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(AAMA)

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PRESIDENT’S MESSAGE

Welcome to 2021 everyone. I hope that the New Year has found each of you healthy, doing well, and that you had a good holiday season.

The past year seems to have flown by despite the restrictions and limitations we have had to live with since the onset of the Corona virus. Many of us have had to adjust and change our work habits and routines which has made our jobs a bit more difficult. Wearing masks, face shields or goggles has made communication with our patients more cumbersome. We have been unable to visit family and friends. Many of us have not been able to go out for a meal or refreshment. We need to continue to educate and encourage our patients and loved ones to wear their masks, social distance and consider getting the COVID vaccine if and when it is available.

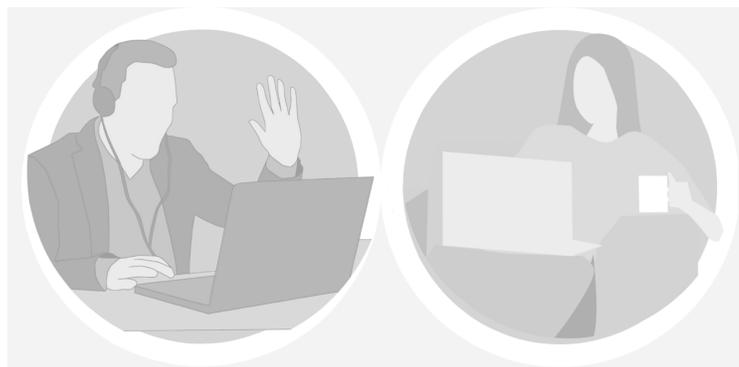
The 2021 AAMA Conference is scheduled to be held in Houston, Texas in September. Hopefully, we will be able to meet in person. I just received an email asking if I would attend if it is held in person. Honestly, I don’t know. It would depend on our state travel restrictions and the status of COVID when it gets closer. That seems to be the general feeling of other states as well. Some are concerned about having to quarantine when they return and the additional time off from work. We will keep watching and see what happens.

We will have had a Board meeting late January and one of the topics being our convention and General Assembly. Please watch for more information coming after this meeting. We were unable to meet in person last year and had little time to make arrangements to do anything virtually. As you recall, election of officers was held electronically. Unfortunately, there was not a very good response. If we have to do the General Assembly and voting virtually this year I hope more members will take part.

Because very few areas can meet in person, most states or chapters are hold virtual meetings and offering CEUs for presentations. Everyone can access approved CEU presentations on the AAMA website. With only a few exceptions, most are available to members and nonmembers alike. Some are charging a fee but most are free. Please check the website and take advantage of these CEU opportunities. In our state, Erie Chapter has been offering virtual presentations and we have had people from all across the country join in. We even had a speaker from out of state. AAMA has offered several free CEU presentations and there are always the articles in *CMA Today* as well as home study courses. Please don’t let your certification slip away. There are plenty of ways to get your CEUs.

Stay safe and healthy and I hope we can see each other in person very soon. Virtual meetings are fine but it doesn’t take the place of an in person smile, handshake or hug. Take care of yourself and each other.

Carrie Gravelle, CMA (AAMA)
President



LETTER FROM THE EDITOR

Happy New Year, All.

There's no love lost between me and winter, but a simple guidepost to better days that my late father used to use was the Winter Solstice. The daylight starts increasing incrementally each day thereafter and it's just a bit of encouragement that we're a little closer to Spring. The days of "cabin fever" are diminishing.

While I'm realistic enough to know that simply having turned the calendar page doesn't absolve us of 2020's woes, I am optimistic enough to hope that we are nonetheless turning a corner.

Some of us have already begun receiving our COVID vaccines, there's a new incoming administration, a fresh new college semester is underway, and the Bills had a great run in the playoffs.

I've been spending much of my days and nights stuck in the house reading and learning: working on CEUs, helping my oldest with remote-learning, and occasionally reading something for fun.

It's with that thought that this issue is all about learning. I hope you have found something to fill your home-bound days.

Best,

Heather Kazmierczak, BFA, CMA (AAMA)

2020 EXCEL AWARDS

Sponsored by the American Association of Medical Assistants®, the Excel Awards bring recognition to the most excellent publications, promotions, people, and more!

In lieu of the Awards Ceremony typically held at the AAMA Annual Conference, the AAMA Awards Committee hosted a Facebook Live event with AAMA President Houston to announce some of the 2020 winners.

New York received the **CMA (AAMA)® Certification Award** for greatest percentage increase of member CMAs (AAMA) [Section B, 201-500 members.]

New York received an **Achievement Award for Excellence in Publishing** with this publication, *NYSSMA Today*.

Congratulations to all of the 2020 Excel Awards winners!

NYSSMA

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COVID-19 VACCINE MYTHS DEBUNKED



Myth: The COVID-19 vaccine is not safe because it was rapidly developed and tested.

Fact: Many pharmaceutical companies invested significant resources into quickly developing a vaccine for COVID-19 because of the world-wide impact of the pandemic. The emergency situation warranted an emergency response but that does not mean that companies bypassed safety protocols or didn't perform adequate testing.

In addition to the safety review by the FDA, the Advisory Committee on Immunization has convened a panel of vaccine safety experts to independently evaluate the safety data from the clinical trial. Mayo Clinic vaccine experts [have also reviewed] the available data. The safety of COVID-19 vaccine will continue to be closely monitored by the Centers for Disease Control and Prevention (CDC) and the FDA.

It's important to recognize that getting the vaccine is not just about survival from COVID-19. It's about preventing spread of the virus to others and preventing infection that can lead to long-term negative health effects.

Myth: I already had COVID-19 and I have recovered, so I don't need to get a COVID-19 vaccine when it's available.

Fact: There is not enough information currently available to say if or for how long after infection someone is protected from getting COVID-19 again. This is called natural immunity. Early evidence suggests natural immunity from COVID-19 may not last very long, but more studies are needed to better understand this.

Myth: There are severe side effects of the COVID-19 vaccines.

Fact: There are short-term mild or moderate vaccine reactions that resolve without complication or injury...Keep in mind that these side effects are indicators that your immune system is responding to the vaccine and are common when receiving vaccines.

Myth: More people will die as a result of a negative side effect to the COVID-19 vaccine than would actually die from the virus.

Fact: Circulating on social media is the claim that COVID-19's mortality rate is 1%-2% and that people should not be vaccinated against a virus

with a high survival rate. However, a 1% mortality rate is 10 times more lethal than the seasonal u. In addition, the mortality rate can vary widely and is influenced by age, sex and underlying health condition. While some people that receive the vaccine may develop symptoms as their immune system responds,

remember that this is common when receiving any vaccine and not considered serious or life-threatening. You cannot get COVID-19 infection from the COVID-19 vaccines; they are inactivated vaccines and not live viruses. It's important to recognize that getting the vaccine is not just about survival from COVID-19. It's about preventing spread of the virus to others and preventing infection that can lead to long-term negative health effects. While no vaccine is 100% effective, they are far better than not getting a vaccine. The benefits certainly outweigh the risks in healthy people.

Myth: COVID-19 vaccines will alter my DNA.

Fact: The first COVID-19 vaccines to reach the market are...messenger RNA (mRNA) vaccines. According to the CDC, mRNA vaccines work by instructing cells in the body how to make a protein that triggers an immune response. Injecting mRNA into your body will not interact or do anything to the DNA of your cells. Human cells break down and get rid of the mRNA soon after they have finished using the instructions.

Myth: COVID-19 vaccines were developed using fetal tissue.

Fact: Neither the Pfizer/BioNTech COVID-19 vaccine nor the Moderna COVID-19 vaccines contain fetal cells nor were fetal cells used the development or production of either vaccine.

Myth: I am allergic to eggs so I shouldn't get the COVID-19 vaccine

Fact: Neither the Pfizer/BioNTech COVID-19 vaccine nor the Moderna COVID-19 vaccines contain egg nor were eggs used the development or production of either vaccine. However, those with severe allergic reactions to eggs or any other substance (i.e., anaphylaxis) are encouraged to remain after vaccination for 30 minutes for observation. 1

FREE FOR MEMBERS CEU IN THE E-LEARNING CENTER

Alcohol and the Immune System: Another COVID-19 Risk Factor?

Data suggests that U.S. adults have been using more alcohol since the onset of the COVID-19 pandemic. Examine the effect alcohol has on the immune system and within the context of the COVID-19 pandemic, and learn how to identify excessive alcohol use and how to improve the delivery of messaging and intervention.

1 Gen/Clin CEU available

CAN I RECERTIFY EARLY IF I ACCUMULATE ALL 60 RECERTIFICATION POINTS?

Yes. If you choose to recertify by continuing education and have accumulated all 60 recertification points, you can recertify before the expiration date. Your new 60-month certification term begins on your date of recertification.

CAN I ROLL OVER EXTRA RECERTIFICATION POINTS?

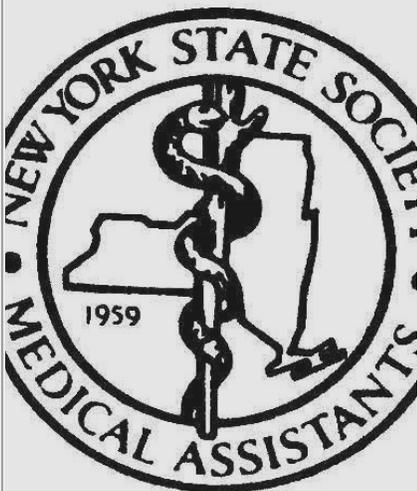
No. Points toward recertification are valid only if earned after initial certification or after the most recent recertification. Additionally, credits must be earned in the 60 months prior to which the application is submitted.



Have you taken a look at the NYSSMA website lately?

Go to nysmedassist.org to find past issues of *NYSSMA Today*, Chapter listings and contact information, and links to local NYS chapter Facebook pages. You can find more information about virtual CEU presentations and what's happening across the state.

FIND OUT MORE



NYSMEDASSIST.ORG

T Cells and Neurons Talk to Each Other

CONVERSATIONS BETWEEN THE IMMUNE AND CENTRAL NERVOUS SYSTEMS ARE PROVING TO BE ESSENTIAL FOR THE HEALTHY SOCIAL BEHAVIOR, LEARNING, AND MEMORY.

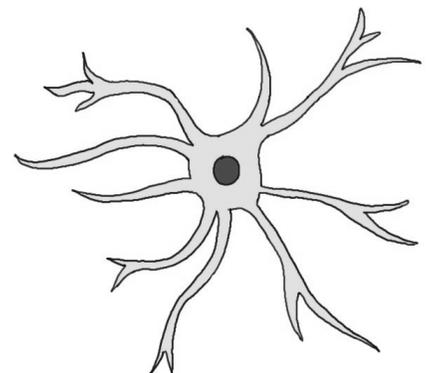


Tiroyaone Brombacher sat in her lab at the University of Cape Town watching a video of an albino mouse swimming around a meter-wide tub filled with water. The animal, which lacked an immune protein called interleukin 13 (IL-13), was searching for a place to rest but couldn't find the clear plexiglass stand that sat at one end of the pool, just beneath the water's surface. Instead, it swam and swam, crisscrossing the tub several times before finally finding the platform on which to stand. Over and over, in repeated trials, the mouse failed to learn where the platform was located. Meanwhile, wildtype mice learned fairly quickly and repeatedly swam right to the platform. "When you took out IL-13, [the mice] just could not learn," say Brombacher, who studies the intersection of psychology, neuroscience, and immunology.

As far back as 2004, studies in rodents suggested that neurons and their support cells release signals that allow the immune system to passively monitor the brain for pathogens, toxins, and debris that might form during learning and memory-making, and that, in response, molecules of the immune system could communicate with neurons influence learning, memory, and social behavior. Together with research on the brain's resident immune cells, *ca* microglia, the work overturned a dogma, held since the 1940s, that the brain was "immune privileged," cut o fro the immune system entirely.

Brombacher and others are now starting to identify how communication between the nervous system and the immune system happens. In 2012, molecular imaging revealed that fluorescently labeled proteins could flow through a layer of projections, or "feet," of neuronal support cells called astrocytes. Astrocytes are star-shaped cells that sit at the border of neural and meningeal tissues and along the blood vessels of the brain; their foot layer is the barrier that separates cerebrospinal fluid (CSF), the watery liquid that envelops the brain and spinal cord, from the neurons of the central nervous system. If those fluorescently labeled molecules could cross the astrocyte layer and move into and out of the brain, so could CSF-based immune-system proteins, which are smaller, scientists figured.

Experiments have also shown that cytokines in the blood can cross the blood-brain barrier (BBB—which, in addition to the wall of astrocyte feet, includes a tight layer of endothelial cells surrounding the brain's vasculature—and may influence neurons. A third mode of communication, Brombacher notes, is through immune cytokines' interactions with astrocytes themselves: it seems that the signaling molecules don't have



to penetrate neural tissue at all to influence the brain. Her work shows, for example, how cytokines such as IL-13 spur astrocytes to release brain-derived neurotrophic factor (BDNF) and other proteins that bolster neural development and influence learning and memory.

This line of work has led to rapid developments in neuroimmunology, a growing field of research that focuses on understanding the ways in which the nervous system draws on immune cells during normal function, and how that interaction plays a role in learning, memory, and social behavior, as well as neurological disease. Some researchers even propose that the immune system might be key to treating some forms of impaired cognition.

COMMUNICATION LINES BETWEEN IMMUNE CELLS AND NEURONS

Some neuroscientists remain adamant that, with the exception of some drugs, most molecules do not get through the barriers that separate the brain from the rest of the body unless there's a rupture to the boundary layers intended to cordon off the central nervous system. But research from several groups now challenges this idea. A key study in disproving the long-held assumption that the brain is immune privileged came from the lab of neuroscientist Maiken Nedergaard of the University of Rochester Medical Center. In 2012, she and her colleagues watched fluorescent and radiolabeled tracers flow from the CSF into the brains of anesthetized mice.

Understanding immune cell–neuron crosstalk—both the way T cells respond to what's in CSF coming from the central nervous system and how they send signals into the brain—could be important for understanding neurological disorders, such as Alzheimer's disease, autism, schizophrenia, and even the cognitive decline associated with aging. “With many of these neurological disorders, there's been reports that there's some kind of dysregulation of the immune system,” Filiano says. Identifying faulty signals from neurons in the fluid leaving the brain could lead to diagnostic tools for neurological disorders, he notes. And given that CSF can carry cytokines and other proteins to neurons, Kipnis says he suspects that “putting [immune-based] therapies into that fluid will probably be a very, very efficient route for treating patients.”

Analyses of immune cells in the blood of schizophrenia patients show that these individuals have higher levels of a variety of cytokines, including IL-13 and interferon gamma, than healthy individuals do. People with schizophrenia treated with anti-inflammatory and antipsychotic drugs also tend to have fewer cognitive problems than individuals treated with only antipsychotics, hinting that reducing cytokine levels could improve patients' symptoms. While the neuronal changes that cause schizophrenia are far from clear, studies suggest that when certain neurons produce lower-than-expected levels of dopamine, they alert T cells to a problem, and the T cells respond by releasing cytokines that prompt disease-related deficits in memory, learning, social behavior, and resilience to stress.

Filiano and Kipnis have found evidence that a similar approach might work for helping individuals with autism. In experiments with mice lacking T cells, the researchers found that the animals not only had social deficits but also showed hyperactivity in neural circuits that often have abnormal activity in the brains of people with autism. Not only did social behavior improve when the team infused the mice with immune cells, but the animals' abnormal neural activity subsided too. Meticulously tweaking the immune system might reverse the cognitive and social deficits of the disorder, the experiments suggest.

For now, the results leave Filiano wanting to know more. He explains, “We're really interested in how these immune cells talk to the brain, how these signals get from the immune cells to these neural circuits, how that communication happens in health and disease.”²

Understanding immune cell–neuron crosstalk...could be important for understanding neurological disorders, such as Alzheimer's disease, autism, schizophrenia, and even the cognitive decline associated with aging.

¹COVID-19 vaccine myths debunked. (2020, December 8). Retrieved January 27, 2021, from <https://www.mayoclinichealthsystem.org/hometown-health/featured-topic/covid-19-vaccine-myths-debunked>

²Yeager, A. (2020, October 1). T Cells and Neurons Talk to Each Other. Retrieved January 27, 2021, from <https://www.the-scientist.com/features/t-cells-and-neurons-talk-to-each-other-67973>

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