

San Joaquin County Public Health Services

Child Health & Disability Prevention



Fall 2014 Newsletter

Meet Our New CHDP Medical Director: Dr. Patricia Apolinario

Patricia Apolinario, M.D., became the San Joaquin County Children's Medical Services (CMS) Medical Director in July 2014 after 20 years as a pediatrician for the San Joaquin General Hospital pediatric clinic. Dr. Apolinario completed her undergraduate and medical studies in the Philippines and her residency at Newark Beth Israel Medical Center in Newark, New Jersey. She is excited to be working with all of the CMS programs and loves how integrated they are in meeting the family's complex needs. Her top priority for CHDP is to improve immunization rates and documentation. In her free time, Dr. Apolinario loves to travel and participate in medical missions. Most recently, she traveled with students from Brown University to Panama to participate in Global Brigades' health and development work.



High STD Rate for 15-24 Year Olds

Dr. Ron Chapman, director of the California Department of Public Health (CDPH) and state health officer, says the number of cases of reportable sexually transmitted disease (STD) in California increased in 2013.

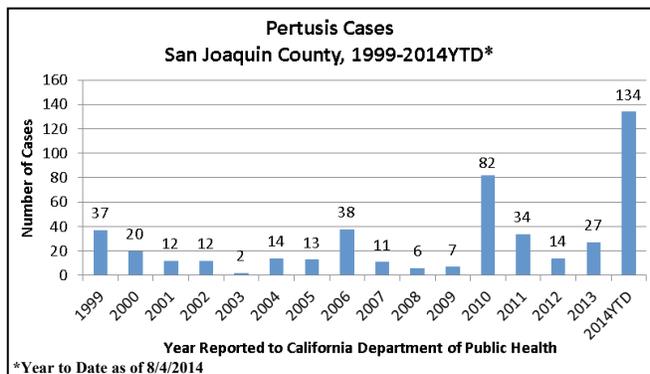
"Sexually transmitted diseases can cause major health problems for people over time," said Dr. Chapman. "This increase is concerning, particularly because STDs are preventable."

STD rates continue to be highest in young people ages 15-24, especially for females. Of the female chlamydia cases and female gonorrhea cases, 66% and 54%, respectively, occur in this narrow age group. Young women are the most vulnerable to infertility and other long-term reproductive health problems caused by STDs.

"Any sexually active person can get an STD through unprotected sex," said Dr. Chapman. "They should talk with their health care provider and ask if testing for STDs is appropriate."

CDPH trains medical providers to assure that they are assessing their patients' risk for STDs, screening appropriately, and using the most effective treatments. For more information visit www.cdph.ca.gov.

Pertussis Cases on the Rise in SJC



In recent months, cases of pertussis, also known as whooping cough, have increased significantly statewide, including in San Joaquin County (SJC). Public health officials are concerned that

2014 could break records for pertussis. Though the recent increase is widespread; outbreaks often occur in communities that are under-immunized for pertussis.

San Joaquin County Public Health Officer, Dr. Alvaro Garza, encouraged everyone who is not vaccinated against pertussis to get Tdap vaccine, especially those who live or work with infants. All pregnant women should get a pertussis booster in the third trimester of pregnancy, which provides some short-term protection to their baby before they can be immunized at two months of age.

Health officials recommend that anyone who thinks they may have the symptoms should see a doctor right away. Local physicians and other health care providers are being advised by Dr. Garza to consider pertussis when evaluating patients with comparable symptoms. For more information about pertussis and the immunizations that protect against pertussis, see the fact sheet included as *Attachment A*.

Is Point-of-Service Blood Lead Screening for Your Practice?

The adverse effects of lead exposure in children are well documented and include both behavioral and intellectual deficits, making it the most common environmental illness in California children. Up until 2012, the “level of concern” for children aged 1 to 5 was a blood lead level $\geq 10 \mu\text{g/dL}$. However, in 2012, the Centers for Disease Control and Prevention (CDC) announced a change in its recommendations after studies showed that levels less than $10 \mu\text{g/dL}$ were harmful. CDC has now issued guidelines setting a reference value of $5 \mu\text{g/dL}$ for management of lead exposure in children between six months and six years of age. However, there is no safe level of lead in the body, making the early diagnosis of lead poisoning crucial in preventing long-term consequences. The California Child Health and Disability Prevention (CHDP) Program requires that all children in publicly supported programs be screened for lead poisoning at both 12 months and 24 months. Children aged 24 months to 6 years who are in publicly supported programs and who have not been previously tested must also be screened.

Point-of-service blood lead analyzers, such as the LeadCare II, allow for onsite lead screenings by health care providers and were developed specifically for that purpose. LeadCare II is the only Clinical Laboratory Improvement Amendments (CLIA)-waived point-of-service blood lead analyzer available and allows any employee operating under a CLIA Certificate of Waiver to administer the test. It is possible for the provider to test, educate, and intervene, all in one visit.

LeadCare II Analyzer

Benefits for the Family:

- Parents do not need to make an extra trip to the laboratory.
- Fingerstick method is generally felt to be a much more comfortable procedure than obtaining blood from the vein.
- Parents appreciate immediate results.

Benefits for the Provider:

- Ensures the test is done and no child is “lost to follow up.”
- Screening can be combined with routine anemia testing.
- No follow-up calls to laboratories for results.
- No redraws for sample problems.
- CHDP offers reimbursement for blood lead analysis.

As a CHDP provider, in order to be able to use a LeadCare II analyzer for blood lead testing, you must: have a federal CLIA Certificate of Waiver or higher as appropriate to the level of testing offered by the laboratory; be registered or licensed as a laboratory with the State of California, Laboratory Field Services; comply with requirements for reporting blood lead testing results electronically to the state Childhood Lead Poisoning Prevention Branch (CLPPB); be enrolled and rated proficient in the California Blood Lead Proficiency Assurance Program (CBLPAP); have your CHDP contract updated to include reimbursement for blood lead testing; and meet all other requirements related to use of the analyzer. Because fingerstick blood samples can be contaminated by lead present in the environment, it is important to follow the protocol for correct specimen collection in order to obtain accurate blood lead results. Your local Childhood Lead Poisoning Prevention Program is available as a resource to train your staff in this technique.

To find out more about point-of-service blood lead testing, or if you have any questions relating to childhood lead poisoning, please contact Gale Heinrich, San Joaquin County’s Childhood Lead Poisoning Prevention Program’s Coordinator, at (209) 468-2593 or gheinrich@sjcphs.org.

Important information can be found at the following websites:

- Information for Reporting of Blood Lead Tests to CLPPB: www.cdph.ca.gov/programs/CLPPB/Pages/reporting_blood_lead_test_results.aspx
- Guidelines for carrying out Point of Care/ Point of Service blood lead testing: www.cdc.gov/nceh/lead/ACCLPP/20131024_POCguidelines_final.pdf
- California Blood Lead Proficiency Assurance Program (CBLPAP): [www.cdph.ca.gov/certlic/labs/Pages/CaliforniaBloodLeadProficiencyAssuranceProgram\(CBLPAP\).aspx](http://www.cdph.ca.gov/certlic/labs/Pages/CaliforniaBloodLeadProficiencyAssuranceProgram(CBLPAP).aspx)

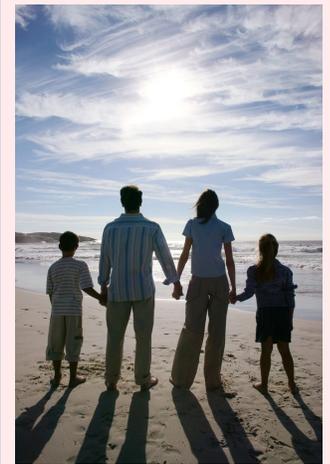
Ebola Outbreak in Africa: Are Americans at Risk?

With the recent outbreaks of the severe, often fatal Ebola Hemorrhagic Fever in West Africa, many American residents and healthcare workers are concerned about the risk for infection in the United States. The Centers for Disease Control and Prevention (CDC) release frequent updates on the current status of the outbreak and state that at this time, the outbreak “does not pose a significant risk to the U.S. public.”¹ While Ebola is a highly fatal disease, it cannot be spread through the air, water or food. It is spread through contact with the blood or excretions of a person who exhibits the symptoms of the disease or has died from Ebola. It can also be spread through contaminated objects, such as needles.

The current outbreak is affecting four West African countries (Guinea, Liberia, Nigeria, and Sierra Leone) and anyone traveling to those countries should take specific precautions to avoid infection, including:

- Practice careful hygiene. Avoid contact with blood and body fluids.
- Do not handle items that may have come in contact with an infected person’s blood or body fluids.
- Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
- Avoid contact with bats and nonhuman primates or blood, fluids, and raw meat prepared from these animals.
- Avoid hospitals where Ebola patients are being treated. The U.S. embassy or consulate is often able to provide advice on facilities.
- After you return, monitor your health for 21 days and seek medical care immediately if you develop symptoms of Ebola.

“The 2014 Ebola outbreak is one of the largest Ebola outbreaks in history and the first in West Africa.”



<p>Facts about Ebola</p>	<p>You can't get Ebola through air</p> 
<p>You can't get Ebola through water</p> 	<p>You can't get Ebola through food</p> 
<p>You can only get Ebola from touching bodily fluids of a person who is sick with or has died from Ebola, or from exposure to contaminated objects, such as needles. Ebola poses no significant risk in the United States.</p> 	

The CDC has also released guidance for clinicians in U.S. healthcare settings. Follow the links below for more information:

- Environmental Infection Control in Hospitals for Ebola Virus: www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html
- Specimen Collection: www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html
- Safe Management of Patients in U.S. Hospitals: www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html
- Monitoring and Movement of Persons with Ebola Virus Disease Exposure: www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html
- Air Medical Transport for Patients with Ebola: www.cdc.gov/vhf/ebola/hcp/guidance-air-medical-transport-patients.html

For more information, including guidance for clinicians working in the affected countries, visit www.cdc.gov/vhf/ebola/index.html.

¹Centers for Disease Control and Prevention. Ebola Hemorrhagic Fever: Questions and Answers on Ebola. Accessed 8/26/14 at <http://www.cdc.gov/vhf/ebola/outbreaks/guinea/qa.html>.

Announcements

FREE Vision Training

October 16, 2014, 8:30AM—12:00PM
St. Bernadette's Head Start—Room #10
2544 Plymouth Road, Stockton

Call **Jay Chevalier**, PHN
at **468-3703** for more information

NOTE: All medical staff who perform vision screening in CHDP provider offices must be recertified **every 4 years**.

FREE Audiometric Training

December 3, 2014, 8:00AM—3:00PM
Head Start Training Center
1414 West Park Street, Stockton

Call **Donna Skidgel**, PHN
at **468-8922** for more information

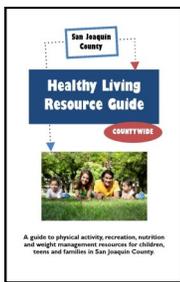
NOTE: All medical staff who perform audiometric screening in CHDP provider offices must be recertified **every 4 years**.

Health Assessment Guidelines Update: Preparticipation Physical Evaluation (PPE)

Updated recommendations regarding use of a consistent approach to the PPE History and Physical Examination have been added to the Additional Assessment Components section (508) of the CHDP Health Assessment Guidelines.

To view the new recommendations, visit www.dhcs.ca.gov/services/chdp/Pages/Pub156.aspx.

Healthy Living Resource Guide June 2014 Update



The Healthy Living Resource Guide, which provides information for free and low-cost nutrition and physical activity resources in San Joaquin County, has recently been updated. The countywide resource guide can be accessed at www.sjcphs.org/familyhealth/chdp.aspx.

City-specific guides can also be requested by contacting Krysta Titel, CHDP Public Health Educator, at (209) 468-8918 or ktitel@sjcphs.org.

Provider Training: Promoting Physical Activity

A new training for promoting physical activity at well-child visits has been developed for local CHDP programs. The training focuses on the importance of physical activity to overall health and provides information about community physical activity resources.

Krysta Titel, CHDP Public Health Educator for San Joaquin County, is offering this training to all CHDP Providers at their office or clinic site. If you are interested in receiving this training, contact Ms. Titel at (209) 468-8918 or ktitel@sjcphs.org.

FREE CDC Vaccine Schedules App

Healthcare professionals who recommend or administer vaccines can immediately access all CDC recommended immunization schedules and footnotes using the CDC Vaccine Schedules application (app). Optimized for tablets and useful on smartphones, the app shows the child, adolescent, and adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

For more information, visit www.cdc.gov.

CHDP Newsletter Team

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CHDP Deputy Director	Surbhi Jayant, PHN, MSN
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CHDP Provider Relations	Jay Chevalier, PHN II Donna Skidgel, PHN II
CHDP Foster Care Coordination	Sue Gibson, Senior PHN Charlene Devera, PHN I Anita Harrold, PHN I Katherine Kaplanis, PHN I
CHDP Outreach & Support	Xia Lo Ronald Ross

CHDP quarterly newsletters are not intended to take the place of the CHDP Provider Manual, Provider Information Notices (PINs), or any other official correspondence from the California Department of Health Care Services. For article contributions, topic suggestions and mailing list updates, please contact Krysta Titel at 468-8918 or ktitel@sjcphs.org.

Pertussis (Whooping Cough) Fact Sheet

www.sjcphs.org

WHAT IS PERTUSSIS (WHOOPING COUGH)?

Pertussis is a very contagious disease of the respiratory tract caused by bacteria. Pertussis is also known as “whooping cough” due to the “whoop” sound often made when the infected person tries to breathe after hard coughing and choking spells.

HOW IS PERTUSSIS SPREAD?

Pertussis is spread through airborne droplets when an infected person coughs, sneezes or talks. The greatest risk of spread is during the early stage when the symptoms resemble a cold.

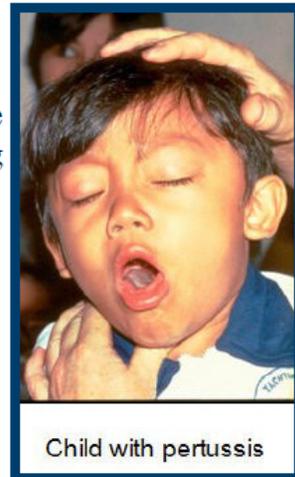
SYMPTOMS OF PERTUSSIS:

- ◆ Low grade fever, runny nose, sneezing and occasional cough. In 1-2 weeks the cough becomes more severe.
- ◆ During bouts of coughing, the lips and nails may turn blue from lack of air. Vomiting can occur with severe episodes.
- ◆ In between coughing episodes people may feel and appear fairly healthy.
- ◆ In children less than 1 year old, complications include pneumonia, convulsions, and, in rare cases, brain damage. The majority of deaths from Pertussis occur in infants younger than 2 months of age.
- ◆ Many people cough for 1 month or longer.

HOW IS PERTUSSIS TREATED?

- ◆ Call a doctor if you think you, or your children may have it or been exposed.
- ◆ An antibiotic is usually prescribed for treatment.

- ◆ Drink plenty of fluids to avoid being dehydrated.
- ◆ Carefully cover your nose and mouth when sneezing or coughing.
- ◆ Wash hands often using soap and water.
- ◆ Stay away from others, **especially** infants and young children, until you have been on antibiotics for 5 days.



Child with pertussis

HOW CAN PERTUSSIS BE PREVENTED?

FOR CHILDREN UNDER 7 YEARS:

The DTaP vaccine includes protection against pertussis. Children should get 5 doses of this vaccine; they need their first dose at 2 months of age. Additional doses are given at 4 months, 6 months, between 12–18 months and 4–6 years of age.

IMMUNIZATION UPDATE FOR AGES 7 YEARS AND OLDER:

The pertussis containing vaccine, Tdap, is recommended as a booster for all ages seven years and older, particularly for people who have close contact with infants or pregnant women. It is required for all teens entering seventh grade of school.

RESOURCES:

San Joaquin County Public Health Services (PHS)
www.sjcphs.org

California Department of Public Health (CDPH)
www.cdph.ca.gov
<http://www.cdph.ca.gov/HealthInfo/discond/Pages/Pertussis.aspx>

U.S. Centers for Disease Control & Prevention (CDC)
www.cdc.gov
<http://www.cdc.gov/pertussis/>