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Pandemic epidemic and endemic difference

What is the difference between pandemic epidemic endemic and outbreak. When a pandemic becomes endemic. What are some current examples of an endemic epidemic and pandemic.

Federal Healthcare Resilience Task Force Task Alternative Care (ACS) Toolkit: Third Edition The Student Empreter Market is great - as big enough to be your own economy. In the sequence of money, there are about $ 1.5 stimulating student dulty affecting more than 40 million borrowers - or about 35% of students who take these employees. Eventually, these employees are passing to the sum of $ 171 billion. As we said - Big.The student student is near $ 40,000, which can put the students in a connection for it. Surveys showed that Bachelor's head holder takes 21 years to pay his beverages. Although it is almost impossible to escape from paying back a student, there is a glimpse of hope for the borrowers within this dulty cloud. It is called the Public Service Public Program (PSLF), a government initiative that provides the indebted professionals of a federal employment of students, working full time in public service. This is good news. The media is that it is almost impossible to get a psyche forgiven by the PSLF. The most recent levels of the Education Department (June 2019) show that outside 110,729 applications, 91% were rejected. And one of the institutions that deal with the PSLF program - the assistance agency of higher education of Pennsylvania (Pheaa) - allegedly gave thumbs to 99% of candidates. It is that inexplicable medication that coming called the attention of some of the most powerful representatives of the US Senate.Splicants "best" twenty and three senators - including the Booker Cory Presidential Democrat, Kamala Harris, Amy Klobuchar , Bernie Sanders, and Elizabeth Warren - asked for consumer financial protection (CFPB) to analyze how this Pennsylvanian program was managing his PSLF role. According to a letter from senators to CFPB, government watchdogs were on the Pheaa trail years ago, since he denied an application after another - mainly due to Pheaa Ã ¢ €¬ "Procorate Payment processing, malafada and imprecise information. The senators also cited a general investigation of the 2019 inspector this thought that PheAA had a "non-conformity destiny and was among the worst federal bonds providers. Fortunately, for ridiculed consumers By the debt of the student student, there is a lot of attention to this subject. At the top of the committee of the work and unhappiness of the education of how the PSLF is being manipulated, a separate group of senators hammered His own disgust in a letter to the Secretary of Education Betsy Devos. - The Trump Administration "The Failure Implementation of Sorry Forgiveness Programs, Resistance to Recommendation To improve their processes, the failure to properly carry out the employees of students and the responsible dance collectors, and recent interference with application agencies of the State and Federal Law, combined to create a Disaster for Public Servers Requesting the Public Forgiveness Timo Ã ¢ â € "wrote the Democrats of the Senate. "The Million of Public Careers who persecuted careers in education, public health, military, and other public service jobs deserve better. Why not just cancel all the dance of the Empreter Student? In a perfect world, where everything would be forgiven, canceling obligations of student student would quite require the celebration. Unfortunately, it is probably not going to happen the simple reason for this. Because the nation is 1.5 trilhains in student dwelling many other initiatives. However, Klobuchar, by one, says some options should be analyzed. While she believes that the university matrix offer Ria or student is unrealistic, she held her to allow students and former students to refinance schools at a fee in Place around 3 percent. A city meeting in St. Anselm College in Manchester, New Hampshire earlier year, Klobuchar said that his wish list includes the expansion of Pell subsidies and revisiting President Obama's proposal to make Completely free college. "I wish I could establish a free college degree under each one of your chairs - I do not â €" I said Klobuchar, the students of Anselm. Ã ¢ â € â "NÃƒÂ Â ± it looks. There is ha ha. I wish I could do this, but I have to be straightforward and tell you the truth. Page 2The Student Empreter Market is great - as big enough to be your own economy. In the sequence of money, there are estimated $ 1.5 stimulant of students who affect more than 40 million borrowers - or about 35% of students who take these employees . Eventually, these employees are passing to the sum of $ 171 billion. As we said - Big.The student student is near $ 40,000, which can put the students in a connection for it. Surveys showed that Bachelor's head holder takes 21 years to pay his beverages. Although it is almost impossible to escape from paying back a student, there is a glimpse of hope for the borrowers within this dulty cloud. It is called the Public Service Public Program (PSLF), a government initiative that provides the indebted professionals of a federal employment of students, working full time in public service. This is good news. 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There is no There I wish I could do this, but I have to be straightforward and tell you the truth. Dr. Shah gets Megan Moncur, associate director of the opioid policist, to discuss the Opiacean epidemic and how it was impacted by the Covid-19 pandemic. >> Anand Shah: Welcome back to another Episode of FDA Insight. I am Dr. Anand Shah, the vice-commissary of medical and scientific issues here are FDA. Thanks By joining us for another great episode. This week, we will be discussing the opioid epidemic of the Americans and also as it is impacted by the pandemic of Covid-19. To do this, I would like to receive my guest today, Megan Moncur , associate director of the opiácea policist here in the FDA. Megan, welcome to FDA Insight. >> Megan Moncur: Thanks for having me on the show. >> Anand Shah: You Can we tell us about what opioids are and why did these products have become a public health crisis? >> Megan Moncur: Thus, the opioid analgesics are medications that are used â € â € œ to help manage the pain. And they should be used - when other treatments and medicines are not capable of providing sufficient pain relief, or can not be used â € â € â € > Anand Shah: Megan, have the Covid-19 pandemic affected the opioid crisis? >> Megan Moncur: I think the experts are saying that it is too early to have definitive data on the effects of pandemic, but what we are listening to is definitely about it. Thus, for example, recently, AMA or the American Mematial Association, caution that at least 30 states have reported increase in opioid fatalities since the beginning of the pandemic. And the opioid crisis is a challenge in any circumstance, but it becomes increasingly challenging when we add what is happening with the pandemic. So, as we know, people are dealing with anxiety, sadness, isolation, changes, you know, at home, school, work. They may have financial concerns and there is only a continuous sense of uncertainty. And as we know, you know, unhealthy answers to these stressors can lead people to turn to the use of the substance. So, this is difficult for any of us, but people with opioid use disorder or recovery facing unique challenges. And really one let me take a break for a minute, because I think I used the opioid use disorder before. And I just wanted your listeners to know that this is a diagnostic term, but includes things like the dependence of opioás, which can be a more familiar concept for people. So again, what are some of the ways that the pandemic has impacted those who deal with opiotic use disorder? So, shelter in orders pushed people into isolation. And on the one hand, we hear reports from being isolated or remaining isolated may be helping to keep people who are recovering away from their peers who are using drugs, but they are also cutting familia or other chronic support structures. In addition, it is taking people over time. And, additionally, isolation can be dangerous in the sense that if overdoses someone, there may not be nobody around to help them. Thus, people are also experiencing diminished access to treatment. And at the beginning of the pandemic, I think, there was not much concern in seeking any kind of medical treatment. I mean, even going to an emergency room, because we were all afraid to contract with Covid-19, that even when people with opioid use disorder did look for treatment, they were confronted with closed treatment centers, cancellations of recovery meetings in person, or difficulty in accessing their opioth drugs disorder use. So, one of the positive things that has happened is that, to fulfill the recommendations of social detachment. Federal agency regulating access to the consumption of opiotic drugs disorder have implemented a system of flexibilities to make treatment more accessible. Thus, for example, telemedicine is being used for some aspects of treatment that normally require a medical visit in person. And also, patients are capable of supplying greater medicines. Thus, the option for telessaÃºd has been fundamental to some people. It has been extremely useful, while for others, it can not even be an option; And still for others, you know, they may feel that he does not have the same impact you face face with the health care providers. But researchers are definitely paying attention to the results of these new flexibilities, because if the results are good, this can be a way to improve access to treatment in the future. >> Anand Shah: His team has been dedicated to combating opioid epidemic. Which are some of the FDA recent actions taken to help reduce of opioids and deaths? >> Megan Moncur: Of course. Well, first, let me provide your listeners with some context for FDA focus, and then I can provide some examples of some of our recent activities. So, our work to solve this opioid crisis falls into four main domains or buckets, if you want. And those include decreasing the exposure to the analyzing and avoiding new vita, supporting the treatment of people with opioid use disorder, promoting the development of new pain treatment therapies, and taking measures against those who contribute to illegal import or illegal Opium products. One of the things we have been working very hard for is the implementation of the support act, which was signed by law in October 2018. and ACT support means substance use-disorder prevention that promotes the Recovery of opioids and treatment for patients and communities to act. And what this legislation has done is to provide us with new authorities or new tools not only to build in our efforts to face the crisis of opioids in all four of these domains I mentioned, but also m to adapt to their mutible nature. Now, about recent activities, I'll focus on two that just really happened recently. So in June 2020, us and the RCIO department announced our collaboration in a pilot program with Internet domain names records. And this program is focused on combating the illegal sale of Opiacos not approved online. Then, again, it is not to take action against those who contribute to illegal imports. Now, the second example is an action we take in July 2020 to increase the patient and community access to Naloxone. And Naloxone is a medicine that can help opioid reverse overdose to avoid death. So in July, what is needed manufacturers of opioid analgesic medicines and drugs for opioid use disorder treat and these medicines, including as buprenorphine, methadone, naltrexone; And it required manufacturers to update their bulos to include recommendations on Naloxone. Now, these changes will have officially vigorously in the beginning of 2021. But we want to encourage medical and patients to begin thinking about Naloxone now. Thus, the new bulos recommend that health professionals discuss naloxone with all patients and their caregivers, both by starting or renewing treatment with an opioid medicine or one of these medicines that we mentioned to treat opioid use disorder. And as part of this critical discussion, providers should also assess the need for each patient for the Naloxone prescription. And they should evaluate that, based on patient risk factors for overdose. Thus, risk factors may include taking opioid analgesic and at the same time the need to use benzodiazepines or other medicines that depress the central nervous system, but also have a history of opioid use disorder or a history of an overdose before. Now, patients who are taking a medication of opioid use disorder have a lower risk of opioid overdose than those who have not been treated. However, they are still at risk of retirement and overdose and could benefit from having Naloxone available in case of emergency. So now, as we also talked earlier, the risks of an opioid prescription extend to the patients and those who are around them. So we also want health professionals to consider the naloxone prescription if a patient has family members, including children or other accounts that are at risk of accidental intake or Overdose of Opiacos. I think the other thing I wanted to mention is that the es iza is prescribed then the pack includes some really important counseling messages. And I know we do not have time to get into all of them today, but I'll mention two that may not be so intuitive. And the first is that Naloxone is not a substitute for emergency medical treatment. Thus, the doctors need to explain to their patients and caregivers, that the effects of Naloxone are temporarily. Not only multiple doses may be required, but therefore they should always call the 911 Get emergency help immediately in all cases known or suspicion overdose, even if naloxone is administered. And the second is that patients should be instructed to keep their naloxone in a place where friends and family can easily access it in Because it probably will not be the patient to manage themselves. And I think, you know, although this is not part of the updates for the package, we also want the health professionals to consider the naloxone prescription to individuals at a high risk of overdose Opioids, even if they are not receiving a recipe for an opioid analgesic or a medicine to treat opioid use disorder. >> Anand Shah: Megan, can you tell us a little about the best practices that consumers should take to store opioid medications? >> Megan Moncur: Yes. So, one of the most important things about the storage of opioid medications is to store it in a safe and safe place. And so, what does this look like? Well, it needs to be kept in a place where it can not be reached by children or taken by anyone for those who were not prescribed. Because a dose that is safe for the patient could cause an overdose or death for someone. And also needs to be kept in a place that is safe because opioid medicine is vulnerable to theft. Thus, in some cases, safe and safe can mean opioid medications need to be placed in a safe. And we also recommend that people who take opioid medications track the amount of medicine they have to determine more quickly if something is missing. Now, once we discussed Naloxone before, I just wanted to make the point that if you also have Naloxone, remember that Naloxone should be accessible in an emergency. So do not keep your naloxone with your opioids. Catch your opioids, but make your naloxone accessible. >> Anand Shah: This is really good advice. What about the best practices for elimination of opioids not used? >> Megan Moncur: So, keep without use, unnecessary, expired opioids in the home creates a serious risk to health, especially if children live with you or you have children who visit you. Thus, to safely eliminate the opioids not used, we recommend the following. So, if readily available, the preferred option is a medicine taken back one to take it to a local medicine to take back. Now, if this is not available, make sure your medicine can securely be lying down in the toilet. And you can do this by checking the product's licit or any patient information that came with your prescription. Or you can also check the FDA flush list. And if it is safe for flush, wash it immediately. Contrary case, throw it out in your domestic waste. But first, you need to mix the medicine with an intragivable substance. And I'll say, the most revolting, better. So we are looking for things like dirt and sand for cats used. And then put this in a container, like a closed plastic bag and play it in the trash. >> Anand Shah: Patients and consumers are the essence of everything we do with the FDA. How does the agency incorporate the patient's voice to the development of new opiotic products? >> Megan Moncur: So, I'm really glad you're asking this question. And, as you are already alluded, but I will only begin to say that the FDA is committed to ensuring that the patient's voice is incorporated into the development of not only opioid, but of all medical products. And the patient's voice includes things like the patient experiences, their prospects, needs, priorities. So, it is to ensure that these things are captured and significantly incorporated into the development of medical products and evaluation. And we have been working to ensure that this happens in a systematic way. Now, one like that, for example, one of the things we have been doing is that we have been carrying out the fulfillment of public workshops to inform the development or a series of methodological guidance. And these guidances will help promote the use of systematic systematic approaches to the patient that is robust and meaningful. And after entry can be used for the development of medical products and decision-making also regulate. Another way we do this is through patient drug development meetings. Now, these are the spectrums of diseases that provide FDA with the opportunity to listen directly from patients and also also Caregivers about what matters most for them living with their condition. So, this includes things like the most significant symptoms, the impact of your condition in daily life, and your views on the available treatments. And until today, we conducted more than 25 of these meetings, including conditions such as autism and sickle cell anemia. And in 2018, we performed two meetings that are relevant to today's discussion. One in which we hear from patients who live with cringon pain and another where we hear from patients with opioid use disorder. >> Anand Shah: What opioids use clutter treatment options are available now during this pandemic? >> Megan Moncur: So, as we hear, the pandemic impacted access to treatments, but all treatments are still available. And treatments include not only the FDA drugs for the treatment of opioid use disorder that we have already mentioned, buprenorphine, methadone, naltrexone, but also, these treatments are typically combined with more comprehensive approaches that include advice and other behavioral therapy. And as we said, in the counseling support groups, you know, some of these things are available online. So, these are unquestionably attempted. And you know, we're all feeling very vulnerable. Â € - now. So, I wanted to give your listeners some things that they can do if they or someone else are to need access to treatment, whether for mental health or substance use disorder. So, what they can do, they can get going to the Samhsa website. And I'll spell it to you in a second. But Samhsa is one of our federal partners, and Samhsa represents the administration of abuse of substances and services of mental health. So, if you go to their site, they have a link to "find treatment" at the top of the site. And this will take you to another page that has a list of available line lines and also several treatment locators, and other locators for use of substances and disturbances of mental health. So, this site is - and I go ahead and spell, samhsa.gov. And finally, if you or someone you know how to run the risk of opioid overdose by any of the reasons we discuss today, we want to encourage you to talk to your health provider on how to get the naloxone or talk to another provider as a pharmacist. Because in many states, you can get naloxone directly from the pharmacist without a specific prescriptions of a patient. >> Anand Shah: Megan, while closing, I want to thank you for taking the time to join us this week in FDA Insight and educate our listeners. I certainly learned a lot from you. >> Megan Moncur: Thank you very much, and you are welcome. This was a great conversation about this important topic. And we enjoyed the opportunity. >> Anand Shah: Thank you. In future episode, we will be discussing more topics, including e-cigarettes and nutrition. As always, we will be providing a simple language vision to help you understand the products they regulate, the questions we face and the processes we follow. We hope you have enjoyed this Episode of Insight FDA. If you do not yet have, sign in your favorite podcast application, such as Apple podcasts, Google Podcasts, Spotify and Pandora. Thank you for listening. [End of transcript] Transcription]

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