p>					

 Delay vaccination until after pregnancy if vaccine is indicated

 No recommendation

From the Sugar Happy Kitchen: Chicken Soup with Super Greens

Nadia Al-Samarrie



Nutrition Facts:

Serving Size 4
Total Net Carbs 5.4
per serving
105.53 Calories,
Total Fat 4.8g, So-
dium 1009.26mg,
Total Carbohy-
drates 7.4g, Fiber
2.0g, Total Sugar
2.2g, Protein 6.1g

Chicken soup is one of those comfort foods that has been passed down through generations. You may be surprised to find out that it dates back to the 12th century BC when Egyptian doctors recommended chicken soup to patients experiencing difficulties in breathing. Thousands of years later the benefits of chicken soup have been researched. The results have been positive. Researchers aren't sure why; but chicken soup is believed to lower your viral inflammation, helping you recover from the flu.

My 8-minute homemade recipe is especially good for you. The bone broth helps build collagen, making your body strong. The greens and leek have antioxidants that strengthen your immune system, helping fight inflammation, which can cause havoc on your blood sugars.

Ingredients:

32 ounces of Chicken bone broth
1 leek stock
1 small yellow onion
6 cups of super greens
½ teaspoon of sea salt
½ teaspoon of fresh ground pepper
1 tablespoon of olive oil

Instructions:

- Place one tablespoon of olive oil in a soup pan
- Cut the leek and yellow onion and sauté them until they look soft
- Add 32 ounces of bone broth and heat it until it is hot
- Add ½ teaspoon of sea salt and ½ teaspoon of fresh ground pepper
- Add 6 cups of super greens and cook until the greens are soft

Serve in a bowl or soup cup. [DH](#)

Source:

Chicken soup inhibits neutrophil chemotaxis in vitro



THE DIFFERENCE OF A KINDER EXPERIENCE

WITH INSULIN SYRINGES AND PEN NEEDLES BECAUSE BD CARES. Providing comfortable care to people with diabetes is our highest priority. We offer a full line of insulin syringes and pen needles, because we want you to have as kind and gentle an injection experience as possible. Discover the difference of innovative care. **Discover the new BD.**



BD® Insulin Syringes with BD Ultra-Fine™ Needle



BD Ultra-Fine™ Pen Needles

Covered by most health plans at the preferred co-pay*

Ask for BD Insulin Syringes and Pen Needles. **Accept no substitutes.**

Learn more at bd.com/LivingWithDiabetes



*Co-pays may vary by plan. BD, the BD Logo and Ultra-Fine are trademarks of Becton, Dickinson and Company or its affiliates. © 2019 BD. All rights reserved. 0619-2739



From the Sugar Happy Kitchen: Timman Bagilla

Nadia Al-Samarrie

I grew up with the expression “starve a cold, feed a fever,” which I can still hear my mother say. It has stuck with me my whole life. Any time I have a fever, I make easy dishes with enough food to last for days.

One of my favorite dishes is Timman Bagilla, pronounced Tim-man-Ba-Gil-La. It’s an Iraqi dish my father use to make for me. My version takes a traditional white rice dish and turns it into a low-carbohydrate, animal-free superfood, rich in antioxidants, packed with fiber, vitamins, and nutrients that build new cells. Best of all? It takes less than 8 minutes to prepare.

Ingredients

3 cups of cauliflower rice
1 cup fava beans
½ tablespoon of sea salt

3 tablespoons of fresh dill
1 ½ lemons
1.5 tablespoons of olive oil

Instructions

Boil some water and cook the double-shelled half fava beans for three minutes. Then heat the olive oil in a frying and add the cauliflower rice and stir. Add ½ tablespoon of sea salt, three tablespoons of finely chopped fresh dill, and squeeze one fresh lemon over the ingredients in the frying pan. After cooking the fava beans for three minutes, add them to the cauliflower mixture and cook for two more minutes. Finally, place the Timman Bagilla on a platter and squeeze another half lemon on the rice. [DH](#)

Nutrition Facts:

Serving Size 6
10.3 net carbs per serving
93 Calories, Total Fat 2.9g, Sodium 763 mg, Total Carbohydrates 15.89g, Fiber 5.59g, Total Sugar 2.8g, Protein 6.7g

From the Sugar Happy Kitchen: Spicy Moroccan Lemon Chicken Bowl

Nadia Al-Samarrie

If you have not been to Morocco, I recommend putting it on your bucket list. Years ago, I took a boat over from Spain to Ceuta, on the northern tip of Morocco. It is a beach town that attracts Europeans from the north who want to bask in the sun during the cold season. The Mediterranean seashore there is beautiful.

More recently, my daughter and I took a trip to Marrakesh. It was a completely different experience. I was taken by how the Eastern Muslim community blended so well with the French Christian community. Culturally, I found it to be the perfect blend between Eastern and Western culture.

The food and spices were exciting to my palate. Even camping through the desert on camels with the Berbers introduced us to an ancient tribal culture that has influenced Moroccan cuisine for centuries.

We are all accustomed to using bay leaves, bell peppers, black pepper, cinnamon, cumin, coriander, ginger, paprika, turmeric, nutmeg, fennel, anise, and salt. What makes Moroccan cuisine so unique is how they combine these spices.

I borrowed a page from Moroccan history and came up with a Keto recipe that I love. I should warn you the spices I purchased have some heat to them. Enjoy a cool cold drink with the Keto Spicy Moroccan Lemon Chicken Bowl. It will make your blood sugar happy.



Vegan version- just leave out the chicken.

Ingredients:

- 1 tablespoon of coconut oil
- 1 medium raw red onion
- 3 medium raw cloves of garlic
- 1 large chicken breast
- 5 cups of cauliflower rice
- ½ cup of unsweetened coconut milk
- 2 fresh raw lemons
- 1.5 tablespoons of Moroccan spices
- 1 tablespoon of sea salt

Instructions:

Place coconut oil in a large frying pan. Cut red onion and garlic and place in the frying pan. Let cook until they are caramelized. Cut thin slices of the chicken breast and sauté for a few minutes with onion and garlic. Add the cauliflower rice and sauté all ingredients for another few minutes

- add unsweetened coconut milk and mix
- add 1 Tablespoon of sea salt
- add 1.5 Tablespoons of Moroccan spices
- squeeze juice from fresh lemons and add to the mix
- stir all the ingredients for another minute, then serve
- sprinkle Moroccan spices
- add mint as a garnish

Serve with something cool to drink. [DH](#)

Nutrition Facts:

Serving Size 4
7.9 net carbs per serving
172 Calories,
Total Fat 11.4g,
Saturated Fat 9.3g,
Cholesterol 18mg,
Sodium 21755mg,
Total Carbohydrates 11.4g, Fiber 3.54g, Total Sugar 4.2g, Protein 8.5g

From the Sugar Happy Kitchen: Supporting Your Immune System with Homemade Drinks

Nadia Al-Samarrie



LEMONADE & ROOIBOS TEA

When Stevia® first came out decades ago, it did not taste that good. It had an earthy flavor which I did not like. My favorite brand which I recommend as a 30-year Stevia® veteran is, NuNaturals White Stevia® Powder, All Purpose Natural Sweetener, Sugar Free. It makes a big difference in taste when you use it to make my lemonade recipe. When I serve it, I don't tell people it's sugar free and they have never noticed or questioned me about the sweetener.

You can serve this at room temperature or over ice.



Ingredients

- 2 medium lemons
- 2 packets of Stevia®
- 6 cups of water

Instructions:

- squeeze 2 medium size lemons in a 48-ounce pitcher
- add 1-2 Stevia® packets and stir with the freshly squeezed lemon juice
- add six cups of water and stir. [DH](#)

If you like my recipes, make sure to visit the Sugar Happy Kitchen on DiabetesHealth.Com. My Pantry Essentials has many ingredients that I use in my recipes.

Ask your doctor or pharmacist
about Unifine® Pentips® Plus.

Unifine® Pentips® *Plus*

easier.

The only pen needle *plus* a built-in remover.

Introducing Unifine® 33G

10% thinner than 4mm x 32G¹

Meet Unifine 33G, our tiniest pen
needle ever—featuring a needle so
incredibly thin you'll hardly notice
it's there.



1. Comparison of 33G to 32G max outer needle diameter in accordance with ISO 9626:2016 standards. 2. Available while supplies last. DSMAD2021/OMI/0321/1/US

Health Mart® TRUE METRIX® offers savings and coverage solutions for you*.

Every Patient, Every Time!™

- ✓ Commercial Insurance
- ✓ Medicare and Medicaid
- ✓ Cash
- ✓ NO CHARGE Meters¹



*Commercial Insurance, Medicare and Medicaid and NO CHARGE Meters only apply to TRUE METRIX

Have a dog or cat with diabetes? Test Buddy™ is your Solution!

TEST BUDDY™

PET-MONITORING
BLOOD GLUCOSE SYSTEM

Bluetooth
SMART

Specially Made for Dogs and Cats with Diabetes™.



Brought to you by the makers of TRUE METRIX®.



Ask your Health Mart® Pharmacist to learn more!

1. Once NO CHARGE meter is processed for reimbursement, you cannot submit for claim to any other third-party payor.
NICO-4625 06/21 © 2021 Trividia Health, Inc. TRUE METRIX, Every Patient, Every Time, Specially Made for Dogs and Cats with Diabetes and Test Buddy are trademarks of Trividia Health, Inc. TRUE METRIX® and TRUE METRIX® AIR are intended for self-monitoring blood glucose only and not for multiple patient use. Only TRUE METRIX® PRO is intended for multiple patient use. All other products or brands are trademarks of their respective owners. The Test Buddy Pet Monitoring Blood Glucose System is intended for use only with dogs and cats. Not For Human Use. Health Mart, the Health Mart logo and the Health Mart Private label logo are registered trademarks of Health Mart Systems, Inc. All rights reserved.