Smallpox... seems that's all we're hearing about or seeing on the news these days; the possibility of a bioattack using smallpox as a weapon. Should it happen the nation is attacked using the variola virus, (smallpox), before vaccine is readily available to all who want it, we're up creek with a snapped paddle, certainly nationally & perhaps as individuals.

Presuming a scenario of smallpox being disseminated throughout the country, it's difficult to imagine that health types & govt. on any level will be prepared to react quickly enough to contain & control an outbreak, limiting its spread. A lot of reasons for this & not nearly all of them can be tied to however incompetently you may personally feel the government handles crises.

People will be scared, perhaps panic stricken. A single case of smallpox will be/must be considered an attack using a weapon of mass destruction. This means that as well as trying to mobilize to treat a nation, the government has a few other priorities to address.

No matter what your personal feelings about vaccination, allopathic/alternative treatments of all kinds; no matter how well you look after the health of you & your family, it may happen that someone in your family comes down with a case of smallpox.

For any number of very good reasons, you may need to care for your sick, loved one at home. Maybe you feel your family stands a better chance of coming through if you stay isolated from your community. Maybe you're too isolated to easily seek medical help. If the outbreak is widespread, that help may not be there. I expect medical resources would quickly be overwhelmed & you might actually be able to do a better job of nursing your loved one at home?

No nursing training or experience? Don't know much about smallpox? You know more than you think you do & can do much more than you think you can. Depending where you live & your personal circumstances, home care of the sick may actually be the best option for a number of reasons.

I'm giving a rough outline here of what I'm going to write over the next week or so. Chapters or whatever you want to call them will deal with ONE major topic. Print out what you need, ignore the rest. Initially I'll deal with 'normal' family circumstances, then try to cover different circumstances. Singles who may need to look after themselves. People who may have pre-existing medical conditions of all sorts. Whatever I can think of. Whatever anyone else can think of that might be useful.

I'll cover physical preparation of your home, yourself & your equipment. I'll also cover mental/emotional preparation. All are vital for both the person doing the caring & the one being cared for. I'll explain what good uses you can put other members of the family too while you're doing the nursing work.

I can't possibly cover every single contingency. I don't care how anyone feels about government 'help', vaccine policy or anything else. I'm simply concerned with the greatest number of people coming through on the other side.

For all the scare stories appearing in the press, for all its bad history, people can & have survived this disease, often with a LOT less care than even the most fumble fingered loved one can provide.

There are a number of reasons why someone may choose to care for a person stricken with smallpox at home. There can be both advantages & disadvantages to doing this. In the event of a smallpox crisis, hospitals may quickly become overwhelmed with cases, Even if your loved one is an "early" case, after a few days he may be: the 16 yr o
M in bed #116. To you, he's Gary, who has a B+ average, plays a mean game of chess & has a wicked sense of humor.

You know your loved one best & as tired as you are, no one else is going to be as concerned about his recovery as you can be, except for others in the family.

Busy hospitals are chaotic. During a crisis there's a sense of urgency in the air, an undercurrent of tension that even the sickest patients pick up. Combine that with the onslaught of new noises, sounds, lights & routines which seemingly are planned for everyone's convenience but the patient's & they're not restful places.

The staff will soon be exhausted. Worn out, probably grieving people get distracted, make mistakes. Oh so can you, but you're likely to be more careful when it's your own you're looking after.

You have no way of knowing what other medical conditions some of the patients sharing your loved ones space may have. Heck, they may not know either & there's no guarantee medical/nursing/lab staff will know. Mistakes happen in crises & your loved one may recover from smallpox, but come home with a nasty long term surprise.

How about the food? If your sick loved one is a picky eater, hospital food combined with a very serious medical condition may not lead to a good chance of recovery.

Your loved one being nursed at home is in comfortable, familiar surroundings. Restrictions on movement, care he/she would normally carry out themselves, are better off handled when the person is not trying to 'absorb' a new environment.

Others in the family will have a great many other responsibilities, depending on how bad the situation gets. Caring for your sick at homes eliminates travel which could put you in dangerous situations, etc. You may not be able to get fuel either. Other family members don't really have to depend on verbal reports of how loved one is. If the person is not TOO sick, they can chat through the walls once in a while. It's frightening for very young ones when a sick family member "disappears" to hospital.

Sure there are disadvantages to caring for your own at home. You may not know how. You may not know the disease symptoms or its expected progression - what will show up when, how badly, etc. You may fear the appearance of complications & feel you're not ready/able to cope. How would you handle a death? A permanent disability?

Let me let everyone in on a secret. No matter how much experience, how much knowledge & training; the best medical & nursing types are constantly second guessing themselves. Did I miss something? Is he REALLY getting better? Was this the best treatment for this person at this time? How can I manage this person's care along with the other 38 patients I am responsible for? Or for the nurse? How can I feed, bathe, soothe & monitor my 12 patients?

The medical profession has no more experience with smallpox than you do? Still think you can't do it? You're wrong. You can do it & do it well. Best of all, you're doing it with personalized compassion & love. The information you need to know about smallpox can be read & absorbed in a few hours. Stare at all the pictures you can find, ugly as they may seem. They'll familiarize you with what you can expect. And somehow, they're not that ugly, the pox, when they're on YOUR loved one.

Your caring for a person will not necessarily lower their chances for survival. It may in fact, increase it. No one knows one way or another. I know this, speaking as a former RN. I'd far rather my sons, my DH, look after me at home than the most 'professional' staff in the best hospital in a smallpox outbreak. At home, I won't have to worry about how everyone is doing, I'll know. I can have my TV on if my head doesn't ache too bad & the meals I know I can handle.

Your family deserves that too.

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Right, you're sitting down at your computer, sunlight streaming through the window, favorite pet at your feet & a cup of your favorite brew in front of you. You're generally prepped, your kids are in bed or in school. Everyone is leaving you alone.

Life is good.

You think of smallpox showing up in your town, maybe even in your own home. ? Suddenly, life may not be so good.

Where's that sudden chill coming from? That hair rising on the back of your neck? What is it you're really afraid of? Suddenly, life may not be so good.

Well that depends on you, how well you consider you've prepped. Where you live. Who is there in support of you. We all fear most what we think we can least do well. We fear what we feel we have little or no control over. We fear what we don't know. In new situations we fear we'll be incapable of coping & we fear our own reactions to potentially terrifying events.

There are three aspects to preparing to care for your sick at home; physical, mental & emotional. Physical is easy, really. It's finding & putting together what equipment & supplies you'll need & can come up with. It's making sure you are as fit as possible & can maintain your own nutritional status & rest. Not terribly complicated if you're used to preparing for any likely eventuality & even some not so likely ones.

Mental; that's a matter of knowledge. It's a question of finding the best information you can about the disease, at whatever level you can handle. Websites are geared to research types as well as "what's a thermometer" type 'civilians'. Most of us are somewhere in between. Later I'll list sites that have decent information.

In my opinion, the biggest adjustment we'd have to make in the event of a smallpox outbreak, especially if we're determined to stay home & look after our own, is emotional. That adjustment has several important components to it, most or all of which are vital to you in your dual roles of family caretaker/smallpox nurse.

I'm writing this for both mothers & fathers. Sisters, sons, daughters; whoever find themselves in the role of caretaker during a crisis. It may come as a surprise to some families to find that the normal "strong one", the one who nominally runs the family during normal times isn't quite as up to the job during crisis periods. That's not a negative comment or a slur aimed at those people. Not all can rise to the occasion & those that can often are not so great at the day to day stuff of life.

So it doesn't matter who in the family is performing the duties of family caregiver, head of the house; as long as someone is. Even better if more than one family member can step into that role.

This is directed to that person, those persons in the family who, from experience or gut feeling, are inclined to think they will be in that role if things get hairy.

So what emotional/attitude adjustments will you have to make in the event of a crisis involving smallpox, possibly involving a widespread outbreak & systems of all sorts breaking down?

First, you're going to have to develop a very thick skin. You may have or discover whiners in the family. Laziness. Petulance. Thin skins sensitive types. And I'm just talking the adults. At least kids are fairly predictable.

You may be stuck with someone in the house who feels their designated role is to question everything you do or, to criticize. Not that THEY have better answers, they just don't like yours. In a crisis, a little bit of tyranny is perfectly acceptable & may be absolutely necessary.

Think it through. You're facing a crisis with many unknowns. You may not be able to count on power, sewage, water, availability of food; that's why you're a prepper, isn't it? You may not be able to trust what's coming across in the media. Be sure the government is as confused about a lot of things as you are. Even with the best intentions & a good amount of talent & experience, they have no time to become everybody's nursemaid.

Neither do you. If you're going to end up looking after a loved one stricken with smallpox, others are going to
simply have to carry more of the load at home. You may be peace loving person by nature. You may prefer to think
the best of everyone. You may prefer discussion & negotiation to 'laying down the law'. Guess what? You & yours
have a far better chance of getting through something like this if you turn into a mini Margaret Thatcher, a Pol Pot;
pick your favorite petty dictator.

I'm not telling anyone to turn mean & nasty. You'll all be living under enough stress. But try for "fair, firm &
friendly"; emphasis on the firm when necessary. Your role, pre-outbreak, is to learn as much as you can about the
disease & to prepare for it as best you can. Once that's done, initially discuss your plans with those in the house
willing to listen. What to do about other not so co-operative household members will come up later.

You also have to be right with whatever higher power you personally answer. That Deity is there for YOUR
guidance, All you need to do is ask. And listen for the answers. You're gonna need someone/something to lean on
too. You're not SuperPerson.

You need to spend some time carefully thinking through various potential scenarios & occurrences & try to decide
how best to deal with them, so that you're not cause surprised when it happens. Will you & yours go for vaccines?
Under what circumstances? Would you go to a hospital? Would you let government employees into your home?
How will you deal with the dying or dead?

Nasty, nasty things to think about. But best to have your fits of the weepies & white nights staring at the moon in a
daze then not be ready to deal with these situations. Think about how you react when you're overburdened? Is it
healthy? Can you recognize when you're about to lose it? Who can spell you off when you desperately need a break?

These are all deeply personal issues & they vary from person to person, family to family. They're best thought of
well in advance of any potential crisis. They can apply to any type of serious crisis. Trying to deal with smallpox at
home, some of these things are especially vital.

But one thing at a time.

Tomorrow morning, we'll start looking at setting up a sickroom & equipping it on a budget.

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The Idiots Guide To Smallpox

The title to this section is not an insult aimed at anyone. With no cases being seen since the 1970s; with few health
practitioners left who've ever seen, never mind treated a case, we're ALL smallpox dummies.

Until 9/11, information about smallpox tended to have a historical perspective. Previous outbreaks/epidemics were
discussed, but mainly in terms of how they occurred, how transmission was suspected to have happened & how long
it took for the outbreaks to end.

Not a whole lot of practical information was available on diagnosis & comparison to other pox type illnesses. Forget
treatment information. Readers were told there was no medical treatment & care of patients should be "supportive"
in nature. The word supportive doesn't give a whole lot of info, does it? To be honest, it's still difficult to find
practical discussions of how to care for patients. A little bit can be found on one site, other things are hinted at on
others... it's akin to hunting for needles in haystacks.

Thankfully, knowing the progression of the disease, its symptoms & how/when exactly your patient is going to be
feeling rotten can provide some reasonable ideas of what to do for your loved ones. In the days when smallpox was
an ongoing concern, most patients were cared for at home anyway; nothing new there. And medical treatment at the
time did not significantly improve survival rates or lessen complication rates.

Today, there are still a lot of unknowns about smallpox the disease & its causative organism: variola virus. We don't
know exactly how it kills people. Incubation periods are given in ranges, as are complication rates, recovery rates &
secondary infection rates. That may not be terribly comforting, but it's honest.
Sickness of this nature is CAUSED by infection by the virus overwhelming various aspects of the body's immune system, but disease & its progression is not purely a 'physical' thing. We all know the power of the mind. 98 pound weaklings lifting cars off people. A new widow almost willing herself to death a few months after her beloved spouse of 37 years passes on. The determination of those 'beyond recovery' to make some recovery & who do.

Physically, a person who's healthy, well nourished, well rested, not terribly stressed out; who leads a balanced life & maintains a good outlook on life has a good chance of overcoming a great many serious illnesses. The reason why doesn't really matter. It may be that a good outlook on life has a positive influence on the metabolic processes involved in immune responses via a biochemical route. It may be relatively unknown systems of hard to find energies which are positively impacted. Bluntly, who cares? As long as we know that a good base state of physical/mental health improves the odds.

As a prepper, you may choose all sorts of ways to improve your base state of mental/physical well-being. Good nutritional status, enough rest & sleep. Proper exercise. If meditation, Tai Chi, cursing out basketball coaches or clutching a teddy bear when you go to sleep at night for you make you feel more secure, more balanced & healthy, then go for it! FEELING you're doing the right thing may be half the battle.

Okay, what do we need to know about smallpox?

It's been around for thousands of years, with the first recorded cases being reported back around 1200 BC. Since it's been with us, it has swept Europe, Asia & Africa in epidemics killing & disfiguring hundreds of millions. It is thought to be the single biggest killer of humans among infectious diseases. In the 20th century alone, it is thought to have killed roughly 300 million people.

It was "officially" eradicated in the 1970s, after the World Health Organization decided it could be eliminated from the human population because, it only infects humans. The last known case occurred in Somalia in 1977.

It's a VIRAL disease caused by the variola virus. The only known species on the planet it is known to infect & be TRANSMITTED between is humans. Various web sites state that some monkeys can be infected, but that they cannot pass this on to humans. As this is not particularly relevant to most of us, I haven't really checked into it.

Humans pass it to each other in TWO ways. It is an airborne disease & coughing, sneezing, spitting can spread it. A single coughed up aerosol drop of 'lung crud' theoretically has more than enough virus to infect someone else. Best estimates for the number of individual virus particles needed to infect someone? Best guess is about 50-100 individual virions, the 'proper' name for virus particles. Such coughed up droplets can travel 10 feet through the air. The other way to get it is by touching the pox when they are filled with fluid & leaking or by touching the dried up scab material.

Smallpox infection anywhere today is considered a national level crisis for a couple of reasons. First, not having seen it for almost 30 years & not having vaccinated for it for at least that same amount of time, few people out there have much if any immunity left. It is thought, (being tested now), that those who were vaccinated as kids or in the armed forces may have some residual immunity. Some is better than nothing.

Because the disease does not currently exist 'in the wild', a single case outside a lab actively working with smallpox must & WILL be seen as a deliberate attack using a weapon of mass destruction, with all that implies.

The variola virus is highly infectious. Of 100 people exposed, 60 will come down with the disease. Remember, these statistics were collected BEFORE people regularly took anti-rejection drugs, BEFORE HIV & other immune disorders became prevalent. With a population having no exposure to variola virus in the last generation or 2, the numbers MAY be higher. We simply don't know.

WHAT DOES SMALLPOX DO? WHAT ARE THE SYMPTOMS?

There are 2 clinical forms of smallpox. Variola major is the more serious & most common form. The severest manifestations of smallpox fall under this clinical form. The other is variola minor, which is far less serious & has a
much lower rate of complications & death.

Variola major has an 'average' case fatality rate of 30%, meaning your 100 original exposed people; of the 60 who get sick, 18 will die. The specific case fatality rate depends on the STRAIN of variola involved; there are roughly 200 of these. It also depends on where it strikes. A location where people are poorly nourished & may have other endemic diseases is likely to see a higher death rate. There are too lethal variations of variola major. Flatpox or blackpox does not have the characteristic skin eruptions known as pox. Instead, the skin remains smooth & turns black. The body's immune system is paralyzed & thus no pus is produced. Hence, no pox, no discharge to scab over. The blackened areas are caused by hemorrhaging under the skin & in some cases, the skin sloughs off. These patients almost invariably die.

Hemorrhagic pox acts like any hemorrhagic fever. The body discharges unclotted blood from any/all orifices. The virus can break down the membranes which line internal organs. These membranes can be discharged from the body, along with the blood. This is almost never survived.

Variola minor occurs in 2 forms. The first is true variola minor, a milder virus & has a low rate of complications & only about a 1% death rate. Few pox appear. People previously vaccinated may also have a 'minor' manifestation of smallpox & have a good recovery rate. It's important to remember that both manifestations of variola minor ARE contagious & the type associated with immune response from a vaccine can STILL lead to full blown cases in other people. Variola minor can sometimes be mistaken for milder pox type diseases, such as chicken pox.

So what happens to infected patients? What symptoms do they get & in what order? At what point can they infect others?

**INCUBATION PERIOD:**

A person has contacted the variola virus. In this period, the virus is replicating, (making many more virus particles), within the body. People have no symptoms & usually feel perfectly fine. They are NOT contagious. This period has an average duration of 12-14 days, but can range from 7 to 17 days.

**OF A VIRUS HAS BEEN BIOENGINEERED, THE INCUBATION PERIOD MAY CHNAGE. It may be shorter. As well, persons MAY be contagious before they feel too badly. We simply don't know this.**

**FIRST SYMPTOMS:**

The first symptoms include fever, head & body aches, feeling unwell & sometimes vomiting. The fever is fairly high, usually ranging from 101 to 104 degrees, (38 to 40 degrees Celsius for metric fans). People by now usually feel too sick to carry on as usual. This phase lasts 2-4 days. Patients are not stated to be infectious during this phase. It is POSSIBLE they may be, especially in the few hours before they break in pox.

**DAYS ONE TO FOUR OF RASH:**

Here's where it gets tricky. The FIRST place the rash breaks out is on the tongue & in the mouth. These spots rapidly develop into sores which break open & spread large amounts of virus into the mouth & throat. The patient is now at his/her MOST contagious. Persons caring for someone sick, may think they have flu, a bad cold or something more run of the mill. Meanwhile, the patient is coughing, perhaps sneezing & spreading variola virus throughout the room.

Within 24 hours, a rash breaks out on the skin. It starts on the FACE & rapidly spreads to the arms & legs, then hands & feet. As the rash comes out, the fever drops & patients actually feel better.

By day 3, the rash MAY be all over the body, save for the palms of the hands & should of the feet & it looks like raised, red bumps.

By the fourth day, the bumps fill with a thick, cloudy fluid & sometimes have a 'dimple' in the middle, making the
bumps look like belly buttons. This is a MAJOR red flag that this is smallpox. At this point, fever often rises again & remains until the pox scab over.

DAYS FIVE TO TEN

Over this time period, the bumps become pustules, sharply raised & feeling 'grainy', as if there was a BB under the skin.

DAYS ELEVEN TO FIFTEEN

The pustules begin to crust over, eventually forming scabs. By the 14th day, the sores are usually mostly scabbed over.

DAYS FIFTEEN TO TWENTY ONE

The scabs begin to fall off, leaving marks on the skin that become pitted scars. The pox usually occur over hair follicles & sebaceous glands, (where sweat & skin oil comes from), which explains the deep pitting. The person remains contagious to others until ALL scabs have fallen off.

AFTER DAY TWENTY ONE

The person is recovering & is no longer contagious.

Bear in mind these timelines are 'flexible'. Your patient may go through these stages more quickly or more slowly. Serious manifestations & life threatening complications will most likely occur fairly early in the course of the disease, although later on, secondary infections, especially of the skin pose a serious threat.

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Watcha gonna do when it comes for you?

So how would we know if a smallpox attack has been launched in the US? Let's assume some unknown people; terrorists or government operatives from a foreign government receive orders to 'deploy' smallpox. If their intent is to spread this as widely as they can in as short a time period as possible, it's not too complicated. If a single case would create a national emergency, imagine what cases in a wide variety of locations would do? The nation would quickly end up paralyzed in a number of significant areas; economic, health, military, infrastructure, food & supply distribution; all these things could be severely impacted.

Before we know what's going on, a case has to present itself to some medical facility, be recognized for what it is & the appropriate notification procedures initiated. Here's a likely scenario. A person goes through the initial period of symptoms; figures she just has a bad case of flu. This may be occurring among 100 or so people in various cities. The operatives would perhaps have chosen to release the virus in busy hub airports, popular indoor tourist attractions, conventions, shopping centers, sports events...

After a few days, the sick folks &/or their families become concerned. This may start looking anything like run of the mill colds, flu, etc. If anyone infected in the first wave has pre-existing conditions, the sickness may progress quickly enough to send them to hospital sooner, rather than later.

Okay, they make it to hospital. Unless they've broken in mouth sores or blatant pox, hospital staff may conclude they're just suffering from a nasty cold or early flu & send them home with instructions to rest, drink fluids, treat fever, etc. Now, if several patients present at the same hospital within a few hours, that will raise some red flags, especially if flu season hasn't started yet. They may still be sent home, but be told to immediately contact hospital if things get worse.
At some point, someone will show up at hospital with frank symptoms of smallpox & be tentatively diagnosed as such. Local/state & federal authorities will be contacted & the patient, pending confirmation by the CDC or a well equipped big city hospital will be isolated. As well as being treated as best they can be, the patient(s) will be questioned as to their basic state of health, when they got sick, where they were, who they've been in contact with, especially since they started feeling really badly; all the questions an epidemiologist is likely to ask.

The CDC will send an investigational team immediately to each location initially reporting suspected smallpox cases. It may happen that several cities report such suspicions within a few hours of each other. CDC would also be holding some quick & dirty emergency meetings. They would involve USAMRIID & you can bet the President would be informed as soon as possible; he'd need to be warned.

Emergency notifications would be e mailed, faxed, phoned, etc. to as many medical facilities as possible, indicating that a smallpox outbreak MIGHT be developing & reminding hospitals of symptoms to look for & how to isolate/treat patients. All in all there would be a flurry of activity at all levels - hard to predict what would happen in exactly what order at what speed.

Fairly soon, this breaks in the public. Either an official announcement is made or a hospital staff member phones friends/family to warn them. Then the jungle telegraph takes over. So when do YOU get concerned? If you hear it 'officially', time to be prepared to batten down the hatches. If you hear from friends, especially those working at hospitals who have suspected cases, it's up to you to determine the validity of that warning.

In any case, at some point you decide this is credible, that the US has likely been attacked using smallpox. You have already determined you will take your chances at home. You're prepared to wait it out, the crisis that is; at home & are prepared to care for anyone in your family who gets sick - at home.

You've obtained all the equipment you can that you think you're likely to need. You have a good idea of your own & your family's strengths & weaknesses. You have the knowledge you need, either in your head, in books you've obtained or material you've printed off the net.

Make SURE you have the emotional toughness you may need. If you have decided to tough out this emergency at home, you're probably prepped to last a long time in terms of supplies etc. Are you ready to deal with neighbors/family/friends calling you or knocking at the door pleading for shelter & your help? Are you tough enough to keep the door closed, not knowing who may already be infected & possibly contagious? Can you 'lie low'? Does your family have a way to get home fast & in a quiet fashion? Do they understand that during an emergency, the normal rules don't apply; that some things may have to change drastically? Make sure you have all these things thought through. Even if you're not sure how you will respond, think it through. It's better to know what you don't know, or what you're not prepared to deal with from the get go. Someone in the family may be better than you at firmly refusing entry to others, to dealing with phone calls. It may be best NOT to answer the phone, unless you have call display.

Okay, you're there. This is as real as it gets. Let's start with what you first need to run a sick room..

If you're going to look after a family member/other loved with smallpox at home, you first need to examine your home & find the best room in it possible to care for that person. Often families got by in 12 x 12 cabins. That's a little tight for my liking, but most of us can do considerably better than that today. We also have running water, (usually) & toilets. Remember, in the "olden days", families managed to go about their daily business & still care for the seriously ill with no special provisions, no isolated rooms & little or no access to information

You can too. Don't let poverty or small, cramped quarters scare you off if you truly feel your family's best interests are served by staying in your own home. You don't have to have anything close to "perfect" locations or 'ideal' circumstances.

Do you have a room, be it a bedroom, den or other room that you could, in a hurry, clear out for your patient(s)? It only really has to be big enough for a bed or mattress, a small table or 2, a chair of some kind for you & hopefully have an electrical outlet for lighting. If you are sharing a small bachelor apartment with someone, do you have a
corner or end of the room you could quickly clear out if your loved one got sick? If you have either of these available to you, you're all set.

Your main consideration is keeping the variola virus "in there" & everything else not related to care "out there". In other words, you don't want to spread the virus to others in the family. Secondary cases among household members of a smallpox victim being cared for at home range from 30-65% & that is usually dependant on how you can manage. Households that crowded where such stats were gathered, often were impoverished & had no way of trying to keep patients isolated. They often couldn't even round up clean water & soap. We can, so I think the secondary infection stats CAN be quite a bit lower than that.

Variola virus can live for a time on 'things' in the room & around the patient. Smallpox ridden blankets were given to native North Americans, the first biowarfare here in North America. It worked. Mail & baggage has been known to sicken people up to a week or 2 AFTER such items have left the vicinity of a person sick with smallpox.

This means you as caregiver are going to have to be careful how you handle laundry, dishes & other objects in the room. A lot of these concerns can be prevented by what you do to a room BEFORE your patient enters it.

Here is what you want to look for in the 'ideal' room, or the best one possible. Preferably, it is painted with semigloss or other washable paint. If it has wallpaper, that wallpaper is NOT textured. If your ideal room otherwise has textured wallpaper, don't sweat it. There are ways to clean that too & if you ruin the paper while caring for a smallpox victim, all in a good cause. You want as few openings into the room as possible; preferably just a door & perhaps a window. Electrical outlets, heating outlets or ventilation outlets should be sealable or easy to spray with cleaner while you're using the room as a 'hospital room. You want flooring you can wash. If the room is carpeted, how fast can you strip out the carpet or area rugs? If you can, great. If you can't do it easily, find another room or steel yourself to ripping it up anyway, WHEN YOU NEED TO. If you're working in a basement room & are dealing with unsealed concrete, no big worries, that can be cleaned too.

If you're going to use this room, when you do need it, you need to remove the following: everything except what you absolutely need. Curtains come down as do curtain rods & such fixtures. A basic blind is best - easier to clean & keeps out light. Anything on the walls, photos, kids drawings & other art, posters, everything. Yeah, you need a time piece, but a small alarm clock in a Ziplock bag is much easier to keep virus free. Examine any openings into the room, outlets of various sorts, vents etc. Can they be sealed with duct tape or electrical tape? Being able to do so will make it a whole lot easier to keep virus IN the room & away from everyone/everything else.

If you need to use the end or corner of a room, you can partition it off with a large sheet of heavy duty polyethylene or some kind of plastic. Pre-measure & buy some as well as LOTS of duct/electrical tape to seal off your space, allowing room for a flap for an entrance of course. Pick up enough of this sort of plastic sheeting for several complete walls, (stuff happens) & enough for patches should you accidentally pierce through your 'wall'. Okay, so you may have to get clear plastic which kills privacy, but I assure you, this will not be the major concern for you or your patient.

It's handy if your chosen room is close to a bathroom. An ensuite is perfect, but not necessary, just really handy. Nearby laundry facilities are great. In an apartment & have to use common facilities? That can be done without endangering others as well.

A closet in the room is handy but in the absence of one, several plastic bins can serve the same purpose & can be stored under a table. It helps if they're covered, although that's not entirely necessary & being plastic, they're easier to keep virus free.

Now how do you need to furnish the room? Remember, the idea is to simplify your life as caretaker. You want those furnishings you need to care for your patient & you need them easy to keep clean. You don't want so many items in there that you start tripping over things or have to waste a lot of time keeping things virus free.

First thing you need is a bed. Keep it simple. If your back & knees, not to mention hips, are up to it, try putting a mattress right on the floor. IF you can, place it on a sheet of plastic, you may have body discharges to deal with that are easier to clean off plastic than the floor. Put the bed as far from the room door as possible. The farther the virus has to travel to infect anyone else, the better. Don't, if possible put it right up against the walls. You may need to access your patient from both sides of the bed.
Next you need a table to put your basic nursing supplies on. If the room is big enough & you have them, 2 tables might be preferable. One near the patient's bed & one near the door for other supplies which may come in handy. If you can only manage one, go for a larger one which you'll keep close to the door. These don't need to be special in any way, except easy to clean. Plastic tables, the kind you use on patios & decks are perfect. They clean easily.

You'll want a decent lamp, not decent as in good quality, but decent as in offering good lighting. Cheap is probably good; or one you don't mind disposing of after your patient(s) heal(s). A cheap flashlight near the patient's bed is good too. If you don't have a small table near the bed, hammer a nail into the wall within your easy reach & hang the flashlight there.

You'll probably want a chair in the room too, for you to rest in. Again a plastic deck chair is perfect, as long as you can be comfy in it. Put a cheap pillow on it or something to give your butt some comfort. Pillows wash & so do plastic chairs.

Now furniture doesn't have to be plastic. I'm simply trying to point out that plastic or other simply built & easily cleaned furniture makes the care taker's life easier in terms of cleaning effort & reduces the risk of spreading the virus.

When you're standing in the room you plan to use, visualize where you might put things. Determine where you're going to place things you're removing & from where will come what you ARE using in the room. Move through the room. Walk in as if you were coming in to take care of someone. Is the bed placed in a reasonable location? Does your table placement make it easy to get things? How about your chair; can you easily see your loved one from there? Little things perhaps, but every step saved saves you energy.

Next, 'soft' furnishings & linens.

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Who took the sheets?

Now that we have the 'big' furniture looked after, let's look at the smaller stuff as well as the linen you're going to need. Before I explain why you need something, I'll simply make a list. If the list seems rather small, I'm assuming many are simply not in a position to obtain extras. Money is tight for many of us & 'fancy' doesn't mean better in many cases. While having the luxury of dedicating 10 sets of sheets to the sickroom is nice & cuts down on how often you have to do laundry, it's not necessary. The same applies to everything I list here. This list covers only equipment & linen, though for anyone wanting a quick & dirty inclusive list, I'll reiterate the furniture. Medications, cleaners & disinfectants will be covered shortly.

I plain bed or mattress

1 plain table

1 lamp

1 flashlight

Batteries

Clock

Ziplock or other sealable plastic bags

Plastic dishes

Utensils

Plastic
Duct/electrical tape
Medical face masks
Rubber gloves
Fabric gowns or cheap plastic raincoats
Plastic garbage bags
2 wash basins
bedpan
Urinal
3 sets of sheets
2 blankets
1/2 dozen washcloths
2 bath towels
2 hand towels
4 plastic/metal 10 gallon buckets with lids if possible
2 magic markers
Couple of pens/pencils
Paper
Printed info on smallpox symptoms & progression
Clipboard or hard surface to write on
Rubber boot tray with lip
Air fresheners
1/2 dozen plastic spray bottles

Remember, this is a minimal list. Many of us can think of more things to add that we have available or can easily obtain. These items would include convenience items, comfort items, etc. I'll mention some of these as I go. None of them are absolutely necessary & some of the things in my list here can be substituted for to save money or replace something you don't have & simply can't get. I'll mention those & suggested substitutions.

Many of us don't have the luxury of setting up much of this in advance of need. That's fine. You'll surprise yourself with how fast you can get a room ready for a sick person; how quickly you can put together everything you need in a pinch. If that means you rifle through kitchen/bathroom cupboards & leave a bit of a mess behind you, so what? Gives other family members something to do instead of wringing their hands & if it's just you; well your patient will not need you there 100% of the time.

Next list: cleaning supplies & 'medical' equipment. That will be followed by a suggestion of how to organize
everything, how to set up the room & care areas you'll be using - including bathroom/laundry facilities. Then we'll get into care - step by step, stage by stage.

++++++++++++++++++++++++++++++++++++++++++++++++++++++++
[Brooks]

Since it is on my mind and you are gearing up to this next phase... How about prestuffing a whole bunch of trash bags into the barrels so all you have to do is peel them off when they are full? It would mean less handling of the bags once things got dicey and create a little less breeze as the bags are being inserted.

Also, there are heavy plastic covers for different size mattresses, some of which completely enclose the mattress with a zipper. I have used them for my incontinent parents. They're fairly cheap so could always be tossed at the end. It would ensure the mattress survived. Similarly, if a bed support is used, maybe plastic sheeting could be draped between the box spring and the mattress and down to the floor.

Also, large bed pads are much easier to wash and replace (if the patient doesn't feel like moving) than stripping bed sheets repeatedly.

I'm a little worried about heat with your scenario for those of us with forced hot air. Closing off the vents will really cool the room down in the winter. It might call for an alternate supply of heat, like an electric heater.

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I need HOW much bleach???

You now have a list of furniture & household equipment required/desired to care for your sick person at home. There's a bit of overlap as some of the stuff in the 'room list' could be called medical equipment but no matter. At the end of this, as appendices, I'll redo the lists & various other lists & tables. I'm sorry I'm not more computer literate. If I were, I'd be able to do fancy tables & stuff, but I'm not & would rather get this info out as soon as possible.

Now, what about medical equipment & cleaning supplies, both to clean the patient, yourself, laundry & items in the room?

Here we go:

Patient thermometer
2 dozen wire hangers
Pliers/wire cutters
2 gallons of bleach
Concentrated cleaning solution
Hand soap
Soft cloth or sterile gauze pads
Blanket, (for caregiver)
Cheap paperback, (for caregiver)
Loose gowns/nighties, (patient)
Comfy clothing (caregiver)
Socks/slippers, (caregiver)
Small, cheap radio, cassette player
Small fan
Extension cord

This is far from an exhaustive list & most, especially those with experience caring for the ill, will easily & quickly think of additions which will make life easier for both yourself & your patients. As long as these items can stay in the room or care area & are easy to clean; why not?

Next: setting up the room & preparing for care.

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There's a case of WHAT at the clinic???

Supper is done & the kitchen is clean. Hubby is out trying to find the cat & your daughter is yapping on the phone. Your son is destroying scads of aliens on some computer game. You're sitting in the living room sipping on a cup of tea, feet up on the ottoman & smugly grateful you did the groceries early this morning. It's Thursday & other than catching up on laundry, your housework is done for the week. Your daughter has gymnastics practice Saturday morning, but hubby already promised he'd take her. Your son has a birthday party tomorrow night & you've bought & wrapped the present. You're a bit tired & after the news & catching a bit of TV, you figure you'll take a hot bath. You have that new Jean Auel novel you're dying to get into.

News starts, same old stuff for the first few minutes. A local factory announcing layoffs. Work scheduled to start this spring on traffic lights at 2 busy intersections... you go to the bathroom after the weather, while an annoying ad for a second had car lot comes on.

Instead of the usual community information after the ad, the news goes straight into a story you hadn't expected. A 14 year old girl has been admitted to University Medical Center with a 'strange' illness. She's been sick for several days, has been at home with what her parents thought was an early case of flu. After all, flu hit your community early this year & flu vaccine isn't available yet unless you are resident in a nursing home. This girl has now broken out in a rash over most of her body & has been placed in isolation.

The newscaster goes on to add the illness is 'causing concern' among medical staff at the hospital. The young lady has been placed in isolation & 2 members of her family, also with fever & bad headaches, have been admitted as a precaution & placed in isolation. Furthermore, several patients are being evaluated in emergency with similar symptoms. The hospital has contacted the state Public health Department who is sending down a small team of specialists to evaluate the girl's condition, as well as that of those family members who also seem to be ill.

A statement from the Chief of Medicine follows. She states that it's unusual for several members of a family to be stricken with flu at the same time to this degree. This illness has as symptoms; severe headache & a fever of over 101. While only the girl is showing a rash, the hospital is concerned for the whole family at this point. The girl is a tenth grade student at Middle Hills High School & the hospital staff is currently checking to see if any other students have been absent with similar symptoms or, seen by teachers as not feeling well.

The girl's younger brother, also ill, attends seventh grade at RF Kennedy Middle school. Mother works part time as a cashier at Safeway at the Middle Hills Shopping Center. The principal of the middle school & employee director of the Safeways are being contacted to see how many staff or pupils may also be ill.

While it's too early to determine the nature of the illness, it's possible it may be environmental or an infectious illness. If it IS the flu, it's unusual in that most patients with flu so far have had strains which are not known to cause severe illness in most.
Anyone suffering from cold or flu symptoms with a severe headache, severe body aches or a high fever are asked to contact their doctor, local clinic or the hospital. There is no need for most to worry but those who are immune suppressed or have existing serious medical conditions should avoid crowds. No questions are taken & the newscaster goes on to cover several other more mundane stories.

You turn down the volume on the TV & wonder if a nastier strain of flu has hit town. You hope everybody stays well this year. You also wonder & worry about your own children. Your daughter is in the same grade as the unidentified, sick girl & while your son is in eighth grade he does attend the same school as the sick boy. You haven't shopped at Safeways recently. While you're pondering, your daughter walks in & asks if she's ever had measles vaccine? Puzzled at the question, you answer in the affirmative & ask why? She mentions Elaine from her English & History classes has been away all week with what she thought was flu. Your daughter stopped in to see her for a short time after school(!), & Elaine was 'freaking out' over these weird sores in her mouth - your daughter describes them as "cold sores gone nuts". She repeats that she didn't stay long. Elaine felt crappy, her brother was sick & her mother didn't look so hot either. Anyway, she was just talking to a mutual friend who mentioned she thought Elaine's dad had driven her to the doctor's to be checked out shortly before supper.

Your blood runs cold as your daughter wanders back to her room. Elaine is sick. Her brother & mother are also sick. Dad drove at least Elaine in to be checked out by a doctor. The hospitalized girl & her sick relatives sound a LOT like what your daughter just told you. You sit a few minutes more, your pulse racing as you try to slow down your thoughts.

You 'casually' walk to your daughter's room & ask her; other than the mouth sores, how did Elaine look? 'Lousy', your daughter answers. She was pale, very tired & said she was really hot. Your daughter only dropped in to give her some history notes before a test coming up next Wednesday. Elaine was coughing a fair bit & because of that & the fact that she was so unwell, your daughter left after 20-30 minutes. How does SHE feel? Fine; why? You shrug & mention that flu IS making the rounds; you're just making sure she's okay. You ask, offhand, if she knows the brother's name. Greg, she replies & gives you the last name of the family, puzzled. You explain you wondered if he was in your son Andy's class. She reminds you they're in different grades, then rolls her eyes & pointedly reminds you she has a science test to study for. You leave her to her work, heading for the family room where your son is still zapping aliens.

Yes, he knows Greg, often hangs around with him at lunch. He hasn't been at school since Tuesday though - lucky guy! Andy feels fine, just a bit tired, why? You make some excuse, then go to the kitchen to make more tea. Your husband comes in, struggling with a squirming cat & trying to suck the blood off his thumb where the cat scratched him. Vermin did NOT want to come in yet. Quietly & quickly, you explain what you've heard & what the kids have told you. Your husband is also worried. Since the initial warnings of a possible bioterror threat against the US, you've both taken such reports seriously & have read as much as you can about the diseases that could be used.

But what to do? You don't after all, know very much yet do you? A classmate of your daughter's is sick. She's been home for 4 days with what was thought to be flu. Her dad took her to her doctor's to be checked out late this afternoon & now she's been hospitalized; you think. Her mother & brother have as well, & a 'precautionary' measure... for what? The Chief of Medicine views it seriously enough to have made a statement to a local reporter, urging those with certain symptoms to call their doctor. Your daughter visited the girl, who had mouth sores & a cough. The hospital reports she now has a widespread "rash".

Your husband calls a hunting buddy, who works as a lab technician at the hospital. He's off today, but might have some info. Your husband hangs up & looks at you, even more worry appearing in his eyes. His friend was called in to work about an hour ago? You try a friend of yours, who works as a receptionist in emergency. No, she tells you, she doesn't know what's going on but has been asked to work a 12 hour shift tomorrow instead of her usual 8. Inconvenient, but there you go; it happens.

Now you & hubby are really concerned. He has a bright idea. You get your gloves & coats & tell the kids you're just stopping in at the grocery store; your friend told you of a great spot sale on toilet paper. Your daughter snickers - you have a closet full of the stuff already! You drive towards the hospital & as you approach, you slow down. A lot of cars in the emergency room parking lot & a number of people helping others walk to the emergency entrance. You pull over across the street & quietly observe. In the 10 minutes you sit there, 3 ambulances come in & 2 others go out, at speed. Not typical for a quiet, late fall, Thursday in your small city; especially this part of the city. More &
more people arrive to emergency, some on foot, most by car. You see people coughing & many appear to be having difficulty walking. You & hubby look at each other alarmed. Doesn't this sort of thing fit the possible scenarios you've heard about & read over? Without a word, you head for home, both of you thinking furiously.

Once back in the kitchen, you let the kids know you're home, then sit & talk. You have the radio on in the background & hear no mention of a major fire, traffic accidents or the usual things which would fill emergency quickly. You hubby's friend was called in & yours will work an extra half shift tomorrow.

Your hospital normally does NOT make such statements, even about flu, not this quickly anyway. You both come to the same conclusion. Something major is happening & neither of you are willing to take chances with your family's health. You're already terrified for your daughter's sake. She may have had a major exposure to an infectious illness; you don't even want to THINK about the outcome of that. But you must &... you do.

So, you & hubby will spend the evening preparing for 'the worst'. You're both preppers & are adequately stocked. Nevertheless, at around 3 am, your husband will go to the 24 hour grocery store & if necessary, use the VISA card to buy more of the supplies you're likely to need if this is a bioattack, if your family IS directly affected.

You will help him make that list while you clear out the sewing room to use as a sick room. As much as you hope not to have to use it, you'd rather be prepared. But now, it's time for both of you to have a cup of tea, catch your breath, then talk to the kids.

Nope, this certainly doesn't fit every family scenario. But I work better with an image 'in my head', (it's chamomile tea by the way & the cat is a greedy, spoiled, orange monster), & the advice part that comes next is generic. Adapt it to your chosen room or location & bear in mind that my prepper couple is not perfect. They're going to make a few mistakes buying things & will later have to adapt/substitute/make do for various reasons. That will allow for those who simply can't prep as well as others. Remember, while a lot of $$$ is nice a great many of us live cheque to cheque & have to make do with what we have/can beg/borrow/scrounge/steal.

Next: telling the family what is what & dealing with whines & complaints, especially from kids. That will be followed by actually setting up the room & other areas needed. This family may have a biggish house but they only have one bathroom. That was hubby's chosen winter home improvement project.

I am TOO going to that party!

Your hubby & you watch the kids return to their rooms, both masking their worry with sullenness. Your conversation with them did not go terribly well. Your daughter is 15, your son 12 & both can be difficult when they choose to do. It seems they're choosing that now. Tough. As you've made clear to them, whether you're right or wrong in your evaluation of the situation, you're not taking chances with their health or yours.

In effect, you've 'grounded' them both. They can no longer leave the house, except to go out in the back yard for a bit of fresh air & these excursions will be limited time wise. No friends come in & not only do your kids not go out to friends' homes, social excursions & school are also going to be missed, at least for a short time until you can determine what exactly is happening. Your daughter could care less about missing some class time, but not seeing her friends? You are both being SO unfair! She was planning to go to the movies tomorrow night after supper; you've completely RUINED her weekend. Your son has informed you that it's HIS life & he WILL go to that birthday party. No... he won't.

In short, the kids think you're crazy. How are they going to explain this to their friends? Your daughter is already on the phone; seems she's trying to explain it as you fume. You remind yourself to start limiting her time on the phone. This is not the time to be tying up the phone lines. You hear your son slam his bedroom door shut & the volume on his radio cranked up. It's on a station you loathe. You'll ignore that for 15 minutes or so then remind him that whether or not he's happy with your decision, YOU are the parents & he will do exactly as he's told - period. And his radio gets confiscated if he doesn't turn it down.
You've tried to explain to the kids the source of your fears. Your daughter kept rolling her eyes as you fought the urge to backhand her one. You get the impression she's not going to co-operate in terms of doing more housework as you try to prepare. She's not too old to be sent to her room or otherwise punished if she doesn't get her fit of sullenness out of her system - fast. Your son kept whistling & turning his head until your husband was forced to not too gently grab his head & turn it until he was facing you. A few tears, some sniveling, but he at least looked like he might be listening - until you got to the part about the party.

It looks like you're going to have to sit them down again & explain things to them. If necessary, you can read the riot act. Your daughter can be expected to try & force the issue. You'll consider yourself lucky if she attempts to force just one issue. You have told both kids to spend the rest of the evening cleaning their rooms, putting things away, dusting vacuuming & clearing out some closet space & some 'under the bed' space. Clearing out the sewing room means you need some space to put things. The kids rooms are easiest. Tomorrow morning, both kids will get to work. There's laundry to be caught up on & you want to give the bathroom a good scrubbing out. For some reason you'll feel better if you go into this potential crisis with a house scrubbed as clean as you can get it.

Your hubby will call in sick to work & give you a hand. Exactly what he ends up doing will depend on what, if anything you hear on the news. At the very least, he'll replace your front door lock with a deadbolt & replace the door with that solid wood with steel core one that's been sitting in the garage for months.

You finish your umpteenth cup of tea & head to your sewing room. You spend the next hour removing the family photo montages that somehow ended up in there, as well as the quilt you've mounted on the wall. Your extra bolts of fabric & trim is boxed & hubby drags all that to the basement. The sewing machine is packed up & stuffed into your son's closet. You empty the room, dragging the furniture & miscellaneous stuff that's found it's way in there over the years. How did so much junk get into one small room? Impatiently, you put a lot of it out to the curb - tomorrow is garbage day & you don't have time to sort through it. The last item to be dealt with is that old wall to wall carpet you never dealt with. The sub floor is nothing great, but it's solid & looks don't count here & now.

You finally empty out the room & hubby removes the curtain rod. Oops, that pulled out a lot of drywall. Never mind he has some of that junk you use to patch holes somewhere... he can find it while he's looking for the old blind. Meanwhile, you wash the walls with hot water, soap & bleach. Boy, been a while since you seriously scrubbed a wall. You'd forgotten how tiring that can be on the upper arms & shoulders. Hubby finds the wall patching stuff, but where the heck did that blind go? Never mind, later...

He patches the hole he made removing the curtain rod hardware while you look for the old inflatable camping mattresses. You finally find it, but decide setting up the room can wait until tomorrow. You're exhausted & stressed out. You've already gotten into 3 minor spats about his (in)ability to pull out old drapery hardware & he's not thrilled about how much 'sewing junk you've got'. Your daughter is still acting the snot & that's the source of another argument. You're inclined to really ream her out but 'daddy's little girl' might be too upset, so noooooooooo. Argh!

Maybe it's time for another cup of tea then some sleep before morning. Hubby can go get the extra groceries you need. Yeah 3 am is late to shop, but there's less risk of encountering other shoppers & thus less risk of catching anything they may be incubating. Late local news repeated what was said after supper, but no new details were added other than saying since supper, "many" people had called their doctors or visited clinics to have worrisome symptoms checked out. No news on whether any were hospitalized or what diagnosis any were given.

Been a long day. You're getting more than a bit cranky. You tell the kids good night, then try to get some sleep.

Nothing really happening yet, but already our couple is stressed out. They're concerned about an unknown situation. They have some tantalizing clues there MAY be a serious, indeed grave crisis brewing but really don't have much to go on. They're taking a gamble reacting as they've chosen to. What if they're wrong? They'll look & feel foolish. The kids are not reacting as they would have liked although the reactions are well within the bounds of expected reactions for kids that age.

Their daughter's friend is the suspected case in hospital & they're concerned about her & any exposure their daughter may have had. What about their son; is he also at added risk? And sure they're preppers; but do they have the right stuff? Do they have enough of it?
Uncertainty is a killer. When something serious is brewing, MOST people react better if they have as much information as possible. After all preparing for a 'known', no matter how terrifying is easier than trying to prepare for one of many possible serious contingencies.

I give our couple points for having enough knowledge to realize a crisis may be brewing. Give them points as well for being preppers & having a lot of stock already. Right now, I'd caution them to stop stressing out, as much as possible. Pay attention to the news & other clues. Continue prepping their room. Sit the kids down again & do what you have to do to make them HEAR what you're saying. If you have to shout, thump the table; whatever it takes to get their attention & let them know this is deadly serious. If you're wrong, you have lots of time to apologize in future. If you're right... well you won't have to say: "I told you so".

They should jow concentrate on sleeping as best they can tonight & finish getting squared away tomorrow. If something really is brewing, they can expect more solid info tomorrow & will have a jump on most others.

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[Brooks]
Sue, it has long struck me that one of the great terrors of smallpox in this age will be the disfigurement that the survivors can expect. Teenage children, especially a daughter, could be particularly worried about that. When it becomes known that the problem is smallpox, that might help control traffic flow. That is, if they know before they are infected. IOW, far more than this weekend's socializing at stake.

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Setting up the room

This morning, our family has been waiting for news, hoping they're wrong but planning for their suspicions to be right. While they're waiting, they're getting their sickroom set up. Here's what needs to be done in the room... we'll start as though nothing has been done at all & we have to completely prepare a room from scratch. If you already have most of what you need fairly handy, this shouldn't take more than a few hours at most.

Start by emptying everything out of the room unless the bed you plan to use, table, chair etc., you plan on using is already in there. Everything else - out! Look over the room once it's empted; forget anything? If it has a closet or 2, make sure you've checked the shelves; all the nooks & crannies. Remove any hardware; stuff you use to hang curtains, plants, anything like that. The variola virus CAN survive on things for a time; you don't want to take that risk. I would remove all curtains too & either replace them with a plastic, easily cleaned blind of another material or, tape up a plastic garbage bag. At some stages of the illness, it may be more comfy for your patient if you can darken the room.

Next clean the room; really clean it. Vacuum if you can, remembering to get cobwebs off the ceilings & anywhere else they're lurking. Get windowsills, the tops of doors too & the tops of any molding you have along the floor. Got overhead lights? You may want to remove those or, if they're the only lighting you have in that room or can put in there, just be aware that dust, dead flies etc., like to collect in the shades. Clean them before you use them & you'll be keeping them clean while you have a patient using that room.

Right, room is empty & vacuumed or swept. If you've chosen to sweep by the way, spray the end of the broom with Lysol or similar cleaner, even Windex.. it will help the dust bunnies stick & prevent them simply 'changing locations' in the room. The idea is to REMOVE all dust & dirt not simply move it from one corner to another.

Time to wash everything down. Mix up some water, a little bleach & a concentrated cleaner in a spray bottle - much cheaper than using a premixed cleaner you buy. I figure by mixing up my own, I lower the price by about 85%. If you can't wash your ceiling & if it's textured you probably can't, then spray the heck out of it with your mix. Spray until it's darned near dripping. While that's drying, take a break or do something else.

Wash the walls with the same spray. We're not looking for stain/fingerprint removal so much as 'pre-use' disinfection. As long as your mixed cleaner has a 1/2 - 1 teaspoon of bleach, you're killing most bugs in there. Don't
forget windowsills, tops of doors, moldings & inside your closets. Finish up by washing the floor. Take a coffee break - you need one by now.

Let's set up the room. In goes the bed or if it's still in there, you move it to where it will best fit. Remember, ideally you'd like to have access to your patient from both sides of the bed. If the bed was still in there or any other furniture while you were cleaning, I hope you covered the furniture with something.. lol. A wet mattress is no fun.

So, do you use a bed or mattress on the floor? That's up to you, but whatever you decide to use, keep it simple for you. A bed frame with all sorts of complex things on it, fancy scroll work, etc. or... God forbid... wicker; is miserable to keep germ free. The simpler the structure of the bed, the easier for you. Not having back or knee problems, I'd choose to use a plain mattress on the floor or an inflatable mattress. If you can't crouch down, kneel down or bend over easily, use what you have & we'll cover keeping stuff clean later...

To keep the mattress as virus free as possible, put a zip up mattress cover on it if you can. If not, you can do much the same thing with plastic, be it heavy duty plastic or in a pinch, ripped open at the seam garbage bags. Make sure the plastic completely covers the top of the mattress, the sides & is tucked in under the edges. Duct tape it on solidly. Incidentally before you do this, you might want to vacuum the mattress; dust mites & just plain dust - mattresses accumulate a surprising amount of these.

Table - you're putting a small table in the room to hold supplies you'll frequently need. Again, the simpler the table the better. A cheap plastic table such as what is sold for poolside, patios, decks & balconies is great. Easy to clean & if you end up having to dispose of it after a crisis, no biggie. Locate it close enough to the bed to be useful to you, but far enough away so that your patient doesn't accidentally knock it over.

On this table you'll want a thermometer. Sit that in a small drinking glass with a bit of disinfectant in it - Listerine is perfect. If you don't have any or want to keep this cheaper, a mix of water & rubbing alcohol, about 4/5 water to 1/5 alcohol will do nicely. Tastes icky, but cuts down the spread of germs. You can use a drop or 2 of bleach instead. Just wave the thermometer in the air a little before popping it into your patient's mouth to evaporate the solution off as much as possible.

You may also want a small lamp on this table or, if you're going with your overhead light, a small flashlight. That lets you check on your patient at night without lighting up the whole room. Hint: when using the flashlight to check your patient, you generally don't have to shine the light right ON the patient. Just shine it on a wall behind or beside them. Usually that gives you enough light to see for your purposes. If the patient is awake, then you can use the light more directly; just warn them in case they want to shut their eyes.

You may also chose to keep a small pitcher of juice or water on this table with a drinking glass. Saves you carrying it over all the time & possibly spilling it. You have better things to do than mop up spilled water.

If you'd prefer not to use a table, a plastic storage bin accomplishes the same thing - whatever you have that will do the job & is easy to keep clean. Just keep it small. Stuff tends to expand to fill the space available & you don't want to be worrying about keeping a ton of stuff clean.

There are 4 other things you might want to keep near the bed - I would. First, a wastepaper basket; obvious reasons. Next, a 'barf bucket'. At the bottom of that, put a small amount of water & bleach mix to help kill virus. A 5 gallon bucket or whatever you can come up with to put in any dirty facecloths, patient clothing, towels etc. Just the small things when you don't want to walk 1/2 way across the room. If it's helpful, label each with a magic marker. A spray bottle of water/bleach mix on or by the bedside table is also handy. Again, it saves steps.

Now a chair for you, the caregiver, is essential. There is nothing virtuous about being on your feet all the time. Anything you can do sitting down, DO SITTING DOWN! If you're the only caregiver, you need to ration your strength. Even if you're not, why wear yourself out? Again, keep the chair simple & easy to clean. If it's not terribly comfy, put a pillow or cushion on the chair. Ideally, you pop it in a plastic bag which you can seal - good old duct tape again. Pop a pillow case or something over it.

You want a timepiece in the room. I'd use a windup clock or small digital clock; just as long as you know what time it is. Put it in a Ziploc; you can see through it to tell time & it wipes clean easily without getting ruined. You don't want to wearing a watch, jewelry or anything like that so as not to scratch your patient & again, to reduce the
chances of germs leaving the room if & when you do.

A cheap notebook or clipboard with paper & pen/pencil to keep track of your loved one's symptoms, what treatment you give, if any is useful. You CAN & may forget what you did when. If you've given anyone any sort of medication, especially a child, you're safer knowing when they had their last dose AND how they responded to it.

You might want these last things I've mentioned on a table or in a bin near YOUR chair. They're more for your use than your patients. In this bin or this second, (larger), table, you'll also want to keep extra bedding: sheets & pillowcases. It's also a good spot to keep towels, facecloths & whatever your patient is wearing, if anything. This is also a good spot for any other supplies you've decided make your life easier in caring for your patient. If you keep your facemasks here, make SURE they're in a sealed, smaller container. You don't want them full of virus before you even put them on. You can't completely eliminate your exposure to virus, but can sure limit it. It’s not the best place for masks & gloves, but a few spares kept here is not a bad idea.

I'll end this now, there's a lot more to cover about what you want in the room, but I don't want these segments too long. Next, I'll talk about linens, how you make the bed, explaining that in terms of what we know about the virus, patient symptoms & sources of discomfort etc.

I haven't forgotten those who may not have a room available, who may simply have to section off part of an existing room. I'll cover that too as well as how to deal with laundry, dishes, food & feeding your patient & care.

Others in the family can do a lot to make your life easier without ever getting near the patient. I have suggestions there too. Let me get back to it...

This is getting complicated...

This may sound like of lot of preparation & equipment to gather up, but it really isn't. It appears that way when we're not used to caring for people but when it's all gathered together & set up, it's not as overwhelming as it appears. Much of it this preparation too, can be done AFTER you identify a sick person who needs care. Remember, most will feel lousy & need to be 'isolated' as quickly as possible, but you can get them into the care room/area & they can lie down & rest while you whip around preparing things.

Don't have time to wash walls, dust, sweep, etc. BEFORE your sick person gets sick? Anything that really needs doing can be done in the early hours of sickness. If you can't do the sweeping or scrubbing at all for any number of reasons, you can work around that too. I'll cover that in 'ongoing' cleaning. And if YOU are the sick one & live alone, that's the least of your concerns & you're not putting anyone else at risk with your dust & such anyway.

And not to worry, I haven't forgotten "patient waste", urine & feces or vomit you'll have to deal with. Again one thing at a time.

Remember the plastic buckets I mentioned? Here's where they are set up, how & why. You'll want one for patient laundry, all linens & clothing. Fill it partway full of water with a 1/4 cup of bleach. Put a lid on it to prevent spills & label it LAUNDRY. Leave it near the door, out of 'tripping' range. Prepare another bucket identically & label that one DISHES. This is where patient dishes & utensils will be placed. A third bucket with about 3 inches of water; same amount of bleach - label simply TOILET. That should be self explanatory. It can handle anything a patient barfs up too. If you use a few more pails, they can be smaller for your laundry & dishes. Keep a spray bottle of water/bleach nearby. Once you put laundry/dishes/human waste in the appropriate buckets & put the lid back on, spray them with the mixture. You can let that air dry, but keep a small towel nearby to wipe up an dangerous excess that could send you flying. Just inside the door, place a rubber boot mat, one with a small lip. In it, place a small amount of water with a bit of bleach mixed in, a couple of tablespoons. You want enough of this mix to cover the soles of whatever footwear you have on. You can 'step out of your shoes', (undo laces first), & step right out of the room. If you need to keep them on for whatever reason, at least you've killed most virus on them.

If your patient is using a urinal or bedpan - we don't all have available rooms with ensuites(!), you may want them somewhere along a wall, not too close to your chair but not too far to reach easily. Once used, you empty them into
the 'slop' bucket & can rinse them with a water/bleach mix which also gets dumped into the slop bucket.

Why all the special buckets, bleach mix, etc.? The variola, (smallpox), virus IS killed by bleach. Laundry & dishes placed in a bleach solution BEFORE being removed from the room would have virus & any other nasties on them killed. That prevents as much virus as possible from leaving the room & reduces the risk of you the caregiver & other members of the family contracting the illness.

Anytime you deal with laundry, dishes, sewage or the patient herself, you're going to want to have gloves on. They don't have to constantly be changed. If possible, keep washing your hands with your gloves on & only change them if they develop a leak or you really feel you have to.

To be extra safe, anyone outside the care area who is helping you deal with laundry, dishes etc., should also wear gloves & a mask & be very careful not to 'slop' water around.

Now just outside the room or care area, you'll want to have some extra clothing for yourself. You want something comfy to walk around in & work in. That might be sweats, stretchy pants & tee shirts. As long as it's easy to wear & launder, it works. You'll also want to keep some sort of gowns or cheap plastic raincoats out there. You want them clean & virus free when you're changing after showering or whatever way you're looking after your own hygiene.

You'll want hairnets or shower caps too if you're hair is anything but short. They're not a bad idea anyway, to keep virus out of your hair & off the patient. This is also a good place to keep quick snacks for yourself if you don't have time at any given point for proper meals. Remember, anything IN the room should be considered "unclean", anything outside should be as clean as possible.

Even if you have the luxury of having an 'anteroom' or isolated area outside the care room to keep extra things, make your other family members understand that they should NOT go there unless it's necessary. You might try setting up a schedule of some sort, where someone checks every few hours for laundry or dishes or sewage. Keep this stuff in the care room until just before your scheduled assistant comes & gets it. Then, before it leaves the room, spray the outsides of every container with bleach & water. As you're masked, gloved & gowned assistant approaches, they too should spray ahead of themselves. Every dead virus is a non-infective virus.

If you're the only one in the place caring for a loved one, if there are only 2 of you anyway, it's no problem to take things out & clean them when you're ready to do so. It becomes more a matter of scheduling things for yourself so you save yourself time & steps. We'll do that step by step after we have a "patient" installed in the room.

For those who don't have a separate room, clear out the end of the room or corner where you'll be caring for your loved one. Under these circumstances, it's likely it's just the 2 of you. As long as you can keep a part of the room clean for YOUR comfort, you don't have to get too obsessive about keeping everything virus free. It's impossible anyway; you're simply trying to reduce the number of virus floating around. Remember, not everyone in the house, even when you can't make special provisions, is going to catch the virus from a sick family member. Anything you can do reduces the risk of it spreading within the house.

You're going for the best you can manage, not perfection.

You've cleared the corner for your loved one. Take your plastic sheeting & duct tape to the ceiling. You can't be too careful here. You want to try & seal any openings between the top of your plastic sheet & the ceiling. Do the same thing to walls abutting your plastic sheet, as well as the floor. Tape that sucker down! Cut away any excess plastic & cut a "door" for yourself to get through. That will leave a flap for you to get in & out through. On both sides of the flap, you want to place spray bottles with a mixture of water & bleach; 2 teaspoons or so per bottle of water. That's a bit strong, but better a bit too strong than not enough.

Just before you leave the patient area, hold still; stop moving for a minutes. Spray the door area, yourself & anything you're holding. Wait again for a bit to let anything you sprayed sink to the floor. Don't forget to spray your shoes. Slowly & deliberately move through the opening. Slowly so as not to 'stir up' too much. On the other side of the flap, make sure the flap is back in place & again, hold still a minute. Take your OUTSIDE spray bottle & spray the flap & the air around you. Hold still again. Then slowly & calmly move away from the area. The holding still, spraying & holding still again allows virus to settle, especially after you spray & lessens the risk of virus particles floating through the air. If anyone else is in the apartment or house, it's helpful to keep them as far away as possible.
from the openings into the patient care area. Virus particles in droplets CAN move up to 10 feet before settling to
the ground, less if there's little or no air movement.

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[Kasota]
If using plastic to block off an area, instead of just cutting a door...how about actually overlapping two pieces of
plastic to make an overlapped area you can still get through? smaller 'tags' of duct tape could be used to hold the
overlapped flaps together during the times you are not actually going through.

I know CS mentioned a fan...if there is a fan going in the room it would tend to make the plastic doorway come open
and some overlap and tape 'tags' could lessen that effect.

I have an area of my 1800 square foot basement blocked off for worms....small heater with fan in the room used to
push the plastic cut out door out...until I overlapped and used tap tags....so I thought I would add my two cents on
this one.

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Kas, that's a great idea. The problem with 'fencing off' an area with plastic as opposed to using a separate room is
always that it's harder to contain virus. Your idea makes that easier. The fan's use would, (supposedly), draw air IN
to the room, your own form of high priced negative air pressure system(!), but that only works if you have a window
you can open to the outside & in a small neighborhood wouldn't exactly be considered 'neighborly' as you'd also be
sending virus particles out to the public. Granted, your main concern is YOUR family. Nevertheless it's not
something I'd want to do without thinking about it for a bit.

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So How Do I Make The Bed?

At this point you pretty much have every major thing you need in the room. All you need to do is set things up for
the benefit of both you & your patient. First things first, you need to make the bed. Remember at first, you patient
has fever, aches everywhere & generally feels lousy. He/she has no pox yet & theoretically is not contagious. If
they're up to it, this is a great time to send them for a shower or bath. You want them to start this phase of illness as
clean as possible. Include a good washing of the hair & the best job possible of brushing teeth & cleaning out the
mouth. If you're dealing with a really young one, you can help; to make sure everything gets done properly.

If the child or adult is capable of bathing themselves & you're not worried about them falling/slipping in the shower
or tub, you can take this time to make the bed & make sure you're ready. Here's what you need for the bed. The
bottom sheet doesn't matter too much right now in terms of softness or quality; just so long as it's clean. Make sure
it's well tucked in. Fevered patients often are restless & a sheet mussed up underneath you is NOT comfortable when
you're already feeling rotten. OVER the bottom sheet, you might want to put something called a draw sheet. That's
simply an ordinary flat sheet folded in half. You place it in the middle of the bed so that when the patient is lying
down, the sheet is under them from roughly their shoulders to partway down their legs. It can be easier, if the patient
is sweating, simply to change the draw sheet than try to change the entire bottom sheet. Keep the part with the fold
nearest the head of the bed.

On top, if your patient is feverish, you may choose to just have a top sheet. Have a light blanket folded up, either at
the end of the bed or nearby. FEVERS aren't always constant & when a person's temperature goes down, they may feel
cold. As well, if a fever "breaks" in the form of a sweat, the patient may feel chilled. You might want to have a
towel handy to wipe the worst of the wet off your patient if & when that happens. For the first several days, you
don't need to worry about anything else in terms of what's on the bed for bedding. Except a pillow of course.

Patient wear: what should your patient wear? When they have a fever, the answer is 'not very much'. Whether or not
you choose to try & bring down the fever in any way, you don't want your patient too uncomfortable. They might
feel comfortable just wearing underwear. If you choose to use a nightgown, especially for female patients, you may
want to cut them up the middle, at the back. This makes it a lot easier to take them off & put them on when they
need to be changed. I've seen many parents bring fevered babies or toddlers in to be seen & have the child almost smothered in blankets. All that does is hold heat in. Less is more when you have fever. Covering a person too much may increase the temperature & in the case of a child, can lead to a dangerously high fever.

With a high fever, a patient may not be able to take a bath or shower. In any case, why risk spreading virus throughout the house. True, technically a patient is not infectious until they break out in mouth sores, but why take chances. Plus, helping them wash in bed or doing it for them gives you a bit of practice for later, when you really have to bathe them in bed.

You needn't worry about a 'thorough' bed bath. You risk wetting the sheets & tiring out your patient. Concentrate on the face, hands, armpits & groin area for the sake of sanitation. Don't overdo it with soap. You can't rinse as well as you can in a shower & the less you irritate the skin at this point, the better. Bathing your patient in bed is also a good way of spotting any cuts or scratches they may already have. Knowing where these are BEFORE pox breaks out gives you an idea what areas may be most prone to a secondary infection. You may choose to put a bit of antibacterial ointment on any small cuts or scratches, hoping to at least get them partially healed before the pox breaks out.

Use the mildest soap you can. Perfumes, skin lotions & conditioners are fine for a healthy person who can rinse thoroughly but with a person in bed having only bed baths, they may cause the skin to become irritated & perhaps cause you problems when the pox erupts on the skin. There are all sorts of very mild, pure soaps out there. Glycerin based, goats’ milk, check it out at your local drug store, grocery store or soap specialty shop for those who love good soap. A very mild baby soap is good.

When you're cleaning your patient, here's a hint to keep from having to change the water every 2 seconds... work with 2 basins if you ca& 2 face cloths. One face cloth has the soap... just a bit remember & the other never has soap applied to it. That's the one you use to rinse soap off the patient. You'll find once you have a bit of soap on your first cloth, you probably have to add very little more. Just wet the cloth a bit & it will produce more lather. Wash one part at a time; face first, then rinse. Hands, then rinse. Each armpit next, making sure you tuck a towel under the patient's side where you're washing, to mop up the odd little drip. Then finish off with the groin. The principle is to move from the cleanest part of the patient to the least clean.

After using the face cloths, they can be rinsed in a solution of water & bleach, then hung to dry. In 1 corner of your room, you might nail up a small 'clothesline' for this purpose. It only needs be long enough for a couple of face cloths & a small towel or 2 which are being reused several times a day. Dump the water from your basins into your sewage pail, spray them with your water/bleach solution, then wipe them out & let dry. If you can only come up with one largish basin, (big mixing bowls work great), use that one for rinsing; means less changing of water. Use a smaller bowl just to keep your facecloth with soap wet.

*Hint* Before washing your patient, have someone bring you, to the door or bring in yourself, a pail of warm water. You don't need a ton of it, but make sure it's warm enough to be comfy. You needn't place anything in it. Pure, clean water is perfect. If you can run it through a Berkshire, Katadyne or a Brita first; great. If not, don't worry about it. Most well/city water is clean enough & soft enough not to bother your patients.

If you can & feel like it, you might consider having a box of Baby Wipes handy, by the bedside. Make sure they're the "scent & everything else free" ones. They're handy for small "spot wipes" on your patient & can be disposed. You can too, make your own out of folded paper towels & a small amount of home mixed, water based solution. Somebody later remind me to find my recipe for that stuff. It can be a real time saver.

*Hint* While you may find a roll of paper towels in the room handy, never have too much of it or any other supplies in the room. If your patient does have SP & you don't use a lot of that product, you still have to get rid of it after your patient is healed, assuming no one else comes down with it. For we preppers on a budget, that's a waste.

Don't forget toilet paper for your sick room!

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Once again it’s just after supper. It’s Friday & your son is in his room pouting. He “understands” the seriousness of what you’re doing, but it hasn’t really hit home. He’s more worried about the birthday party he’s missing. He’s listening to the radio & hoping his best friend doesn’t hate him for life. You feel guilty about him missing a good time but under the circumstances, not that guilty. Your daughter is on the phone - what else is new? Last time you walked by her room she was bitterly complaining about how paranoid you were. She waited until she heard you on the way back down the hall, then pointedly & not too quietly, shut the door. Fifteen year olds!

Hubby is in the basement, still trying to find that stash old plastic pails. He’s found 4 & swears he has at least another half dozen or so... somewhere. You’re not holding your breath as he’s on his third search through the basement & he hasn’t had the best of days. He wasn’t able to decipher the instructions for the new door lock & settled for mounting 2 old chain locks, top & bottom. He promised to have another go at it tomorrow.

You’re worn out. You finished cleaning the sewing room today & did some areas twice, not being too sure how clean they were after the first time you cleaned them. You never did find that blind & the fan you wanted to use for ventilation blew 3 fuses before hubby tossed it into the back shed. In a pinch, you can drag one of the summer fans out of the attic though, you just wish it were a bit smaller & easier to keep clean. Never mind, you probably won’t even need it.

You kept the kids busy today. They dusted & vacuumed, tidied up a few closets & sorted, washed & folded laundry, including the stack of old sheets & towels you unearthed from that storage closet in the basement. They weren’t THAT dirty, just a bit musty from having been stored for so long. You had more than you thought you did & where are you going to put them all? For now, you took all the “good” linen out of the linen closet & stuffed it into a box which you placed on your son’s closet shelf. You really have to talk to him about getting rid of some of those old metal cars & tracks.

You tried to get the kids interested in helping you set up the sick room, but they think you’re demented. Rather than getting into another bun fight with them over it, you told them to keep themselves busy after their chores & to stay out of your way. You’ve been in better moods - only fair to warn them. You placed the furniture you wanted in the room. The camp cot you thought would work out smelled too musty. Instead you hauled up the mattress from the roll away bed & aired it out on the front porch for a few hours after vacuuming the dust off. You sprayed it with bleach & water & aired it some more. You ended up having to take the plastic mattress cover off your son’s bed; a good thing really. It’s been years since he wet the bed & you’ve simply never taken the time to remove it. One spot looked ready to tear; duct tape took care of that.

You made the bed. You got annoyed when you folded the draw sheet the wrong way twice. Fold it LENGTHWAYS, you reminded yourself & make sure the folded end is towards the TOP. A top sheet, a pillow & an old, thin blanket finished the bed off. The table you wanted to use, that old sturdy, plain wooden one. Nobody told you it had a wobbly leg. You ended up putting in the end table from hubby’s end of the couch. He rarely used it anyway. It’s a bit bigger than you wanted but no doubt if you need it, you’ll be glad you had the room. You put an old goose necked study lamp on it & an empty pitcher & plastic drinking glass, to be filled with water should you need it. You put an old plastic kid’s cup there too, for a thermometer. The thermometer you placed in the drawer, along with a plastic clipboard, some loose leaf paper & a couple of pens. You placed a half dozen acetaminophen tablets in a small plastic storage container - just in case.

You resurrected the old vinyl beanbag chair from the basement & wiped it down. Beside that you placed an old square plastic storage bin, upended where you could put a book, a flashlight & anything else you might need. By the wall near your chair, a second table. On it inside a plastic bag, a spare set of sheet, a couple of face cloths & 2 towels. You’ve also placed a bar of baby soap on an old plastic saucer & a spray bottle of bleach & water. Oh heck, you forgot the plastic spray bottle of the same stuff for the bedside... later.

You cleaned out the 4 plastic pails hubby found & they’re stacked inside the door for if you need them. You make a mental note to yourself to have one of the kids clean the boot mat, the new one & to find you a couple of magic markers. One of them must have one in their room somewhere. You’ve bought them enough over the years for various school projects. You don’t have any wash basins per se, but the 2 huge mixing bowls in the kitchen will do. You’re not quite sure what you’re going to do for a bedpan. Somehow, you never thought to buy one.

Your sewing room is just across the hall from your bedroom at the end of the hall. You had hubby drag your dresser over a few feet & grabbed an old metal shelving unit from the garage. You cleaned it & put it where your dresser
was. On it you’ve stacked some extra linen, a small bottle of concentrated cleaning solution & any number of plastic bags. You have a box of medical gloves & 2 large pairs of household rubber gloves. In the morning, you’ll haul out your 2 old sets of sweat suits.

Somewhere in all that work, you found time to inventory, roughly, your stock of pre-cooked meals in the freezer. Not bad - lots of stew & soup in there. In fact you’d better think of eating some of them up & making more. Some are looking a bit on the old side. It might be a good idea to make some different soups, just for variety. Your daughter can operate the bread maker, you’ll have start dough for rolls, remind her how to shape the buns & have her bake them for you. A few dozen rolls in the freezer might be a time saver later.

You’re feeling a bit miserable. Fatigue no doubt & worry about what could be happening. A few times today you phoned friends to find out what, if anything, they’ve heard. 2 friends mentioned a number of people sniffling at work & a few absent but word has it it’s just that early flu. You hope so. Your daughter tried to phone her friend, Elaine, but no one answered. In your mind that makes it even more likely Elaine is the girl in hospital. You’ve driven the kids crazy asking them how they feel roughly every hour. FINE! Maybe you should ease up.

Your husband finally comes upstairs - no luck finding those pails. At this point, you could care less. It’s been a busy day. He pours you both a cup of tea & you both settle in for the early local news. A serious looking local anchor, the one who usually does the late news comes on & the lead story is the illness sweeping your city. Sweeping? Last night it was a few people hospitalized, mainly as a precautionary measure & ‘several’ people being checked out for what appeared to be a nastier strain of flu than what had been going around. The anchor gives some facts. All members of the original case’s family have now been hospitalized & the parents of those attending the kids’ schools, (the names are repeated), are asked to watch for their kids for the following symptoms: high fever, overall body aches, nausea & possibly vomiting, headaches & ANY sort of rash. A special warning to check for any sores in the mouth. Any parent noting such symptoms or any staff members at the school or any shoppers who were at the Safeway at Middle Hills Shopping Center in the last few days & have such symptoms are asked to call... and a list of three phone numbers is provided. People with these symptoms are asked to NOT come to either of the 2 hospital’s emergency rooms.

The Chief of Medicine of your local hospital speaks next. He starts by saying that since late yesterday afternoon, 23 people have presented to the emergency room with symptoms as follows - he goes on to list the symptoms the newscaster gave & reiterates the caution that anyone having these symptoms call the numbers given. They’re repeated. He adds that fifteen people have been hospitalized, in isolation, for high fever & in some cases, an odd rash.

A number of local reporters try to ask question at this point but are ignored. A spokesman from the other local hospital, an HMO hospital, then addresses the small crowd of reporters. 17 people with similar symptoms reported directly to the emergency room yesterday; 11 had to be admitted for symptoms similar to what is being reported from University Hospital. HMO patients with similar symptoms are also asked to use the numbers called instead of coming to hospital.

The local Director of Public health is next to speak. He states that between patients reporting to hospital & those being referred by the doctors or local clinics, a total of 66 people have been identified with serious manifestations of these symptoms. Those who haven't been hospitalized, a total of 36, have been sent home with instructions to call a special number should they begin to feel worse or develop a rash.

He cautions the public against undue worry. While this appears to be serious, no one is in critical condition & most of those admitted have been young children & the elderly. He advises those in those age groups, as well as anyone on anti-rejection drugs or those who are immune suppressed to limit their contact with the public. The state Dept. of Health has a team on the way to investigate the outbreak & the Centers For Disease Control in Atlanta has been notified. No, there is no diagnosis yet, but with the outbreaks centered around 3 locations, it may be environmental. His office is checking to see if the schools affected bought any food or drink items from the Safeway, to rule out a connection.

The press conference is ended at that point & after a few comments to the weatherman about how "odd" this seems, the news anchor moves on to other local stories.

Later on the national news, 2 of the networks pick up on your big local story, but it only receives passing mention.
with guesses that it might be Legionnaire's Disease, a form of meningitis or a local environmental problem. There is no mention made of this anywhere else in your state or the country.

You & your husband look at each other; this isn't sounding too good. But, you're prepared & have no plans to go anywhere for several days. You finally get into that bath you've been promising yourself & your husband turns on a hockey game. By nine o'clock, you're ready for bed. Your son promises not to stay up too late & your daughter admits the work today has tired her out as well. She feels sleepy & plans to get to bed very soon.

...That's how it might initially play out. A number of cases of 'unusual flu' are reported & while health authorities won't speculate on the nature of the illness, they caution people to be careful, to report unusual symptoms & for those at risk to limit outings. To me, that would be a bunch of red flags. Unusual numbers, unusual symptoms, warnings to 'be careful' & any time they give a number to report symptoms.

Preppers might catch on, but unfortunately, the majority of people, if they even caught the news, aren't going to let reports of flu stop their plans. So they go out... to movies, evening shopping, sports events, parties, etc.

And the virus spreads...

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[Brooks]
As far as washing down the room, a pressurized garden sprayer might make it much easier. That's what I use to strip wall paper, and it makes the job fly. If the floors could tolerate some extra wetness, this might be a good way to soak the walls and ceiling with the bleach mixture.

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How Do I Know It's Smallpox???

You have reason to believe someone is your family is sick. The may feel tired with no reason to be, may have a fever, be achy or have a headache. They may be nauseated. How can you tell if it's smallpox? In a nutshell, until the person breaks out with the mouth sores or actual pox, you really can't.

So if a family member or other loved one develops these symptoms, what do you do? How do you decide if you should place them in isolation & treat them as though they may have smallpox? Under many circumstances, that's going to have to be a judgment call on your part.

Sometimes, it may be pretty clear that you SHOULD isolate your loved one. You're hearing of unusual levels of "flu" with really nasty symptoms. Many people, more than usual, are away from work or school. Any news broadcast is speaking of an outbreak of something 'strange' in your area. Dead giveaways that it's probably not flu include any outbreak of 'flu' outside of flu season. Doctors looking stressed out & more worried than usual.

You may notice first responders in your area seem to be taking extra precautions. Hospital emergency rooms are busier than normal. If you're not certain about the last, do what our fictional couple did - drive by. You may have cause to notice the same at doctor's offices or walk in clinics - more patients than normal. Friends/relatives who work at hospitals/clinics/doctors' offices may report, in otherwise casual conversation, that it's way more busy than usual this time of year.

ANY warnings or cautions by any level of public health in your community is cause for concern. They may NOT be specific about what they suspect. Often that's not an attempt to lie; they simply really don't know & are not looking to cause panic until they have a good idea what's going on. If however, you hear a public health team of epidemiologists is heading your way to check out an 'undetermined' apparently infectious illness, be extremely cautious.

You have kids in school? Ask if many students and/or teachers are suddenly absent. If the answer is yes, that should be a warning to pay special attention. If you have friends or acquaintances who work in health care or as first responders who are suddenly pulling overtime or are taking an 'unplanned' holiday, be especially alert.
On the other hand, there may be no warning at all. The first indication you may get may be a televised press
cconference by your local/state/national level health authorities announcing suspected or confirmed cases of
smallpox. If the cases announced are in your immediate area, your choice is probably a no brainer, especially when
it comes to keeping kids home from school or you staying home from work. If you’re in a smaller community & you
or your family members have recently been to a larger urban center where there appears to be one or more cases of
smallpox, then it's time to watch these family members like a hawk. Me; the first time I noted anything other than
normal state of health, I'd keep the person home to see what develops.

If, after a few days you decide you were wrong, what have you or your family member lost? A few days of school?
Of work? For some this is a tougher call than others. You or your spouse may be in a job with no sick leave. Your
child may be only 'borderline' successful in school & missing a few days doesn't help. Only you can make that call
& it's a tough call. You don't want to be careless but at the same time, you don't want to be seen as 'crying wolf'
either. We're preppers & while most of us are used to having friends/relatives roll their eyes at us when we talk
prepping, world situations, risk of bioattack, etc., that doesn't make it any easier. After all, most of us DO like to
maintain some degree of credibility with those we hold most dear.

There are few if any, guaranteed early warning signs & little way of knowing if you're right or being a paranoid
whack job. How you call it, what you do, is best left up to your own judgment. In most cases, if you make a mistake,
not much is lost. On the good side, it's been an opportunity to practice your home nursing techniques!

What if you live alone? It's terrifying to think about falling ill, being seriously ill for several days with fever, then
even though your fever breaks for a time as you break out in pox, KNOWING you have smallpox. What the heck do
you do if you live alone? Once the pox develops & your fever returns, who's going to look after you? You have to
try & do the best you can. Same thing applies if you have pets. No one is there to back feed for you when 'Recon' or
'Verm' needs feeding, walking or the litter box needs changing.

Easy for many to say: "Have lots of stuff prepared ahead of time." Sure it's "easy", if you have the money, room &
other resources to do so. Not all of us do, but there are still things you can do to keep yourself on this side of a
positive pulse rate while the worst of the illness runs its course. You may not end up being as comfy as someone
who has help. The house/apartment may turn into a swamp. That can be dealt with later. Your priority is simply
coming through alive. Once you've recovered, you can deal with the mess. During your illness, you'll have enough
other issues to deal with. And with a bit of forethought, you can.

Smallpox under most circumstances can be dealt with. I can't guarantee anyone or everyone will "make it". Someone
who'd had a quadruple bypass & has a blood pressure of 168/98 may come through nicely while a 23 year old
recreational marathon runner may die 3 days after breaking out in pox. There are always anomalies.

What you're trying to do for yourself & your family is make it through alive. If you can accomplish that, depending
what else is out there, how well you've been able to prep & how the rest of the world is reacting; you have time to
re recuperate & build up your strength.

Much of the info I plan to give you is common sense. Most of nursing is just that; common sense based on a
working knowledge of principles of sanitation, nutrition, balancing aspects of your life. You don't need to know
which specific immune factors are brought into play when the variola virus encounters different components of the
immune system. You don't need to know exactly why your body needs extra calories to fight an illness. You just
need to know that they do & take it from there.

Disclaimer time again. I'm NOT an expert in virology, epidemiology, bioengineering; nor am I a 'bioweaponeer'.
I've been out of the formal nursing business for years. This is personally important to me, that my friends &
acquaintances here go into any potential bioattack situation with as much information as they can to get themselves
& their families through to 'the other side' of an outbreak.

++++++++++++++++++++++++++++++++++++++++++++++++++++++++
[Meemur]
ELECTROLYTE AND FLUID REPLACEMENT

Here is a recipe you can make at home vs. stocking
up on a product such as Gatorade to help re-hydrate you.

**ELECTROLYTE AND FLUID REPLACEMENT**

1 teaspoon of "Lite Salt" (by Morton)
1/3 teaspoon baking soda
10 teaspoons table sugar (yep, you read that right!)
1 quart water
Shake/stir well

(please be sure to use the "lite salt" found at any grocery store.)

[Disgusted Patriot]

Erythromycin is a good "Broad Spectrum" antibiotic, but there is a fair amount of resistance that has developed to it. As with any antibiotic it would be best to wait until a specific infection has developed, before starting an antibiotic. Taking an antibiotic to prevent an "infection" may select out a more virulent or resistant bacteria that would be harder to treat. I have no experience with small pox, but I think the most common infection would be cellulitis (spreading skin infection), and/or purulent secondary infection. If bacteria infects the blood stream, producing sepsis, nothing short of an intensive care environment with all of the system support means available would avail much. In the environment of a small pox infection, CanadaSue's advice on hydration, disinfection, etc. is outstanding. If you want to have a selection of antibiotics to use when a specific infection is diagnosed, erythromycin (can be hard on the stomach), is good for skin, upper & lower respiratory tract infections. Resistance is fairly common. Keflex is a good skin structure antibiotic, and is not costly. Also works on respiratory tract infections. There is some cross sensitivity for people who are penicillin allergic (use cautiously). Pen VK (penicillin V potassium) is good for dental infections.

Doxycycline is a good general purpose tetracycline based antibiotic that is useful for skin, respiratory, tick borne (Lyme, Rocky Mtn. Spotted Fever) infections. Bactrim DS is a sulfa based antibiotic that can be used for respiratory infections, and urinary tract infections. The list can go on & on, but he above list represents cost effective means of treating a variety of things when you are in a home based care situation. Make sure there is NO history of allergy to the medication given. Sulfa and penicillin are most common. have benedryl on hand if itching, rash, hives, or swelling starts. If the person is extremely allergic and has an anaphylactic reaction, epinephrine (unlikely in the home medicine chest, unless someone is allergic to bee stings and has an Epi-Pen) and hospitalization are emergently required. Again, any bacterial infection will be difficult to distinguish from the effects of small pox, even for medical professionals, so be very careful with giving any antibiotic for something you are not sure about. In the case of Hemorrhagic small pox, the lining of all mucous membranes (Intestine, eyes, mouth, etc.) and walls of blood vessels break down and leak blood profusely, also under the skin. This makes the skin turn black, hence the term "Black Pox". This is usually fatal. If this variant appears, all you could really do is manage pain. That will be difficult any way. The CDC's web-site has more info:

http://www.cdc.gov/health/diseases.htm

**Oh, oh... someone's sick; now what?**

Damn! In spite of all your precautions, in spite of paying attention to the news & warning signs 'out there', it's happened. Someone in the family, let's say teenaged daughter; wakes you up at oh dark thirty & she feels rotten. She tells you she has a killer headache & where's the truck that ran her over? You take her temperature & it's 100.6. She feels warm & looks flushed. Now what?

There is/are known/suspected case(s) in the country, perhaps even in your immediate area & you've already decided what you would do should this happen. As soon as the news came out, you withdrew your kids from school, (2 days ago) & both you & hubby called in sick. Your other 2 kids, 12 & 8 weren't at all upset about missing school. 2 days later they're chafing at the restrictions you've imposed... staying in, not answering the phone & certainly no friends in, but everything had been going well.

You'd not completely set up your sick room, but it was cleaned out & the furniture you need is in there. Now what?
Your daughter tells you she feels up to taking a shower, so you send her off to do so. You make sure she has clean
underwear & a loose, comfy nightgown. She remind her to wash & rinse well & to give her hair a good wash. Brush
her teeth well, too. You ask her to please not use powder or lotion after her shower & ask her to call out when she's
done. It takes an extra bit of time to get your daughter to the shower. She feels awful & wants the shower business
over & done with, but is terrified she might have smallpox. She asks you what you think.

You answer honestly, it's too soon to tell but it COULD be. You tell her in any case, she'll be more comfortable in
bed, so get the shower done & when she's settled into bed, you can talk over symptoms & anything she's worried
about. Tearfully, after a hug, she heads to the shower. She's obviously terrified.

So are you.

Your husband has been awakened by the middle of the night disturbance & being quick on the uptake, while you're
dealing with your daughter, he quietly heads to the kitchen to help get the room ready. He starts by putting on the
kettle. He's not sure if you want tea or coffee, but you're going to need something. Once he's got the kettle on, he
goes into your designated sick room & clears out the last few non-essentials that were in & quickly wipes down the
tables & makes sure it's clean. He brings out the linen you need, 2 top sheets & bottom sheet, 4 pillowcases, 2 face
cloths & a towels, a bath towel & hand towel. That's for your daughter. He makes the bed, remembering to put the
draw sheet on & loosely places on the top sheet & a light blanket.

He places the linen on a table near the wall, then finds the basins you'd put aside. You have one "real" wash basin &
a large metal mixing bowl you've decided will do as your rinse basin. He places those on the table along with a bar
of baby soap. You would have loved to buy some of the specialty soaps, goats' milk, glycerin or lanolin enriched but
the prices made you gag & it was something you hoped you'd find money for 'later'. Later didn't happen quite the
way you wanted, but the baby soap will do.

You make sure your daughter is okay in the shower & yes, your 2 sons are still sleeping - great. You pull out a small
plastic cup & place some water with a bit of Listerine in it, (about 1 teaspoon for a cup or so of water), then add in
the thermometer. You place that on the bedside table. You add a small lamp & a spray bottle of water with a
tea spoon of bleach added in. (Here I'm talking a 'standard' sized spray bottle, the size a normal bottle of Windex
sells in for example). You also place a small air freshener, the kind that slowly dissolves over time. Sick rooms can
smell stale after a while & this should help. It's lavender, known to be soothing in any case.

**HINTS***

One of the characteristics of smallpox is the distinctive, foul odor. I've yet to find a clear description of the smell but
it's described as "unforgettable". Good enough for our purposes. Dealing with the odor is essential for
caregiver/patient morale if nothing else. Hard to eat when you're smelling something gross. So find an acceptable air
freshener. You might hit a sale of the cheapies commercially available ones or prefer to use essential oils. That
would be my choice.

Don't use a 'favorite'. Trust me, after dealing with a nasty illness, you will HATE that smell. It will bring up
unpleasant memories. Use something which you find pleasant but in future, could happily live without in future. I've
had that experience & can no longer stomach the scent of roses unless I'm actually sniffing a rose.

Your husband brings several plastic buckets out of the garage. You scrounged behind building supply stores, in their
garbage area & scored about 20. Some are not in great shape, they still having bits of plaster glued on & so on, but
you cleaned them out & they'll serve for sewage & waste water. You're saving the good ones for other uses. You
don't fill the buckets yet, but you have them ready inside the room. You make sure you have a couple of magic
markers & send your hubby to the storage room to bring out a box of masks, one of gloves & a few disposable
plastic raincoats you picked up at the drug store.

He brings them back & you place them just outside the sickroom which thankfully, is at the end of the hallway. You
have a small stackable plastic shelving unit there & you place your things in the shelves. You make sure your masks
& gloves are easily accessible. You sense hubby back to the kitchen to fill a few extra plastic spray bottles with water/bleach mix. You're dismayed to discover you have far fewer spray bottles put aside than you thought. You'll have to be careful with them & try to empty out & clean the ones your normal cleaners are in.

***HINT***

Those spray bottles are handy but the spray mechanism often doesn't last very long. If you can buy cheap ones, lots of them at dollar stores. I can get them at 2/1.00. If you can't come up with spray bottles, any small basin will do. Instead of spraying your clothing or objects in the room, you just wipe them down more. If you only have 1 or 2 spray bottles, save them for spraying the air just inside & just outside the door of the sick room. That's really your main way to control virus floating in & out.

Your daughter calls out that she's finished in the shower & is just drying off. Modesty be darned, you walk into the bathroom & help her put on her gown. It's loose & made of light flannel. It won't be too hot & will absorb any sweat she produces. It also gives you a chance to get a good look at her skin for pox. Hubby is getting her some water. You walk her into the sickroom & make sure she's comfy as she lies down. In spite of her fever, she complains of a chill, so you put on the light blanket.

***HINT***

Even with a fever, if the fever is still RISING, patients may complain of chills. You don't want to cover them too much, but you don't want them too uncomfortable either. Try to find a happy medium. If the temperature is really climbing, it's best they feel chilled & you keep the temperature from climbing too high. Fever is an important part of the immune response, Higher body temperature often weakens and/or kills pathogens, (microbes which cause illness) & in general is important in the workings of the immune process. Don't try & lower the fever unless it gets in the territory of 104 or God forbid, higher. At these levels, especially if the fever lasts some time, brain damage CAN happen.

Once she's comfy in bed, you pull up your chair & sit beside her & take a good look at her. No pox - good. You take a small flashlight & carefully look into her mouth. No sores of any kids. She's still hot & looks flushed. You can see her lips look a bit dry. You encourage her to drink some water & promise she can have juice a bit later. You just want to be sure she doesn't get sick to her stomach. You tell her to take small, frequent sips, rather than try to down a whole bunch at once; again, in case she feels nauseated. She doesn't, she tells you, but you remind her it can happen quickly.

She asks you what's going to happen. With a calm, 'reassuring' face, you tell her not much for now. You remind her that she felt fine when she went to bed, just a bit tired & it's unlikely she's going to feel much different than she does now for a few days. You remind her that if it is smallpox, she's in the first phase which will last 2-4 days. You also remind her it's safe for you to sit by her without a mask right now; she's not infectious. (She isn't & seeing you dressed normally right now may be reassuring). You tell her that by tomorrow evening, if she's not feeling better, you'll start wearing a mask, gloves & your silly clear raincoat with the ducks on it because by then, she MAY be beginning to be infectious. You tell her the important thing now is to rest to drink as much as possible & to eat light but nourishing meals.

***HINT***

It's important to keep these patients feeling as calm as possible. Don't give them any more information than they need at any stage, especially kids. Worrying about the 'what ifs'' is our job, not theirs. Do warn them about the mouth sores. Have them tell you immediately if their mouth or throat starts hurt ing, "feels funny" or "tastes gross". You'll want to be checking the inside of the mouth every few hours anyway so spot the sores as soon as they show up. Until they do, frequent teeth brushing & rinsing with a mix of mouthwash & water every few hours is a good
idea. It will help minimize secondary mouth/throat infections, feels good & gives you another chance to check the mouth. Full strength mouth wash can be irritating; a half & half mix is plenty. No mouth wash? Put a tiny bit of rubbing alcohol or even (yech!), a tiny amount of bleach, a drop or 2 in the rinse water. Make sure the child doesn’t swallow it. You can always use salt water or even a bit of vinegar. These will do a decent job of cleaning & if swallowed, cause no harm.

Keep them full of fluids. It helps the body fight the infection as well as being crucial to good body functioning anyway. Peeing a lot because a person is drinking a lot helps relieve the body of heat, through the urine.

Fighting illness uses a lot of calories. Feed them small portions of soup, light stews, puddings or custards if they’re not nauseated or 2 fevered, (milk products can make you barf when you have a fever) & jello. If anyone wants to chime in here with loads of outstanding suggestions for light, nourishing, cheap, easy to prepare meals, please do so. Far better sickroom cooks out there than I am & I appreciate the help.

Daughter is reassured, but too edgy to sleep. While she’s resting a bit & hopefully calming down, you strip her bed & put it as well as her clothing & linen she used in the bathroom in the wash. Later you'll strip everything out of the bathroom & wash it, but that can wait until morning. It may be over reacting a bit, but you feel better knowing the linen & her clothing is cleaned. You’ll be adding about a half cup of bleach to each wash load.

Hubby strips out the bathroom & washes it down, using a fair bit of bleach along with the cleaner & water. You only have the 1 bathroom, so it has to be ready to go. You clean out all the extra stuff: makeup, perfumes, kids toys & anything not absolutely necessary. Your husband adds a bottle of bleach to the supplies under the sink, as well as a bottle of cleaner, a few extra plastic bottles to mix cleaners in & cleaning rags.

You convince your daughter to eat a small bowl of stew & to your delight, she gets it all down. You help her wipe her face, then urge her to try & sleep. Her fever is at 101.2 by now. Your hubby checks the kids, (they’re still asleep) & tells you to make sure he’s up by 7 o’clock. He heads to bed while you get a cup of tea & try to stop your hands shaking. You think you might indulge in a quiet little cry after hubby is asleep.

+++++++++++++++++++++++++++++++ We Wait, Pray & Review...

Now reality has smacked you in the face. As well as the “abstract” worry about a possible or confirmed smallpox outbreak somewhere in the country, you now face the possible unpleasant reality of a case in your home, one of your loved ones. The person has reported to you with symptoms that may be early symptoms of smallpox. You’ve done as best you can in terms of getting ready to deal with the first stage of smallpox. You’ve had them shower or bathe, cleaning well using a mild soap. They’ve washed their hair. They’ve brushed their teeth & rinsed their mouth with an antiseptic mouthwash. They’re now in bed, resting & on your instructions, are frequently taking small sips of cool water or juice.

You’ve prepped the sickroom as much as possible. You have a bed that’s simple to keep clean or a camp cot or mattress. You’ve covered the mattress in plastic or a mattress cover to make it easy to keep virus off it. You have a bottom sheet on the bed as well as a folded draw sheet. Your loved one is covered by a top sheet & perhaps a light blanket or other cover. They have a pillow with 2 pillow cases. Why two? If they start sweating you can remove one pillow case & replace it. Two pillow cases goes a long way towards helping keep the pillow clean & dry.

The bed side table has a pitcher of water or juice & a drinking glass. It also has a thermometer sitting in a plastic cup with a bit of disinfectant in it. As well, a spray bottle of water with a half teaspoon of bleach & a clean rag to wipe the table & items on it is there. If you couldn’t come up with a spray bottle, a plastic bottle with a screw on cap will do just fine. Make sure the cap IS screwed on tightly. If you have room, a small flashlight on the bed side table is handy to check on your patient at night & to check inside their mouth for the initial sores.

Nearer the door you have a second table or surface. On this you’ve placed two basins, one for washing & one for rinsing your patient. You also have a towel or two there to keep them dry. A third, larger towel is handy. It will help you keep the bed dry when you bathe your loved one. On that table you also have another bottle of water/bleach
solution to clean your supplies. Under or beside the table, you have a bedpan or other container for your patient’s 

Under or beside the table, you have a bedpan or other container for your patient’s toilet needs. You also have a bucket ready to be labeled WASTE. A second one is ready to be labeled LAUNDRY & a third one DISHES. Make sure your magic marker is handy. These pails don’t have to have water or bleach in them 

you’re not yet concerned about the virus, but you should also have the bottle of bleach you’ll be using inside the room, preferably right by the buckets. You might want to sit the bleach bottle inside one of your buckets for now & later, perhaps sit it on some plastic, loosely inside a plastic grocery bag or something - just in case you get a few drips. Make sure the lid is on tightly. Have a roll or 2 of toilet paper handy as well.

Outside the room, hopefully in an area convenient to the room you’re using to care for your sick one, you’ve assembled other items for your convenience. You’ve perhaps stacked a few other sets of sheets, some more towels & or face cloths. You have some rubber gloves & hopefully some medical gloves. You also have face masks, some shower caps or other method of hiding your hair & some over cheap plastic rain gear, or rain slicker. Anything you can spray down or wipe before leaving the sick room. A couple of extra basins or plastic pails could be stored here, IF you have the room. They’re handy to have if you come up with another use for them or if you have an accident with the pails you’re using in the room.

Review what you know about smallpox, especially the early symptoms. Your patient so far fits those early 
symptoms. They have a head ache & all over body aches. They have a fever of 101 or higher. It may be a bit lower 
than that as not all people have the standard “normal” 98.6 body temperature. Personally, mine is 96.8. They have nausea & actually be vomiting.

What else do you know about smallpox at this stage that will affect your thinking over the next few days? You know 
that this initial stage can last from 1 to 4 days, so sometime tomorrow you’ll have to start being very aware of the 
possibility of mouth sores developing. Until the patient develops these sores, they’re not supposed to be contagious, 
but starting early tomorrow, before 24 hours of initial symptoms are up, you will act as though your patient IS contagious. You’ll start using your mask, gloves & gown & will treat everything in the room as contaminated.

You know that once your patient passes the initial stage of symptoms, they’ll develop sores in the mouth & on the 
tongue. These sores spread rapidly throughout the mouth area & break open quickly. At this point, your loved one is most contagious, particularly if they’re coughing. You’ll have to be very careful working around their mouth & face area & be very careful cleaning any dishes or utensils they may use at this point. A rash will quickly develop over the rest of the body after the mouth sores appear & will develop over a 1-3 day period. They’ll be more likely to be seen on the face, forearms & legs with some on the trunk. Luckily, more appear on the front of the body than the back. (I have no idea why this is so.) For the first few days, the rash will not have any fluid with each individual raised area.

You also know the fever will go down for a few days once the rash begins to erupt. That may be balanced by pain, 
but you can’t be sure until it happens. In any case, the fever going down may help your patient feel more like eating & you can definitely be sure they get enough to drink. It’s a good chance to make sure the body has enough fluids in 
it.

During the first few days, before the pox erupt, you’ll be looking after your loved one as though they had a bad head 
cold or flu. You’ll keep the noise down, especially if they have a headache. You’ll make sure you offer them fluid, in small amount, fairly often. You’ll give them all the light meals they can handle. Cut everything up for them if that’s required & feed them yourself if it helps get as little as one extra mouthful in. You may choose to not treat the fever but try to keep the headache under control. Cool cloths to the head, dim lighting, as little noise as possible.

You want them to get as much rest as possible. A good way to promote rest is to cluster your activities together. In 
the morning when they waken, offer them some help in freshening up. Then give them something to eat & drink & if necessary, give a more complete bed bath. You’d follow this by straightening out the bed or changing it as need & changing your patient’s clothing. A last sip of water & more rest. During the day, try & do the same. Cluster your care of the person around meal times or shortly after they’ve woken up. Certainly any ‘accidents’ need to be dealt with immediately, but other than dealing with unexpected things, you don’t have to hover over your loved one every minute. That may cause them to think they’re more sick than they are at the present time or they may feel obligated to “entertain” you.

You don’t have to be in the room constantly while they’re in early stages. There will be times when you may feel trapped in there, so before you are, take the advantage of the time you’ll have outside the room. You can put this
time to good use in any case. While you're out of the room, it's time to deal with other matters, especially what to tell your family, how, etc. Let me get my supper & I'll cover that...

I know there's a lot of repetition here & that's partly deliberate. The more we see something, the easier & longer it sticks. Seeing the information again in the context you will be using it in also can help you understand why that specific bit of info was given. It may help you figure out other shortcuts or to determine whether shortcuts you may have discovered are practical or safe.

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[Cascadians]
The smell has been described as sickly sweet mixed into roadkill.
Every book account has said the odor is ghastly, distinct to smallpox and overpowering.

Also, books have mentioned that when a person is coming down with and has smallpox, their breath reeks.

So if anybody has air de-odorizing recommendations ... What we use with relief during Code Browns and necrotizing wound dressings is:

Air Therapy Original Orange spray canister from Trader Joe's.

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What Do I Tell The Kids???

Now many of you, in between caring for your sick loved one, have other loved ones inhabiting the house. Depending on their ages, attitudes & abilities this can be a great help... or a major secondary source of worry. Let's deal with the problems first...

What if you have a baby & no one to help you? Your spouse might be the one sick? That's obviously going to be a major concern & you have several things to consider here. The baby obviously needs to be looked after, yet the very young are particularly at risk from smallpox & need a lot of 'hands on' care from you. So how do you manage?

First, if SP is in your home & your community, you'll have to decide how or even if, you're going to choose to report this to public health authorities. Whether you choose to do that obviously depends strongly on how you feel about the government & any SP interventions it plans. I can't make that call for you as it depends on too many personal POVs. If you have gone the reporting to health authorities route & continue to nurse at home; this would probably be happening anyway once an outbreak got going. There's no way hospitals & medical personnel could cope past the first few waves & many documents from hospitals & public health departments I've perused DO mention this will likely happen; home care by friends/family, I mean.

So my point is, will you decide to vaccinate your baby? If the virus is already in the house, I personally would. Here's why. The baby has already probably been exposed to the virus & the complication/death rate from the disease far outweighs problems which are vaccine associated. You simply can't touch a baby & not transfer some virus, no matter how carefully you clean yourself first. Babies can't have all aspects of their care scheduled either; parents know that. If I were the sole caretaker of a spouse with SP AND a baby at risk for catching it; that's just too much for me to tackle. The worry alone would seriously wear me out. But that's me & everyone must make their own call on this issue.

Other baby concerns; what do you do with them while you're caring for your patient? The very small can be 'confined to crib', but prepare yourself for a lot of wailing. Older toddlers are more of a problem. One way to cope is to try & remove everything they could damage or hurt themselves with. Never mind being neat, just get it out of their way. Make sure they can't 'escape' from the house while you're busy. Put a chain lock or latch hook with spring high up on the inside of the door. Make sure they can't get out a window. Place some kind of lock INSIDE your sickroom door; you don't want visitors.

As for feeding them; this isn't a time to get too fussy. If it's easier for you & them if they want to go on a crackers & peanut butter binge, why not? It's food, it's filling & provides some nutrition. If you're that worried about balance...
feed them vitamins. Make sure you have cereal, crackers, jam, bread, peanut butter & enough clothes to keep the little ones from getting too filthy. Dunk them in a tub whenever you think about it or they start smelling. Keep an eye on them for symptoms but otherwise your main concern is keeping them out of the sick room & keeping them from killing each other or you. Videos are great as are kids shows on TV. Worry about their cultural & educational development later. This isn't the time to be Supermom. Worry about being Adequate Mom. I'd get them vaxxed too, personally speaking.

Now what to do with older kids? While you may not have the same concerns about their physical safety, they're old enough to know something's wrong. They're old enough to be terrified. They're old enough for some straight talk too. When there's the first indications of a real crisis, sit them down. In as simple terms as you can, consistent with their age & intelligence.

Tell them there is a very bad disease out there. It's bad because it's easy to catch, makes you very sick & you can die from it. That'll work for younger school aged kids. The explain what YOU'RE concerned about in terms of your family. Before anyone falls ill, you'll have to explain why everyone has to stay home & indoors. You may prefer they don't answer the phone. Explain why. You'll have to carefully explain the concept of the sickroom & why they MUST stay out of it. Tour them through it. Explain what everything would be used for. Curiosity satisfied, they might learn to 'take it for granted' & be less inclined to see it as a secret place if a patient occupies it. Kids can burn with curiosity & all the warnings in the world won't keep them out of a sick room if they think there's a big secret in there.

If you have to, show them pictures of kids with smallpox, a really GROSS case. Warn them that could happen if they don't stay out of the sickroom. Okay, maybe you'll half scare them to death, but such is what the situation may call for. You know your kids best. Mine at that age were right little hellions & scaring them to death would have been appropriate. Yours might be more compliant.

At this age, they might welcome a school holiday, especially if normal meal rules also have to go out the window. They will have energy to burn if you're busy in the sickroom, that's in no doubt. They can handle bathing themselves, for the most part. They may not clean up to your usual standards, but as long as they're basically clean... They can handle getting their own food out, although you may prefer to heat it yourself. Dishes... well. You probably will still have to manage those. They can cram their own clean laundry into their drawers. If they can fold them great. If not, this is not the time to worry about it.

Older kids, 9 or above can be most helpful to you. Remember, in the old days by that age a kid could do a whole lot more than most of our kids are used to doing. Pre-outbreak, show them how to sort laundry, how to run basic loads & how to dry them. They can hang stuff, fold socks & probably do a decent job of folding laundry. They can do dishes, sweep, vacuum, tidy up, keep younger kids in line & 'maintain order in the ranks' while you're dealing with the illness. They can keep the bathrooms from turning into a swamp. All this assumes that once in a while you give them instructions.

Teens can be treated pretty much as adults in terms of responsibilities. That is, they're physically big enough & are old enough to handle most household chores. Don't expect them to have your high standards unless you've already trained them well. They may not be as skilled as you in dealing with younger siblings. As long as no one gets killed...

If your teen is the only other "adult", they can also be taught to relieve you in the sick room. This depends on the maturity level of the teen in question. If your teen is old enough & you're saving this for future use, go through it with them, especially the practical care parts. Let them practice - on YOU if that makes it more palatable. Ya never know, could lead to some great quality time moments. Actually, teach any kid old enough to understand the concepts of keeping germs in the room & who can memorize the steps involved in getting gloved/gowned/masked up. They can at least help you deal with stuff OUTSIDE the sick room.

Kids almost always do better if you're as up front with them as you can be. It's amazing how kids will misinterpret the most dimple statement if they're young enough or hear it out of context. If someone in the family gets symptoms & you feel they need isolating, explain to your children you're taking precautions. It doesn't mean they have smallpox, but you don't want to take a chance either with the sick person or anyone else's health.

You have to tell them that means they may not see much of you some days, but that you're still THERE. When
you're out of the room & with them, repeatedly tell them how proud you are of them, of the help they're giving you, how well they're behaving & that you're GLAD you're their mom instead of someone else. Keep them up to date on the patient's progress. That's their loved one in there too & they're as scared & worried as you are. When the sick person is up to it, spray the behoozles out of the sickroom door & air around it, mask your kids & have them call messages through. A "daddy, I love you thiiiiiiiiiiiis much" is great for healing & any answer from dad or whoever it is, reassures the child you're not hiding a death from them. Death, should that happen, we'll deal with all aspects of that later.

What if you have an elderly person in the home with you who's not sick? Same considerations apply for vaxing, but in this case, that's up to the person with you, the elderly relative. Now if this person is not too infirm, they can provide some help. Here's the ideal person to look after babies, even if she isn't terribly fond of babies. She can keep the younger kids from wrecking the house too. What else he she does depends on their condition. Just knowing another adult is out there can be a relief, assuming the person is of sound mind. If your elderly relative is otherwise, later in this series...

Next, teaching the spouse, kids & yourself specific techniques for dealing with dishes, laundry & other ickies...

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Time To Go Sterile...

Before I talk about training the kids, I'd better cover how you handle items inside the sick room. Let's assume your patient is now at the point where you consider them contaminated & it's most likely smallpox. Their mouth has sores which hurt & which are producing virus laden ... spit ... ;to get all scientific. Your patient is coughing.

When you feed the patient or provide any close up care, be sure your mask is tight to your face. Keep your head to the SIDE of the patient. You don't want them coughing all over you. You may also feel more secure with eye protection; eye goggles of some sort if you can stand them. Instruct your patient to turn away from caregivers before coughing, if they can.

When you give them food or drink, support their head if necessary or help them sit up. Give small, manageable portions, cut up if appropriate. Cut pieces up small or keep food soft. The mouth may be really sore & chewing will hurt. At this stage, cold foods such as puddings, jellies, etc. may be easier on the mouth. It gets food into them & may ease the mouth pain a bit. Keep drinks cool & you can make small ice chips of water or juice. Feed lightly & as often as your patient can handle it. They may not be hungry. Get what you can into them without making a huge issue out of it, especially with kids. It's the fluids that are most important. If they really can't eat & you're concerned about keeping the body's chemicals balanced, give them Pedialyte or Meemur's recipe as a replacement. If someone has experimented with it, in terms of adding flavoring, please chime in. Anything to vary the taste would probably be appreciated by the patient.

Now why the specific chemicals in it? The sugar is for energy. The salt, baking soda & potassium are all essential for your body to work properly. If any are way out of whack, your heart may stop. There are a whole bunch of body systems that can go out of whitter if these chemicals are missing or are badly unbalanced. Enough to say your patient is busy in a serious battle. Make sure he has the ammo needed to keep killing the enemy.

There may be times when your patient is not at all interested in eating. That's okay, especially if they're carrying a bit of extra weight. If you're concerned about energy loss, give them juices to drink, fruit juices are good & if you have to, sweetened Kool Aid. When your patient is ready to handle something more substantial, try whipping up some sort of smoothie or shake, stuffing in as many nutrients as you can manage... canned or fresh fruit, ice cream; anything your resourceful little mind can come up with. This is a blatant pitch for recipes, folks...

Now, how to deal with the dishes which you must consider heavily contaminated, especially in the first few days of the rash? At this point, you've labeled one of your plastic buckets DISHES. You've filled it halfway with bleach & about a half cup of bleach, probably too much bleach but rather too much bleach than too much virus...

Take the dishes & gently place them in the water - your hands are always gloved of course, Gentle because you don't want splashing. Immerse them thoroughly & leave them in there. It's good to have a lid on your pail, prevents spills.
After a few minutes, you could have the dishes brought out for cleaning, but you might as well wait until you have a decent load; not too heavy though if kids have to carry the pail. When it's time to get rid of the dishes, to clean them for further use, (btw, you can label them with a magic marker... SP... or something as long as the markings don't wash off. That way they don't get mixed with other dishes.)

Announce through the door that your assistant's presence will be required. This signals your designated assistant to glove, mask & gown. Old, easy to wash clothes should be worn by this person as well. Make sure the pail is well sealed. Wipe the outside well with a mixture of water/bleach. If you can hoist it up & wipe the bottom too. Hold it up while you spray the air around the door with a water/bleach mix using the spray bottle you keep there. While you do that, your assistant grabs a spray bottle kept OUTSIDE the door & liberally sprays the air. He/she, steps back a step as you open the door, then steps forward & takes the pail. You shut the door. He/she carefully walks the bucket/pail to the kitchen & sets it right in the sink. Hope they were more thoughtful than I was & pre-filled the sink with hot water & another half cup of bleach!

See? Easy to forget things when you're tired & I'm just moderately tired, not exhausted from worry & caring for a patient. It might help you to print out small checklists for yourself & tape some to kitchen/bathroom/laundry room walls for kids. Remind them frequently too, as you go through your days. Fatigue turns the brain to mush all too easily. I always found working nights shifts as a nurse, that things that came automatically on day shifts had to be thought through twice, with difficulty at 3 or so in the morning.

Back to the kitchen... have the assistant place the entire pail right in the sink. He/she can gently lift out the dishes & place them in the water/dish soap & bleach mix. Wash the dishes & pail & place in a rubber or plastic drain-board. leave them while you drain the sink. Fill it again with water/soap/bleach & wash everything again. Let them drain dry as long as possible before wiping off excess water. These dishes should be placed in their own container, a plastic bin with lid is perfect & the outside of it wiped down with water/soap/bleach. Can't be too careful. The dishcloth should be rinsed in hot, bleachy water as should the drying towel. Wring well into sink & hang to dry.

Whatever the person was wearing while doing the dishes should be placed into a plastic bag after being sprayed with water/bleach. If possible, wash before using again, although that's not strictly necessary & may be impractical if kids are doing those dishes. It's not necessary to be this careful with any dishes the patient's meal was prepared in, as these dishes haven't been near the sickroom.

You as the caregiver have to eat. If you must eat in the sickroom, your dishes should be treated the same way in terms of washing. Mark them as well. You don't want your patient using them but you also don't want anyone else in the family to use them.

When your assistants do family dishes, it's not a bad idea to add a few drops of bleach to the water as well for all dishes. I'm taking it for granted that after all loads of dishes, the sink is carefully wiped out with water & bleach. Yes bleach easily kills the variola virus. Again, you can't remind the kids of these things too often. Or your spouse.

If you're the sole other house resident, treat the dishes exactly the same way. Remove your protective gown when leaving the room & change your mask & gown, just to limit the spread of the virus. Know that floating through the air, the virus doesn't live more than 24 hours. As long as you minimize it's exit from the room, numbers won't accumulate to dangerous levels too easily. The time for you to clean up the dishes if you're alone is when you have to. You have better things to do, like rest. If it's just 2 of you, half of your dishes are the patient's, half yours. Wash when you're running low. This is not the time to be a clean freak. Sanitation freak yes, but don't do something three times a day when doing it once is more efficient.

Next, laundry.

Don't WANNA do dishes!!!
they're contributing & uses up excess energy. Should this training NOT be needed for an outbreak, these are useful
skills every child needs to begin learning as soon as they are able, so as to contribute to the family, build self esteem
of the right sort & be able to manage everyday skills needed for adult life. Granted, some of the everyday jobs you
teach them are modified when you're nursing an infectious, seriously ill person. However, the basic principles of
cleanliness still apply; for a sick house, they're simply added to & these skills may come in handy later in their lives.

Do your kids know how to do dishes? Great, now all you need to talk them through & show them, are the few extra
steps needed if you're dealing with contaminated dishes. Practice with them. If they can do dishes, they can certainly
handle laundry. Teach them, even at 7 or 8, to sort colors. They can easily memorize what buttons to push on the
machine & how much detergent to put in. They may need to be a bit older to figure out when to add bleach & you
may prefer they be older - bleach burns.

But if they're old enough to handle wash, you treat laundry much as you treat dishes in the sickroom. Anything
coming off the patient or bed or out of the room gets placed in a pail with bleach & water; just enough to cover the
clothing. Once the pail gets heavy and/or you have a load, call for your assistant the same way you did for dishes.
They may take a minute & start the wash cycle... HOT water, detergent & a cup of bleach. They carefully bring the
laundry pail to the laundry room/area. Remove lid & carefully wring out each item, so as not to drip water on the
floor. Plastic in front of the machine will prevent drips from being absorbed anywhere. Once all your laundry is in,
close the machine lid & wipe it down with bleach & water. Wash out the pail, inside & outside with bleach & water.

The clean laundry can be folded & returned to where ever you've been storing it. Really, bleach does kill virus &
that's important to know with laundry as it's been shown that virus from the scabs can persist in laundry & other
items & remain infectious for up to 3 weeks after it's deposited there. So wash & wash well. If you end up bleaching
out color, so what? Clothing is replaceable, your loved ones aren't.

There are other chores your kids can do which cut down the chance of virus spread, save you time & energy & keep
them busy. Dusting & wiping down can become the same job. Virus has a nasty habit of dropping down on anything
& knowing it's sitting there can be nervous making, even though it does die within 24 hours. Several fact sheets I
checked said only a couple of hours unless it's treated with bleach or exposed to ultraviolet light. Having said that,
I'd rather wipe down everything that doesn't move twice a day.

On the other hand if I'm the only caregiver available, I can & WILL comfort myself with the knowledge that
anything less than face to face contact is unlikely to result in infection. Really, that is the case. I'm writing this
super-cautiously in terms of treating the virus with kid gloves for a few reasons:

first, most of us have the luxury of having bleach, soaps etc. & can be extra cautious if we choose to be. Personally I
choose to be. Maybe it's the paranoia being a former RN brings on. You CAN 'know too much'. I have to forcibly
remind myself that illness/death rates may easily be lowered by precautions & attention paid to cleanliness on our
parts.

I'm also aware that most of us here often see the 'half empty' glass. We're doomers after all. We may also have good
reason to be cautious with sanitary measures. It may be that we're hit with a weaponized strain. There are many
ways it could be weaponized. It's likely the virus will be "tougher", able to live longer in open air. If that's the case
& we may not be certain of that for a while, being careful to keep things as clean as possible is a smart move. Being
super cautious with dishes/laundry & waste is also a safe move.

Again, on the other hand, a smallpox attack with the pure aim of terror need not use more than 'garden variety'
strains to achieve that aim. If that's the case, singletons or lone caregivers, as long as they exercise some caution,
need not fear too much that the virus will lurk for days in corners, waiting to "bite". In the case where you're coping
on your own, do the best you can, clean up the obvious & try not to obsess too much over what you don't have time
to do. Once the outbreak is out of your house, you have plenty of time to become a Clean Freak.

Your kids can vacuum too. Have them spray the vacuum bag with a bleach/water mix, so virus doesn't get expelled
back into the air, or that is at least minimized. If they're sweeping, tell them to spray the broom with water & bleach.
That collects the dust & cobwebs & helps kill virus. Have them sweep SLOWLY so crap isn't blown back into the
air. If they can't slow down, have them hum a slow song they like & sweep in time to it.

Garbage should be sprayed with water & bleach, both inside & outside the bag. Sit the bag on your front step.
preferably in the sun for several hours before it goes to the curb. I would think in the event of an outbreak, either special arrangements will be made for garbage pickup or more likely, it won't get picked up at all. If need be, burn it in the yard. Doubt anyone will be on your case for breaking any kind of bylaws.

The other big job is keeping the bathroom cleaned. If you only have the one bathroom, it's especially important. Counters, toilets, tub & shower can simply be sprayed with a water/bleach mix. I wouldn't worry too much about having the kids clean it more than that. You either, for that matter. That solution will kill any virus & if they "flood" the bathroom with it, no big deal. You're keeping the kids & others out of the sickroom anyway, unless they're designated replacements, so their risk of contracting SP is lowered in any case. As long as they eat as well as possible, sleep & rest between work spells, they're living balanced enough. Have the older ones who can handle it watch the news once in a while & advise you, (through the closed door), of any significant news or whatever you need to know about your local outbreak.

About the bleach/water mix. I recognize that such a mixture become ineffective within a week. If you're actively caring for someone sick, they'll be used up faster than that. If your patient recovers, then a week or more later someone else in the family gets ill, you'll have to change that mix. Hopefully you will have caught up on sleep by then & cleaned up anyway, at least to some degree. Thanks to Prairie Lady for reminding me of that.

It doesn't hurt to have some extra brooms & dust pans. Do train the kids to soak the broom in water & bleach after use. If you can & it's convenient, keep a small pail with a bleach/water mix near the sink for that purpose. Floors need washing too once in a while. Again, add bleach to the wash water & worry less about all the stains/marks being cleaned up then water/bleach getting everywhere.

This part is long enough... next!

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Random Musings & Stray Thoughts

I have to go through specific care of farther stages of the disease as some priorities & aspects of care change depending how far along your patient is in the disease.

I'll talk more about dealing with other family members. Even if they don't get ill, they may have other problems. Some may have other medical problems. Some may develop them. They may suffer from anxiety & have emotional breakdowns. Kids may regress in maturity. So might some other adults! You may end up with several patients at once.

I need to get back to emotional/mental preparation too. Those needs change for you & your family as you move through the crisis. How exactly may depend on what's happening in the community & what your government is doing. I'll cover possibilities there too.

You may have death(s) to deal with, with all that implies.

Some of you have pets to worry about.

You may have to fend off possible intruders & other security threats.

You may start running short of certain supplies or medications.

You may have pre-existing medical conditions.

You need to think over vaccination choices if they're available.

Your kids & other family members may need a great deal of emotional support.

Infrastructure may break down; leaving you stuck for water, sewage facilities etc. All this can be dealt with, although not necessarily easily.
You may get sick.

Who is supporting you as caregiver?

There are lots more issues, but those are the big ones I can think of this late on a Friday. I'll no doubt find more issues to deal with; one at a time.

At some point, there's the "after plague" scenarios to deal with. You may face secondary outbreaks of diseases due to infrastructure breakdown & a population still weakened by illness & malnutrition.

What about post plague food/medical supplies. In a widespread outbreak scenario, you can bet the short term outlook for these issues is not great. You'll have to think about them at some point.

I'm finding some aspects of the search for information frustrating. Smallpox hasn't been well researched. After all, why spend time & money on an "extinct" disease? So we don't know anything but it's interactions with HIV or other immune illnesses. Most started going "mainstream" after we stopped vaccinating & after we saw the last disease case in the wild, so to speak. Btw, the last case was in 1977, a Somali cook by the name of... shoot, can't find it anymore. But anyway, right now researchers are frantically playing catch up, trying to determine the most likely vaccination complication rates in light of immune disorders, anti-rejection drugs, etc. They're also trying to guess at how our lack of immune status, these same illnesses & an aging population might affect rates of illness/complications & death.

The only medical treatment is listed as: "None specific to smallpox. Give antibiotics for secondary infections & otherwise offer supportive treatment." Yeah, that's really helpful. I'm tracking to track down older texts which might give specific info & am getting help from others on that. I'm also waiting for written reports from 3 older doctors I've spoken to who treated smallpox. They had practical day to day care suggestions based on hard earned experience & teaching from even older doctors who'd seen more cases.

Fact sheets I read from well known 'serious', medical institutions sometimes vary on important timelines such as when you become infectious, how long you're infectious, etc. I'm using the most pessimistic timelines & praying they're wrong.

It's hard to find hard numbers on post illness complications. The best I've found so far state that 60% & higher of patients retain some degree of permanent scarring. Still trying to track down hard stats on blindness, encephalitis, arthritis & other things I know can occur during or after an illness with smallpox. Oh it's out there somewhere, just need to relocate the right fact sheets. I will & will post that info.

Public policy is still being written in broad generalities. That's fine as far as it goes, but the realities of infrastructure breakdown, food production & distribution aren't covered in such documents. I'd love to track down documents that cover exactly that. Many of the public health policy statements stop shy of dealing with a widespread outbreak - what would they do then?

None of the policies begin to discuss post outbreak infections on a large scale, things such as typhus, food borne illnesses, water borne, etc. We'd be stressed to produce enough food; manufacturing standards would slip in the rush to produce enough food.

There's also those who would die of other causes, accidents, starvation, babies left alone when parents die. Who checks & clears bodies from houses during & after widespread outbreaks? These can all be huge issues & who is addressing them? Where?

Would we have much of a functioning government left? How many parts of the country or different groups might choose that time to push their own political agendas? Could you end up somehow caught in the crossfire?

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[Onebyone]
If it is in the thread sorry I missed it but even with all this sterile environment and work if your furnace or air conditioner comes on then it is spreading the virus all over the house as the filter does not catch things as small as a
virus.

There are HEPA filters on the market for 2 to 3 hundred dollars and up that you could get and put one in the sick room and one in the hall way outside the sick room. This may cut down on the amount of virus spread throughout the rest of the house.

Another thing I want to mention and then ask a question is about antibiotics.

Last winter my daughter got very sick with strep and flu. She was given a strong dose of Amoxicillin (sp). Being a teenager she had some acne on face. We noticed after she took the antibiotic her acne cleared up and since then she only gets a bump every now and then which is not really an outbreak at all. I have read but do not understand fully that there are gram positive and also gram negative antibiotics. I think it would be very beneficial to know which antibiotics are gram positive or gram negative. I would be good to know which Amoxicillin is as it seems to help skin rashes. It would be *vital* to know what the bacterial outbreaks due to smallpox needs to destroy it and not culture it, a gram positive or a gram negative.

BTW, as a side note of what you can feed a child. Brownies with nuts if they like them along with iced tea. When I was a young teen I got mono and got *very* sick for several weeks with doctor threatening to put me in hospital, lost a lot of weight too. The only thing I could eat and keep down for two weeks was brownies with nuts and iced tea sweetened with sugar. My mother just kept them sitting beside my bed and when I would wake I would nibble on them and drink some tea.

One last thing. You mention having the pitcher of water beside the bed. I have planned to have single size bottled water there as virus will collect on the pitcher and reinfect the patient as you mentioned in another post that do not break the pustules as it could reinfect the patient by putting more virus in the air. I plan to clean the bottle each time before opening and pour some in a disposal plastic or paper cup which I had put previously in a zip lock baggie then close the bottle put back in bowl of iced water for later use.

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[PollyParakeet]

**Heating/Air System**

I, too, had been thinking of this. We live in a small home, and the central unit is quite powerful. You can feel the air flying out through the crack at the bottom of a closed door.

Our sick room will ~ no matter which bedroom we choose ~ out of necessity open into the hallway where the air intake to the central unit is located.

Perhaps the sick room could be isolated completely from the central heating/air system by sealing off the doorway as much as possible, and of course taping off the vent, as CanadaSue mentioned earlier.

Can you get stick-on rubber gasket-seal stuff, like on the refrigerator door? This could seal the doorway better. Also, I was thinking that a towel soaked with bleach water lying along the bottom of the door would help prevent virus-laden air from being sucked out by the system.

It would also have to be IMPERATIVE that the heat/air system be OFF anytime the sick room door is to be opened!

Another thing that I had thought of doing is creating a tiny triangular-shaped "ante-room" just outside the sick room door, inside the end of the hallway, by attaching plastic with duct tape. This way, there could be two bleach-spray-downs each time the caregiver entered/exited the room, and it would create yet another barrier.

One more thought I had ~ to section off the sick room into two parts with plastic, with the patient being in the section farthest from the door, and supplies, caregiver comforts, etc. kept in the other half.

Just thinking out loud this morning. I could hardly go to sleep last night for turning these things over and over in my head.
Morning Musings; Questions Answered

This can & often does seem overwhelming when you sit & think for any time on any & all the things that COULD happen. It's easy to decide you won't be able to cope, that it's all just too much. For some under certain circumstances, maybe it will end up that way. Too many variables to know for sure.

No judgments of any type in this next section, just statements of reality as I see it. We're a relatively affluent society here in the west & have been for a number of generations. Affluence has given us time & energy to think about how we can improve our lives, make them easier & give us more leisure time. Medical advances in terms of treatment & knowledge allows us to do things un-thought of previously. We can treat fertility disorders. People with diseases which would have been a death sentence in the past now live long, active lives, many with medical support. For us as individuals, as families & communities, that's good. For our society in general, especially in the face of tough times, it may not be so good.

Have we grown too "soft", expecting a cure for every illness, a new convenience to take some of the work off of us? If so, how do most of us put that extra time to use? Some become incredibly creative & we see that in art work, music, writing & other arts. Some becomes astounding inventors. Others become renowned philosophers & 'think tank' types. Others develop new skills. But that's a small minority of people. Many of us grow 'fat, dumb & happy', complacently trucking along expecting things will always stay fairly easy & that our lot in life will continue to improve. For most, that works.

For our society in general, have we sown the seeds of our own downfall? Many can & would argue that. It's a constant factor in human history; hard times & hard conditions breed hard people. The survivors are stronger in many ways. The weak eventually die. Today in our society, many of the "weak" live & thrive. There's another hard fact about human societies throughout history; no way of life, no culture lasts forever. Wars, disasters & yes, disease, act as "culling events" & when it's leaders or other important people that die, that often serves as the first domino that starts the chain falling. We have not had to deal with a world war in our generation. We have not had to deal with epidemics & pandemics that directly affect us, right here. We're not blessed; we're not special. We're freaking lucky.

We've managed to 'stay ahead of the game' in terms of a major war or outbreak or more. Our affluence helped make that happen. We learned to treat disease, we instituted inspections of food & other consumer goods. We have customs control. None of these things are perfect, far from it, but so far they've saved us from a major disaster. How long can we realistically expect that to continue? How long before one specific event or series of events starts the dominoes tumbling? Maybe it's already in motion & it's too early to clearly see the trend. Maybe we're seeing it but choose not to or can't recognize what's in front our noses.

We're a generation that collectively, has not suffered hard times. Have we forgotten how? If we have, can we relearn to do so in a real hurry? The survival of individuals may come to that; knowledge of specific techniques & skills promoting survival on a far lower level than we're used to. For our society, maybe it's too late, maybe it is on the verge of a huge transformation. We can't characterize the nature of that transformation either, although it's fun to try sometimes.

One man can't save us. We're all single drops in a pretty big ocean. Maybe we can't save the ocean, but if enough are ready for the worst, we can save a pretty darned big puddle. It's a start.

So what makes me think we could be attacked with smallpox? After all, an attack anywhere is an attack on the world. The perpetrator is as likely as anyone else to die & thus gains what? That's OUR mind set. I don't understand how many others think & maybe these considerations, in their mind, are minor. I'd prefer to plan for if it happens & hope it doesn't.

Smallpox has a long, nasty history. It killed Queen Mary 11 of England, Emperor Joseph 1 of Austria, Czar Peter 11 of Russia & a host of other rulers. It used to be such a major killer of kids that many didn't name their babies for a full year, just in case. Many were left blind or otherwise disfigured. It's a nasty disease.
The care aspects can seem pretty daunting. Again, we in our society have more as individuals & societies to use to cope than did our fore bearers. We have the food, water, medications, supplies etc our ancestors didn't have. Even the poorest among us has more than a few generations ago, as a rule. What we may be sorely lacking is the attitude, the approach.

Dealing with a large outbreak, any outbreak of this places new demands on us as individuals & societies. We're used to taking the sick to hospitals. Our dead are cared for for us. We're used to being charitable. We pretty much take for granted working infrastructure, availability of food & medicine, even clean water. This could all change in an outbreak. BUT... our ancestors routinely dealt with all this. They lived, survived & even thrived in the face of some incredible difficulties. We are their descendents. Somewhere in our makeup is what it takes to follow their example. We may not be as skilled or as used to hard work.

It's amazing how quickly you can adapt when you have to, though. And we may have to. When it comes right down to it, priorities change. You can't save everybody & certainly can't guarantee you save your own loved ones. But you can try. You may be wracked with guilt over deciding not to share your shelter, your supplies, etc with those who have made no preparations. Don't be. You can share yourself, quickly, into starvation. Then everybody dies. Better to save a few, (you & yours), then delay the inevitable for others & harm yourself at the same time.

YOU have to make that choice, then live with it. Survivor guilt a worry? You can't experience it if you don't survive, can you? Almost all in our society has the same opportunity to learn, to practice & to prepare for problems of different natures. Those that choose not to; well... they're taking a huge gamble with their lives & their loved ones. It is not YOUR responsibility to pick up the slack. If you can & want to okay, but prioritize your obligations so you can sleep at night.

Don't worry too much about protecting your kids from reality in an outbreak. Kids are tougher than we think. They'll survive encountering death & disease. Why are they any different in their ability to hoist aboard nasty events that children of previous generations were? They're not, they're just not used to having to do so. Neither are we though, eh?

In an outbreak scenario, keep your kids as informed as you can about what's going on, both at home your community & the world at large. If you have no answers to some of their questions, tell them that at the time. Find answers if you can, are inclined to do so & have time. Support them as best you can. Be honest. Tell them you're scared but you've prepared & are doing the best you can & that you're way ahead of many more people out there.

About all the possible problems I listed, look at it this way. Read all together, they truly are overwhelming. But most problems don’t strike all at once. Some will hit together, but many more will hit one at a time. That gives you time to come up with solutions, to figure out ‘workarounds’. You can & will & when you have trouble, ask others in the family. Use the resources you have, Kids sometimes have the brightest ideas, the kind that make you thump your head & ask: "Why didn’t I think of that?".

Know & accept that all of you will have bad days, especially when you feel overwhelmed by what's going on at home or 'out there'. Cope as best you can. Take what breaks you can & don't forget the power of prayer & laughter. A higher being, a higher sense of purpose can be a huge source of strength & comfort. Use it as often as you need to. Find any humor you can in any situation. Life may be grim but seeing the funny side of things isn't forbidden & may make the difference between coping on any given day. When you really feel out of control with events occurring, tune as many out as you deal. Tackle one problem at a time. What doesn’t get done, doesn't get done. Set priorities.

Drop your standards for a lot of things. If watching an 8 hour Simpsons marathon keeps the kids out your hair, allows you to rest; whatever; is 1 day of that going to undo all the parenting you’ve done? Hardly. Meals don't have to be balanced, use vitamins as a ‘crutch’. Keep the kids from stinking up the house, don't sweat a bit of dirt behind the ears. As long as the dust bunnies are going radioactive on you, relax.

Okay answering some questions...

Dish soap & bleach. I've had no problems with Joy, Sunlight, most of the major brands. Your dishes still come out clean. DO rinse drinking glasses an extra time. Bleach remnants can make milk & other liquids taste a bit funny. Don't sweat swallowing a teeny bit of bleach residue. As for fumes, you're wearing a mask anyway.
The commercially available surgical masks won't really keep virus out to any great degree. You might want to spray on the outside, a small amount of water/bleach. You'll hate the smell of bleach after this. You can use a scented bleach for this, don't use it with dishes... yeechh! The masks lower your exposure, they don't eliminate it. That's why I suggest not leaning over the patient’s face.

By all means split the room into 2 if you can. If not, stay on the other side of the room as your patient as much as possible - another good reason to schedule care & try to be quick about it. Curtaining off part of the room with plastic if you can is a great idea... if you can do that. As to shutting off heat, you might want to do that before you open the door. The virus thrives in cool, damp air though so some heat is good. I like the bleach/water soaked towel idea under the door sill or as a loose drape over air exit vents if your room has them. You can frequently spray forced air heating vents with bleach & water. Again, doesn't get everything, but sure cuts down the virus numbers.

The anteroom area idea is great & is a standard when working in a biohazard environment. It's considered a "gray area", neither clean or really contaminated. Again, that depends on the space you have available. That's where I would keep MY stuff as a caregiver.

OBO, no concerns about reinfecting the patient. They HAVE smallpox, can't get 're-sick' with it. That pitcher if it's only water, stays in the room anyway. Breaking pustules is more a concern in terms of secondary skin infections & spreading virus to others in the family. Patient is already as sick as they're gonna get.

I'll cover gram positive & negative bacteria later & what antibiotics are used for what. That may not be too helpful, unless you have the facilities to do specific diagnoses of the pathogen involved. Virus are neither gram positive or negative. Antibiotics do nothing against viruses anyway. For secondary infections, it may be a question of trying different things over time until something works.

Brownies is a good idea. You're after calorie intake more than balanced diet. If your patient can only eat gallons of chocolate ice cream... make sure you have lots. They can take vitamins & fruit juices too for some 'balance'.

Two final points"

Don't waste too many sleeping hours going over things in your mind. Prep as best you can & try not to sweat the rest. You'll have time on the other side of an outbreak to do that. Set your priorities & if necessary, harden your heart as much as you need to. You can’t do it so try to do what you can.

Secondly, alternative therapies/preventatives are not anywhere close to something I know much about. I'll need some good posts there & will indicate what kinds of things I'm looking for.

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A Pox on You!

Before continuing with care considerations, let’s look at the progression of symptoms & what you have to be concerned with in the second stage of illness. The first stage remember is the incubation period lasting from 7 - 17 days. After that, your patient suffers from a fever over 101, malaise, (means not feeling well) & prostration, (down for the count), headache & backache, nausea, possible abdominal pain & delirium. Your patient may have some or all of these.

The third stage is when you discover it is smallpox. This stage begins 1 - 4 days after the onset of the fever & can cover from 14 - 28 days. The rash begins to appear, typically first in the mouth & throat & perhaps lips. Within a few hours, you see it on the face, neck, abdomen, arms & legs. Eruptions tend to start at the center of the body. Once the pox have all erupted, which doesn’t take more than few days, most are found on the face & extremities, the lower arms & legs, hands & feet. During the first few days, they’re small, raised & reddened. Over the 4th -5th day usually, they fill with fluid & within a few days, that fluid turns to pus. By the 14th day, the pustules start scabbing over & generally within 2 weeks of that, sometimes as long as 3, the scabs dry & fall off.

Can the rash tell you what form of smallpox your patient has? Yes it can. If the pox are separated by normal areas of
skin it’s generally ‘ordinary’ variola major. The case fatality rate for this form, in otherwise healthy unvaccinated people is about 9%.

If SOME of pox blend into one another, called ‘semi-confluence’, it’s still ‘ordinary’ variola major but the death rate climbs to roughly 37% in otherwise healthy, unvaxed persons. Semi-confluent pox can mean a lot of fluid loss through large areas of broken skin. It also increases the chance of a larger secondary skin infection.

Confluent pox is where most of the pox, especially on the face & extremities, join together. Again, you may have very large areas leaking fluid & a higher chance again chance of secondary skin infections. This is STILL considered an ‘ordinary’ manifestation of variola major.

Skin care has special significance here as does fluid replacement & I’ll do more on that.

Less ordinary forms of variola are as follows. Modified type is what you see in people with SOME immunity in their system, usually due to previous vaccinations. The lesions are smaller, farther apart & you don’t see nearly as many. Patients don’t get as sick & recover faster. *** Warning*** these patients are contagious to others as are those with more serious forms & persons catching it from them may end up with a more severe form of smallpox. A minor case doesn’t imply a ‘minor’ secondary case.

Flat type smallpox is harder to diagnose at first. The lesions are red, but remain almost flat to the skin. Severe toxemia occurs throughout the body & this form is most commonly seen in children. Overall, it’s seen in about 7% of cases of otherwise healthy, unvaxed people. Most cases are fatal. You’ll be very lucky to pull someone with this form through nursing them at home.

Hemorrhagic smallpox has pustules which almost immediately filling with blood. The blood vessels start hemorrhaging into the skin & mucus membranes & you see bleeding from any or all body openings, even tear glands & sweat pores. The body suffers severe toxemia. It’s most common in pregnant women & adults & most cases are fatal. This is another one tough to deal with at home. You simply can’t monitor the body that closely nor can you easily correct for chemical imbalances, never mind blood loss.

Remember, the patient is at their most contagious to others during the first week of illness & especially so in the first 24 hours of the sores appearing in/on the mouth. The most common way it’s transmitted to other is through inhalation of airborne droplets of saliva during face to face contact of less than 6 feet. Patients coughing a lot or those with hemorrhagic small pox or confluent lesions tens to infect more than those with simpler/milder forms of the disease.

Less commonly, others are infected by virus particles floating through the air. This risk is highest in the first week & with closer proximity to your patient. Physical contact may also spread the illness. You get virus on your hands, may bring them near your mouth... hence gloves & mask & hair coverings; to reduce this risk. Touching material from the pustules or crusted scabs & objects having virus on them may also cause secondary cases. These methods are less likely to cause others in the household to become ill, but you still have to be careful.

The highest risk is for those persons having face to face contact with the sick person. For those, the rate of infection CAN be as high as 80%. Seeing this, you may decide only ONE household member will do the nursing. That’s fine, but the care giver must try to get as much rest as possible between times caring directly for the person. The care giver may have no choice but to do all the care by his/herself. Again, as long as they are as careful as they can be when near the patient, risks are minimized.

Now that we’ve reviewed the symptoms of the various forms of pox & it’s symptoms, let’s look at what that means in terms of patient needs, possible complications to watch for & what you, the care giver need to consider for your own safety as well as the patient’s comfort.

You remember in the first stage, the patient usually has a fairly high fever. I suggested that it may be best NOT to treat the fever as it’s part of the immune’s systems response & works with the body to fight the virus. Nevertheless, fever is no fun for patients. They’re hot, sore, feel dried out & you have to do your best to make sure they keep enough fluids in them. That may be difficult, especially with little ones. They may simply be fussing & crying too much. Offer bottles of favorite juices or water when possible. With little kids, frequent sips of water or juice when you think of it. The same applies to older kids & adults. They may not be able to get a lot of fluid down at once, so try to get them to drink small amount often. Eventually, fluid comes out as urine. Your patient should be peeing AT
LEAST 4 times a day, less than that is cause for concern. Ideally, it’s 6 times a day, mostly in the daytime, but 4 is okay. The urine will probably be a bit darker than usual & may smell more strongly than you’re used to. This is normal with a fevered patient who isn’t drinking enough, but urine getting darker every time & your loved one needing to pee less often is a clear sign they’re not drinking enough. You can’t install an intravenous at home, so may have to get a bit forceful about drinking. If it means they drink something you’re not crazy about, soda, or overly sweetened juices, so what? The aim is getting fluids in, NOT teaching long term healthy lifestyle practices. Just get the fluids in & any extra sugar will probably be useful for energy if the patient’s appetite is low anyway.

As the lesions start appearing, the fever drops. You may still have trouble keeping enough fluid in your loved one. The mouth lesions can be quite sore. Make sure juices aren’t too tart or sweet & if you can, give them ice chips of juice, water or whatever turns their crank. Chilling a baby’s bottle may help too. At this stage your highest risk lies in nursing babies. You have to hold the really little ones to give them juice. That implies a fair amount of face to face contact & your chances of infection rise, even with a mask. Try not to think about that too much & PRAY! Whatever the risk to you, that’s your precious little one you’re caring for, to whom you’re trying to give a fighting chance. Just don’t get your face too close to theirs, turn their head if you have time if you think they’re going to cough & limit your direct face to face time; inasmuch as you can dealing with babies.

For feeding again, the mouth may be quite sore. Think, bland, non-chewy & cool at first. Puddings, jellos, soups that aren’t too hot & anything soft they’ll tolerate is perfect. Applesauce, blended fruit... use your imaginations. If you have to feed real little ones, try frequently in small amounts. They tolerate that better & it limits your face to face time.

Now keeping your patient clean & hopefully, secondary infection free is a major concern at this point. The skin has eruptions on it, hard at first, then soft & fluid filled. There’s no way you can prevent the pustules from breaking, you can only try & minimize that at any given point. Once lesions are due to appear, try for a softer bottom sheet. If you only have thin ones, try doubling them up. Your draw sheet is, ideally, a soft flannel or jersey. Very thin, soft blankets make great draw sheets. They’ll be easier on the skin & less likely to cause pox to pop open.

The important part of preventing infection is keeping your patient clean without scrubbing them to death. Anyone who’s had an open cut, scraps, sore on the skin knows how much they can hurt. Imagine that over much of your body - OUCH! You want to do the bathing you need to keep them as clean as is practical, you want to be gentle but quick. And you don’t want to soak the bed. Here’s how to get your patient bathed without too much trauma for both of you:

Hopefully your patient has only the loosest of clothing on, perhaps even just a light sheet covering them for modesty. The very young can be in just a diaper or a diaper & light little shirt. Make sure your LAUNDRY pail has water/bleach in it, about 1/4 full for now. Ask your assistant to bring you hot water or get it yourself. Bring the basin, (two), of warm water nearer the bed. You can temporarily clear the bedside table of other things & place these items there. Don’t forget your mild soap. Have your 2 face cloths & a small towel for drying ready.

You’ll start by washing the face. Place a towel under the head & shoulders to absorb any stray drops of water. Wet your first face cloth & put on it only the smallest amount of soap. PAT the areas of the face lightly; no need to rub or scrub. Remember the neck area. Using your second cloth, a bit more wet than the first, PAT to rinse., You may have to do this a few times to make sure the soap is off. That’s why you’re only using a bit of soap. Liquid soap may make this easier & you can make your own by dissolving a mild soap bar into hot water before you need it. Kind of turns to a jelly like substance & works well. Move on to the arms & hands, one at a time, placing your larger towel under each arm & shoulder as you work on that area. Lightly pat the chest & abdomen clean & rinse well, again patting. If you have areas of skin without pox large enough to properly ‘wash’ passing the cloth back & forth across the skin, go for it.

By now, you may want to change your rinse water. Dump, (carefully), that which you used into your WASTE basin & get more warm water. Do each leg & foot, not forgetting to place your towel(s) under each limb, then help your patient roll to one side so you can do their back. The last area done, always, is the groin area... all the ‘dirty bits’ so to speak. This is NOT an area where you really want to have to deal with secondary infections. The older doctors I spoke to said plain, warm water was best. Not one of them was “into” herbs & I’m hoping some of our herbalists might be able to recommend something MILDLY antiseptic & soothing which can be put in the rinse water. It must be mild so as not to cause pain. It can’t leave a residue either - germs breed in residues.
Once your patient is washed, help them change underwear & outerwear if necessary & appropriate. Babies & small kids might do better if you place mittens on their hands. That prevents them getting their hands near their eyes & MAY prevent pox on the eyes. It also prevents them scratching already tender, sore skin & can help prevent secondary infections. Then change any bedding you have to. With the draw sheet, have your patient roll to one side. Loosen the sheet & roll it in towards your patient, snuggling it up to their back. Tuck your new one in & place it right up to the roll of dirty sheet. Roll your patient back over, remove the dirty sheet & place it in with the laundry, then straighten & tuck in your clean draw sheet. There, not too hard. Replace top sheets & pillow cases as necessary. Deal with the laundry as previously mentioned.

Once the pox start filling with pus & breaking, things get pretty messy. I finally found the description of the smell. It’s worst when the pox are filled with pus & breaking open. The smell is described as “sickly, sweet, nauseating”. Good enough for me. You’ll find your patients & bedding need more frequent changing at this point. Do it & when you’re dealing with dirty clothing, bedding, linen, don’t wave it around. Roll it up, bunch it up & move it carefully to the laundry bucket. Change rinse water often.

Next, toilet issues & comfort measures...

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MOM! I Have To Pee!

Your patient may recognize the need to go & with help, be able get out of bed. If that’s the case, help them get up. If you’re blessed with an ensuite bathroom, help them to the degree they require. If they’re bed ridden, a bedpan is going to be needed. If you have a bedpan, outstanding. If not, find some kind of basin you don’t mind sacrificing. You want it deep enough to catch everything, but not so deep as to be uncomfortable. It helps to cover part of the bed with plastic at this point, for obvious reasons. Once they’re done, help them wipe up & put the basin on the floor while you do. Like it or not, this is a messy business germ wise. After wiping, lightly pat the area with warm water & a bit of disinfectant in it. The skin toners sold at the cosmetic counters are perfect for this. Mix just enough into the water to give it a bit of an astringent odor. A little bit of rubbing alcohol will accomplish the same result. Now this might sting the patient a bit, but it can’t be helped. I’d be grateful if our resident herbalists could offer a suggestion or three here; something which will mildly disinfect without hurting or stinging.

Babies & diapers can pose their own problems. The bottom may have a fair number of pox & urine will HURT. About all you can do is remove the diaper as quickly as you can, pat clean & re-diaper. My old medical contacts did NOT recommend using zinc or barrier creams when pox are present. It can “lock in” pus & cause infections. Just keep them as clean as you can & whip off diapers as soon as the baby poops or you think they might have. Same goes for when they have a bowel movement. Changing them fast prevents stools from getting squished around on the skin.. Sick toddlers who have recently been toilet trained MIGHT be more easily dealt with if you go back to diapers while they’re sick - up to you...

The elderly are best to use a bedpan if they’re frail or have poor balance for whatever reason. Not dignified, not pleasant; but easier to deal with then a combination of smallpox AND a broken bone or serious bruising. Any one with a physical handicap may also be most easily dealt with using a bedpan.

Earlier I mentioned pain. During the overt pox stage, when the pox develop & progress, there can be a lot of pain. Skin is open & weeping & probably sticking to any clothing worn & bedding. The skin is also red, looking as though it’s on fire. You may wish to give acetaminophen, ibuprophen or any serious pain meds you may have around for those REALLY hurting. Hopefully, these will keep your patient comfortable enough to rest & heal. Pain can really drain the body of energy & prevents sleep. It kills the appetite too.

The eyes may be sore, especially if there are a lot of pox around them or God forbid, in them. Placing a cool, wet cloth can help ease this pain a bit & may prevent sticking. It might be a god idea to gently moisten any pox around the face before a patient eats. That will soften the skin & prevent painful cracking. I’m told & I read this stage is not pleasant for caregivers of loved ones to watch. Your loved one may look terrible & will certainly feel terrible. In the bad old days, mirrors were often forbidden in smallpox hospitals as the patients can get to look pretty awful. No one wanted them any more distressed than they already were. That may still hold today. Most patients who recover have some degree of scarring or other. I would not recommend putting any creams or lotions on the skin while the patient...
has pustules in hopes of preventing secondary infections, but once the scabs are dry, a light solution of vitamin E cream or something our herbalists can suggest might not be a bad idea. If this isn’t possible or you have reservations, this is really no comfort BUT... most in a post outbreak world will have some degree of scarring. It will once again be in the realm of normal. It may help to remember that the appearance of the pustules does not necessarily predict the outcome. A very ordinary case of smallpox can produce the most awful looking blistering & weeping of pox yet the patient may recover completely.

Many cases who developed pox in or on the eyes ended up blind. That, if it happens in your family, involves a whole slew of new considerations which I have no time to get into here. Various Institutes & charities for the blind have reading materials & web sites which cover aspects of living blind. Check there if you worry about this complication. I do know that few with eye involvement did NOT go blind to some degree or other. Should your loved one develop lesions in or on the eyes, at some point you’ll have to prepare them, not to mention yourself, for this possibility.

Patients with more severe forms, especially semi-confluent smallpox who are likely to survive, may end up with permanent kidney damage. That’s an issue to deal with AFTER an outbreak is over, but advice about living with long term kidney problems can be obtained online. At some point, I’ll print a list of web sites covering different smallpox issues & other sites which may give helpful info about dealing with post recovery complications.

Some patients develop encephalitis while going through smallpox. That’s a tough one to deal with at home. Encephalitis is brain swelling & without the ability to diagnose it, the degree to which it’s happening & the ability to give intravenous medications, you pretty much have to cross your fingers & pray. Herbalists, homeopaths & practitioners of other alternative therapies may have suggestions. I can’t/won’t recommend anything. I’m not familiar enough with these methods. Those making suggestions please do so with the usual disclaimers for the protection of those running this site.

Historically, all manner of treatments were attempted to encourage healing. Bleeding or making patients vomit or the application of counter irritants; heat & astringent substances to the skin. There’s no consistent record of any of these methods succeeding & they often led to further complications in the form of infection. This is a disease which has been around for thousands of years. All manner of treatments have been tried. None have proven successful enough to be known today. With an illness that killed & disfigured so many, it’s unlikely there are any ‘secret’ treatments out there. Any successful treatment could have been sold for a lot of money during any outbreak & with the rich, famous & influential of all cultures & historical periods being affected & sometimes killed, it’s unlikely that information about any successful treatment would be successfully suppressed.

I’m trying to contact a Miq Maq tribe by e mail. This is the First Nations people who purportedly have a treatment involving the use of pitcher plants, a common enough wild plant in the Maritimes. I lived in that region & toured both a historical hospital much involved in early smallpox outbreaks as well as looking a bit into First Nations medicine. I did not find any record of this treatment being successfully used, but am still looking. At the time, it’s not what I was focusing on. In any case, over the millennia, healers simply kept patients as cool & comfortable as possible using ice packs, cool compresses & trying to keep them fed.

Once the rash is turning into drying scabs, you’re almost home free. Your patient is probably going to live assuming no secondary infections or other problems develop now. That’s not too likely at this point. Now, you have the problem of scabs going everywhere & shedding virus. Remember, infectious virus particles CAN live up to 3 weeks on objects. Don’t relax too much. Your patient will need less care & you can catch up on some sleep, but you also must be careful to pick up & properly dispose of as much of this material as possible. Continue to handle linen carefully, rolling it up to keep as much of this stuff inside it as possible. It will be destroyed in the wash, disinfected that is. Clothing should continue to be handled equally carefully, as should dishes & waste.

Waste disposal... once your waste pail is as full as you can handle, have your assistant or you, place about a 1/4 cup of bleach in the toilet bowl. Carefully pour in the waste & flush. Place 1/4 cup of bleach in the water when it refills the toilet bowl.

We’ve spoken a lot about caring for the patient, their laundry, dishes & waste materials. Now what you? Shower daily, using a good soap & rinsing it off well. Antibacterial soaps are useless against virus, but if they make you “feel” better, why not? Place your used linens & clothing into a separate laundry pail & make sure they’re also washed with bleach. Frankly, everyone’s clothing should be washed with a little bit of bleach to kill any stray virus.
Keep your dishes separate from the patients. If possible, eat outside the sick room but if this can’t be avoided, try to eat when your patient is asleep or resting. Eat as far from them as you can at least 6 feet away. Brush your teeth immediately & use some Listerine or similar product.

If you can enter & leave the room, there may be times when you have to, either to deal with other family members or to take care of yourself. Before leaving the room, spray inside the room, by the door with water/bleach. Hold still a minute to cut down on air movement. If someone can turn off the heat before you leave, great. Exit the room, shut the door & spray again; the door surface, cracks & the air around you. Wait a minute again. Remove your gown, hair covering, gloves & mask & immediately place them in a covered pail. Spray the top of the pail with water/bleach & spray the lid when you replace it. If you can, change into a bathrobe & head straight for the bathroom. Take a quick shower & carefully deal with your linens. Yeah smallpox means a lot of washing if you can do it. You can eat, rest, sleep, do chores deal with your family; what you do outside the room & when will depend on your circumstances. If you’re exhausted & still have clean linen/dishes, SLEEP! If you’re with your other family members, keep them up to date on your patient’s progress. Reassure them as required & remember to tell them what a great job they’re doing. Remember to tell yourself the same thing. You ARE doing a great job, better than overworked hospital staff could do right now.

I had mentioned timing care so as to allow you & your patient to rest as much as possible. Try something like this for scheduling... when your patient wakes in the morning, offer them a drink. If they’re up to it, offer them a light breakfast, take care of any bathing or linen changes required & any toilet needs. Then they have a few hours to rest. They may be able to read, you may have a TV or radio in the room or they may simply choose to lie quietly & talk or have you read to them. They may be worn out by the effort of eating, getting cleaned up, etc & may need to sleep. If they’re awake, you can tidy up the room, wiping down surfaces & replenishing water/bleach mix in your pails. If they choose to go back to sleep, you can leave the room. (procedure written above) & take care of other matter - dishes, laundry, waste, kids, pets, yourself - whatever your personal priorities dictate.

If they’re planning on sleeping, keep your ear to the door once in a while & if you hear them stirring, ask if they need you for anything. Remember, you don’t have to be in there 24 hours a day if they’re older kids or other adults. Remind them to drink & to tell you if/when they feel hungry.

Late morning, re-enter the room. Offer fresh drinks & more food if appropriate. With babies & very small children you’re always checking diapers or asking if they need to go to the bathroom of course. Older people will let YOU know. During the pustule stage, clothing may need to be changed a few times a day. Take care of it & let them rest again until early to mid afternoon. Again, take care of other things if you leave the room. If not, read to them, talk to them or sit quietly getting some rest yourself. Dosing off is very acceptable. You need the rest & don’t forget to eat. Mid afternoon, offer more food & when you check of course, offer to help them clean hands & face as required. Cool, wet cloths on the head & over the eyes may be appropriate if the headache persists or if the eyes are involved.

Early evening, you can offer more food, a final tidying up & again, may offer to read them to sleep if they can’t read, are too weak to or their eyes are involved. You may need to sleep in the room if the patient is very young. If you can, sleep in your chair. If not, a pad or air mattress on the floor will have to do. I’ll tell you now, sleeping in a mask is not easy or comfy. Tape it to your face if you’re worried about it slipping off. If you sleep outside the room, set your alarm to wake every 3 hours to check on your patient. You don’t have to go in, just listen at the door & perhaps call quietly to see if help is required. If not, back to bed.

This schedule works fine with one person & can be kept up for a while without you completely wearing yourself out... providing you sleep/rest when you can. If 2 or more care givers are required, either have someone take the whole night shift or; if you’re going with 3 care givers, also go with 2. Give 1 person 1 full night off in 3.

Okay, enough for one section, eh?

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I’m On My Own...

I said I was taking today off & I am, but I was up part of the night - strong, noisy winds out keeping me awake & I wrote a few sections for uploading to the net. I’ve been promising a section for those who are singles & who may
find themselves on their own during an outbreak - perhaps your spouse is stuck away from you & can’t get back. For whatever reason, it’s just you & perhaps some pets & how the heck are you going to manage if you get sick? Let’s take this step by step. Your aim is to survive the illness - period. You may be quite ill for up to 3 weeks, so let that time frame be your guide for preparation. Start with what you know - there is a confirmed/suspected outbreak in your area. You may have reason to believe you’ve been exposed or fear you may have without knowing it. What can you do before you actually fall ill?

Work with the assumption that you have been exposed & will become ill & prep accordingly. First, eliminate other possible sources of worry. For many of us, that means pets & by eliminate I don’t mean kill Fluffy, but make sure Fluffy can eat & drink while you’re ill. Buy a huge bag of pet food & make sure it’s accessible to your pet. They can tear open a bag for food, believe me. For water, you can leave a tap open just a bit & if you fear water outages, fill a couple of large basins with water. There may be times when you’re up refilling it during your illness. If you have cats, fill the biggest pan or more you can find with litter. If it’s a dog, hopefully it’s paper trained. If not, you may be able to open the door once in a while to let your pet out to do what he/she has to do. Most will come back home. If your pet has to take medication, try & have extras on hand & give it when you can. It’s amazing what we can do when we have to & for many of us, pets ARE family. Some may have to consider euthanizing an aging or ill pet if things look like they’re going to get pretty bad. You need to think this one through.

For those with horses, cattle, sheep or other livestock, you must try to provide them with accessible shelter for when you’re ill. If you’re lucky, you have a field or large enough area to ground tie a horse or turn loose your other livestock. Prepare to do so should you get ill. Make available hay or other feed & water. Then, cross your fingers. Most livestock, assuming the weather doesn’t turn terrible will make out okay if they have access to food/water/shelter. It’s possible someone make take your animals for food or transportation. There’s nothing you can do about that while you’re sick, except to hope that they’re well treated if taken for transport or humanely killed if some desperate soul takes it for food. Your primary concern is your own survival.

Now, what do you do for yourself? Start by making sure your home or area of the home in which you plan to be sick is as clean as possible. You’re not likely to have the strength or inclination to do much housework when sick. Decide where you’re going to lie down/sleep. Remember, if you’re alone you don’t have to worry about keeping the virus away from others. Anyone choosing to enter your home while you’re sick is taking their chances - that’s their problem.

You want to arrange those things you need in order to be able to feed & water yourself with minimal effort. I would drag my mattress or whatever I choose to sleep on into the living room, as near the kitchen & bathroom as I can manage. I’d put the mattress right on the floor. If need be, I can crawl to the fridge! Have a table or something else nearby to use to pull yourself up if necessary. Nearby, I’d have as many plastic garbage bags as I can manage to accumulate. They can be used to stuff dirty linens in, as well as waste. I’d also keep nearby a fair number of dishes & utensils. I would try to have disposables; makes life much easier if I don’t have to sweat dishes. A can opener around, even 2 is a good plan - saves steps for when you’re really feeling rotten. I’d place in that room, for when I really can’t move easily, cans of fruit, jars of applesauce, anything easy to open & eat with no great effort.. Plastic bottles filled with water as well in order to drink. I’d keep the bottles on the small side, easier to lift up when I have no strength. I’d make as many ice cubes as I could manage to stuff into the freezer compartment of my fridge or freezer. I’d have bags of soft chewy cookies or any other easy to chew & eat food that won’t go bad. Calorie intake is my priority for eating, not necessarily ‘good nutrition’ if I’m that ill & weak. Keep multivitamins around for the same reason. Some envelopes or a jar of electrolyte replacement such as Pedialyte is a good idea.

In terms of clean bedding, I would make the bed by putting on a number of bottom sheets, up to a dozen if I can fit them all over whatever I’m using for a mattress. That way when one gets soiled, I can remove it & there’s a cleaner one underneath. It may not be pristine, but it will be cleaner than the one I just removed. I’d keep a stack of folded draw sheets nearby close by, as well as top sheet. I’d also put several pillow cases on my pillow(s). Again, I can remove them as they get soiled & still have cleaner ones underneath. It may not be as clean as I would like, but I’m assuming I may not be able to move around much for some time.

A few piles of clean underwear & loose clothing; nightgowns with the backs cut open for ease of wear makes it easy to change when I’m sweaty or the pustules begin to leak. A stack of towels & face cloths nearby will help me keep clean when I feel up to washing myself to any extent.

The easiest way to keep myself reasonably clean be to prepare my own ‘baby wipes’. Strong paper towels or squares...
of cheap cloth cut up can be folded & placed in a plastic container with a lid. Fill the container, just enough to moisten the towels or cloths well, with a combination of water & a mild skin toner, (recipes anyone?), & put the lid on. Prepare many of these. If you need to wash up or freshen up, use these & place the soiled ones in garbage bags. A spray bottle of water with a bit of bleach nearby helps cut down on germs & hopefully, some odors. A few spray bottles of air freshener help with the odors as well.

When & how you feed yourself, drink, clean yourself up etc. will depend on how you feel at any given time. The first priority is drinking, the next getting some kind of food into you. Third is keeping at least your hands & face reasonably clean, followed by your mouth. Mouthwash diluted with water, at least 50% - 50% is easiest & if you can brush your teeth, do so when you can. There will be times when you have a bit more strength. On those occasions, see to your bedding, strip off bottom sheets, replace draw sheets & top sheets as well as pillow cases & if you’re really up to it, you can change the bed completely. If you’re lucky enough to have strength to do more than that, your first priority is getting rid of waste. Bag up & tie off garbage bags as best you can. If you live in a house, put them outside. Apartment dwellers can put them on the balcony or even the hall. Take care of any animal waste you have to deal with too, at these times.

If you can, run some wash. Don’t worry about folding it; just drag it back upstairs or into your sick room. IF you have the energy, you might want to fold it but if not, leave it in the basket. Tidy up what you can, ideally simply getting rid of stuff as waste. This is a good time to make new ice, renew your water bottles, anything you have the energy for & inclination for. Initially, you may have enough energy for just one or 2 things. Do what is most important to you at the time & worry about the rest later.

While you’re lying there sick, you may experience pain & other discomfort. Take pain relievers of your choice for headaches & you may choose to have some Dramamine or similar product if you get badly nauseated. During the early stages, there’s no point in worrying about your skin. You want to keep it free of lotions or creams to allow the pustules to freely develop & dry. Once that occurs, use what products you prefer to try & minimize scarring. This may not be too successful as part of the reason the scars are so visible is that they occur mainly in areas where the pox has gotten into the sweat glands.

If you have access to antibiotics, (I’ll go over those later), have them handy if you develop any kind of an infection on any skin areas. You’ll know you’re developing an infection if the skin around it gets more painful than the rest, more reddened & if you start discharging a yellowish or greenish pus. If this occurs, then, pain or not, wash carefully in that area by patting with water & a bit of stronger water/skin toner or water/rubbing alcohol solution.

Living alone, the thought of intruders may concern you, especially if you do have preps. Before you fall ill, activate any security systems you have. If you’re a gun owner, have that handy, along with the necessary ammo. Have a phone nearby for however you choose to use it. A TV or radio will help pass the time & keep you informed about what’s going on ‘out there’. Reading material may be useful too, depending how you feel.

The same procedure applies to you if you think you’re developing early symptoms. Get bathed or showered & brush your teeth, clean out your mouth well. As long as you are able to, take daily baths or showers. Once the pox erupts, a bath of plain, warm water with a mild shampoo or dish soap added for cleaning may help. Pat yourself dry. Yeah, you’ll probably mess up the bathroom somewhat, but so what? You’re the only one there.

Once you start healing, when you reach the stage where the pox are crusting over & scabbing, you will find your strength slowly returning. This is the time to pay more attention to what you eat. Aim for light, easy to prepare meals. If you had time & space, you may have already frozen small portions of nourishing meals; soups, stews etc. Eat them. As you get used to eating more, aim for calorie rich foods & continue with your vitamins. If you supplement, either with probiotics, vitamins, herbs or whatever, by all means do so. Do this during any phase of the illness when you feel able to do so.

Don’t sweat your mess too much. Your first priority is to catch up on REAL rest & regain your energy. As you do so, as you begin to feel stronger, start slowly cleaning up, starting with your immediate area to make it more pleasant & working outwards. Your house probably reeks by now, even if you can’t smell it. You get amazingly used to bad smells over time & if you’ve been living in the middle of them, you’re not likely to notice them now. They’ll dissipate over time anyway, as you clean up. Airing the house out won’t hurt.

Begin to get outside, something you must do anyway if you have livestock out there. Deal with them as you can, renewing their food, getting fresh water & perhaps moving them to new pasturage. Don’t be concerned with snow
removal around the house or anything like that. Be security aware as you move around outside. You won’t be the only survivor. Others may be out of food or other supplies. Many may have “lost it” mentally, making them dangerously unpredictable. Exercise extreme caution & keep your firearm with you.

As you slowly recuperate & clean up, try & obtain news as best you can. If TV or radio are still broadcasting, you have an instant news source. Pay attention to what’s going on with local infrastructure, as well as the medical situation at large. Listen for news relating to food & water, especially distribution of food. If your area has been hit hard or the area that supplies your clean drinking water, boil your drinking & dish washing water. That might not be a bad idea in any case.

It’s the immediate post outbreak period that is the most dangerous for food & water borne infections. People are still weak & those who staff such plants may still be ill leaving them short handed. Errors occur. Clean out your fridge of any food that’s gone off or which looks/smells the least bit “off”. You’ve just been through a nasty illness, you don’t need a food borne illness.

If you are on regular prescription medications, you may now be able to renew them; I simply can’t predict that. Don’t waste any opportunity to obtain replacements of such. If you can’t get any through drug stores or doctors & know a neighbor or more than one neighbor was on these meds, that may be a source. It’s possible they became ill or they left the house Break in & check if you can & are so inclined. In the post plague world, this may still not be legal or moral, but may be your only real option in the short term, especially if such drugs are in short supply & they very well may be.

You may also choose to break into local grocery stores to replace what you have run out of - up to you, assuming a hundred people haven’t beaten you to it. Exercise extreme caution & bring your firearm. Don’t forget cat or dog food, if your pets are still alive.

Okay, enough for this section too.

+++++++++++++++++++++++++++++++[Deb Mc]
For controlling nausea (and to help keep fluids, food and other medicines down), I really, REALLY recommend Emetrol (or the off-brand med). I don't sell this stuff and I (or my family) have no connection to any pharmaceutical companies either (don't own any stock either).

My recommendation is from having to use this stuff since I was a child. I still use it and it really does work!

Emetrol is a super-saturated sugar syrup. Don't eat or drink 30 minutes before or after taking the meds, otherwise you *will* throw up. For my family, all it's usually taken is one dose and our stomach settles down for good - no more throwing up, no more upset stomach. There was only one time (when I had that nasty Shang Hai flu, where folks were fainting all over) when I had to take it twice, but other than that, one dose was all that was needed.

Here's a site that tells a little more about Emetrol and lists its ingredients. There's also a pic of the box, so that you'll know what to look for. (At Meijer's, it's usually in the children's meds section.)

http://www.drugstore.com/qxp16148_3...erry_Flavor.htm

http://www.healthandage.com/html/re...ml/63710250.htm

+++++++++++++++++++++++++++++++[Suzy]
At our house we have a corner for the "sickie" stuff, in case anyone becomes ill for any reason. This last several months have given us a couple of real tests of this setup, and we learned. At the "sickie" location, we have (1) easy quick foods, quick mac and cheese, canned chicken soup, fruit juices, carnation instant breakfast mixes (that can be added to other things for energy. We also have a supply of garbage bags, cheap plastic plates, and cheap plastic silver. We will use the plastic ware and simply dispose of it, to cut down on work. Have some comfort foods stuck in here too, and some chips and candy. We have sheets and towels, set aside here, along with garbage bags that we will use to move those to the washer. We have Pedialite and other similar items, kept together with the "sickie" stuff.
Our local Save a Lot also has micro prepared and frozen foods, that require only a few minutes and can pass for meals in an emergency. The cost of pretty reasonable, and could really save work, if you’re the one sick or everyone in the house becomes sick at once.

Vitamins: I need my vitamins on a good day, and am sure that during any time of physical stress, they will become even more important. We have an extra bottle or two,

We have some extra CS made up, and stored downstairs that we will use. Have some small rags already cut up, that we will soak in CS (or peroxide) to apply to any area that will need assistance or gets infected. We have a case of peroxide, and have found it useful for helping injuries, etc., to heal. I do not know if this is an appropriate application for smallpox, where there are multiple sites.

Last year we purchased a COOL MIST VAPORIZER, and use it during the winter, with water and CS. We've also added some vanilla to it for aroma. The air always smells fresh and sanitized. The CS airborne would help to kill anything that is airborne from other sources. It might be possible, although I haven’t tried it yet, to aim that vaporizer thing into the cold air return, to help keep the household air sanitized. The vaporizer was about $25. at Walgreens.

A CS generator made as described by John H, will work as well as some of the more expensive ones, and could be made for less than a few dollars. If I were also concerned about food borne contamination, I would not hesitate to add CS to milk, water, or any other food that could be suspect. We have been adding CS to milk for several years anyway, to extend the shelf life.

We have some teas, and will try to use ones that have the potential for helping flush the kidneys and detoxifying.

We also purchased some "painting" tarp s, thin sheets of clear plastic that are used for laying down when painting. They're large, and easy to manage. We have those for wrapping around the mattress, covering anything, or whatever they might be needed for. They were really cheap too. Found extra spray bottles at the dollar store, cheap, to keep with some color safe bleach for spraying things. Anything that doesn't sanitize well, will go into the garbage or burn bag.

One simple thing we did, was to get a small garbage can (with lid) that is on wheels. Everything in our little home "crash cart" is in there. It contains the essentials that would be necessary quickly, and it saves hunting for them. This can easily be moved from room to room, or simply tucked into a closet in the room where it will be used.

Good planning and preparation, can reduce the stress involved. I do know us well enough though to know that there are always things that are overlooked or not anticipated. The mental outlook we each maintain, is as important as anything else we might do.

All we can do, is the best we can do, and the rest is up to God.

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[Reasonable Rascal]
One thing I noticed on the 2nd page was discussion regarding OTC meds for nausea. Diphenhydramine (Benadryl) works well as an anti-nausea/anti-emetic, and it is also a sedative, albeit mild. It ain't just for hives.

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Odds & Ends...

Good morning. First of all, an apology for not keeping my promise to post something yesterday. I was more wiped than I knew & my brain was fried; only the odd neuron giving a twitch to indicate the presence of residual life. I sat here, opened the forum, found the thread & opened a reply window.

And stared at it...

Oh, no shortage of stuff to write about; just couldn't reach into my head & grab any single thought long enough to wrestle it into submission & develop a thread. I'm often rendered speechless, less often am I rendered 'writeless'. I
gave it up after a while rather than beating myself up more for not being able to think.

I did go back & read some other posts to the thread & took a few notes on ideas people suggested. Naturally I can't find those notes this morning for love or money...lol. So I've got this open in another window, am reading back from the beginning & commenting, agreeing/disagreeing etc. with what people have suggested.

Disclaimer time again; I'm not an expert on any of this, just a former RN with a revolting, (to DGIs), morbid interest in medical aspects of TSHTF. I don't want to die in any nasty way. I don't wish my loved ones to die with no care, nor do I wish my friends here to have to go through any of this. If we must suffer through any kind of deliberately induced outbreak; knowledge of the basics of some of the likely candidate diseases, their symptoms & treatment is worth more than the biggest arsenal.

I haven't really touched the problems associated with failures of infrastructure, other than to acknowledge they may occur. We're all preppers here & that info is already available. The archives is full of outstanding stuff. I only plan to mention it further in terms of dealing with disease; in this particular thread; variola. And yes, that IS a commitment to open other threads later dealing with other diseases & what to do for them at home. Those will be a lot shorter as the basic principles of care will differ only a little depending on the specifics of any given disease. I have my personal "Top Ten" list of likely candidates for bioattacks; depending on the intended aim of whoever would use them.

I have not forgotten the Tom & family thread & do plan to continue that. My problem currently is that my son crashed my hard drive; leaving us only 1 computer working & only that one online. In the evening, the kids pretty much have it locked up doing school work & relaxing. And I'm tied up making sure they get their work done properly, doing chores & the usual wife/mom stuff. It's easier to combine MY 'work' with supervising theirs when my computer is up & running as I have it right by the homework/study area of the house.

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Points as I Think of Them...

Is being a rural resident good or bad under these circumstances? Like many other aspects of an outbreak scenario, that depends. If you're a life long rural habitué, you're laughing. You know the advantages & disadvantages of living 'in the middle of nowhere'. You're more likely to have your own water source & probably food sources. If you suspect or know of an outbreak, you can more easily isolate you & yours. You can probably see strangers coming a long time before they get there. In winter, when smallpox is most likely to be seen, weather is gonna be your friend, blocking roads for you & giving you the opportunity to see tracks.

If you're new to rural living, adapt as quickly as you can. Ask advice from your new neighbors & take it. They're not out to shaft you & can be invaluable assets. Country livers are friendly IF you listen & bring an open mind rather than a 'city attitude'.

Should I really plan to handle this on my own? Yup. To quote Chad Kroeger, (Nickleback),... "they say that a hero could save us, I'm not gonna stand here & wait". Exactly. I personally don't feel the vast majority of government employees are evil minded, population culling fans of the New World Order. They're ordinary Joes working just as anyone else can. But there are only so many of them. Most have absolutely zero knowledge of this stuff. The military, assuming all of them have their smallpox vaccine are going to be pretty darned busy. Standing forlornly at your front window waiting for a shipment of food/medicine is probably gonna be a futile exercise.

Look at the low end numbers for this. Let's start with 100 cases scattered across 4 or so large metropolitan areas. They each infect 5 people in 2 weeks. 500 new cases, not all of whom are gonna be in the original 4 areas. Some, maybe most of the 'brush fires' will be stamped out. Not all. I have an interesting historical account of an outbreak I'm presently summarizing. I firmly believe many of the same behaviors which allowed the epidemic to continue will still apply. People don't change as fast as do social institutions. In another 2 weeks, you might have only 400 new cases, but where? By this third wave of infection, it would no doubt be international & some countries are in no shape to deal.

It will still be here on our soil & medical people will be swamped by legit cases, could be cases & sadly, 'wanna be'
cases. If you're in an area with a lot of cases, it will probably happen sooner rather than later that you'll be told via the media: "Sorry folks, you're on your own. We can't handle any more & stay tuned to this station for care instruction", etc.

Ain't Funny had it right. Every hospital policy document I've looked at dealing with smallpox, (don't ask - there are TONS of them out there), state pretty much what AF reported. After the first several cases, diversion to other facilities hastily kitted out to be smallpox care centers. No thanks for me & mine; I'd rather stay home for any number of good reasons.

And no, authorities do NOT plan to provide much or any medically significant treatment. Why not? There ain't none other than "supportive therapy" which basically means intravenous administration of fluid. One case of flatpox or hemorrhagic smallpox ties up an ICU bed & for what? These folks will not make it for the most part. They also tie up ICU beds that will still be needed for the 'usual' ICU type cases, burns, bad heart attacks, accidents, etc.

Sure, I have no doubt any really important person will get first dibs on treatment, if they don't already have THEIR vaccine or if they're one of the 5% whose vaccine doesn't 'take'. Even they won't be able to be accommodated easily after a short time.

Freebird: as the only or head caregiver you can't 100% reasonably assure yourself or anyone else that you won't get sick. In one sense, your chances of infection are higher - you're the one doing the "upfront & personal care". Your barrier equipment, gloves, gowns, masks may not be as effective as you would like. The variola virus is tiny & the 'surgical masks' sold commercially don't do much to keep the virus out. They help, but not as much as you'd like. You can increase your chances of not catching it by spraying, (lightly), the outside of the mask with a water/bleach mix as described. Yuck! That's why I harp on minimizing face to face contact.

You repeat what Ain't said about the rapid breakdown of medical services in the event of an outbreak. I'd personally bet the farm on exactly that happening. Look at what happens in many areas when flu hits hard. Staff themselves become ill, beds may be temporarily closed & some surgeries & other procedures cancelled. An outbreak of something requiring strict barrier care by ALL medical & non-medical people dealing with the patient would swamp the system in no time flat.

I WILL do a specific section on multiple patients or even, God forbid, everybody being ill. Let me write that down... there, done.

Brooks' 'prestuffing' garbage bags into a barrel or whatever you’re using is a good idea. It saves a minute or so every time you have to change the bag & a minute saved is an extra minute of either care for your patient or rest for the caregiver. ANYTHING that saves steps & time should be seriously considered.

I like your ideas about plastic. The plastic is used to cut down on the transmission of the virus outside the room or immediate care area, so anything that helps you clean/disinfect can't be bad.

Heat may be a problem in winter. Heat is not variola's friend so you want to keep the room comfortably warm. Turning it off, if it's forced air before you enter/leave the care area may cut down the movement of the virus away from the area closest to your patient - a good thing.

Brooks, you also mention MY main source of worry - caregiver exhaustion. I can't tell you how often I've come close to making medication errors or other errors in judgment because I've been exhausted. 2 caregivers would be ideal. If that's not possible, there's an old military saying: "Time spent sleeping is seldom wasted". Definitely true under these scenarios. Rest when you can & don't feel guilty about not being Super Person.

I have teenagers & I would certainly stress the possibility of permanent disfigurement. with kids who are likely to try & 'cross the line' & disobey your orders to stay home. Also, as benevolent a mother as I am, if I caught a kid trying that, I'd lay some hands on them right quick. This is NOT the time for a benevolent democracy where you 'feel' their angst. This is a time for instant & unquestioning obedience by all those in the household. How tyrannical you plan to be depends on your circumstances & what's going on in such a scenario, but the rules we know & use during civilized times have to be set aside in order to safeguard your family's lives.
Moving right along...

Kasota mentions using duct tape tags to make flaps. Why not? As well yes, a fan or fans blowing TOWARDS a window, away from the door to other parts of the house act as a quick & dirty negative air pressure system. Air gets sucked into the room, preventing virus from exiting. If you only run the fan during the time you're entering or leaving the room, the room doesn't cool down uncomfortably.

PollyParakeet: about colloidal silver as a possible preventative for secondary infections. I see absolutely no problem with adding this to wash or preferably rinse water for your patient. Heck, why not toss some into your laundry too? Silver in those quantities is not an irritant or a poison. Even if it only helps a tiny bit, with this disease not having a specific treatment, you're going for every percentage you can.

I've yet to see any confirmed studies where CS works INSIDE the body. That's not say it doesn't, I just haven't spent any time lately hunting around. I do know this about the virus. As with all viruses, it consists of a package of genes inside a protein coat - period. Viruses can do NOTHING until they're in a host cell. They don't even match our definitions of life as they have to highjack other cells in order to carry out the functions required to 'live'. All viruses seem interested in doing is making more copies of themselves. We know variola virus can live in the open air for anything from several to 24 or so hours. It seems most sites I go to check on this gives a different range. It IS killed by exposure to ultraviolet light, sodium hypochlorite, (bleach) & formaldehyde.

All sorts of alternative therapies have sprung up in the long history of this disease. 'Traditional' remedies, what we'd call western medicine, says flat out it has no specific treatments; never had. With a disease having the history smallpox does, I would think that any genuinely effective therapy of any sort would be well known & recognized. There's no logic in assuming modern day pharmaceutical companies have any interest in suppressing an effective treatment. Why should they? They don't have anything that works & given our history or success with treatments for any viral disease, it's unlikely that we'll have one anytime soon, unless someone gets blindingly lucky.

Kings & queens, pharaohs & caliph, sultans & tyrants have ALL suffered from & been killed by smallpox. They would have been in the position of being able to buy any effective remedy out there yet there's no consistent pattern of any treatment being effective. I don't give much credence to one person trying something, then sitting in a room with a bad case & using the fact that THEY don't become ill as "proof" that any treatment works. Now show me 100 people who try that; show me that a majority of them DON'T contract smallpox & I'll be more inclined to sit up & take notice, but I've yet to find one. I'm currently trying to chase down many of the suggested possible treatments, seeing if there's any valid history of effectiveness. I do have some anecdotal records, but without being able to access the original research material in some of these books, it's next to impossible to verify.

I'm not knocking alternatives. I also give no credence to short term or small numbers studies of any medication produced by anybody. Show me proper double blind studies where nobody cheats & I'll read, but unfortunately, many of these are suspect. There's too much money in the drug business. I wish there was an impartial third party testing agency. I wish that were required by law. Sorry, drifting... yes, try Colloidal silver. I know that CAN'T hurt.

To add a point to Meemur's recipe. If kids especially don't want to drink this "funny, yucky stuff" try adding a bit of flavoring... a teensie bit of mint, almond, cherry; anything to get it into them.

Doc, I will be doing a section on secondary infections - the most likely ones. How to know they're there. What the difference is between gram positive & gram negative bacteria & what three or four general all around broad spectrum antibiotics one should try & have handy. I recognize it's impossible to know exactly what secondary infection may be hitting your loved one, but we'll all be in that boat. I suspect even in hospital, it will take longer & longer to make such determinations, if they even bother. They may assume it's one or two things & treat for that. Most times they'll be right. If not, a few days will show the error & a change of meds SHOULD handle it. Disgusted Patriot has a good primer on page 2 of this thread... worth copying for anyone concerned about secondary infections.

For the many questions on this thread about what happens to Tom & family, I'm sorely tempted to insert a bogus news report from Europe articling the devastating nuke retaliation some other country imposed upon the US...lol. That's too easy an out & I WILL get back to that thread. But I can't cut out too many hours of sleep, I go too strange even for my own family to put up with...
About being overwhelmed. Many may have gotten partly through this thread & said: "forget about it, too hard; don't even want to think about it." Neither do I. But let's face reality for a sec... I suspect within a few weeks of a generalized outbreak, we'd be on our own anyway. As much as I hate to think about many aspects of this, I'm gonna maybe have to deal with it at home. I'd rather have some idea of what to expect than be caught flat footed. This crap is hugely depressing to spend a ton of time thinking over. You don't have to. At the end, I'll re-iterate 'shopping lists' of supplies. Get what of those you can. Print out the actual care instructions. If T,(Medical),SHTF, you can pull out what you need & learn it then. Most would have a day or two notice at worst before someone in the family fell ill.

The soap/bleach compatibility question again... soap, (the sudsy stuff), is mainly used to render dirt on dishes slippery enough to wash off. It's the hot water that 'cleans' it. Bleach adds disinfection power & that's what you're after here. A mask should cut out most bleach fumes. If not, find someone else in the family who isn't bothered as much by the fumes or do them fast!

Masks again: sorry but most of what's on the market have openings of a size which won't keep variola out. They'll slow it down, keep some out, but not all. If you can handle it, spray the outside of the mask with bleach/water - scented bleach might make it more tolerable. Limit direct patient contact. Know that in the bad old days, people cared for those ill with smallpox with no real special precautions & often did NOT get ill.

HEPA filters are great for furnace systems for those who can afford them. They'll cut down on a lot of virus transmission. If you can't get one, (not me!), remember the virus isn't SuperBug. It floats around until it finds something to rest on & eventually dies. If the forced air system entering your sick room tends to push air out under the door, stuff a towel dampened with water/bleach in the crack. Make sure it stays wet. Open a window a tiny bit, if you have one. Remember, in a home setting you can't completely eliminate virus movement, just try & minimize it to the best of your ability.

I wouldn't use Bragg's vinegar to wash my patient once the sores erupt. Ouch! Internally, sure, why not? It may make them thirsty enough as well to drink more juice & water - a good thing.

I haven't found a consistent source of info on the subject of reducing scarring. A lot of it may be luck. Do you scar easily anyway? Where are the worst skin eruptions? Having said that, as long as whatever you're using isn't an irritant, as long as there's no discharge from the pustules, try what you think might work.

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[Brooks]

Something else I did with my dad in the last few weeks was to install a baby audio monitor in his room, and for the last few days a television monitor. (Worked well with him because he was mostly blind, so I don't think he realized he was being watched.) It helped tremendously in knowing when to go back in the room, in particular whether I needed to get out of bed to do it. And it let me monitor him from the other end of the house and from outside.

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And more...

Plant Lady: I've also seen cream of tartar mentioned as a possible treatment. Unfortunately I've not seen any mention of how well it worked. As with many epidemics, much of the reporting was contradictory in nature & those inclined to follow one philosophy of treatment often 'forget' to note such little details as the success rate of stuff which went counter to their philosophy. Having said that, for all the time smallpox has been with us, you'd thing such a simple EFFECTIVE remedy would be well known by now.

Remember, not all countries are into for profit medicine. For any country using tax payer funded medicine, ANYTHING which works which cuts down on expenditure on their part is going to become widely known. I'd rather buy cheap cream of tartar myself than pay loads of money for something experimental or expensive that may not work.

About hair washing, etc. One of your principle aims in caring for your patients at home, beyond getting them to the recovery stage, is to minimize the spread of virus to others in the family. Washing hair in bed is a pain in the butt & accidental spills are all too easy, even for the most experienced nurse. Then, there's the problem of disposing of the contaminated water. Remember, the scalp may also be loaded with pustules. It does feel good to be cleaned. That
has to weighed against the problems associated with obtaining enough water, then disposing of it without spreading any virus around. Use your best judgment. Personally, I'd wait until the pustules were starting to heal before attempting any hair washing or even more thorough body washing. There are worse things than feeling yucky. If you are the only care giver, the last thing you're looking to do is give yourself more work. Setting up for a shampoo in bed is time consuming & can involve quite a few trips in & out of the room. This means constantly opening the door, something you're trying to avoid.

I've read up on Emetrol as an anti-nauseant & it appears to be well recommended. In any case, the nausea is supposed to be short lived; thank God. Immodium does work an antiemetic, but BOY can it bind you up. After all it's principle use is to stop diarrhea! I'd be careful using that.

Suzy: the 'sick corner' idea & testing of it is excellent. Yes, it's worth trying this stuff with a kid stuck home just with a bad head cold, or a spouse. You don't have to go the whole mask/gloves/gown route, but make note of how often you have to enter a room & leave it, how many trips you make with food/drink/medication, etc. Refine your personal planning based on those experiences. Any quick & dirty meal ideas you can come up with, go for! You want to save you & other non-sickies time & energy & get calories into those fighting the virus. I too would give vitamins, at the very least 2 or 3 of the normal one a day types. Can't hurt if you don't do that more than a few weeks running. I'd be concerned over that length of time because some of the fat soluble vitamins can accumulate in the body to dangerous levels.

A cool mist vaporizer is a good idea, as long as you don't let the room temperature fall too low. The virus prefers cool & damp, so be careful.

Be extremely careful with any system flushes, (body) & detoxifiers, especially those that tend to make you feel like you've been run over by a truck at the best of times. With this virus, your body is working very hard to get rid of the virus & any of its waste products anyway. Don't do anything that might trigger the body into any kind of "overload"; you don't want to set up a generalized systemic shock that might kill your patient.

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[Kasota]

Brooks, the idea of the baby monitor is an excellent one and gave me another idea...

How about those hand held two-way family radios? At least for part of the illness, the patient would be able to use one to call for whatever. The patient would feel less isolated if they could just pick up the radio and give a call...and the caregiver would know they could call out. This would reduce stress on the caregiver...especially if they have to go out of doors to feed livestock or whatever.

In addition, it could reduce the number of times the sick room door would need to be opened. The caregiver could ask before opening the door if there were any special needs, or visa versa...and then those things could be opted. Say the person needs some clean sheets or needs fresh water...it's just one more time that door doesn't have to be opened.

The babymonitor would be great help as well especially if the person were sleeping as you wouldn't have to disturb them to check on them...no need to go inside to check if you can hear the person sleeping (snoring)...it may give you time to take a 10 minute cat nap instead of going in to check and then having to decontaminate.

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Page Three...

About crying or getting 'throat lumpy' when reading certain sections; especially those dealing with death. The reality is, you will shed a lot of tears should there ever be an outbreak of smallpox that is small, jumped on & stamped out with all the power different levels of government can apply. People blessed with superlative looks may end up horribly scarred, others blinded. The suffering experienced by those with the illness is difficult to bear for
caregivers. It's an awful feeling watching someone suffer & not being able to do a blessed thing except offer moral support & comfort & sometimes with smallpox, that's really all you can do. Getting through the worst of the disease process is nothing more than maintaining adequate hydration & letting the body do the work. You will hear of neighbors, friends & relatives dying. You may lose immediate family. It truly IS a tough thing to contemplate without getting choked up. Better to do so now, just thinking about it & forcing yourself to look at some photographs of those stricken then to fall apart if someone at home gets sick.

And make no mistake, we WILL be on our own should an outbreak be widespread. The best intentioned medical system in the world can't cope with this, no matter what they throw at it when the crunch comes. The crunch will be faster & bigger than resources available. Try to figure out what personal sources of support & comfort you have available to you. I'd love to think there would be a lot of televised church services, advice & support shows, etc. for those who find themselves being the only adult in a smallpox stricken house.

Don't lean too heavily for support on your kids. I know how frightened I am at the thought of dealing on my own & I have the benefit of knowledge & some medical experience. For kids, even older teens, it's a completely different universe of concern. They still expect you to have most of, if not all the answers to any situation that may crop up. They want the parent as a rock. Not possible but try to limit how much of your concern & worry you express to them. It's 'ideal' if you can express something that concerns you, then also talk through possible solutions, then implement them.

Love the idea of cheap baby monitors or 2 way radios... as long as you bear in mind that they may have to be destroyed after your finished with patients. They're perfect if your patient is at the really infectious stage, yet doesn't need you in the room that much. Some people are like that, able to tolerate what would knock most of us down. Remember, the less time anyone NOT sick is in the room, the lower the chance of viral transmission. This is also a great way to let kids, especially the very young, talk to a parent or older sibling they may be worried about. It's a good idea to make sure small ones can't get to the 2 way too easily. It would be just your luck to get your patient sleeping when they're woken up by a "phone call" from little Greta!

Other little goodies that might be useful... ultraviolet light helps kill variola virus. If your patient can tolerate bright light, it might be useful to get a 'grow light' type bulb for either the room's overhead lamp or the bedside table. Get the highest wattage you can - 100 would be nice. If your patient cannot tolerate light, cover their eyes for an hour & turn that light on. Do this 3 -4 times a day or as often as you can. If the patient is not having 'light issues' keep the light on as much as you can. You want to kill as many of the wretched little vermin as you can.

Pets: keep them out of the sickroom. They cannot contract smallpox but can sure carry the virus around on their fur. I couldn't specifically find anything stating how long it could remain active on cats/dogs, but it stands to reason it could live a couple of hours. Fluffy sleeps on patient's bed, wanders out, then your 3 year old picks him up & buries his face in Fluffy's fur - heart attack city for mommy.

Again & I know I'm nagging here; get as much rest as you can manage. There's no special virtue in remaining on your feet 24/7. If you can sleep for three hours & the only real 'priority' is floor washing; guess what? The floors will wait. If you're worried about virus, spray the floor with water/bleach, warn everyone to watch the wet floor, then crash while you can. Don't forget to eat. Eat often, light meals on the small side. If the smell of the sickroom or the patient really turns your stomach, eat out of the room & hope you don't have to go back in there for a good half hour. Keep a 'barf bucket' around for you too. We don't all have strong stomachs. Nothing shameful about throwing up. Get it over with, care for your patient, then get your face & mouth cleaned up.

If you're really good at 'seeing blood & not fainting', don't assume that you'll have an equally strong stomach for other aspects of patient care. One of my nursing instructors used to, literally, turn green when a patient had a productive cough - maybe that's why she worked as an operating room nurse. Others can't stand vomit or stool. If you've parented babies, you'll have a pretty good idea what you can tolerate.

You may choose to turn off your phones, except when YOU want to make calls. In fact, I'd recommend it in the early days of a sick patient. Calls are often poorly timed & people might have advice or admonitions you really aren't interested in. This is not the time to put up with everything Great Aunt Carla wants to dish at you. You have better ways to expend your emotional energy. You also don't want, at a vulnerable moment, to be told you're being "stupid" or "negligent" in caring for someone yourself at home. Blah. Blah. Blah. 9 out of 10, chances are this relative who critiques every decision you made will have shut you out when you tried to bring up the possibility of
an outbreak of any kind. She didn’t listen then, why should you now?

Be ruthlessly selfish about demands on your time outside the immediate areas of concern to you. You're not the neighborhood switchboard, nor are the you the coordinator for food supplies or "where do I renew my heart meds"? Sorry but... every person today who has ears, eyes & some media outlet available to them is in exactly the same position you & I are. They can read & choose how they react to what they analyze. You planned, prepped & practiced. They didn’t. If you want to offer some advice, fine, but don’t feel obligated to become the neighborhood medical resource. If you think that’s likely to happen, you might want to write down step by step sheets covering some basic situations. Even your kids can read those over the phone to whoever is asking. Saves you time & energy.

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Sneaking in a Quickie...

Here's a quick note on a topic I wasn't sure I was going to include; until I thought about it for a few days... charting your patient's symptoms, progress, etc.

As nurses we're taught to meticulously chart everything that comes under our purview & other things which might not be direct nursing care but which can affect the well being of the patient. I'm not sure about nurses older than I, but the school I attended taught that nurses attended the WHOLE patient: physical, mental & emotional; preferably in a setting where prevention was key, if necessary in caring for illness. I think that's always been the case for nurses.

So why, as a 'civilian' caregiver, should you bother to chart or write down anything about your patient, what you do, how they are etc? It's not as if you're working a ward after all; you don't have 20 or more patients to keep track of. True, but even one patient requiring lots of care can tire you out to the point where you forget when you did what.

As well, bear in mind that a case of smallpox WILL & MUST be seen as a weapon of mass destruction or to use my preferred term, (thanks Dr. Alibekov), weapon of mass casualty. At some point, authorities will be trying to trace the point of origin. It may very well be that YOUR patient can offer crucial clues.

When an outbreak is announced; that is a strongly suspected or confirmed case is announced anywhere, media will no doubt give as much of that person's whereabouts in the days they were likely to be contagious as they can come up with. Pay careful attention. It may be you or a family member were there too, at the same time.

Perhaps not, but one case is not necessarily the whole attack. Remember, some cases can develop faster or slower than others. Back track a week, two weeks if you can & try to note everywhere you & your family members were during that time. Be as specific as you can. Where did you go? Who with? How did you get there & how long did you stay? Get this is as much detail as you can & put the information away somewhere safe.

Now, should a family member fall ill, start the serious notes. Keep a clipboard & paper, as well as writing instruments in the room. The first signs include fever, headache, body aches, nausea & generally feeling rotten. Ask your patient how he/she feels. Write the date & time & note this information. Describe the headache; dull, pounding, vice-like, whatever words your loved one gives you. If they have a fever & you've taken their temperature, write that down too. Write about ANY symptoms they describe. Carefully look over every inch of their skin, shine a light in their mouth & ears & note what you see. Even if no pox has erupted, note any areas with acne, scratches, scrapes, cuts, any part of the skin that may be bruised or broken, anything other than normal. If everything IS normal, write that too.

As the first stage progresses keep track of their temperature if they're fevered. If the fever is high, take the temperature every 2 hours. You'll want to try & cool them with ice or something similar if the temperature gets too close to 104 or higher, especially with little ones. If you do choose to give something for fever, you note that too. For example try it this way:

*01/10/03; 2216; temp. - 103.6 2 tabs of Tylenol 325 mg.*

You have the date, time, (I use 24 hour clock, less confusing), the temperature recorded & what you gave. Later you
might have:

*2253; temp. - 102.2, Charlie more comfortable. Less aching.*

So in your first note, you described what you observed & did as a result. Later you rechecked the temperature & noted it came down in response to the Tylenol. Plus the patient feels better. If it didn't work after a dose or 2, you’d be sure of that & may choose to try something else.

Don't worry about grammar, complete sentences or anything. Use your own personal shorthand; just get everything you consider important down.

By knowing when the fever hit for example, you have a rough idea of when to start seriously looking for the first skin eruptions. When those show up, every few hours you can write down how far they've progressed & what they look like.

Write about any discomfort the patient is feeling.

Very importantly, write down what & when they eat & drink, especially how much liquid you get into them.

Write down how often they go to pee & how clear or concentrated the urine is. Too dark & not often means your loved one needs more fluid.

Days can blur, running one into another & having this stuff written down helps you keep track of what's happening now & what happened earlier. It can give you a rough guideline about what's due next.

Your notes can be especially important post outbreak. Be sure the government & health authorities especially will be looking for data. They may use this information to determine how many varieties of variola may have been used. It can be an important first clue that the virus had mutated, naturally or 'with help' & let's them better select patient blood samples for testing. There will be tons of recovered patients & testing everybody looking for a ton of things could literally take over a decade. YOUR notes may give important clues if you later decide to share them with authorities.

Don't worry about being 'non-professional'; they won't. Medical researchers would be looking for dates & times to co-relate progression of symptoms, what treatments you tried that worked or didn't. Perhaps 12,823 families tried a certain homeopathic treatment & it worked on 11,736 patients. Bingo! A treatment modality that works. They need numbers of patients & as clear 'evidence' as they can find to do further exploration of such treatments.

If you're not inclined to share this information, it provides a valuable addition to family history; you can always recopy it to remove identifying details if you deem that essential to preserve privacy.

If you unfortunately get a second case in your household, a week or more later, you can refer to your early notes for your first patient(s) to refresh your memory. These notes are also a great place to note 'mistakes' you may have made in prepping; shortages, things you wish you'd thought of preparing ahead of time but didn't; that sort of thing.

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Multiple cases, multiple problems?

The ever vigilant prepper is smart to prepare for the worst that could happen in any given scenario. When we're looking at a smallpox outbreak, that worst case or cases is the assumption that a family is hit with more than one case or even worse... everybody falling ill and/or the principle caretakers falling ill.

It's impossible to 'know' if this will happen to your family but there are some indications which help you evaluate the likelihood of such an eventuality. If the first case(s) occur(s) in your community, chances MAY be that you have a higher risk of multiple cases. Whether or not you depends on factors such as these:

1) the original case(s) was in areas you frequent during their early infectious phase. Authorities will advise the
public on this issue along with warning & pleadings to report the 'usual symptoms'. They'll provide phone numbers...

2) the case is a co-worker or fellow student of someone in the family & was in fairly close proximity to them during the early infectious phase.

3) you're not sure about proximity, but you think it's likely, as well as exposure for many in your family during the early infectious phase.

4) there are many local cases, your community isn't that big & you see most people most days.

You can all come up with additions to that, but those are the most common as well as sharing public transport such as train, bus or plane just before a case breaks out in eruptions.

So what do you do now? You face several major branches on a 'decision tree'. You may or may not choose to report possible exposure to your local health authorities. If you do, they may want to vaccinate you & anyone else in the family who was possibly exposed. Whether you choose vax or not, they'll probably ask you to call or call YOU twice a day to ask about possible symptoms. That's in the federal guidelines but remember, states can make their own policies. Your actions will probably depend on how you feel about the competence of your local govt. types & public health people.

Bear in mind too, public health is 'less' interested in your health as an individual than in keeping case counts as low as possible. This is not a critique of public health, just a reminder of their working mentality. You may have 7 family members to worry about; they have the entire community.

Let's assume you choose NOT to report & NOT to vaccinate. If, IF you do that; then for the sake of you, your loved ones & everybody around you, do NOT leave your home. Don't risk the health of others should you be infected & don't risk the health of you or your loved ones if you decided not to vax. Even though we 'know' the incubation period for variola; that applies to normal cases. We simply can't tell how a bioengineered version may be altered & altering the incubation period or period where a person is infectious is a great way, (from a bioweaponer's point of view), to assure rapid, widespread dissemination of such an illness.

Check with every member of your family. Could they have been in contact with the case? Where? When & for how long? The closer it was to when the case broke with symptoms, the longer your loved one spent close to them & the closer they were, the higher the risk.

Let's assume you've done all that & have determined there's a higher probability/possibility that more than one person has suffered a serious exposure. Let's assume that you decide vax is not an option for your family; I don't care why, let's just work on that assumption.

Let's further assume that after the incubation period, more than one family member, maybe everyone over the course of a few days, breaks with early symptoms of the disease. How can you prep for that possibility in such a way as to try & get the majority of family members through the illness. It's going to be a lot tougher than if someone remains well; there's no doubt about that.

A couple of factors come into play. Not everyone gets ill at the same time, suffers the same symptoms or suffers each symptom with the same severity. Some will recover faster than others. You can't know in advance, but can try to set up your home to take advantage of periods of time where someone may feel somewhat "better", hopefully better enough to care for others who are sicker.

Even 24 hours of advance warning, of preparation time can make a difference. This is your opportunity to prepare as much as possible in advance from your preps. Here is a list of chores which can be done, each in accordance to a person's age & ability. These things should be done as quickly & as thoroughly as possible.

Determine what part of the house is going to be the 'sick area'. That may be almost all the house but should include a room or rooms where people can lie down & "be sick". You need a bathroom & laundry facilities handy, as well as the kitchen.

Make sure all your linen is clean & ready to be used. It may be while before anyone is up to doing laundry again.
Pile it into handy bundles, "kits" if you will, of bedding & facecloths/towels for each person. Keep making such bundles & don't forget extra piles of each separate item. Not all linen needs changing at once.

Water; make sure you have a good supply of clean water available. This is the time to prep colloidal silver or anything else in the beverage & beverage addition category you think might come in useful. Disposable cups, if you can afford them are a good idea; cuts down on dishes.

Do what you can about food. Make sure cans of fruit or quick & dirty meals are stacked low enough for everyone to reach. Fasten your can opener to a counter top or wall. Heck, fasten TWO. That way they don't get misplaced by someone really not feeling well. Make soups or stews & fill baggies with smallish quantities. people need to eat when they can but huge quantities can seem overwhelming. Make sure anything easy to eat is easy for everyone to find & have everyone in the family take a look to see what's where. Ask others for suggestions. In your worry, you may forget something which later may prove to be a lifesaver. Disposable dishes are also a time/energy saver.

Make sure the house is reasonably clean - housework is not going to be a priority for a while. Have laundry detergent & several bottles of bleach by your washing machine, dish soap & more bleach in the kitchen.

Make sure there’s clean, comfy clothing for everyone, especially lots of clean underwear. Make sure no one has to move too far to get clean clothing. Assign every one a basin or bowl for washing themselves & have them keep it near their bed, cot or mattress. Remember, ALL may be sick & will need to reach things easily.

Get the thermometers out. If you don't have one for every family member, have some Listerine or something similar with which to clean it between uses. Any pain killer/fever reducer you plan on using, also have handy. Instruct kids on when/how to use it or give it to others. Even a 5-6 year old can understand that, especially if you 'practice' first. Put some identifier on the bottles if you have different ones. One piece of black tape for "hot" heads, one for "ouchies" might be a different shape or color, another for "barfs"... use what you think will work for the age of the children who might end up having to administer meds. I would use a red mark for fever as red equals hot, green for throwing up, (ain't going there!) & whatever you feel appropriate for pain.

Show everyone in the family how to roughly make a bed - remember, no drill instructor is coming by to check. Show everyone what to do with laundry. Basically, stuff it in the million garbage bags you'll have handy, then do wash when it piles up & people are up to it. Show kids how to do dishes & get them small rubber gloves. Don't sweat perfect; just disinfected. Show kids 5-6 or up how to "wash" someone's face & hands. Yes, they CAN do it. I tried that with mine years ago as hubby traveled a lot.

Go through symptoms with everyone in the family, using words appropriate to their age. You might make a game out of it if you have plenty of advance warning or want to prepare your family regardless of the current threat level. Be honest with your kids about the more dangerous forms of smallpox. They may have to call for outside help at some point & you want them to know when. More on that later.

Talk about home security with all family members. Do you want them letting anyone in? Under what circumstances? What should they do if someone dies, especially children? This is the time when you may want them to call authorities, assuming anyone is left to do anything at that point - among the authorities, I mean. If not, you'll need to tell them what they need to do with the body until someone older can manage.

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[Reasonable Rascal]
The Best Masks....

you are going to find that are not actual gas mask-type filters have a filtration range of 0.1 microns at an efficiency of 99%. I run across very few of these. Tecnol, 3M and AlphaProTech make them as well as a couple of other companies, though some brands only specify 95% efficiency. Hence the N95 designation.

Very common are 1.0 and 0.5 micron filtration and to a lesser extent 0.2 microns. By way of comparison cloth surgical masks offer no greater than 1.0 micron filtration, and likely more along the lines of 2.0 - 5.0 microns.

*If* you buy masks on the surplus/overstock market you can find these going for as little as $7.00 (USD of course)
for boxes of either 35 or 50 masks depending on the manufacturer. Regular retail prices depending on brands and style run between 8.00 and 35.00 USD per box.

Gloves are similar. Various brands offer varying levels of protection. The great difference between the "men and the boys" is their rate of flaws, i.e. pinholes per 100 or 1,000 gloves. Lower rates = less failure rate. So-called trauma gloves (6 mil and thicker) offer greater protection against casual snags and rips than exam gloves, which may measure only 3-4 mils depending on brand.

Microflex is a very good brand with a wide range of styles and materials. DigitSafety is another. BioSafety *used* to be the leader until they were bought out some years back. After that quality deteriorated to the point that even their trauma gloves (up to 16 mils thick!) were suffering very high failure rates. High as in 7-8 *pairs* per box of 50 pairs. And that is just ripping them out as you pull them on.

Perry is a widely known brand of surgical gloves and lesser so in the exam glove arena. Old company, more expensive than others but highly trustworthy.

I haven't gotten that far in the overall thread yet, but in case you haven't mentioned it, Sue, Tyvek coveralls, gowns and jackets are available and cheap barrier protection. Knitted cuffs work far better than simple elastic strings at the cuff as far as keeping sleeves put vs. rolling up your arm and creating a gap between glove and sleeve.

RR

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The Care Aspect of multi-cases

Continuing with our scenario of everyone in the family getting ill today. It may sound terribly depressing but remember, before modern medicine, before modern anything, it would not have been terribly uncommon for a family to have multiple cases. In those past times, people had even less than we do now with which to fight this disease in any way, shape or form. Yet people survived. Granted, today we may be able to save more, but only through improved supportive care. In our own homes, we at least have access to clean water & have food in the cupboards. These things were not guaranteed to your average peasant back when smallpox was a known, feared, common scourge.

I mentioned the area you wanted to look at in terms of a 'sick area'; specifically that it should at least be larger if not indeed encompass the entire house. How exactly you manage that depends on too many factors to make generalizations. How much room do you have available? If your house is small, it may make more sense to fit up an isolation room to keep the one or two people who DON'T get ill away from those who are. In this case, a window to ventilate from outside & a fan or 2 drawing air in & pushing it OUT through open doorways into the rest of the house may be the way to go. The well family members spend as much time as possible in this location, hopefully avoiding infection during their "down time".

If you're in a very small house/apartment or trailer, it may be a case of keeping as clean as possible, avoiding as much face to face contact as possible, cleaning as often as you can manage & keeping your fingers crossed. Remember, even under the worst of conditions, not everyone in the same household as one or more people stricken with smallpox are going to catch it.

We like to speak of the many advantages we have made in the studies of genetics & immunology. The truth of the matter, there are still huge areas of these fields about which we know nothing. Why do some people recover from certain diseases when to all appearances, there is no real difference between themselves & the rest of their family or community? Why do some never get ill? The answers have got to lie in the realms of our gene structure & the makeup of an individual's immune system but we may be decades from understanding the specifics. In the meantime we do what others before us have done, we work with the best knowledge we have & hope.

If your family appears to be susceptible to a great many genetically linked diseases or different auto-immune diseases, you all may be at greater risk for everyone or most, coming down with smallpox. Same holds if you seems to catch every cold, flu & other respiratory ailment going around. That may depend on genetics, lifestyle or factors
beyond your control. So your first step, & I know I'm repeating myself, is to evaluate the chances of all or most members of the family getting ill. If you genuinely believe the risk is high, prep material in advance as per the past post.

SIDE NOTE: Reasonable Rascal, on this thread I'm working on a basic premise that many readers may not have the financial wherewithal to buy Tyvek, etc. And some genuinely don't. For those who can't, go to his website... great descriptions of the sort of kit available which will make your job easier is the sense of NOT getting ill yourself if you're the primary caretaker.

Okay, you're all prepped & are at the point of the incubation period where you can expect people to start feeling ill. When someone DOES start showing initial symptoms, send them off to get cleaned up as described early on in this thread. When that's done, they should rest, eat & drink as they can handle. If they can, they should try & keep track of their temperature or others in the family can do so. If the fever rises, make sure they increase their fluid intake & give something to bring down the fever, IF it gets over 104. Family members falling ill in turn should follow the same advice, clean up, take to your bed or mattress, eat or drink as you can manage.

Over the next day or 2, it's possible everyone in the family is down with fever, aches, nausea etc. Whoever CAN at any point in time, should try & refresh everyone's drinking water as the FIRST priority. Included in that, if anyone in the family is on regular medication for pre-existing conditions, try to be sure they've taken their regular doses.

I wouldn't get into disposable dishes right away, not if there's someone still able to get on their feet, if only for short periods of time. Here's an easy way to "wash" dishes. Run straight hot water in the sink with dish soap & some bleach. Dunk the dishes in. After 10 - 15 minutes, pull them out & drain them dry. Martha Stewart ain't around checking for the degree of sparkle & any little crumb of food left on a plate is going to be pretty thoroughly sterilized anyways. As dishes are required, grab them from the drain board.

Anyone able to get on their feet should also feed themselves a light meal. Then offer anyone else who's able to contemplate the thought of food something to eat. If you only have energy to feed one of say... four other sick folks who can't feed themselves, how do you prioritize? That's a tough one, by any measure. Anyone with "pounds to spare", I'd hold off on, especially if there are little ones or more frail people who may need nutrition as a higher priority. If all those left are on the frail or 'more sick' end of the spectrum... argh! It's a really tough call to make. Some may choose children over spouses, some the other way around. That's a tough decision to make & one every family should think about & discuss, if they're so inclined.

Any spare energy could be devoted to dragging bags of garbage out the door. Let it pile up on the porch or front walk if need be. You can deal with that later. Just get it out of the house so you're not stuck living in the middle of it or smelling it or worse, dealing with the vermin it may attract.

Loads of laundry can be washed. If everyone or most is sick, I wouldn't sweat color sorting or worrying about colors running. Wash everything as if it were whites; pink underwear is not gonna bother anyone at this stage, I would imagine. The important thing is to have some clean bedding, towels & face cloths when needed.

When water, food & laundry is dealt with, there's washing fellow family members. That's going to be tough to do if the 'washer' is not feeling much better than the 'washee', but even washing the face & hands can make a person feel lots better. With everyone in the family ill, you don't have to worry so much about disposing of waste water. Simply dump it down the toilet & follow it with a few splashes of bleach. It will be diluted enough in the sewage system so as not to threaten anyone else. Hopefully, those ill will be able to do at least that much for themselves, wash themselves & the one who's able to move about can take care of fetching warm water & disposing of it. If everyone is simply too ill to handle washing their faces and/or hands, believe me it's not going to be a huge priority for anyone. The priority then is going to be drinking as much fluid as people can manage.

It's more complicated when it comes to dealing with any mess generated by someone going to the bathroom. You might have babies, very young children, the handicapped or others simply too ill to get to the bathroom or bedpan/ chamber pot on time. It's helpful to have some "baby wipes" on hand. You can buy them or make your own using folded paper towels & some water with just a splash of a mild disinfectant. Wipe off your family member as best you can & change them. If they've broken in pox, this may be painful to them, but you have to try & get them as clean as possible in order to reduce the risk of secondary infections. Bundle up the dirty linen & put it a garbage bag or pail - that can be dealt with later. Get some fresh linen on the bed.
It may be useful to get some rubber or plastic backed bed pads or sheeting in order to reduce the amount of linen you have to change; especially if you expect someone to not be able to control their bladder or bowels. A number of medical supply stores sell them & they can also be bought online or by mail order.

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[Just Wondering]

Why do some people recover from certain diseases when to all appearances, there is no real difference between themselves & the rest of their family or community? Why do some never get ill? The answers have got to lie in the realms of our gene structure & the makeup of an individual’s immune system but we may be decades from understanding the specifics.

I disagree. The answers do not solely lie in any individual's gene structure and makeup.

The immune system, and gene structure are highly maleable components, which are all intimately affected by diet.

Just one mineral, selenium, can make a huge difference:

http://www.nutritionreporter.com/selenium.html


http://www.bighorn.org/bio.html

and then if you do a Google search, you will find screeds of medical articles about how zinc does amazing things to support the immune system. How vitamin C does as well. there are 28 key minerals, all of which have crucial functions as synergists with vitamins, to make the immune system like a well serviced, greased and lubed engine.

I have read this thread with considerable interest, because there is a lot of very good "ambulance at the bottom of the cliff" scenario stuff here. What you might want to know if all else fails. And it has provoked very valuable thinking scenarios based on the "what if" questions.

However, it seems to me that for me to get totally stuck into a "How to nurse smallpox", ignores a key balancing input - that of "how to minimize your chances of getting smallpox at all." and the alternative treatments of smallpox, not put on this thread.

A key to balance this, is "What you can do to make your immune system a whole heap more effective, and the reality is that if the smallpox is not traditional smallpox at all, we would all be best looking at how to prepare our immune systems to do the very best they can do.

CanadaSue, this thread is great. It has given me a lot of things to think about. A concern I have is that it limits people's thinking. You are very mainstream, and someone who thinks that vaccines are the answer, and that if that fails, there isn't much else you can do, in terms either of prevention, or of alternative methods of "cure" other than what you have put here.

I am finding your information of tremendous value, in terms of the mechanical aspects of the nursing information you have given, which is outside my practical experience.

I would however, like to encourage people to think way outside the square on the overall issue of both smallpox and treatment.

And to think about the fact, that if we have to face something that is not classical smallpox, then while this information is of tremendous use in order to hone thinking and problem solving, the reality is that all bets are off.

Hand in hand with any preparations to nurse therefore, must be a longer-term planning, starting from yesterday, to change your lifestyle, eliminate rubbish foods from your diet, study especially key minerals, Vitamin C, and how to modify the immune system, so that in the event of you or your family coming down with whatever type of smallpox
would theoretically be used, that you will have a much better chance of fighting it.

The other thing, which you have touched on, but I feel not nearly enough, is the effect that "hysteria" has on the immune system.

If a person feels that their only avenue of action is mainstream, and to know how to nurse a case, then the emotional tension they feel will be much higher.

Anyone who, as a result of that, develops a hysterical siege mentality, and corals themselves and their children within those incredibly uptight "terms" could well be the first to fall ill, since "siege mentalities" destroy the innate immune system from the get-go. So it is important that people are armed with an all-round knowledge, whereby even in the event of whatever is thrown at them, they know that they have done everything they can to try to prevent a serious case of whatever.

Then, I believe people can approach the technical problems a lot more calmly, and with a more balanced viewpoint, which will keep their immune system in a lot healthier and stronger shape.

So people need to look at all information regarding prevention and alternative treatments. Also, they need to study carefully the information on Vitamin C and how that would apply to flatpox, or black pox.

I believe that given careful attention to these things, serious cases of "traditional" smallpox need never happen.

But ...... given a bioweapon hybrid of say, Smallpox/ebola/camelpox, or any other variation you might want to hypothesize on, all established norms are off about anything, including how to deal/nurse a patient, who has a type of smallpox variant, with which there is no previous experience.

A person's only defense in that case, is that their immune system is far more up to fighting it, than other people's and that comes down to lifestyle, minerals, vitamins and alternative medicines.

Your information is a key here, in order to hone people's thinking as to the possible options to take, with the reality that none of them may apply, so in my opinion, people need to take your information, as use is as a base document - a brainstorming document with the nature of funny putty. They also need to think further than that, with a view to having very flexible thinking as to possible answers to as yet unknown problems.

And the rest will come down to God, and whatever initiatives he may inspire a person to take.

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Morning Just...

Morning again & you raise some extremely valid points - and yes, I plan to get into some of these things you raise; have to as you cannot afford with this or any other serious illness, to stick too rigidly to 'conventional thinking'.

First let me clarify; the quote you posted from, I think, my last post on this thread... where I stated 'no real difference' I specifically meant where all members of a family live in much the same manner. Same lifestyle, same diet, same outlook. I do know a number of families who are very aware of the importance of nutrition & keep very much up to date with the expanding knowledge of the role of minerals, vitamins, etc. In some of these families, most benefit greatly from such dietary regimens. It does happen though that a member of the family, in spite of the most careful attention paid to diet, exercise, stress levels, etc. continue to fall sick at a higher rate than others in the family. THAT is where I feel genetics may come in. Somewhere in their genome is a flaw preventing them from enjoying the same level of health other family members enjoy.

I did not mean to imply that answers lie solely within the realm of genetics & if anyone else has construed it that way, my humble apologies. I also have absolutely no doubt that nutritional factors have a strong effect on the immune system. I think most here who have changed their eating habits for the better can attest to that. It's logical to conclude that enhancing one's nutritional status through the judicious use of supplementation can increase their chances of fighting off this or any other disease & in fact may decrease their chances of catching it in the first place.

You're right when you say this is an 'ambulance at the bottom of the cliff' thread. It could also be titled "When All
Else Fails”. Its basic premise that no matter how much or how little an individual or family has done to prevent contracting variola, somehow they have anyway. Note early on, I suggest if you think that's a possibility, one of the preps to carry out is eat, rest, drink well. I'll admit, such short term 'nutritional first aid' is not likely to have much impact. Long term healthy living is far more likely to be an effective preventative.

There are a great number of people on this board infinitely more qualified to address these issues than me. For me to attempt to do so would lessen any credibility I have. Nutrition & supplementation is certainly NOT my forte. That is not at all to say I don't believe in it's value; it's more an admission of a personally frustrating situation I find myself in - so much I want/need to know, so little time to research it all. That's why I keep harping on the generic "balanced" life. By that I mean, lower your negative lifestyle habits as much as possible & make sure you eat/sleep/exercise right. What that "advice" means to any individual depends on their POV & philosophy of health... not to mention the knowledge they've accumulated over their life.

Yup, so far this thread has been VERY mainstream; I'll freely admit that. I had to start somewhere & there are a thousand & one directions this can go in. I'm know vaccine is not the answer for everybody. Obviously the smallpox vax is out of the question purely on health counts for a great many people. Vaccine against smallpox has NEVER been the only answer, far from it. It can't be because you can't vax everyone, there is not 100% uptake & vaccinated people can still carry the virus on their persons & infect those who haven't been vaxed.

Historically we hear of all kinds of alternative therapies. I'm trying to research at least some of them; particularly those mentioned on various threads here. That's taking more time than I'd anticipated & access to the only online computer right now is slowing me down. Should be back to 2 in a few weeks.

The 'hysteria' factor IS crucial & I plan to address that later, not too long from now. Negative emotion of any kind can thoroughly zorch anyone's ability to fight off illness & there's no lack of evidence on that. Absolutely, people should think outside the box; the box hasn't proven terribly effective up to now & I can't see that changing in the near future; much more work needs to be done on our understanding of the virus & it's methods of action on us & how our body combats it.

All I've really tried to do - so far - is point out what you CAN do if the wretched illness shows up in your living room. Ideally, you prevent that from happening at all & that must involve a multi-pronged approach. Improving one's baseline health is crucial. I agree with isolating oneself & one's family for these 2 important reasons; if you're never exposed to the virus, you're not going to catch it. If you have it & stay home, you don't pass it around in the community.

The "isolation" of thought though, may in the end, prove dangerous. At the same time, we can't go to the opposite extreme & hope that careful attention paid to the health of our immune systems is going to prevent every serious case. We simply DON'T KNOW. We do know that before we knew anything at all about nutrition, only 60 of a hundred vulnerable people exposed to it caught it. 30% or so died. So of 100 people, "only" 18 died. It is NOT a death sentence for most.

Our improved knowledge of the importance of proper nutrition & mind set may prove invaluable in preventing & possibly treating the illness. We must counter balance this with the thought that we have messed up our environment, the air we breathe, water we drink & use & our food production system is anything but "healthy" - mainstream mass production of food, anyway. So we MAY gain advantages on one hand & lose others on the other, leaving us with similar case & mortality rates, but for somewhat different reasons.

I do not & never intended for this to be used as a 'set in stone' bible for anyone. Preferably, it's a starting point for those concerned with the illness & specific care issues IF someone comes down with it. I'm not suggesting, not remotely; that anything I write is gospel of any sort. After all knowledge changes constantly. I hope simply to get people to think about the specific issue of dealing with smallpox in their own homes, once it's there, then after that's done, the other, very important secondary issues surrounding an outbreak. Be a bummer if you survive the outbreak, then fall prey to the ton of other problems which may surface after.

If we end up dealing with a bio-engineered version, all bets are off. My worst fear is that we end up with a highly contagious respiratory version with a 'latency period' that cause people to unwittingly pass it on. That is; BEFORE they succumb to frank symptoms, they're contagious. Add a full bore hemorrhagic component & God help us all.
At the end, we can only start with what we, individually, know & build on that by learning more. Thinking is going to HAVE to be very flexible as a large scale outbreak of even a fairly 'mild' strain of variola major places us at risk of substantive lifestyle changes post-outbreak. The old paradigms we use to conduct our lives may not only not hold, but may threaten our very existence.

It's a crap shoot, ain't it?

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We all fall down...

Approximately 24 hours after the initial symptoms, (fever, aches & feeling wretched), most people will start breaking out in the initial phase of rash. remember, it almost always starts in the mouth first, followed within a few hours by the face; then quickly to the arms & legs, hands & feet. The fever at this point, drops & people actually feel somewhat better. Remember, while 24 hours is AVERAGE, some may have been feverish for up to 4 days. As the rash develops they'll feel better because the fever drops, but the mouth will HURT for a great many.

This is when you want to make sure they drink as much as they can. Cold drinks, ice chips, popsicles & freezies will be easier to get down, especially for children who may be upset that you're trying to force them to drink - especially when their mouth & possibly throat HURTS so badly. Convince, cajole, hug, etc. just try your darnedest to get fluids into them. The same applies to the elderly. Both the very young & very old dehydrate very quickly. It's very difficult for even the healthiest person to 'work through' a disease process when dehydrated; the entire body's metabolism goes thoroughly out of whack, so the most vulnerable especially need to be kept hydrated, (enough fluid in them), to the best of their or your ability.

During the first three days, the rash is GENERALLY spreads to all over the body & looks like, raised, red bumps. The patient may continue to feel reasonably "okay" or may feel somewhat on the sick side. It's important, while the rash remains raised red bumps, to keep the skin as clean as possible. Quick baths in warm water - no extremes or gentle showers with the mildest of soaps & excellent rinsing is the best bet at this stage. You might want to use CS in baths & some sort of mildly antiseptic soap while showering, in the interest of preventing secondary infection.

***SIDEBAR QUESTION*** Has anyone figured out a way to incorporate CS water, concentrated; in any kind of very mild soap? If so or if someone can figure that out; why not?

Remember of course, that even if everyone in the family had exactly the same amount of exposure for the exact, same length of time; they may NOT progress through the symptoms at the same rate. Some may feel sicker than others. Some may BE sicker than others while others LOOK sicker than others. This is one of those illnesses where sometimes the person with the most grotesque eruptions of pox has the 'easiest' course of disease & the most rapid, complication free recovery. If anyone in the family starts by having mild initial symptoms, it's not necessarily safe to assume that their disease will progress the same way. Conversely, someone who had the highest fever, the worst headache may have the most easy course of pox. Be prepared for anything at any time.

Having said that, most patients feel the 'least sick' during this early rash phase. As much as possible they should eat, drink, take whatever supplements you personally feel are the most beneficial & rest, rest, rest. Let your body do the fighting; not your mind or emotions & give that person's body the best weapons in your arsenal with which to do so. Those who feel the least ill will have the added responsibility of encouraging the others to 'keep on keeping on' & gently reminding family members that things will probably get nasty during the next few phases. They also need to be reminded that - so far so good - & that you, the adults, the responsible ones; are there & WILL be there. It's also the time, as energy & illness permit, to make sure juice & water bottles are ready for use, small easy to eat meals are prepped in Ziploc bags or plastic containers; whatever your preference is & that the linen is kept washed.

By the fourth day or so, the raised, red eruptions turn to VESICLES; eruptions filled with a clear fluid. Sometimes, the eruption has the characteristic dimple in the middle - think of a belly button or some kind of doughnut. When the disease progresses to this stage, there should be no doubt that you or others with these eruptions indeed have smallpox. The fever often returns & skin can become very sensitive, quite painful in fact.

It is at this stage that you will know what 'form' of the disease anyone in the family has. It may be the 'normal' form, semi-confluent, (where some of the pox run into one another), confluent, (where they ALL join up), or blackpox. In
blackpox form, the skin eruptions will never become raised, the skin will remain smooth. For a time, several hours to a day or more, you may not even be sure your patient has pox, but by day 5; the skin will start turning black. In the hemorrhagic form, several days after the pox should form, your patient will start oozing blood from any or all body openings.

Let's talk about these last 2 forms first & how to deal with them. Frankly, the outlook for these people is very poor. In blackpox it may progress to the point where skin actually peels off. You really don't want to know how painful that can be, leaving it to your imagination; let me be clear that the skin can slough off from ANY part of the body. I must here put in another disclaimer - what I say next is a choice, an option to be considered, NOT a recommendation. It may be the kindest thing to keep these people as pain free as possible, using the strongest painkillers at your disposal. Many people do have remaining tablets from prescriptions available. Check any of many online drug manuals for 'recommended' dosages - that's usually done by weight & bear in mind that the younger the child, the more strongly the tablet reacts. An overly strong dose can send a frail person into a coma, followed by respiratory and/or cardiac failure. Enough said.

Hemorrhagic smallpox is a tougher proposition in terms of keeping a patient & his bedding/area clean. Blood can ooze from the nose, mouth, eyes, nipples, sweat glands, anus & vagina, penis; any body openings. The body is unable to clot blood PROPERLY or 'manage' it's flow properly. It leaks out of blood vessels into the areas under the skin & other tissues & is "forced" out of the body through whatever pores are closest. I wouldn't even bother trying to wash this linen. Spray it with pure bleach, bag it, spray again, another bag, spray some more & if possible, burn it. If not possible at the time, bury it, cover it in snow, get it to the back of your property or into a garage if you're worried about critters getting into it. They won't get ill, but could conceivably spread it to other humans they contact.

In confluent or semi-confluent form, the problem is twofold... the patient is constantly "leaking" fluid through the large areas of skin that are open to the tissues beneath. In hospital, this would be treated almost as though the person was burned. Intravenous fluid replacement, frequent blood work to try & keep electrolytes in balance, etc. At home, you try to keep fluids in the patient to the best of your ability. The larger the area of confluence, (or pox running together), the more fluid you can assume the patient is losing through their broken skin. You can't do more than you can do. Please remember that even in the best ICUs or burn units, with the most able staff, success rates when someone has a large area of broken skin can be dicey. You are NOT running an ICU & are sick yourself. Do the very best you can; offering frequent sips of fluids, preferably something like the formula given many days & posts ago which help the body keep vital electrolytes in balance.

Some of you may be nurses, paramedics, etc. & have access to IV equipment; tubing, butterfly or intracaths & the various fluids. I asked an old doc, (who insisted on remaining nameless), what he'd recommend if anyone was in the position of offering IV fluids at home. He said to alternate between normal saline & a 5% dextrose mix for energy. He said he'd give a MINIMUM of 100 cc/hr, preferably 150 cc/hr to try & maintain a close to adequate fluid level. Any higher a flow rate than that & because the patient's skin is compromised anyway, you might "lose" the IV or blow the vein. He said to say it was important to still try & get as much fluid into a patient by mouth as possible. A person can lose a tremendous amount of fluids when they're skin is open to the degree it can be during confluent smallpox.

FWIW, he's treated 4 cases of semi-confluent & 2 cases of confluent smallpox, using IV therapy. He couldn't pull either of the confluent cases through & only one of the semi-confluent cases. Granted, IV therapy was less flexible back then; the needles were not as good & he had trouble keeping IVs in these poor people. For most of us, we have to do the best we can with getting our loved ones to drink. Even if fevered, most will respond if you gently lift their heads & offer only a few sips at a time. Keep it just a few. You don't want them throwing up.

Whatever form of smallpox our loved ones or ourselves have, the fever returns when the pox starts filling with fluid. This is the time to maximize rest, eating as many small meals or snacks as possible & drinking, drinking, drinking. The skin remember, is sensitive & may be painful to the touch. Before you've gotten anywhere near this stage, take some wire; break open & straighten wire hangers or use whatever reasonably stiff wire is out there in hardware stores. (Sorry, my experience with hardware is limited.) Start with about a 10-12 foot length of wire - you can twist together opened up coat hangers. Looks don't matter here. Make a semi-circle shape with the wire, wide enough to cover the width of the bed, starting your bending in the middle of your length of wire. Leave enough straight wire at the ends to give you a "lift" of about a foot or 18 inches off the top of the mattress. Bend the rest at a right angle so you can tuck it under the mattress. Make 2-3 of these for each bed. You can place them near shoulder height, waist
height & near the foot of the bed. On these, drape your top sheet. That keeps the patient covered, yet he doesn't have to bear the weight of it, nor will the sheet stick to the vesicles as they turn to pustules & start breaking open. It may sound funny to speak of "bearing" the weight of a sheet, but your skin looks & feels like it's flayed open, everything matters.

That also allows some air circulation to the skin, helping to dry the pustules & helping prevent secondary infections. The vesicles, (clear fluid), turn to pustules over the fifth to tenth day, roughly & at this point, the patient can get pretty itchy as well as & sometimes in spite of pain. Little ones, babies, anyone who's not quite "all there" due to age, other conditions, fever, etc. will benefit from having mittens placed over their hands. This will prevent them from scratching their pox & will certainly go a long way towards preventing secondary infections. Heck, I'd put them on myself before going to sleep. You DO tend to scratch when you're asleep.

The risk of secondary infection is an important consideration for ALL smallpox patients, but especially so for those with semi-confluent or confluent forms. Remember, the semi-confluent form has a higher rate of recovery than either confluent, flat or blackpox or hemorrhagic form which essentially have close to a zero recovery rate. In the case of semi-confluent or even confluent the 2 keys to recovery lie mainly in fluid replenishment & preventing infection.

A secondary infection which might be extremely minor under almost any other secondary circumstances might be the fial "insult" the body cannot tolerate; the final trigger that starts the dominoes falling. Air circulation is vital, as is keeping the area surrounding those so badly stricken as clean as possible. While I would be personally loathe to do much washing of someone with such poor skin condition, I wonder if a mist spray of warm, sterile water with CS added wouldn't be beneficial? It's mildly antiseptic to many bacteria & certainly wouldn't hurt - as long as the base water used was boiled or taken from a sterilized container. Home canners can "can" mason jars of sterile water, by the way; for such use.

Be judicious in the use of supplementation or any treatment which is hard on the body or serves as any kind of shock to the system. This is NOT the time for any kind of enema treatment, purgative or cleanse. These can be tough when you're otherwise well, causing cramping & a LOT of fluid loss through the bowels. In the case of major skin disruption where fluid is being lost, you're aiming to prevent fluid loss, not add to it.

A pox on pustules...

Days 5 through 15, roughly again; of the pox eruption is arguably the most unpleasant part of the whole experience. During the first 5 or so days, the pox become firm pustules, are quite raised & feel grainy. Towards the end of this phase, they start breaking open. Now we're talking major unpleasant.

Let me backtrack a little bit first. You've read the last post & are sinking fast in heart, courage, resolve, all that depressing stuff. "I can't do this, NO WAY!" Too bad. By this point in an outbreak, you're gonna have to. The hospitals are jammed & probably breaking down. There may be nasty scenes of civil disobedience as frantic people, breaking with symptoms, insist on being admitted NOW & perhaps at gunpoint. Medical staff of all sorts is strained to the breaking point & beyond. You've heard the expression 'going postal', forgive a very bad joke, but the entire medical system may be 'going pustule' by this point.

Wards will resemble warehouses with beds, cots & gurneys stuffed everywhere possible. The idea of negative air pressure isolation will have become a wistful memory. Staff will be crowded in patient areas, leading to a ton of breaks in "sterility", nasty if they're unvaxed or if the vax didn't take.

Hospitals will have other serious problems. I find I'm going to have to do a whole other thread on secondary infections; can't do it justice in one or three posts. Suffice it to say for now that an increasing number of patients are picking up life threatening infections while IN hospitals. These are often common bacteria which have picked up the uncommon tactic of becoming multi-drug resistant. Even if your house is not too clean by this point, it has 3 advantages; the number of species of bacteria is bound to be way lower than what's in hospitals & the ones in your home are NOT likely to be multi-drug resistant. Plus you & yours have 'co-existed' with these bugs for a long time. They're LESS likely, even the opportunistic ones; to cause secondary infections in you & yours.
Granted, with everyone sick, the "quality" of care you or other family members can offer those most sick may not match your usual capabilities. You too are sick. You're weak & fighting a nasty illness. But, the basics of care are really not complicated & even minimum efforts by whoever feels better at the time is a whole lot better than nothing. It may be hours before a patient in hospital gets water, anything resembling food, bedpans, changes of linen. Others around them may have other conditions which are also infectious. No one has had the time to do a proper patient history or lab work. I mean come on; every resource in hospital is going towards fighting the outbreak. Sadly, other considerations must take second place.

No... for all that I'm 'mainstream', I'm NOT being scornful of the hospitals, their staff or capabilities. I'm being realistic. Medical workers are first & foremost human beings. They get hungry & thirsty, have to go to the bathroom, get tired, frustrated & very, very depressed when dealing with the very ill. Imagine a nurse caring for several very sick babies. She knows most won't make it & everyone that dies is replaced by one equally sick with an equally grim prognosis. Just how much can any medical worker take under such circumstances, especially when there's no reliable way to determine the duration?

Then there's the whole issue of service & supply. Where is their laundry service coming from? The staff to run that, to clean rooms & other areas... who's providing that service? Who's cooking meals? After a fairly short time frame, where is the food & other supplies coming from? Just in time delivery; remember?

So we have staffing issues; staff becoming exhausted & maybe going "AWOL". Most will have their own family concerns. And at a certain point in time, they may find themselves unable to continue coping. I personally would find it extremely difficult to fault any medical person finding themselves in this position. Everybody has their own limit & I am not, nor would I place myself in the position of judge. Those staff still on the wards, in the hospital will face on very fluid situation where they have to re-assess priorities literally minute by minute. Patients will be moribund, recovering, somewhere in between & guaranteed, there will be far more care required than they are able to give.

You, as sick as you may be, will face a far less chaotic situation. Bear in mind that while medical professionals may "know" more about the specifics of smallpox; it's exact method od infecting cells & the body, it's expected course & complications, they will very shortly run out of "treatment options" as supplies run low then possibly run out. You know your patients far better than hospital staff. You know what you have in your cupboards. When your four year old gives a particular form of whimper, you know if that tends to mean they're really hurting or simply fed up.

You know each & every member of your family, who's likely to minimize symptoms, who's likely to play them up. You can judge at any point in time who has that amount of energy needed to give the baby a small bottle of apple juice, then change his/her diaper.

Remember, not everyone is going to feel equally rotten all the time. As the pox turns to pustules, it becomes more crucial to collect soiled sheets, clothing & linen. Don't shake them or move them around. Rather, fold them gently & slowly in towards the center or roll them up, trying to keep as much of the crud & any new scab material INSIDE the sheets or whatever... Get those sheets right into the washing machine if you can. If you don't have anywhere near a full load or don't have the energy to run a load, just shut the lid down until you're ready.

Waste of a 'toilet nature' should also be dealt with as quickly as is humanly possible. If you can't cope right that second, dump some bleach n the bedpan. No it's not ideal, but neither is spilling, slopping or dropping it because you're not strong enough to get it to the toilet to flush. This is where you really appreciate your air fresheners. Dishes too. If, at this stage you're not using disposables, do so now, if you have them. If you have a wood stove or fireplace, burn them. So yeah, use paper rather than plastic if you can. Other food waste should be liberally sprayed with bleach, bagged, re-sprayed & bagged again & either burned, locked up in a cold place or wherever you can manage; just get it out of the house & hopefully away from rodents.

These ten or so days are probably going to be the most 'sick making' in terms of sights, smells & what you may have to deal with. People ARE sick. The pox may not only be all over their skin but can be inside the vagina, penis, anus, etc. Imagine the pain when having a pee if open sores are present in the urethra. Again, anything you can offer for pain or swelling, as well as 'not too acidic 'drinks helps. The people MUST drink & if some pain relief makes them less reluctant to drink & pee after, go for it.
This is not a time I would try, (personally), any remedies designed to "clean out" any of these areas. I say that frankly because I have no, zero, squat knowledge of appropriate alternative or western remedies. Ain't saying there aren't any & anyone with good ideas, please jump in. It's simply one of many, many areas of health prevention & care that I need a great deal of 'edumacation’ in.

I would only insert this note of caution. The body is suffering major 'insults' at many levels , any of which could tip the balance if further 'insulted'. Whatever you do, this is not the time for 'traumatic treatment'. First, do no harm & all that good stuff.

At the very least, those able to help should do their best to help people clean the appropriate areas after they use the bedpan/chamber pot/toilet; especially the old & very little. Again, the aim is to lower the risk of secondary infections. The elderly & very young may be a challenge to keep clean, especially when toileting or eating. Large bibs, even if they have open pustules may cut down on a LOT of cleanup & potential infections & certainly save the feeder/caregiver time & energy.

Cleaning up after they've gone to the bathroom may be easier to do while they're still sitting there. Fill the sink with warm water & maybe a small bit of disinfectant. Wet a washcloth & 'wring it out" over their groin area. Agreed, nothing at all dignified about this process, but you're all in the same boat, if not all at once. You can buy a Seitz bath setup... almost looks like a hot bottle with a thin hose attached to it & a clamp. You can fill the bottle part with a water/mild disinfectant mix & hold it up or hang it on a towel hook or something similar. Rig up a hook with a coat hanger. Again let the water drain over the groin area. Repeat as necessary & if possible, let the person "air dry" for a bit before gently patting dry. This may also be helpful for those elderly or incontinent who wear Attends/Depends or other adult diapers. They'll need frequent changing regardless & being able to "shower" the groin in this area will cut down on smell & possible infection.

Again, this is getting too long. Next a small section on emotional considerations for everyone involved, staying attuned to what's 'out there' & keeping your sanity in the face of tough times...

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Days 5 - 15: emotional rescue....

I mentioned this would probably be the toughest time for everyone & I base this on several factors. First, this part of the discussion is assuming that all in the family have fallen ill. If that is the case, you've already gone through a few physically & emotionally exhausting phases of this illness.

First, there was that bone chilling moment when you first heard of a case or outbreak, especially if it was in YOUR community. Remember how you felt reading about that possible case in Ft. Meyers yesterday evening as an example. Now project that forward to a CONFIRMATION, especially if you live in the area. What if you & your family had spent a day with this poor woman in her trailer, just before she broke with frank symptoms, not realizing you were placing yourselves at risk? She may have been a lonely neighbor, you heard she was poorly & as a family, came over, cleaned up for her, cared for her; then went home when all was done. In the meantime, you'd spent the day in the confines of a trailer, inhaling variola virions all the while.

Next comes the utter fear brought on by realizing YOU and yours are at serious risk of contracting the virus. Then, there was the hectic time period involved in getting your home & folks ready to combat the disease; whatever last minute preps that required on your part. You also had, if you hadn't already made it, the trauma involved in deciding how you were going to handle this in terms of reporting to MA's, (my shorthand for medical authorities, whatever form that takes), if you thought you'd been exposed, if you were going to accept vaccination; any of that decision tree. And don't kid y ourself, for many those will be agonizing decisions & will be based on a great number of factors I'll talk about later.

Then you were really traumatized as you & yours started succumbing to the early symptoms. Some of you may have felt quite ill. You had to work hard to make sure everyone at the very least drank enough. If you yourself were too ill to worry much about these concerns, someone else in the family, perhaps several in turn; had to concern themselves about it. You would have been anxious much earlier as you struggled with how to present this information to your family, how much information each family member could handle, what tasks they could realistically be expected to cope with in terms of patient care & general "household maintenance’; whatever that came to as the illness ran its
course through everybody.

You all spent a lot of energy fighting the initial stages as your body tried valiantly to mount an immune response. Those of you "fit" enough to worry about it, would have been greatly concerned about those looking to be more severely ill. If anyone appeared to be developing the more ominous forms of variola or if you have family members especially susceptible to "poor outcomes", you've been especially concerned.

Now you're into the really grotty stage of the disease. If you have the courage to look in the mirror, what you see looking back at you may fill you with despair. The sight of your loved ones, the spread of the eruptions may be heart rending. And yet, sick or not, if you're reading this YOU are probably expected to be the strong one. It's a terrifying thought, especially if you realistically think you may be the only responsible, able, stable one when the crunch comes.

On the other hand, you may be very pleasantly surprised. I've seen the world's biggest whiners, really get their act together when things got really tough for them or their families. We can’t predict how we’ll react to a crisis. Some of us do extremely well at sudden crises, a tornado that wipes out the house, a flash flood. Others are better at sustained times of trouble... prolonged periods of unemployment, the terminal illness of a loved one. If you've had to face any of these situations in your life, spend some quiet time thinking back on those.

When you were at the point where you were sure if you opened your mouth, you'd start screaming & not be able to stop... well, what REALLY happened? Did you in fact, lose it for a while? For how long? What did it take to pull yourself together? Do you handle short term or long term problems better? How about others in your family; how do they react under such circumstances?

It's the sort of thing that ideally is discussed well in advance of any such crisis, but many of us are used to being the only prepper of any type in our family. We may get conditional support from a spouse or adult children, but mainly we get the sighs & eye rolling. Hard to have discussions on these topics if this is the reaction you get speaking about any kind of prepping, never mind medical prepping for a possible bioattack. If there's any way to 'sneak' such conversations in, go for it. Perhaps after watching a movie where a crisis occurs would provide such an opportunity.

If you can great. If not, then how do YOU prepare for the tough times you're going to face... especially the middle period where eruptions turns into pustules, people feel rotten & most deaths occur? I'd love to give nice, easy, pat answers. Unfortunately, they don't exist.

What gives YOU strength? For many a strong personal faith is the answer; whatever form that faith takes. There's absolutely no shame in leaning on a Higher Being; I believe that's the whole point of belief in Divinity. We are weak, the Higher Entity is strong & can help us shoulder our burdens. Some of the most moving language ever written is contained in various versions of the Old & New Testaments & other Great Books of Faith.

Those not inclined to believing in any form of higher power surely have something which personally moves them. It may be other great works of literature, art; anything that moves you, that stirs your soul in a positive way. It may be as simple some days; as basic as watching the sun rise & knowing it will rise again tomorrow.

It may be the strength you find in your family, your loved ones. Even if they are ill, they are THERE & at the very least, you are not alone. It may be a pet, it may be as simple as clutching an old, worn stuffed animal when you're staring at the night sky at oh dark thirty. It may be sight of the stars, the moon, the sun.

For many it's information & contact with others. Information is available to one & all; here on the forum & a myriad of other sites. Contact is also available here; in the forums & for those needing instant gratification, the chat room.

It's gonna be a tough old road when you're in the middle of the crisis period; you're sick & exhausted & you have no real contact with the outside world. The net may be down as infrastructure fails & no one is able to keep service providers up & running. The phone may go down. If you have neighbors also prepping for this eventuality, set up a 'code' ahead of time. Maybe every 4 hours, someone in the house will stand or sit at certain windows & wave, indicating folks are still hanging in there. You can set up a color code with towels or fabric pieces. If you're close enough & deem it safe, you can even open windows & yell back & forth if you deem that safe & worthwhile.
Do you find strength in anger? So what if it's not psychologically correct? In the crunch, you use what you need & you use what you have. Sing, yell, tell off color jokes, talk to yourself: do whatever you have to do. Try & find some way of staying in touch even at the most primitive level, with the outer world. That may be as basic as seeing if lights are still on at night, counting how many police cars or military or other vehicles go by. You may be able to have radio reception or ham contact; even CB. Even a police scanner, full as it may be of bad news, may help you feel you're not the only one left in the world dealing with this.

Make family videos or play old ones you have. Play some of your favorite movies. Don't allow silence to take over your world. Try to deal with fear openly. Acknowledge it, respect its power over you, look it in the eye & remind yourself it can be your biggest enemy, greater even than the virus.

Don't expect yourself or others to be rocks. Do expect everyone to have strong times & weak times. As you start breaking with early symptoms, I think you'll find family members more receptive to discussing some of the realities & problems you're about to face. Assure everyone that you're in this TOGETHER. No one will be alone, (especially important to tell the younger ones or those with a more frail emotional state), & together you're going to do your best. Ask everyone what they'd like to hear when they're feeling down, physically or emotionally. Encourage frank discussion of major fears. For some it may be death, for others blindness or disfigurement. Don't discount any of these fears, as silly as they may seem. As a family, try to come up with solutions together for different problems you might face, be they illness related or otherwise.

I have not even brought up the issues of infrastructure failures; that falls into the realm of general preps & is more than adequately covered here in the active forums & archives. There are many more medical issues to cover here, but tomorrow. I'm trying to type this, following the breaking rumors on TV & trying to pin a few brain cells down to beat them into submission.

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[Stephen]

Regarding sanitation and patient cleaning

An ordinary pump-up garden sprayer would work well for washing the patient. The spray pattern and the pressure can be easily adjusted, and the long spray tube with the angled nozzle make it easy to work with. It can be filled with warm water and whatever (if anything) you might want to add to it. Pump it up and you're ready to go. I keep a "water only" garden sprayer for use as a warm shower in case of long-term power failure. It works well.

Another thought for sanitizing without undue irritation would be to use an ozone-generator to ozonate the water immediately prior to spraying it. Ozone has a very short half-life in water (about 20 minutes if I recall correctly), but it is long enough to do the job. Ozonated water is used to wash fruits and vegetables to kill any virus or bacteria present without using any chemicals. Ozonation is how commercial bottled water is purified. It has been proven in heavy duty commercial and agricultural use for years.

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On washing...

Stephen, those are excellent suggestions in regards to the garden sprayer & ozone generator.

For those who can't get a sprayer, either decide they can't afford one or don't have room for it OR get caught at the last minute. You can clean out & use a plain old ordinary gardening watering can. The person sits in the tub or on the edge, so the resulting waste water & scab material ends up in the tub where it's easily flushed down & the tub cleaned.

The whole idea is to balance keeping your patient reasonably clean with some degree of comfort & the ease of the effort involved, especially if the caregiver is themselves sick. If the caregiver is not sick, it can still be done this way if the patient & caregiver are the only 2 in the home or others can be kept well away.

A lot obviously depends on the space available & how many are in the house, not to mention how big the house is.
Deaths & Difficult Decisions

In spite of the best efforts of family members during periods of time when they feel less ill, it may very well happen that one or more family members die. This situation must, if at all possible, be discussed among family members before anyone gets too ill. My personal nightmare scenario involves all the older members of the family, adults, teens, etc. dead or dying & the only ones left are those too young too really look after themselves or too young & physically small to deal with the bodies.

If initially you decide to NOT report your potential contact(s) with a smallpox case, not to get vaccinated but instead choose to stay home in isolation; you need to discuss with family members at what point, even if, there would be valid reasons to change that family policy.

Because of the nature of your specific situation, you may be unable to adequately deal with bodies should loved ones die. The bodies need to be wrapped or otherwise sealed in plastic with a lot of bleach sprayed over both the body & the plastic containing the remains. This has to be done quickly, before rigor mortis sets in. That can take several hours, but the extremities, the arms & legs, go rigid first. They stay that way for 24 hours or more, so getting the body straightened & bagged up needs to be accomplished fairly quickly.

Public health plans call for the bodies of smallpox victims to be cremated, eliminating the risk of any possible spread of the variola virus. While not an expert on cremation or other methods of dealing with the dead, I understand cremating an entire body takes a lot of heat. Burial on your property would certainly have to be at the proper depth with a LOT of bleach being used. By proper depth, I mean at least the proverbial six feet under & that six feet is counted from the TOP of the plastic in which are the remains...

In the absence of anyone available with the strength to dig a deep enough grave, especially if the outbreak occurs during the winter season, the body would have to be kept frozen until it could be disposed of by the family in a manner they thought fit. It's not reasonable to assume any victim of smallpox during a widespread outbreak could expect a 'proper' funeral; too many dead & not enough mortuary workers, crematoria or funeral directors to handle the job.

Another consideration when deciding what to do with any remains of those in your household who may die is the problem of vermin. Would you be able to secure the body, frozen, in a location where dogs, cats, rats and/or wildlife couldn't get at it?

Communities, as part of their information system to the community may make predetermined arrangements to pick up & dispose of bodies. There may be phone numbers to call or as in many movies, some kind of signal to leave hanging in a window. At some point, teams ideally would show up & pick up the remains & deal with them for you. Exactly what different communities might have planned for such circumstances, I don't know. In any case, if the outbreak is severe, even this system might break down.

If you DO decide that local authorities of some sort should be contacted in order to deal with any remains, the phone numbers required should be prominently posted near ALL your phones. If a signal is required, say a dark towel hanging out a window, make sure nearby windows have such a towel or piece of dark plastic right near them.

Remember that once such calls are made, if the system is still in operation, you may lose all control over what happens to you or your loved ones from that point. They may try to force you into some sort of common care facility. They may insist on taking any minor children if all the adults are sick. There are too many variables here to predict or assume what would happen. Authorities at this point may really only have the time & manpower to do simply that; pick up remains & take them for sanitary disposal, hopefully leaving you some sort of "receipt" with a "case number" or some kind of identifier for later. I say 'for later' in the sense that if ashes or bodies are being buried in common areas, there may be many such areas & after everything is over, families remaining will no doubt want to erect some kind of memorial or plan some sort of service at the site. Again, I'm completely speculating here, but felt I had to mention the possibilities as I can think of them.

You may choose to discuss the possibility of minor children calling health types themselves if all the adults are seriously ill. If you have very young ones, the under eight age group, can they realistically look after themselves if they are recovering & you are not? Either you're still very sick or worse? In that case, do you have alternative arrangements which are feasible? Your next door neighbors may be willing to take your kids in, but what if they've...
isolated themselves, not taken the vaccine & your kids are still sick with smallpox?

These are family issues that must be addressed before any of the possibilities become fact. If the outbreak is widespread & severe, those who remain may face a generally bad situation where infrastructure will be spotty or not available. Not just systems infrastructure in the water/sewage/power sense, but PEOPLE infrastructure in the form of LEOs, military, public health & other medical people & those who care for children in the absence of parents or a home.

In historical outbreaks along the lines of the Black Plague or some of the perhaps less well known but equally devastating smallpox epidemics of even earlier times, it was not uncommon for everyone in a family save one young child to die. We could realistically expect similar scenes today considering such an outbreak COULD occur before there's an voluntary widespread vax program & the illness COULD spread far & wide before it's "noticed". Again, not knocking health types here, but it's possible initial cases simply don't present themselves to hospital.

Now, why would that happen? A number of good possible reasons... initially, people may simply feel they have a bad cold or flu. Even when the mouth sores erupt, many may NOT look inside their mouths or have anyone in the family do so. They may think this cold/flu is associated with a nasty sore throat or that they also have mouth cankers. Many people do when they have a bad respiratory bug. Many initial cases may also be singles & if no one else is in the home, no one may notice how bad or 'strange' the symptoms appear to be getting.

Even when the initial skin eruptions appear, they DO look very similar to chicken pox or any number of other rash producing illnesses. If the affected family is a family which chooses to exempt themselves & their children from vaccines, they MAY assume they've simply contracted measles, rubella, chickenpox or something similar.

Imagine the regrettable circumstances when many or most initial cases for whatever reason, don't bring themselves to the attention of health authorities quickly. This provides the opportunity for the disease to spread, not necessarily through those ill, but through the virus perhaps being on the clothing or skin of family members who subsequently go out into the community. This kind of casual contact is next to impossible to trace 100%, leading to a wider, faster spread of the disease. In that scenario, it's not inconceivable that after 6 months or so, the population is reduced to the point where some areas may still be lucky enough to have policing, medical care, provisions for orphans, etc, but no one should count on that happening in their area.

How you can work around that; again, depends entirely on you, your circumstances, how your family is constituted, etc. I can't offer easy answers; not even to my own teenagers if DH & me should die. If your children are old enough & well trained in the prepper lifestyle, they may make out fine. If not, well... you have to hope they get very lucky.

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Variola & Various Vermin

A widespread smallpox outbreak would necessarily change the focus of all levels of government; certainly for the duration of such an outbreak & possibly after. If it went on for a time and/or if there were a large number of casualties, how services are prioritized & delivered, especially at the municipal level, could be expected to change dramatically.

Currently when times are 'normal', we expect to, as a direct consequence of paying our municipal taxes, a certain level of services to be provided by that municipality. Those services usually, (but may not), include clean drinking water, sewage & garbage removal or at least, the provision of landfill & other sites may householders may dispose of their garbage safely. In larger communities, waste ground is maintained at least to the point where garbage is removed & the grass is whacked back a couple of times a summer. Drainage ditches may be scraped clear of obstructions periodically & streets cleaned.

We often give advances in medical care; in our understanding of the pathogens behind many diseases, to vaccines for the sharp decline in many infectious/contagious diseases during the last century. As nice as it may be for medical types to claim that's the single biggest cause of the decline in such illnesses, that's simply not so.

At least as important, if not more so, has been our realization that good public sanitation measures carried out on both an individual & community scale are extremely important in reducing the risks of infectious diseases not to
mention those which are contagious.

Going to medical sites which deal with infectious diseases often leads to an encounter with the term "vector". In a medical sense, vectors are those birds, animals & insects which can carry the causative organisms of disease of an infectious nature. We tend to associate the term more with insects such as fleas, mosquitoes, ticks & the like.

Disease vectors are often associated with other animals such as rodents. Rat fleas, deer ticks & mosquitoes are known to us as carriers of plague, Lyme Disease & many forms of encephalitis, as well as yellow fever & malaria.

It can be extremely difficult to control insect populations, even for the most affluent communities. What is easier to control are populations of the animals which may harbor these vectors. Cities attempt, (with varying degrees of success), to control mouse & rat populations, wild cats & dogs & incursions into urban areas by various wildlife, some of which are more likely than others to carry vectors carrying nasty surprises.

So what happens if the nation finds itself in the grip of a massive outbreak of smallpox, one in which control measures were either not properly instituted or instituted too late? If there are several waves of disease, each leading to an exponential rise in the number of cases?

First of all, it's reasonably safe to assume that among those stricken would be those responsible for the operation of water & sewage systems who are in turn dependant upon other levels of organizations for the provision of power. Forgive me if I'm sounding hazy on who provides what, but that can vary from country to country, area to area. What applies here in Canada as to who provides what may not hold in the US. You should know who does what where you live.

So perhaps water plant & sewage treatment plant employees are stricken or unable to come to work because of travel restrictions. Plants may not have power. This means that water may not be safe to use unboiled & you don't know what's going to happen when you flush the toilet. These types of infrastructure problems are covered under many other sections of Time Bomb; check there if you're new to prepping. Just remember, with smallpox it will be even more crucial to boil water if the source is at all suspect & sewage, no matter how you deal with it, will have to be laced with bleach.

Now animal control is something that will probably fall by the wayside very quickly. Frankly, the direct consequences of smallpox on other, more 'crucial' aspects of infrastructure of all sorts will have to take precedence. That leaves you, the households, as the person responsible for seeing to your own protection from these vermin & everything they may carry.

Homes should be as 'critter proof' as possible. Seal up any holes or cracks between the inside & outside of the home. Mice need less than a 1/2 inch opening to squeeze through & as the weather gets colder, they're quite happy to move in with you. If you can't plug a hole using wood, (which they'd chew through anyway), or metal, thick metal screening with very small openings comes in handy.

In the event of an announced case of smallpox, one of the things you want to try & find time to do is a "critter" check. If you know you have mice or rats, put out traps & no, this is NOT the time to think along the lines of humane traps. In an outbreak, with all manner of systems breaking down or likely to, kill them for the vermin they are or can prove to be.

Insects will be a big concern too. I've harped on the importance of getting rid of food waste, sewage & any kind of garbage. It's UNLIKELY that you'd have a fly problem if you live in a climate which experiences winter & if this does occur in winter, but don't take any chances. Food especially often has small insect eggs you may not be aware of; think fruit flies, little 'crawlies', etc. Those in southern & southwest/western climates have their own range of insects to deal with, most of which I know squat about. It's worth your while to find out what lives in your local area.

Rodents would be my primary concern for several reasons. First, they carry all sorts of nasty infectious illnesses which you'd really rather not have to deal with, especially if they occur concurrent to an epidemic of smallpox or shortly thereafter, when folks are weak. Rats carry, among other things, plague, typhus, salmonella & leptospirosis. In Europe, principally Russia, they also carry Hanta with Renal Syndrome, the more 'traditional' Hanta fever.
Mice are no better, carrying here in North America Hanta Respiratory Syndrome not to mention a slew of other diseases. Do your best to keep your home & surroundings mouse free before you're 'visited' at home by smallpox.

Your biggest problems may come 'post outbreak'. Let's imagine spring is coming & the nation is slowly struggling out from under the grip of a smallpox epidemic. There are still waves of new cases, but these waves are getting progressively smaller. Perhaps a successful vaccination program has been carried out, providing enough coverage so that between vaxed people & those who have contracted smallpox & recovered, the disease is running out of potential people to infect.

You & your family are recovering, having been hit in perhaps the second or third wave of infection. You may still be weak, thin & your resistance to disease has been lowered. You're still eating from stored food & religiously boiling your water. You probably have no electricity, but are keeping warm with wood or other fueled heat & are managing enough light to do what you have to do. It's the pits doing laundry without your powered washing machine, but you're coping & frankly, your standards of cleanliness have dropped somewhat. After all kids health textbook from the 50s & earlier stress the importance of WEEKLY baths & hair washes & at times, this is what you slip back to.

So the snow starts melting & phew... what a reek! As piles of windblown snow dissolves it reveals an ugly picture of dog feces, littered garbage & perhaps even the odd body. Now what do you do?

First, recognize that these things 'erupting' from the dirty, melting snow are definitely health hazards. I doubt very much that bylaws restricting backyard burning of waste are being enforced ... who's left to enforce such 'minor' bylaws? Hopefully as you began recovering, if garbage removal as a service had ceased, you've been able to pile yours up somewhere, away from trees & your home and outbuildings & have been able to burn it. This destroys the variola virus & other disease causing micro-organisms.

If you can, it would be a good idea to collect garbage & waste around the area of your home. Collect obviously, anything that has blown on to your property & ideally, anything upwind from you. Go as far outward from your home, over a succession of days, as you feel able to do. Yeah, it's not your job if you live in an urban area but those responsible for the job may not be around to do it. YOU are the person & family at risk, so get it done. DO wear gloves & a mask for the stench. Wear old clothing you don't mind burning, if it comes to that.

Animal feces should be handled the same way. They can carry all sorts of disease causing microbes as well as various parasites. It's worth mentioning that your area may find itself plagued with cats & dogs who have survived being on their own all winter. The cats will probably avoid you. Dogs may not. Don't go out alone & make sure at least one of you is armed & able to hit a running dog coming straight for you. Avoid contact with ALL animals, including small wildlife prone to co-habiting with us in semi-urban areas & even cities. They may have illnesses of their own including rabies.

Bodies may be more difficult. If anyone in your locality is still taking care of body removal, call them as soon as you know there's a body out there. If not & you can find some way to bury it, do so. If not, think of piling combustibles on & around the corpse, pouring on flammable liquids & setting the whole mess on fire. It's not pretty, it's not perfect, but will reduce a lot of the risk. Expect to be seriously sick to your stomach having to do this, I would; but you do what you gotta do.

If you find litters of rodent babies, destroy them immediately. Put out more traps around your property & make sure you don't neglect the foundations & porch/patio/step areas. Shoot larger mammals you may see such as ground squirrels of various kinds. Don't forget, in the southwest, ground squirrels & other small ground dwelling rodents DO carry plague.

If you find an outbuilding seems to have been infested by mice over the winter, so NOT clean this area out without masking & gloving, as well as wearing a gown. These little guys carry Hanta virus which has been found in many states, even as far north as Alaska. Why take the risk; especially after surviving smallpox?

Insect control will be of paramount importance. The US has a long history of battling yellow fever, malaria & other insect borne illnesses including our "new" one, West Nile Virus. Mosquito control programs may take a long time to re-establish & if climate continues to warm in much of North America, we may see a re-emergence of such tropical nasties as well as Dengue Hemorrhagic fever. Do all the tings the CDC recommends to control mosquitoes around
your property, not leaving them any opportunity to breed. Use insecticides, etc. Do whatever you have to do to lower these risks.

I hate spiders, an old babyhood phobia, but post plague they are your friend. Encourage a couple to "move in" for flying insect control.

Just about every state department of health I checked out has web sites which include sections on which vector borne diseases are endemic to your state or area, or what things they’re on the lookout for. These should be checked out & printed up, as well as specific control measures listed by these sites. The CDC also has a good section:

http://www.cdc.gov/ncidod/dvbid/index.htm

Separate areas of that web site discuss various vector borne illnesses in fairly graphic detail. It's useful to have something of this nature; symptom charts, etc., printed out... "just in case".

Now human vermin...

They'll be out there too, in all shapes & sizes. They include everything from the whining 'useless eater' every family seems to be stuck with; either within immediate family or as part of extended family. You need to discuss with your spouse or significant other how you plan to deal with these if they plan to "drop in on you" as cases begin being confirmed.

Then there are those who will crawl out of the woodwork as the outbreak progresses. A good many, because of their lifestyle, will be among the first to get ill & most may succumb to the illness. Some will recover though & they'll find an ideal climate for their favorite source of illegal activity. We're talking burglars, murderers & sexual predators of all kinds. We're also talking gang bangers who may want to make your "hood" part of their territory; setting themselves up as the local petty tyrant. You may already be part of a preppers' group which has plans to defend against such. If you're not, decide in advance how you will deal with them. And don't run out of Hoppes fluid, either.

The level of civility, not to mention civilization may drop a great deal in the immediate post plague period. It may take a long time for civic order to be re-established where you live. Choose ahead of time whether you're planning on being a victim or maintaining control over your own life. I'm not recommending a blustering attitude, more a quiet determination to run YOUR life as YOU see fit; not run it as 'Buckshot Bob from Bank street' wants you to run it. Whatever approach you decide to take, prepare yourself to enact that decision & just as importantly, to deal with the consequences of your actions. Prepare your families as well.

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First Shopping List: furniture/fittings

Here's the list of EQUIPMENT & CLEANING SUPPLIES. In terms of equipment, I "set up" a room for 1 patient. I'll mention some extras & nice to haves at the end of the list although bear in mind, I'm using the mindset that the person following this list has very little loose cash floating around. It may be a 'shopping' list, but begging, borrowing, scrounging, dumpster diving, anything legal which permits you to obtain this stuff is good.

ROOM FURNISHINGS:

1 bed - kept as simple in construction as possible. Even better, a mattress right on the floor wrapped in plastic sitting ON plastic. Any fairly hefty gauge plastic sheeting will do. I've known people to liberate Tyvek housewrap lying loose around construction sites.

1 plastic mattress cover- If it zips up, it can collect virus particles, Duct tape the sucker to death to make sure the zipper is "sealed".

1 bedside table - Plastic deck furniture is good, as is an overturned plastic storage bin. As long as it's easy to clean.

1 more table- Plastic is still good. Try to have this table big enough for stuff like wash basins, bottle or 2 of water & any paraphernalia you need to function in the sick room.
1 chair for you- Plastic beanbag chair would be "to die for" here; comfy, yet easy to clean

3 plastic buckets - I'm talking the kind you can buy 10 gallons of paint & other construction type material stuff in, (Sorry, I ain't handy), or even bulk cake icing for bakeries. These can often be found at construction sites in their garbage piles. Construction site garbage areas are a great source of a lot of prepper material! YOU PREFER TO GET THE LIDS TOO.

2 washbasins- Use mixing bowls, pails, whatever you have that will hold a gallon or so of water & is easy to clean. This is another item easy to scrounge.

2 dozen wire coat hangers- If you do a lot of dry cleaning, you already have these. If like me you've gone to plastic hangers, I'm sure a friends, relative or neighbor has tons of extras. Check a closet you rarely go into. These are to hang sheets over when patients develop the pox.

1 lamp- although 2 would be better. Keep them small & easy to clean. I found excellent, small halogen ones at Walmart for $12.99 each. In real money, that's about $8. In the US, you can probably do better. They're easy to clean.

1 small flashlight- Anything rubber coated is easy to clean. Check army surplus or camping equipment stores or even buy several cheap disposable ones. If they don't leave the sickroom, there's no special concern about being able to decontaminate them.

Bedpan

Urinal- These last 2 items can be bought at medical supply stores or you can use some sort of basin. For male urinals, plastic pop bottle & funnel work fine.

Thermometer

Blinds for window- Far easier to keep clean than curtains

Plastic sheeting- Can be used to cover anything you fear not being able to clean easily & keep virus free

Duct/electrical tape- To seal any openings from the room to other parts of the house that you wish to remain virus free.

Intercom/walkie talkie - These make it easy to communicate with those outside the sickroom. Cheap kids' walkie talkies work fine & while not essential, these are handy.

Lockable doorknob- You may wish to change the door knob on your chosen sickroom for one that has a simple lock. This helps keep those not sick out of the contaminated area; very handy if you have young kids. We all know how fast they can move.

Pillows- A cheap plastic covered cushion might be better; again, ease of cleaning is the main concern.

Rubber floor mat- The kind you use to dry winter footwear. You want 1 with a 1/2 -1 inch lip that will hold a small amount of water/bleach mix.

Cheap radio- Entertainment for patient/care giver as well as news source.

Broom/dust pan- Cheap & plastic to keep room swept.

Mop- Again cheap; to wash floors & walls down. These last few items never leave the room & can be destroyed after the outbreak is dealt with.

Garbage bags- 100 or so won't be wasted. Trust me.
Linens, clothing etc.

This amount will be sufficient for one case of smallpox to be cared for & use your oldest stuff first. It's going to take a beating:

3 fitted or bottom sheets - More is nice, but with this amount, you can have 1 on the bed, 1 in the wash & 1 spare.

6 top sheets - Some will be used as draw sheets & others as top sheets.

2 light blankets/COVERS - For those times when your patient is cold.

3 pillow cases - Same rationale as for the bottom sheets.

6 face cloths

3 small towels

3 larger towels

Dozen rags - For cleaning supplies, the room & furnishings. You can't have enough & make sure they're easily rinsed.

dozen underwear - For the patient. Something that fits loosely is crucial. You don't want to add to the pain they're experiencing.

4-5 gowns - Pajamas aren't practical. Large nightgowns slit up the back are good.

5-6 pairs of socks - Again, keep these loose. They'll help patients keep warm & prevent them scratching their lower limbs with their feet, which can happen during sleep.

5-6 pairs mittens - Very useful to keep people scratching themselves when they hit the itchy phase. Almost crucial for the very young & the old who may not be "with it" due to age, other conditions or delirium due to fever.

Although you don't want to keep more than you need in the sickroom at any given time, make sure you have spares available for other cases or simply to replace anything that rips or otherwise wears out.

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