

Saint Edward's & Saint Paul's

December 20/January 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31 New Year's Eve Mass 4 PM @ Saint Edward's	1 New Year's Day Masses 8:30 AM @ Saint Edward's 10:30 AM @ Saint Paul's	2 First Saturday Mass 8:30 AM @ Saint Edward's Funeral 11 AM @ Saint Edwards
3	4	5 SVdP - 3:30 PM @ Saint Paul's	6	7 Men's Group 5 PM @ Saint Paul's	8	9 Mary Group Bible Study 9 AM @ Saint Edward's
10	11	12 Ladies Council MTG 9 AM St. Paul's	13 NO Women's Council MTG St. Edward's	14 Men's Group 5 PM @ Saint Paul's	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Saint Edward's Collection

December 7 - 13, 2020

Envelopes	\$ 3325.00
Plate	\$ 26.00
UCA	\$ 260.00
Retired Religious	\$ 25.00
Our Lady of Assumption—Kenya	\$ 50.00
Christmas	\$ 60.00

CANCELLED

In the event of a cancellation of MASS or church meetings, do to bad weather, you may call the Rectory phone at 218-363-3498 or listen to WJJY 106.7 for an announcement.

Funeral

Robert "Bob" Kubista
Saturday, January 2, 2021
11 AM
Visitation 10-11 AM
Saint Edward's Church



Saint Paul's Collection

December 6 - 13, 2020

Envelope	\$ 1785.00
Plate	\$ 50.00
UCA	\$ 10.50
Building Fund	\$ 140.00
Our Lady of Assumption—Kenya	\$ 205.00
Christmas	\$ 550.00
Retired Religious	\$ 150.00

Live the Liturgy - INSPIRATION FOR THE WEEK

While families come in all shapes and sizes and no two are the same, they all need a common focus and grounding. Families are intended to be pivotal in providing us with a proper social structure and understanding, a support system, lessons about relationships and communication and the unconditional acceptance and love we so desperately crave. In addition to all of these things, the axis of every family has to be centered on faith. It is here that we can learn about the virtues and discover the windows to God Himself in His gifts of faith, hope, and love. We can learn, modeling our experience after the Holy Family, how to use these as anchors in our lives so that we can live out the other virtues with greater integrity. Because our human families struggle with weakness and sin, we have to come back to the Holy Family often for inspiration and guidance. In the bond of love that they shared, they clung to the anchor of God Himself and endured challenges far greater than many we will ever face.

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Part 2 of 2 - Influenza kills more people every year than COVID and still needs to be considered as a dangerous illness that we need to take precautions for.

*Parish Nurse
Kerry Ruyak, RN/US Navy Veteran*



Flu Can Be Catastrophic in Older Patients: 5 Things to Know

Not everyone experiences the same effects from influenza. Adults aged 65 years or older suffer [the most severe health effects](#), accounting for approximately 90% of influenza-related deaths and 50%–70% of hospitalizations. They also have an increased likelihood of suffering long-term sequelae, including persistent loss of function and disability. Prepare yourself for the upcoming flu season with these five things to know about influenza in older patients.

- 1. Advanced age and chronic conditions expose seniors to different risks.** Seniors commonly have chronic medical conditions, such as heart disease, diabetes, or respiratory diseases, such as chronic obstructive pulmonary disease or asthma, which contribute to an increased risk for complications. In addition, age-related dysfunctions of the immune system contribute to disease severity and poorer response to standard vaccines. Frailty is a significant indicator of increased risk for poor outcomes and should be taken into consideration in management. There are direct and indirect effects from influenza. Direct effects of influenza include exacerbations of existing conditions, as well as additional problems, such as bronchitis and pneumonia. Indirect effects include triggering cardiovascular events, such as heart attack and stroke. Influenza can also exacerbate renal disorders, heart failure, and diabetes and trigger delirium that may lead to functional decline, falls, and fractures. The [risk for influenza-related mortality](#) is five times higher among people with heart disease, 12 times higher among those with chronic lung disease, and 20 times higher among those with both heart and lung disease. Risks in older vs younger seniors differ as well. Research shows [significant stepwise increases](#) in the population rates of influenza hospitalization with each 10-year increase in age. [Hospitalization rates among adults aged 85 years and older](#) are two to six times greater than rates for adults aged 65 to 74 years.
- 2. The immune system becomes dysfunctional with age.** The immune system [becomes weaker and dysregulated with age](#). According to Melissa Andrew, MD, associate professor at Dalhousie University, Nova Scotia, Canada, humoral immunity tends to decline, and the antibodies produced may be less effective. Multiple chronic medical conditions with [underlying components of inflammation](#) have additional effects, referred to as "inflammaging." Conditions such as diabetes, arthritis, and cardiovascular disease create a low-grade, chronic, systemic proinflammatory state with elevated levels of proinflammatory cytokines. Along with this constant assault is a consequent degeneration of tissue. The immune system has an anti-inflammatory mechanism to keep things in balance and limit damage from inflammatory responses. But in older adults, this homeostasis is dysregulated; problems include thymic atrophy and diminished T-cell activity. All in all, with an infection such as influenza, the immune system doesn't mount an immune response that is as effective as in younger adults.
- 3. Influenza may present differently in older adults.** Older patients often present with complaints of general malaise and nonspecific symptoms that can lead to a missed diagnosis of influenza. Because influenza often exacerbates existing chronic conditions, those conditions may be considered the primary diagnosis, and influenza can go unrecognized, said Andrew. Seniors commonly present with fever and cough, but this isn't always the case. A study of patients aged 60 and older who presented with influenza-like illness (ILI) in acute care hospital emergency departments found that [only 31% of the patients](#) with confirmed influenza met the Centers for Disease Control and Prevention criteria for ILI (temperature ≥ 37.8 °C and cough and/or sore throat). Researchers concluded that "current influenza-like illness definitions did not always help detect influenza in older adults." Confusion was also often associated with influenza, as was wheezing. Another study found that even when older patients presented with fever and ILI, healthcare professionals were [less likely to order tests for influenza](#); older patients were tested at significantly lower rates than younger patients.
- 4. Influenza can lead to catastrophic disability.** Influenza is often considered to be associated with short-term morbidity, but [many seniors experience functional decline](#) that persists. About [1 in 5 or 6 older adults](#) hospitalized for influenza end up with persistent functional decline, and many never return to their baseline status before getting influenza. "Persistent loss of function, or [catastrophic disability, should be considered](#) when looking at the overall burden of flu," said Andrew. Catastrophic disability can be measured using the [Barthel Index](#), which measures 10 activities of daily living. Loss of the ability to perform two or more daily activities represents catastrophic functional decline, which can include losing the ability to get dressed, walk around, or bathe. Higher-order functions, such as making a meal or going out to buy groceries, are even more likely to be affected by acute illness. [Close to 15%](#) of older adults hospitalized with influenza experience catastrophic disability, Andrew said. The [Clinical Frailty Scale](#) is another tool that can be used in this population. Measures of frailty can be used to determine who is most at risk of losing function. It is a continuum, ranging from resilient and fit to vulnerable. Resilient patients recover well from flu, but frail patients often end up with greater disability. The [Serious Outcomes Surveillance \(SOS\) Network](#) found that mortality rates vary by the level of frailty in patients. According to SOS data for 2017–2018, for people with moderate or severe frailty, the mortality rate is 12%, whereas for those who are less frail, mortality is 2%, said Andrew. This gradient is true of younger frail patients too, not just those aged 65 or older.
- 5. Some vaccines are designed specifically for seniors.** Owing to the high risks older adults face from influenza, prevention with vaccination is the best strategy. [The CDC advises](#) that people in this age group receive the influenza vaccine with an approved product. Standard-dose, unadjuvanted influenza vaccines have been available the longest, but high-dose, adjuvanted or recombinant vaccines are also available. The newer [HD-IIV3 \(Fluzone High-Dose\), RIV4 \(Flublok Quadrivalent\), and aIIV3 \(Fluad adjuvanted\)](#) are more immunogenic in older adults than standard-dose and unadjuvanted vaccines, but data are very limited for direct comparisons. As a result, the CDC does not recommend one over the other.