



**Susquehanna Malayalee Association**

600 N 2nd Street, Suite 401. Harrisburg, PA 17101

**November 2014 Issue Vol. 201402**

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### **Message from Governing Body**

It is with great pleasure that we present you the second edition of the SMA newsletter. This newsletter contains a collection of news, announcements, creative writing, photography and artwork. We are extremely thankful to the newsletter committee which put tremendous time and effort into this publication. We hope that the newsletter will serve as another forum for sharing news as well as the talents of our members, and we encourage kids and adults to come forward with submissions for future publications.

Below are the highlights of SMA's recent activities:

#### **Events:**

- We conducted our summer picnic on July 12th at Adventure Park, Mechanicsburg. In addition to games for kids and adults we conducted an informative free seminar on "Wills" during this event.
- The Onam program began at noon on September 6th with Onasadya (for lunch) followed by variety of cultural programs.
- SMA members again participated in the Sangamam program on Sept 20th. All SMA programs were outstanding.

#### **Charity and Social Services:**

- Adopt A Highway - On July 19th we held our second Adopt A Highway cleaning for the year. We will continue to contribute to this cause.
- Food Drive for Bethesda Mission - On Sept 6th, during our Onam Event we conducted a food drive for the Bethesda mission. We would like to extend our thanks to all SMA members for their contributions.

#### **Other Highlights:**

- IRS has approved SMA for 501 c(3) status as a charitable organization. Thanks to everyone who helped us to achieve this status.

### **Adopt a Highway**



Nov 15, 2014 9:00 AM  
SR 443, Fishing Creek Road

### **Christmas/ New Year**



January 3rd, 2015 4:30 PM  
Colonial Park U C C  
5000 Devonshire Rd,  
Harrisburg, PA 17112

### **Editor's Note**

Welcome to the second edition of the SMA newsletter. The editors of this newsletter were delighted by the responses we received from the SMA children, juniors and even the adults. Thank you for the many good responses that we have received from you all, we know that the children enjoyed seeing their work published in the first newsletter. We hope you will share this newsletter with your family members and we encourage contributions from more members in the future.

### **Editorial Board**

Michele & Shine Gopinath  
Vrinda & Ajoy Kumar  
Smitha Jayaprakash  
James Kuzhippallil

### **Junior Editors**

Rhea Kumar  
Vishnu Jayaprakash

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## Birth Announcements



Shaan Thomas, son of Sajeev Thomas and Sudha Sharma born on September 22nd, 2014. Congratulations to Sajeev and Sudha.



Rosanne Meriam Gill, daughter of Gill George and Minnu Annie Mathew born on September 18th, 2014. Congratulations to Gill and Minnu.

## ***WHO AM I?***

**Parvathy Nair**



I am the gentle, warm color green.

Because I like to soothe.

I am the pointed shape of a tack.

Because I am very sharp.

I am the hard texture of a desk.

Because I am solid on the outside.

I am the tongue-burning flavor of hot sauce.

Because I am full of spice for stories.

I sound like the chirping of a bird.

Because I can be loud and quiet.

I am 1000 pieces of grass on a soccer field.

I am the one that won't stand alone.

## *Kerala*

Saira Sajeew

My trip to Kerala started one day when me and my parents went to India. We went to Bangalore first and I got to see my cousin after such a long time. We stayed at my cousin's house and then drove to Kerala. When we started, me and my cousin planned to have our very own Christmas party. When we reached Kerala, we started to decorate our appachan and ammachi's old house by moving tables and chairs and making fun stalls. We had many stalls. One was a tattoo stall, another one was a badminton challenge. Most of the stalls were indoors. I was in charge of the badminton and tattoo stalls. We had many challenges. The people who won challenges got medals that me and my cousin made. The people in the party were my uncle and aunt, my appachan and ammachi, my parents, me and my cousin. We had a great time at Kerala. I look forward to the next Christmas to go to Kerala and have fun.

## **Passage to India**

*The Only Thing That We Overlook is the  
Beautiful Susquehanna River*

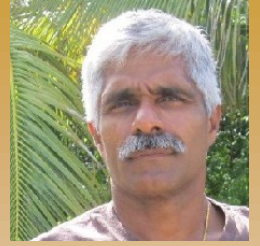
520 Race Street, Harrisburg, PA  
(717) 233-1202

Lunch: Mon-Fri 11:30-2:30, Sat & Sun 12:00- 2:30  
Dinner: Mon-Sat 5:00-10:00, Sun 5:00-9:00





## ഒരു അടുക്കള വിപ്ലവത്തിൻ്റെ ആവശ്യം



Baby Thottakkara

തീൻ മേശയിലെത്തുന്ന ഭക്ഷണത്തിന്റേ ഉറവിടം അടുക്കളയായതിനാലാണ് ഇങ്ങനെ ഒരു തോന്നൽ. എന്തിനാണ് നമുക്കിത്ര വലിയ അടുക്കള? ഇക്കഴിഞ്ഞ കേരള പര്യടനത്തിൽ പല വീടുകളും സന്ദർശിച്ചു. ചെറിയ വീടുകൾ മുതൽ വലിയവയും. ചിലവയിൽ മൂന്നടുക്കള വരെ കണ്ടു. ഒരേണ്ണം ചുമ്മാ ആളുക്കാരെ കാണിക്കാൻ. പിന്നെന്ന് സാധാരണ ഭക്ഷണം ഉണ്ടാക്കാൻ. പിന്നെന്ന് നാറ്റ കേസുള്ള ഭക്ഷണം (മീൻ, ഇറച്ചി, വറക്കൽ, പൊരിക്കൽ) ഉണ്ടാക്കാൻ.

വെടിക്കല, കുണ്ട, പുറത്തു രോമം, കഷണ്ടി, കഞ്ഞി പിഴിഞ്ഞ മുണ്ട്...എന്നിത്യാദി പുരുഷ ലക്ഷണങ്ങൾ പണ്ട് പറഞ്ഞു കേട്ടിട്ടുണ്ട്. എന്നാലിപ്പോൾ ആൺ പെണ് വ്യത്യാസമില്ലാതെ എല്ലാവർക്കും എന്നപോലെ ഒരു ലക്ഷണം കാണാൻ ഒണ്ട് ---കുണ്ട. അതൊരു അഭംഗിയും അനാവശ്യവും എന്ന് തോന്നുന്നു.

വേറൊന്നു കേട്ടത് ഏഴി ത്ൽ ഒരാളു്ക്കു വെച്ച് കേരളത്തിൽ കാൻസർ ഉണ്ടാവുന്നു എന്നതും ആണ് . എന്തൊരു വലിയ വിപത്താണ് അത് എന്ന് നോക്ക്! എൻറെ ഒരു സുഹൃത്ത് ഇതിൽ പെടുന്നു, ബുദ്ധിമുട്ടുന്നു എന്നതിനാൽ ഹൃദയത്തിൽ തട്ടുംവിധം വേദനാജനകമാണ് എന്നതും ഉണ്ട്.

അമിത ഭക്ഷണവും അനാവശ്യ ഭക്ഷണവും കുണ്ട, കാൻസർ എന്നിവയ്ക്ക് ഹേതുവാകാൻ സാധ്യത ഉള്ളതിനാലാണ് ഒരു അടുക്കള വിപ്ലവം ആവശ്യം ആണെന്ന് തോന്നുന്നത്. അത് കേരളത്തിൽ ആണെങ്കിലും കേരളത്തിൽ നിന്നും ഹാരിസ്ബർഗിൽ വന്നു താമസിക്കുന്നവർ കാണെങ്കിലും ശ്രദ്ദിക്കേണ്ടുന്ന നല്ല കാര്യം ആണെന്ന് തോന്നുന്നു.

നാമിവിടെ ഹാരിസ്ബർഗിൽ കൂടുമ്പോൾ തിന്നാൻ വേണ്ടി മാത്രമാണോ കൂടുന്നതെന്ന് തോന്നും. തുടങ്ങാനുള്ള ചെറു കടികൾ (സനാക്ക് ) തന്നെ കാണും ആവശ്യത്തിനു കഴിക്കാൻ. പിന്നെ ചോറ്, കോഴി, കാള , മീൻ, തോരൻ, പപ്പടം, ....വറുത്തതും, പൊരിച്ചതും, വഴറ്റിയതും, പുഴുങ്ങിയതും, ഒലത്തിയതും, വാറ്റിയതും. എല്ലാം കഴിഞ്ഞു പിന്നെ കേക്ക്, ഐസ് ക്രീം എന്നിത്യാദി വേറെയും. ഇതേ രീതിയാണ് കേരളത്തിലും കണ്ടത്.

നാം ഭക്ഷിക്കാൻ വേണ്ടി ജീവിക്കുന്നുവോ അതോ ജീവിക്കാൻ വേണ്ടി ഭക്ഷിക്കുന്നുവോ? നാം നമ്മെത്തന്നെ രോഗികൾ ആക്കാൻ വേണ്ടി എന്തിനിങ്ങനെ ശ്രമിക്കണം? ഇത്രയധികം ഭക്ഷണം കഴിക്കാനും മാത്രം ഉള്ള അദ്ധ്വാനം നാം ചെയ്യുന്നുണ്ടോ എന്ന് ചിന്തിക്കേണ്ടതുണ്ട്.

### അന്ന്

ഒരു 30-35 വർഷം പിന്നിലേക്ക് ഞാൻ ചിന്തിക്കുകയാണ്. അന്ന് രാവിലെ എണീറ്റ് വയ്കുന്നേരം വരെ പണിയെടുക്കാറുള്ള ആയുധങ്ങൾ തൂമ്പ, മൺ വെട്ടി, കോടാലി, കൂടം, കത്തി, എന്നിങ്ങനെ പോകും. സഞ്ചാരം കാൽ നട. കുളിക്കുന്നത് ഒന്നുകിൽ പുഴയിൽ, അല്ലെങ്കിൽ കുളത്തിൽ. കുറേ നീന്തി, തുണി അലക്കി, ഉണക്കി....വൈകുന്നേരംകളിൽ വോളി ബോൾ കളിക്കും, അല്ലെങ്കിൽ അടുത്ത കവലക്ക് നടക്കും. അമ്പലത്തിൽ, പള്ളിയിൽ, മോസ്കിൽ, പള്ളികൂടത്തിൽ, ചന്തയിൽ, പോസ്റ്റ് ഓഫീസിൽ, ബാർബർ ഷാപ്പിൽ, ഒക്കെ മൈലുകൾ നടക്കും, തിരിച്ചു നടക്കും. ഒരാളെ കാണാൻ, കണ്ടു സംസാരിക്കാൻ അയാളുടെ വീടിലേക്ക് നടക്കും, തിരിച്ചുനടക്കും. അരി ഇടിക്കണം, വെള്ളം കോരണം. അന്നൊക്കെ വയർ നിറച്ചു നാലുനേരവും തിന്നുന്നതിന് തക്ക വിധത്തിലുള്ള ശാരീരിക അദ്ധ്വാനം ഉണ്ടായിരുന്നു. വല്ലപ്പോഴും കോഴി, കാള, മീൻ എന്നിവയും, വറുത്തതും പൊരിച്ചതും കഴിക്കും. വളരെ പുതുമയുള്ളതും പഴകാത്തതും ആയ ചക്ക, മാങ്ങാ, തേങ്ങ, പഴങ്ങൾ, പച്ചക്കറികൾ ഒക്കെ പറമ്പിൽ ഉണ്ടാവുകയും ചെയ്യും. അവയൊക്കെ ധാരാളം കഴിക്കുകയും ചെയ്യും. അങ്ങിനെയുള്ളവർക്ക് കുണ്ട, കാൻസർ എന്നിവ കേട്ടുകേൾവി മാത്രമായിരുന്നു.

## ഇന്ന്

ഇനി ഇന്നിനെപ്പറ്റി ചിന്തിക്കാം. മിക്കവാറും നമുക്കെല്ലാം രാവിലെ മുതൽ വൈകുന്നേരം വരെയുള്ള പണിയായുധം മൗസ് , കീ ബോർഡ് , സെൽ ഫോൺ എന്നിവയാണ്. സഞ്ചാരം വാഹനത്തിൽ. കുളിയുണ്ട് കുളിമുറിയിൽ. നീന്തലില്ല. അലക്കാൻ യന്ത്രം. അരയ്ക്കാൻ യന്ത്രം. കളിയുണ്ട് 28 അല്ലെങ്കിൽ 40. ആളെ കാണാൻ സ്കയ്പ് , ഫേസ് ടൈം എന്നിവ. സംസാരിക്കാൻ സെൽ ഫോൺ. ഭക്ഷണം സുലഭം, ഉണ്ടാക്കാൻ വളരെ എളുപ്പം....അരി ഇടിക്കണ്ട, വെള്ളം കോരണ്ട, പറമ്പിൽ നടക്കണ്ട. ധാരാളം കോഴി, കാള, പന്നി, എന്നിവയും, വറുത്തതും പൊരിച്ചതും ദിവസേന കഴിക്കും. പച്ചക്കറികൾ പഴകിയതും പുതുമയില്ലാത്തതും ആയവ നമുക്ക് കിട്ടും, വേവിച്ചു മാത്രം കഴിക്കും....അതുപോലെ തന്നെ പഴംകളും. ഇതിൽ നിന്നെല്ലാം വ്യത്യസ്തമായി ജീവിതചര്യ ശീലിക്കുന്നവരും ധാരാളമുണ്ട് എന്നത് മറക്കുന്നില്ല.

## മുന്നോട്ട്



നമ്മുടെ അദ്ധ്വാന ഭാരവും ഭോജനവും അന്നും ഇന്നുമായി ഒന്ന് താരതമ്യം ചെയ്യേണ്ടതുണ്ട്. അന്നത്തെ പോലുള്ള കഠിന അധ്വാനം ഇന്ന് അവശ്യം ഇല് ലെങ്കിലും, നല്ല രീതിയിലുള്ള വ്യായാമം അത്യാവശ്യം ആണ്. ശരീരത്തിന് ആരോഗ്യം നിലനിർത്താൻ ആനുപാതികമായി നമ്മുടെ ഭക്ഷണം -ഗുണവും അളവും ക്രമീകരിക്കേണ്ടതുണ്ട് . കഴിയുന്നതും പുതിയ/ പഴകാത്ത പഴംകൾ, പച്ചക്കറികൾ, എന്നിവയാകട്ടെ നമ്മുടെ തീന്മേശയിൽ എത്തുന്നവയിൽ കൂടുതലും. അല്ലാത്തവ അതായതു ചോറ്, കോഴി, കാള, പന്നി, മീൻ, വറുത്ത്, പൊരിച്ചത്, വഴറ്റിയത്, പഴകിയത് എന്നിവ ഒഴിവാക്കുക....വളരെ കുറയ്ക്കുക.

രോഗം ഇല്ലാതെ ജീവിക്കുവാൻ എന്തൊക്കെ ചെയ്യാമോ അതെല്ലാം നമുക്ക് പ്രാവർത്തികം ആക്കാം.

ഒരു ഭക്ഷണ വിപ്ലവം വളരെ അനിവാര്യമാണ്. അത് തുടങ്ങേണ്ടത് അടുക്കളയിലാണ്. അത് കേരളത്തിൽ ആണെങ്കിലും ഹാരിസ്ബുർഗിൽ കൂടുമ്പോൾ ആണെങ്കിലും ശ്രദ്ധിക്കേണ്ടതാണ്. നമ്മുക്ക് ജീവിക്കാൻ വേണ്ടിയുള്ള ഭക്ഷണ ശീലംകൾ ഉണ്ടാക്കാം, ജീവിതചര്യ ആക്കാം. അതിനു ആനുപാതികമായുള്ള ചെറിയ നല്ല ഭക്ഷണംകൾ ഉണ്ടാക്കാൻ ഉള്ള ചെറിയ ഒരു അടുക്കള നമ്മുടെ വീടുകളുടെ അലങ്കാരം ആവണം.

നമ്മുടെ വീടുകൾക്ക് ഒരു ചെറിയ അടുക്കള മാത്രം മതി, ആരോഗ്യം തരുന്ന രീതിയിലുള്ള ഭക്ഷണംകൾ തയ്യാറാക്കാൻ.

അങ്ങിനെ ആരോഗ്യകരമായ ഭക്ഷണത്തിന്റെ പണിപ്പുറ ആകട്ടെ നമ്മുടെ അടുക്കളകൾ.



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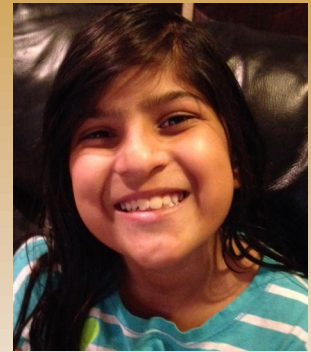
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*Painting - Autumn leaves*

Abha Krishnamoorthy



*Painting - Poinsettia*

Adrija Krishnamoorthy



## A Scary Story

By Devika Sunil



He sat in the bed. The footsteps got louder. It was too much. He got up and turned the corner. He saw the shadowy figure of what looked like a tall man.

"DAD?" he said. It couldn't be possible. His parents had been gone for a long time. Suddenly a bad thought crossed his mind. Was it the orphanage director? Had the police caught him living alone?

The man started talking in a deep grumbly voice. He couldn't make out what the man was saying. He went up to the man and touched his shoulder. It was as cold as stone. The man turned around. The boy gasped. The man had no eyes, just a blue light in the back of his eye sockets. His face was pale and his hair ragged and wild. The man reached out and his dirty hand grabbed the boy's arm.

The boy, without thinking bit the man's hand. His teeth sank through it until the hand came off. The boy stepped backwards as the hand crawled towards him. It paused as if thinking and ran at the boy's leg. The boy tripped on the carpet and the hand grabbed his leg. The boy shook and shook his leg, but the hand wouldn't come off. A neighbor heard the boy's screams and took him away.

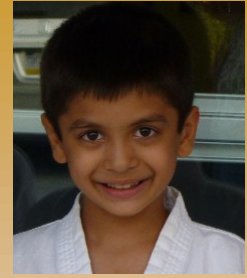
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Today, the boy lives in a hospital in the Emergency Care. The nurses still can't figure out why the boy keeps screaming about a man coming to get him.



## *Trivandrum Zoo*

**Arun Gopinath**



I will tell you about my trip to the Trivandrum zoo. First we looked at the snakes. There were cobras that looked cool. They have a white “albino” cobra and a really long black cobra. Another thing that was very different was the bats. The bats were not like birds because birds were in cages and the bats were at the tops of trees and not in cages. The bats weren’t small like here but they were humungous. I would say they were about the size of a big crow.

After bats we saw the sun bears. When we got to the bears we saw a couple kids who were fighting each other with bamboo sticks. The bears were watching the kids and I couldn’t tell if the bears were bored or wanted to eat them.

There are benches in the park that are made from trees that fell down. The benches have heads that look like different animals like bears and alligators and hippos. My sister wanted to sit on everyone.

One highlight was the tiger area. There was brick wall taller than me and if you were tall enough you could see the female tigers. When we went to the tigers there was one named “Sindhu.” This is really funny because I also have an aunt Sindhu. My sister always acts like a tiger and it seemed that she was able to talk to the tigers.

My mom and dad loved all of the trees and plants at the zoo. I couldn’t remember my first trip to the zoo but they said that the Government had made a lot of improvements to the zoo and it was so much better. My mom said that it was better than a lot of zoos in America because of all of the trees and new walkways. They said it was a great place to go for a walk in the busy city. I especially like it because they had Vada and ice cream.

I loved my trip to the zoo. It is a great place to go because we have fun and I finally had a place in Trivandrum where I could run. The zoo aquarium is not like the big ones in America it is just bunch of fish tanks but it is fun. While you are at the zoo you can also visit the new aquarium, art museum, palace and natural history museum.



## Word Search

Michele Gopinath

### In the Kitchen Word Search

V M C V I N A Y I R I B G Y F M N R E T  
 Z A A C A K O O T U A I P J X U E I E M  
 S I R P H R N O L Y S J H A B N R J L C  
 A Q J U P A A O L A A A J T R G O B O H  
 P K C E T A T T Q A Y M V E A A H L M E  
 P A O H R H D T H V D I R I Q P T U U M  
 A D R D U I A C I A E N H U Y N P H Z E  
 P M H Y U T S R H P T V I T K A T A A E  
 A E A A A M N H A A P H I V A A L E H N  
 Y M L P L N P E E C I A U C I D M R Z C  
 A O A A P O E U Y R H W T H H E I E C M  
 S R D S V A U L L W I A T H C A I A E D  
 A I A H A L H P A I W R S I I S T E M R  
 M V K G P L A T T R A Q W O D R N H Q M  
 A B Y Q J T A H U L I P R X T A I V U A  
 V P A C H A D I O H C P P M H H H O P S  
 H F K I S Q K O Z H U K U T T A Y C F A  
 S A R O R X O X Z K A C H U M B E R I R  
 L I D O I N A M I A L U S A M U P U G K  
 I D I Y A P P A M X P F P A L A P P A M

APPAM  
 AVIYAL  
 PAYASAM  
 THOREN  
 BIRIYANI  
 KICHADI  
 DHAL  
 HALVA  
 CHAI  
 MASALA  
 CHATTIPPATHIRI  
 PAPPAS  
 CHEMEEN  
 KURMA  
 VARUTHARACHA  
 CHUTNEY  
 MUNG  
 PACHADI  
 DOSA  
 THIYAL

ERISHERI  
 KODUMPULI  
 CHAPPATHI  
 OOLARTHIATHU  
 IDIYAPPAM  
 UPUMA  
 KACHUMBER  
 KADALA  
 KAMEER  
 KOOTU  
 KOZHUKUTTA  
 VINDALOO  
 MAIDA  
 MOLEE  
 MEEN  
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## Volunteer Activity - Adopt A Highway



SMA was established with the principle that 'to serve, not to be served'. In the year 2012, SMA Board members initiated the Adopt a Highway (AAH) program. The program is coordinated through PennDOT and involves cleaning an adopted section of Fishing Creek Road three times per year. A large blue sign announces that the SMA has adopted that two mile stretch of road.

SMA encourages all members to get involved in serving the community. The AAH program gives an opportunity for those who were not able to take part in prior community service initiatives conducted by SMA. This also provides an opportunity for SMA members, both young and old alike, to learn about highway safety, roadside hazards, importance of keeping the environment and roadside clean and most importantly having the satisfaction of serving the community.





## Summer Picnic - 2014

Summer Picnic was held on July 12th at Adventure Park, Mechanicsburg.



Photographer: Raghu Kumarakrishnan



## SMA Onam - 2014

SMA Onam program was conducted on September 6th started at noon with Onasadya (for lunch) followed by variety of cultural programs. We had record number of member participation in this programs.





## Sangamam - 2014

Sangamam program was held on Sept 20<sup>th</sup>. All SMA programs were outstanding.



Photographer: Renjish Thomas



Dr. Madhu Menon



## What You Need to Know about Ebola



### Ebola

Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strain of the Filoviridae family. Ebola can cause disease in humans and nonhuman primates (such as monkeys, gorillas, and chimpanzees) with a mortality over 50%.

There are five identified Ebola virus species, four of which have caused disease in humans: 1. Zaire ebolavirus, 2. Sudan ebolavirus, 3. Taï Forest ebolavirus, formerly Côte d'Ivoire ebolavirus and 4. Bundibugyo ebolavirus. The fifth, Reston ebolavirus, has caused disease in nonhuman primates but not in humans.

Ebola is found in several African countries. The first Ebola species was discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa.

The natural reservoir host of Ebola remains unknown. However, on the basis of available evidence and the nature of similar viruses, researchers believe that the virus is animal borne with bats being the most likely reservoir. Four of the five subtypes occur in an animal host native to Africa.

### Transmission

Because the natural reservoir host of Ebola has not yet been identified, the manner by which the virus first appears in a human at the start of an outbreak is unknown. However, researchers believe that the first patient becomes infected through contact with an infected animal.

When an infection does occur in humans, there are several ways the virus can be spread to others. These include:

- Direct contact with the blood or body fluids (including but not limited to feces, saliva, urine, vomit and semen) of a person who is sick with Ebola.
- Contact with objects (like needles and syringes) that have been contaminated with the blood or body fluids of an infected person or with infected animals.

The virus in the blood and body fluids can enter another person's body through broken skin or unprotected mucous membranes in, for example, the eyes, nose, or mouth. The viruses that cause Ebola are often spread among families and friends, because they come in close contact with blood or body fluids when caring for ill persons.

During outbreaks of Ebola, the disease can spread quickly within healthcare settings, such as clinics or hospitals. Exposure to Ebola can occur in healthcare settings where hospital staff are not wearing appropriate protective clothing including masks, gowns, gloves, and eye protection. Dedicated medical equipment (preferably disposable, when possible) should be used by healthcare personnel providing care for someone sick with Ebola. Proper cleaning and disposal of instruments, such as needles and syringes, is also important. If instruments are not disposable, they must be sterilized before being used again. Without adequate instrument sterilization, virus transmission can continue and amplify an outbreak.

## Signs and Symptoms

A person infected with Ebola is not contagious until symptoms appear. Signs and Symptoms of Ebola typically include:

- Fever (greater than 38.6°C or 101.5°F)
- Severe headache
- Muscle pain
- Weakness
- Vomiting
- Diarrhea
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola but the average is 8 to 10 days.

## Risk of Exposure

Ebola has been reported from several African countries, since 1976. In recent years Ebola outbreaks have occurred in the following countries:

- 2000- 2001- Uganda
- 2002 – Gabon , Democratic Republic of the Congo (DRC)
- 2003 - Democratic Republic of the Congo (DRC)
- 2004 - South Sudan
- 2007- Democratic Republic of the Congo (DRC), Uganda
- 2011 – Uganda, Ivory Coast
- 2012 - Democratic Republic of the Congo (DRC), Uganda
- South Africa (imported) Guinea
- 2014 – Congo (DRC), Liberia, Sierra Leone, Senegal, Nigeria

Because the natural reservoir host of Ebola, and the manner in which transmission of the virus to humans remain unknown, risk assessment in endemic areas is difficult. During outbreaks of Ebola, those at highest risk include health care workers and the family and friends of a person infected with Ebola. Healthcare workers in Africa should consult the Infection Control for Viral Hemorrhagic Fevers In the African Health Care Setting to learn how to prevent and control infections in these settings. Medical professionals in the United States should consult the Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals.

## Diagnosis

Diagnosing Ebola in a person who has been infected for only a few days is difficult because the early symptoms, such as fever, are not specific to Ebola infection and are seen often in patients with more commonly occurring diseases, such as malaria and typhoid fever. However, if a person has symptoms of Ebola and had contact with blood or body fluids of a person sick with Ebola, contact with objects that have been contaminated with blood or body fluids of a person sick with Ebola or contact with infected animals, the patient should be isolated and public health professionals notified. Samples from the patient can then be collected and tested to confirm infection. Laboratory tests used in diagnosis include, (ELISA) testing, Polymerase chain reaction (PCR), Virus isolation and IgM and IgG antibodies later in the disease.

## Treatment

Currently there are no specific vaccines or medicines (such as antiviral drug) that have been proven to be effective against Ebola. Symptoms of Ebola are treated as they appear. The following basic interventions, when used early, can significantly improve the chances of survival:

- Providing intravenous (IV) fluids and balancing electrolytes (body salts)
- Maintaining oxygen status and blood pressure
- Treating other infections if they occur

Timely treatment of Ebola is important but challenging since the disease is difficult to diagnose clinically in the early stages of infection. Because early symptoms such as headache and fever are not specific to Ebolaviruses, cases of Ebola may be initially misdiagnosed. However, if a person has symptoms of Ebola and had contact with blood or body fluids of a person sick with Ebola, contact with objects that have been contaminated with blood or body fluids of a person sick with Ebola, or contact with an infected animal, the patient should be isolated and public health professionals notified. Supportive therapy can continue with proper protective clothing until samples from the patient are tested to confirm infection. Experimental treatment has been tested and proven effective in some animals but has not yet been evaluated in humans. Experimental vaccines and treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness.

## Recovery

Recovery from Ebola depends on good supportive care and the patient's immune response. People who recover from Ebola infection develop antibodies that last for at least 10 years, possibly longer. It isn't known if people who recover are immune for life or if they can become infected with a different species of Ebola. Some people who have recovered from Ebola have developed long-term complications, such as joint and vision problems.

## Prevention

When cases of the disease do appear, there is increased risk of transmission within health care settings. Therefore, health care workers must be able to recognize a case of Ebola and be ready to use appropriate infection control measures. The aim of these techniques is to avoid contact with the blood or body fluids of an infected patient. Appropriate procedures include:

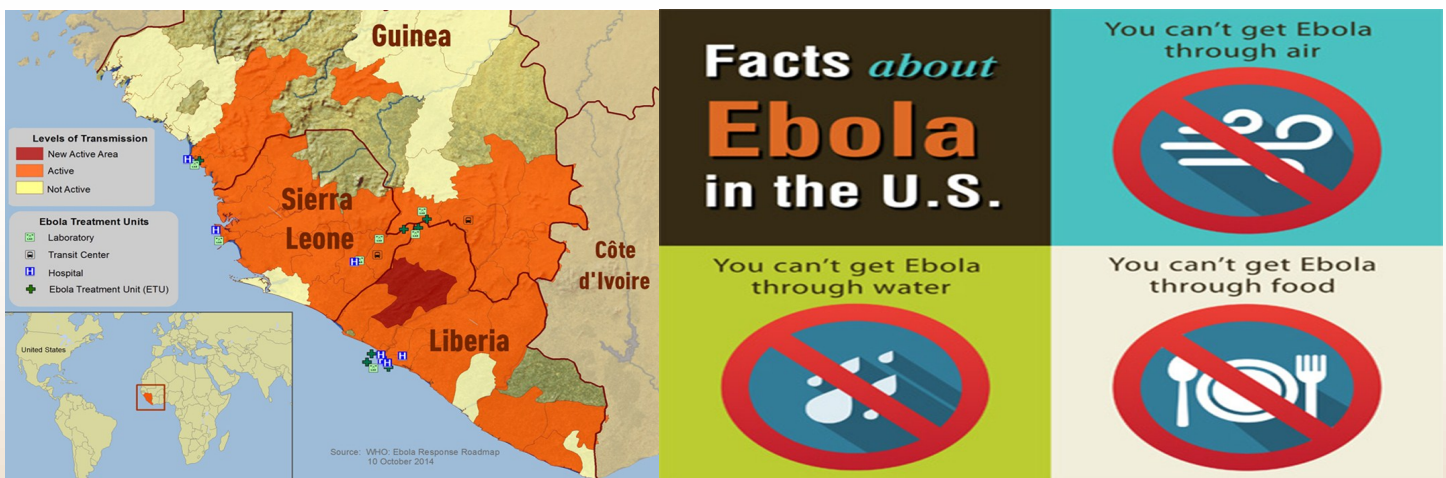
- Isolation of patients with Ebola from contact with unprotected persons
- Wearing of protective clothing (including masks, gloves, impermeable gowns, and goggles or face shields) by persons caring for Ebola patients
- The use of other infection-control measures (such as complete equipment sterilization and routine use of disinfectant)
- Avoid touching the bodies of patients who have died from Ebola

Healthcare workers should also have the capability to request diagnostic tests or prepare samples for shipping and testing elsewhere. Centers for Disease Control in Atlanta, GA (CDC), in conjunction with the World Health Organization (WHO), has developed a set of guidelines to help prevent and control the spread of Ebola. Entitled *Infection Control for Viral Hemorrhagic Fevers In the African Health Care Setting*, the manual describes how to:

- recognize cases of viral hemorrhagic fever
- prevent further transmission in health care setting by using locally available materials and minimal financial resources

## The 2014 Ebola Epidemic

The 2014 Ebola epidemic is the largest in history, affecting multiple countries in West Africa. Two imported cases, including one death, and two locally acquired cases in healthcare workers have been reported in the United States. CDC and partners are taking precautions to prevent the further spread of Ebola within the United States.



You can only get Ebola from:

- Touching the blood or body fluids of a person who is sick with or has died from Ebola.
- Touching contaminated objects, like needles.
- Touching infected fruit bats or primates (apes and monkeys).

Who is at risk of transmitting Ebola:

- Symptomatic patient
- Traveled to or resided in an area with Ebola
- Has to be within 21 days

Who is not at risk of transmitting Ebola

- Asymptomatic patient- regardless of travel history
- Patients who have not been in epidemic areas. Includes all other parts of Africa
- Patient in epidemic areas more than 21 days ago
- Patient who have been exposed to Africans, including well people from epidemic areas
- Travelers within US including people with trips to Dallas and passengers on Frontier Air

### SMA 2014 Account Details

Item		Date	Comments
<b>2014 Beginning Balance</b>	\$2,189.12		As of 12-31-2013
<b>Income</b>			
<b>Membership</b>			
Total Membership Fee Collected	\$1,525.00		69 Family Memberships and 3 Single Memberships
<b>Event Collection</b>			
Christmas/New Year Gate Fee Collection	\$930.00		
Easter/Vishu Gate Fee Collection	\$790.00		
Picnic Gate Fee Collection	\$610.00		
Onam Gate Fee Collection	\$680.00		
Onam - Thattukada collection	\$80.00		
<b>Total Event Collection</b>	<b>\$3,090.00</b>		
Total Sponsorships Collected	\$2,225.00		
Donations	\$100.00		
Total Income from Sound System Rental	\$75.00		
<b>Total Income</b>	<b>\$7,015.00</b>		
<b>Expenses</b>			
AAH Expenses	\$10.00	3/22/2014	
Sangamam Exp	\$287.20	9/21/2014	Participant appreciation event at ABC lanes
Erie Insurance Exp	\$220.00	5/5/2014	ACH Debit
501 c3 fee paid to Auditor	\$0.00		
SMA Google Account	\$41.60	9/6/2014	4.16 per month; Calculated till Oct
1&1 Internet	\$104.76	10/28/2014	26.19 per quarter
Registered Office Address Service from Penncorp	\$105.00	7/1/2014	
AAH Expenses - 7/19/2014	\$10.00	7/19/2014	Gaint Gift Card
Food Bank - Volunteer appreciation	\$20.00	Aug-14	Cash payment
Newsletter printing expense	\$8.00		
501 c 3 shipping cost	\$6.00		
<b>Event Expenses</b>			
Total Expense - Christmas	\$751.74		
Total Expense - Easter / Vishu	\$1,216.96		
Total Expense - Picnic	\$596.11		
Total Expense - Onam	\$2,819.99		
<b>Total Expenses</b>	<b>\$6,197.36</b>		
<b>Balance as of November 2014</b>	<b>\$3,006.76</b>		

## **2015 SMA Board**

### **Governing Body**

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Divya Raghu
Reeja George
Shreya Jacob

### **Web Committee**

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