FIRST, A FRANK TALK ABOUT ZIKA VIRUS.

Zika is new to the spotlight, but it was first reported from Uganda in 1947. It is spread by mosquito bite. It has been isolated from semen, and it is currently unknown how long the virus stays in semen, but it is felt to persist longer in semen than blood. Men who have traveled to areas where Zika is endemic should wear condoms or abstain from sex with women who are or could become pregnant. To prevent mosquito bites, wear long sleeves and long pants. Try to stay indoors or behind window and door screens. Sleep under a mosquito net. Wear insect repellent, being careful to follow the directions! Always apply sunscreen first, then insect repellent. Speak to your pediatrician or family physician about protecting your child. Clothing and gear treated with permethrin can be quite useful.

Most people infected with Zika do not know it. The most common symptoms are fever, rash, joint pain, and conjunctivitis but muscle pain and headache are also common. The virus incubation period is not known but felt to be a week or less. Symptoms usually last a few days. Travel history is vital! Mention any recent travel history to treating physicians. If you are pregnant and develop rash or fever, or the above symptoms, consult with the physician providing obstetrical care.

The treatment is symptomatic – rest, fluids, acetaminophen. Having the infection likely results in immunity. The big consequences of this infection are the birth defects of skull size and brain of infant, so it cannot be overemphasized how important prevention is if you are pregnant or trying to conceive! Much misinformation is floating about. Check reputable resources such as your physician or www.cdc.gov/zika.

IT’S SUNSCREEN SEASON SUMMER INTO FALL.

‘Tis the season! From mid-March to the end of October (here) or year round (closer to the equator or high altitudes) protect yourself! Just like there is no safe exposure to tobacco, there is no safe sun exposure. I’ve heard the arguments – get your vitamin D from a pill, minimum of 600 I.U. daily. Clothing helps with long sleeves and pants and broad brimmed hats, but nearly 90% of skin cancers occur on face, neck and hands, which is where sunscreen comes in. Sun exposure is peak 9:30am to 4:30pm, so if possible defer outdoor activity to earlier or later. Let’s face it, that’s not always practical. If you have to be outdoors protect your exposed skin. Ultraviolet A rays penetrate deeper and cause wrinkles and tanning. Ultraviolet B rays are higher energy and burn. Both can cause skin cancer.

Broad spectrum sunscreen blocks both UVA and UVB. It should be applied 20-30 minutes before sun exposure, and reapplied every couple of hours (particularly if sweating or swimming). Guidelines are one ounce (shot glass full) of sunscreen covers exposed skin. Apply evenly, directly into your skin and keep your skin safe out there!

HOW TO TREAT BITES AND STINGS.

Most insects don’t bite or sting unless provoked (the exception are mosquitoes, lice, or bed bugs which are after a blood meal). Stings can be fatal (usually anaphylaxis from venom). Susceptible individuals must carry an epinephrine auto injector. Many diseases are transmitted by bites – malaria, plague,
Taking the Sting Out of Summer

Written by Board Certified Dermatologist
James W. Young, DO, FAOCD

Lyme, West Nile and Zika are just a few examples.

Most bites and stings result in redness, swelling, itching or pain. Wasp and bee stings can be severe and life threatening. Ant bites frequently cause pustules/pimples. Spider bites are rare and may cause blisters or necrotic (black scab) ulcerations and occasionally systemic symptoms.

Seek medical help if you experience symptoms beyond the site of the injury, which could include hives. If short of breath call 9-1-1. If the area looks infected – warm, fever, red streaks, pus – seek help. If you have severe symptoms such as a history of wheezing, chest pain/tightness, shortness of breath, fainting, weakness, throat closing – call 9-1-1 or go to the nearest emergency room.

Good first aid for bites and stings includes carefully removing the stinger, by scraping along the skin, NOT grabbing and squeezing. Using ice ten minutes per hour, or a cool compress often is soothing. Topical corticosteroids twice daily for a week can reduce redness and itching. Topical anesthetics can be useful, but it is possible to develop an allergy to them. Oral antihistamines may help a person sleep, but have a limited role in the absence of hives. If tender, take acetaminophen or ibuprofen. Calamine lotion can dry up something that is weeping. Most of these will resolve in a few days.

As always, your physician is an excellent source of information. The Department of Dermatology is at your service to answer questions on these or other skin, hair, and nail questions. We want you to have a safe and enjoyable summer into the fall, so please wear sunscreen!

For more information or to schedule an appointment please call 605-665-1722.