



# Public Health Bulletin

A Publication of the Public Health Department, Jeff Hamm, Health Agency Director  
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## Vigilance Urged for Tick-borne Relapsing Fever

In October of 2008, a North County resident began experiencing a cycle of fevers that were spaced several days apart. They were referred to an infectious disease specialist in North County, who ordered several tests, including tests for *B. burgdorferii* (causative agent for Lyme disease) and *B. hermsii* (causative agent for relapsing fever). The IFA for *B. burgdorferii* came back positive, as did tests for *B. hermsii*. In keeping with the CDC's recommendation for two-step testing for Lyme, a Western Blot was run for Lyme, and proved to be negative. However, the patient showed a significant antibody titer of 1:1024 for *B. hermsii*. The patient agreed to have additional blood drawn at the Public Health Department, and a sample was sent to Fort Collins, Colorado for testing at the CDC. After several months, the test results came back confirmed for *B. hermsii*, or Tick-borne Relapsing Fever (TBRF).

TBRF is a relatively rare disease, with approximately 25 cases reported to the CDC each year. Currently, 11 states require TBRF to be reported to their state health

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## Recommendations for Testing and Control of H1N1 Influenza

As of this writing, there are 23 confirmed cases of swine-origin Influenza A (H1N1) virus (S-OIV) in San Luis Obispo County. All but six of the cases are linked to an outbreak at the Grizzly Youth Academy, a residential school program. The others have occurred in residents throughout the county. Every state in the nation now has reported cases, and at least 70 nations have as well.

On June 11, 2009, the World Health Organization (WHO) raised the worldwide pandemic alert level to Phase 6, meaning that a global pandemic is underway. The decision to raise the alert level is a reflection of sustained transmission of the virus in multiple parts of the world, not the severity of disease. In fact, and quite fortunately, the novel H1N1 virus thus far caused moderate illness.

To date, all 23 local cases have recovered without hospitalization and most without the use of anti-

viral medication.

However, if we know anything about influenza, it is that it is an unpredictable organism. Therefore, we must remain vigilant in our surveillance and preparations for response to a more severe illness. The WHO and the Centers for Disease Control and Prevention (CDC) are closely monitoring this virus with respect to the amount and severity of illness as well as the characteristics of the virus. Extra scrutiny is being placed on the southern hemisphere which is just beginning its influenza season.

The CDC has launched vaccine development and is supporting the early stages of manufacturing a vaccine against this strain. There are no recommendations at present for vaccine administration, but we in state and local public health are gearing up for that possibility. Simultaneously, we are continuing to review and evaluate our pan-

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## H1N1 Influenza (cont.)

demic influenza plans and strongly encourage all of our health care and community partners to do the same.

In the meantime, we continue to make available existing recommendations on the basis of ongoing H1N1 S-OIV transmission. Some of these recommendations are detailed in brief below.

**Laboratory Testing** - should be focused on patients with the greatest epidemiological significance:

- Hospitalized patients with influenza-like illness (ILI)
- Direct care health care providers with ILI
- First case with ILI in a high-risk setting for transmission (e.g., prison, homeless shelter)
- Patient is part of an outbreak or cluster of people with ILI (although only one-two patients need lab confirmation)

**Antiviral Guidance** - treatment and prophylaxis with either oseltamivir (Tamiflu) or zanamivir (Relenza) is recommended for hospitalized patients and patients at high risk\* for severe influenza. \*High-risk includes children younger than 5 years old and adults 65 years of age and older. Also, persons with the following conditions:

- Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), or metabolic disorders (including diabetes mellitus);
- Immunosuppression, including that caused by medications or by HIV;
- pregnancy;
- Age less than 19 years and receiving long-term aspirin therapy;
- Any condition (e.g., cognitive dysfunction, spinal cord injuries, severe seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration; and
- Residents of nursing homes and other chronic-care facilities.

The full CDPH Interim Guidance on Antiviral Recommendations are also posted at CDPH's swine flu site at: [www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaHealthPros.aspx#treatment-hp](http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaHealthPros.aspx#treatment-hp)

**Infection Control** - recommendations are based on transmission primarily through large droplets as well as by contact with fomites, and possibly through small airborne droplets. In all cases, Standard Precautions should be followed. Any patients who are confirmed, probable or suspect cases and present for care at a health care facility should be placed directly into individual rooms with the door kept closed. Ill persons should wear a surgical mask to contain secretions when outside of the patient room, and should be encouraged to perform hand hygiene frequently and follow respiratory hygiene/cough etiquette practices.

All health care personnel who enter the rooms of patients in isolation for swine influenza should wear a fit-tested disposable N95 respirator or equivalent (e.g., powered air purifying respirator). Note: this recommendation differs from current infection control guidance for seasonal influenza, which recommends that health care personnel wear surgical masks for patient care. The use of respiratory protection is a more conservative approach needed until more is known about the specific transmission characteristics of this new virus.

Prevention of the spread of S-OIV infection relies on non-pharmacologic infection control measures. Therefore, persons with mild influenza should be directed to remain at home rather than visit health care facilities. Medical care providers should be available by telephone or e-mail for questions about treatment.

### Additional Information

Call the Public Health Department at 781-5500 for consultation on case investigation. More information can be found at [www.cdc.gov/h1n1flu/guidance](http://www.cdc.gov/h1n1flu/guidance) or [www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenza.aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenza.aspx) or [www.slocounty.ca.gov/health/publichealth/swineflu.htm](http://www.slocounty.ca.gov/health/publichealth/swineflu.htm).

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## Tick-borne Relapsing Fever (cont.)

department, including California. These states are all in the western portion of the U.S., where the disease is considered endemic.

Most cases of TBRF are found in persons who have traveled to remote, high elevation areas during the summer. The ticks associated with TBRF are different than those associated with Lyme disease, and have vastly different feeding patterns. *Ixodes Pacificus*, the hard tick associated with Lyme disease, is a day feeder, and must usually be attached for longer than 24 hours to cause infection. However, *Ornithodoros*, the soft tick associated with TBRF, is a night feeder, and usually takes its meals and departs the victim in 15-30 minutes. Most persons will not even know they have been bitten. *Ornithodoros* usually feed on small animals such as squirrels, mice, chipmunks or rabbits. The ticks live in rodent nests and burrows, which can be found in walls, under homes, and near houses.

Cases of TBRF have been diagnosed in San Luis Obispo County residents before. However, all such cases had travel history out of the county, to remote wooded areas or cabins, consistent with the epidemiology of the disease. This patient had no travel history

in the ~45 days prior to symptom onset, so would have been infected locally. TBRF has an incubation period of two to 18 days, and is characterized by fever, generalized body aches, headaches, chills and sweats. Later, other symptoms can include nausea, vomiting, anorexia, dry cough, photophobia, rash, neck pain, eye pain, confusion and/or dizziness.

Relapsing fever gets its name from the fact that the patient experiences a fever, which resolves and then returns. The symptomatic period lasts two to seven days, and the febrile cycle reoccurs every 4 to 14 days. Generally, a person will experience 3 cycles of illness, although up to 10 have been documented in untreated persons. Most cases of TBRF are self-resolving, although some cases can have long-term symptoms. Erythromycin, tetracyclines, chloramphenicol or penicillins have all been shown to be effective for treating TBRF. Patients can experience a Jarisch-Herxheimer reaction, and should be watched for the first four hours after initiation of treatment.

The Public Health Department will be cooperating with a local professor at Cal Poly to conduct rodent surveys in the North County region looking for *B. hermsii* in

rodents. The ticks themselves are very difficult to find, thus efforts will be made to swab burrows and find rodent nests.

In testing for TBRF, it is important to remember that cross-reactivity can occur with Lyme disease IFA testing. The definitive diagnosis of TBRF is based on the observation of the *Borrelia* spirochetes in smears of peripheral blood, bone marrow, or CSF of a symptomatic person. However, the spirochete can be difficult to detect, and spirochetes will only be seen 70% of the time, even in the initial febrile episode. Serologic testing is also available, and is usually based on acute and convalescent serum. Acute serum should be taken within 7 days of symptom onset, and convalescent serum should be collected at least 21 days after symptoms start.

Because patients will often not recall a tick bite from the *Ornithodoros*, it is important for clinicians to be familiar with the cyclic, febrile characteristics of this disease, and order appropriate testing for patients. The Public Health Department will continue to provide updates as appropriate on its investigation.

More information is available at [www.cdc.gov/ticks/diseases](http://www.cdc.gov/ticks/diseases).

## H1N1 Influenza (cont.)

I have heard lots of kudos about how our county handled this outbreak. Thanks go out to all of the extraordinary members of the health care community. Stay tuned for more information as fall approaches. I greatly suspect that we have not heard the last from the H1N1 swine-originated influenza virus.

*The California Department of Public Health has decided that persons attending the Grizzly Academy (and other temporary residence camps) who have cases of H1N1 should have their illness counted in their county of permanent residency, therefore at least 12 cases from that outbreak will be subtracted from the San Luis Obispo County total. This will result in a reduction of reported cases from our county to date.*

## Recent Information on HIV Testing

### Background

HIV infection and AIDS remain among the leading causes of illness and death in the United States. There are an estimated 56,000 new infections annually in the United States and over one-fifth (21 percent) of individuals living with HIV infection are estimated to be unaware of their HIV status. The California Department of Public Health (CDPH), Center for Infectious Diseases, Office of AIDS (OA), estimates that 5,000-7,000 new infections occur in California each year.

Perinatal HIV transmission also continues, primarily among women who lack prenatal care or who were not provided the opportunity for an HIV test during pregnancy. Perinatal transmission rates can be reduced from approximately 25 percent without treatment to below 2 percent with universal screening of pregnant women in combination with prophylactic administration of antiretroviral drugs, scheduled cesarean delivery when indicated, and avoidance of breast feeding.

### Centers for Disease Control and Prevention (CDC) Guidelines

In 2006, CDC issued “Revised Recommendations for HIV Testing for Adults, Adolescents, and Pregnant Women in Health Care Settings,” recommending routine HIV screening for people 13 to 64 years old who access care in a variety of medical settings. The objectives of these recommendations are to increase HIV screening of patients including pregnant women, increase access to care and treatment, and reduce perinatal, sexual, and injection drug use-associated transmission of HIV in the United States.

### California Law

In California, two recent changes to HIV testing law have supported the effort to bring “opt-out” (routine offering with the option to decline an HIV test) HIV testing to the state’s health care facilities.

As of January 1, 2008, Assembly Bill (AB) 682 (Berg, Chapter 550, Statutes of 2007), added California Health and Safety (H&S) Code Section 120990 which eliminated the requirement for written consent for an HIV test when ordered by a medical care provider.

Instead of required written consent, H&S Code Section 120990(a) requires medical care providers to do the following before they order an HIV test:

- Inform the patient that an HIV test is planned;
- Provide information about the HIV test;
- Inform the patient that there are numerous treatment options available for a patient who tests positive for HIV and that a person who tests negative for HIV should continue to be routinely tested;
- Advise the patient that he or she has the right to decline the HIV test; and
- If the patient declines the HIV test, document that fact in the patient’s medical file.

AB 682 also amended H&S Code Section 125090, which eliminated the requirement for written consent for HIV testing for pregnant women. H&S Code Section 125090 states that if a woman does not have an HIV test documented in her prenatal record during prenatal care or at the time of labor and delivery, the physician, surgeon or other person engaged in her perinatal care shall ensure that the woman is informed about the:

- Intent to perform an HIV test;
- Routine nature of the test;
- Purpose of the test;
- Risks and benefits of the test;
- Risk of transmission of HIV and that approved treatments are known to decrease the risk of perinatal transmission of HIV; and
- Right to decline HIV testing.

There are six rapid HIV tests available that can provide preliminary results within 20 minutes; therefore, hospitals should provide indicated rapid HIV testing in labor and delivery.

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## HIV Testing (cont.)

If a woman receives appropriate HIV treatment during labor and delivery, she can decrease the chances of transmitting HIV to her infant by approximately one-half.

As of January 1, 2009, AB1894 (Krekorian, Chapter 631, Statutes of 2008) added H&S Code Section 1367.46 and Insurance Code Section 10123.91 to require individual and group health care service plans and health insurers to provide coverage for HIV testing in medical care settings regardless of whether the testing is related to the primary diagnosis.

### **Implementation Resources Training and Technical Assistance**

The Pacific AIDS Education and Training Center, based at the University of California, San Francisco (UCSF), can provide free training and technical assistance to health care facilities on implementation of CDC's HIV testing recommendations and H&S Code Section 120990. For inquiries regarding training and technical assistance, contact Michelle Kipper at (415) 597-8197 or michelle.kipper@ucsf.edu.

The California STD/HIV Prevention Training Center (CA PTC) is a joint project of CDPH's Sexually Transmitted Disease (STD) Control Branch; University of California, Berkeley, School of Public Health; and UCSF School of Medicine. A new CA PTC training, *Testing for HIV Infection: A Curriculum for Medical Providers in California*, is available free to medical providers and health professionals. For more information, or to schedule training, call CA PTC at (510) 625-6000, or consult the CA PTC Web site at [www.stdhivtraining.org](http://www.stdhivtraining.org).

### **Telephone Consultation**

The National HIV Telephone Consultation Service (Warmline) provides free and confidential expert consultation on HIV testing and care, including test interpretation (specializing in rapid testing and indeterminate test results). They can also offer guidance for the initial steps in workup and management. Call the Warmline at (800) 933-3413, 6 a.m. – 5 p.m., Monday through Friday.

The National Perinatal HIV Consultation and Referral Service (Perinatal HIV Hotline) provides around-the-clock advice on indications and interpretations of standard and rapid HIV testing in pregnancy, as well as consultation on antiretroviral use in pregnancy, labor and delivery, and the postpartum period. Contact the Hotline at (888) 448-8765.

### **Local Health Department Contact**

The San Luis Obispo County Public Health Department provides free rapid (20 minutes) HIV antibody tests to people at high risk for contracting HIV. For a list of who is at highest risk for contracting HIV, to make an appointment for a test, or for information about HIV and what services are available to people with HIV/AIDS in San Luis Obispo County, call 781-5540.

### **Client Education Materials**

The California HIV/AIDS Clearinghouse (CAC) is a repository and distribution resource center for culturally appropriate HIV/AIDS/STD/tuberculosis (TB)/hepatitis educational materials. CAC provides access to over 200 HIV/AIDS health education materials. Additional materials such as DVDs, books and health publications are available for loan, and technical assistance is provided through library services. CAC can be reached toll free at (888) 661-4222 or at [www.hivinfo.org](http://www.hivinfo.org).

### **Additional Materials and Comprehensive Guidance Documents**

Health Research and Educational Trust (HRET), *HIV Testing in Emergency Departments (EDs): A Practical Guide*. HRET has developed this guide for clinicians and administrators seeking to incorporate routine HIV testing in their EDs. This guide is based on site visits and interviews with leadership and staff in EDs and health departments that have successfully incorporated testing. It can be found online at: <http://edhivtestguide.org>.

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## Alcohol Use in Pregnancy – An Ongoing Concern

The identification of Fetal Alcohol Syndrome (FAS) 32 years ago led to considerable public education informing women to limit the amount of alcohol consumed while pregnant. Since that time, more has been learned about the effects of alcohol on a fetus. It is now clear that no amount of alcohol can be considered safe.

All health care practitioners should strongly emphasize to female patients of childbearing age, especially those who are known to be pregnant, the dangers of drinking any amount of alcohol while pregnant.

Despite public health advisories and efforts to disseminate this information over the ensuing decades, including a prominent Surgeon General's report in 1981, recent data indicate that significant numbers of women continue to drink during pregnancy, many in a high-risk manner that places the fetus at risk for a broad range of problems arising from prenatal alcohol exposure including full-blown FAS.

Research suggests that physicians may not receive adequate instruction in the dangers of prenatal alcohol exposure. The American College of Obstetricians and Gynecologists advises against drinking at all during pregnancy, yet only 24% of obstetrical textbooks published since 1990 recommend abstinence during pregnancy.

Many local obstetrical providers participate in the 4 P's Plus substance screening program that is supported by the San Luis Obispo County Maternal Child and Adolescent Health program. This program provides a screening tool for prenatal substance use to identify women with risk factors and provide education, intervention and referrals for the pregnant women. Other resources to help professionals advise patients to reduce and refrain from alcohol in pregnancy, include the National Institute on Alcohol Abuse and Alcoholism ([www.niaaa.nih.gov](http://www.niaaa.nih.gov)), the Centers for Disease Control and Prevention ([www.cdc.gov/ncbddd/fas](http://www.cdc.gov/ncbddd/fas)), and the Substance Abuse and Mental Health Services Administration ([www.fascenter.samhsa.gov](http://www.fascenter.samhsa.gov)).

Alcohol-related birth defects are completely preventable. We cannot stress enough the importance of screening all pregnant women for the use of alcohol and other substances, recognizing the effect these substances have on a growing fetus. For more information, call the Public Health Department at 781-5500.

### Postpartum Depression/Anxiety Support Checklist

Postpartum depression (PPD) is very common. One in six women will experience some of the following symptoms: anxiety, sleep problems, agitation, appetite decrease or increase, depression, guilt, detachment, feeling overwhelmed or just not oneself.

PPD is not postpartum psychosis. PPD is on a continuum with symptoms from mild to severe. Symptoms can begin anytime in the first year. PPD is greatly misunderstood and many women suffer in silence.

#### Support Guidelines

- **Sleep Plan:** Mom needs five hours uninterrupted sleep. Establish a sleep plan with the support of dad or other support individuals (e.g., take shifts, supplement feedings, and get help on weekends).
- **Meal Plan:** Encourage mom to make a list of five to six easy to grab snacks, post it on the refrigerator and stock up. Aim for more protein-based vs. high carb/sugar (e.g., hard boiled eggs, string cheese, fruit, yogurt, peanut butter, apple, protein bar, granola, nuts).
- **Self-Care:** Time away from the baby is important (and that does not mean just in the other room), even if it is just 30 minutes. Go to the grocery store alone, go on a walk, have coffee with friends.
- **Support:** Many people say "let me know if you need anything" - say yes. Make a list of things you may need help with and name who can help (e.g., items from the store, watch the baby, take an older child, meals delivered, errands).
- **Medication:** Most women are apprehensive about taking meds. Medication will help improve mood faster. All women should be encouraged to discuss symptoms with their OB or regular doctor. Be sure to check thyroid and other hormone levels. Important fact - many studies have shown that women with untreated depression and anxiety may have a negative impact on the child's development.

### **Advisory Committee on Immunization Practices (ACIP) Meeting Highlights**

- Due to hepatitis A outbreaks in families with recently adopted children from endemic countries, ACIP now recommends hepatitis A vaccine for household contacts prior to arrival of an internationally-adopted child or travel to adoptee country. More information is at [www.cdc.gov/vaccines/recs/acip/default.htm](http://www.cdc.gov/vaccines/recs/acip/default.htm).
- For the 2009-10 season, influenza vaccine is recommended for all children 6 months through 18 years of age, removing the qualification “if feasible” from the recommendation for children 5 through 18 years.
- A new 13-valent pneumococcal conjugate vaccine (PCV13) may be licensed by the Food and Drug Administration (FDA) during the latter half of 2009. VFC providers will be notified as soon as information becomes available.
- Adolescent Vaccines: A bivalent HPV vaccine and a second meningococcal conjugate vaccine (MCV4) are under review by the FDA.
- The shortage of Haemophilus influenzae type b (Hib) vaccine is expected to persist in 2009.

### **Community Immunity Against Chickenpox “Varicella” in San Luis Obispo**

Before we had a vaccine to protect us against chickenpox, virtually all persons would get the disease (about four million per year) and of those, most would have scarring, approximately 11,000 persons were hospitalized, and some would be disabled or die. In 1994, the year before the varicella vaccine was licensed in the United States, we had 124 deaths due to chickenpox.

The Advisory Committee on Immunization Practices (ACIP) started recommending the vaccine in 1996, and in June 2006 they approved a routine two-dose series for children and others who are not immune. While one dose of varicella vaccine has significantly decreased the presence of chickenpox, its effectiveness is only 85%. The second dose will improve protection to the 15%-20% who do not respond adequately to the first dose, thus creating greater herd immunity.

The first dose is due at 12-15 months of age and the second dose at 4-6 years of age. Adolescents and adults who do not have immunity should also receive two doses of varicella vaccine, at least 28 days apart.

How are we doing in San Luis Obispo County? The good news is that 94% of 1,585 children ages 5 to 7 years old who attend a Community Health Centers clinic have had their second dose. The bad news is that only 60% of 2,324 kindergartners have had their second dose.

The message to everyone - parent, babysitter or teacher - is to verify that loved ones have had the chickenpox disease (most have if born in the U.S. before 1980) or have had two doses of varicella vaccine. Complications from varicella vary with age, and occur much more often in infants and persons older than 15. Complications include bacterial skin infections (staphylococcus and streptococcus), pneumonia (viral or bacterial), central nervous system manifestations (meningitis or encephalitis leading to seizures and coma), hemorrhagic varicella, myocarditis, arthritis, orchitis, inflammation of the iris, and, in pregnant women, congenital varicella syndrome.

Now, more disease is observed in adolescents and adults, where it is much more serious. For photos and videos on chickenpox and other vaccine preventable diseases, visit [www.immunize.org](http://www.immunize.org).

### **Congratulations to CHCCC**

In 2008, Community Health Centers of the Central Coast (San Luis Obispo clinic, Los Robles clinic, and Coastal Medical Center) ranked number second, fourth and sixth out of 64 statewide for up-to-date vaccination levels of children by the age of two.

### **OB Offices - Save the Date**

Comprehensive Perinatal Services Program (CPSP) Roundtable Discussion

Proposed Topic: CPSP Medical Confidentiality and Best Practices

September 23, 2009 • 8 a.m. to 12 noon • Ag Auditorium, 2156 Sierra Way, San Luis Obispo

For more information, call Cristy at 781-1563 or e-mail: [ccolliver@co.slo.ca.us](mailto:ccolliver@co.slo.ca.us)

### **New Immunization Training Resources On-Line**

If your medical practice administers any type of vaccine, the state Web site [www.eziz.org](http://www.eziz.org) can save you some expensive lessons. Most vaccine losses are due to improper storage, e.g. kept too cold. With today's vaccine costs, improper storage can easily result in a loss of several thousand dollars. The Web site has guidelines and resources for storage and handling and short training modules for preparing and administration of vaccines. If you would like a consult on storage and handling and other free resources, call 226-3216.

### **Vaccine Recommendations for Pneumococcal Disease**

CDC's Advisory Committee on Immunization Practices (ACIP) recommends a single dose of PPSV23 for all people 65 years and older and for persons 2 to 64 years of age with certain high-risk conditions. People in these groups are at increased risk of pneumococcal disease as well as serious complications from influenza. A single revaccination at least five years after initial vaccination is recommended for people 65 years and older who were first vaccinated before age 65 years as well as for people at highest risk, such as those who have no spleen, and those who have HIV infection, AIDS, or malignancy.

All people who have existing indications for PPSV23 should continue to be vaccinated according to current ACIP recommendations during the outbreak of novel influenza A (H1N1). Emphasis should be placed on vaccinating people aged less than 65 years who have established high-risk conditions because PPSV23 coverage among this group is low and because people in this group appear to be overrepresented among severe cases of novel influenza A (H1N1) infection, based on currently available data. PPSV23 coverage estimates are available at [www.cdc.gov/flu/professionals/vaccination/pdf/NHIS89\\_07ppvaxtrendtab.pdf](http://www.cdc.gov/flu/professionals/vaccination/pdf/NHIS89_07ppvaxtrendtab.pdf).

### **Immunization Webcast Set for July 30**

The CDC will present a webcast, on July 30 from 9 - 11:30 a.m., which will provide up-to-date information on the rapidly changing field of immunization. Anticipated topics include influenza (including H1N1 influenza), rotavirus, vaccine safety and vaccine supply. So-called "alternative" vaccine schedules and other emerging vaccine issues will also be discussed. A self study of the program will be available 4-6 weeks after being aired.

No registration is necessary to access the live webcast at [www2a.cdc.gov/phtn/immupdate2009/default.asp](http://www2a.cdc.gov/phtn/immupdate2009/default.asp). Continuing education credit is pending. If you would like to view the webcast at the San Luis Obispo or Paso Robles Public Health Department, call Liz at 226-3219 or e-mail her at [esandoval@co.slo.ca.us](mailto:esandoval@co.slo.ca.us).

### **High School Graduates – Be Prepared**

Before your high school graduate turns 19 or falls off of your health insurance, review their immunization record. The county public health clinics have low cost vaccines for all children under age 19. In addition to childhood vaccines, a teenager should have had Tdap, second dose varicella, meningococcal, and, for young women, a series of three HPV vaccines.

## **Free Tobacco Cessation Classes Offered Throughout County**

Any smoker who is committed to stop smoking and ready to set a quit date can call the Tobacco Control Program office today for free stop smoking classes with a skilled facilitator. Our program can provide free nicotine replacement therapies to class participants.

Call 781-5564 for more information, specific dates and to sign up for a class.

San Luis Obispo	Mondays	12:30 – 2:00 p.m.	Paso Robles	Thursdays	4:00 - 5:30 p.m.
Grover Beach	Tuesdays	5:30 – 7:00 p.m.			

**San Luis Obispo County Reported Cases of Selected Communicable Diseases - Summer 2009**

<b>Disease</b>	<b>Jan.-March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Total 2009</b>	<b>Total 2008</b>
AIDS/HIV	6/19	1/0	0/0	3/0	10/19	2/22
<b>Amebiasis</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Brucellosis	0	0	0	0	0	0
<b>Campylobacteriosis</b>	<b>15</b>	<b>7</b>	<b>13</b>	<b>4</b>	<b>39</b>	<b>45</b>
Chlamydial Infections	175	60	44	60	339	634
<b>Coccidioidomycosis</b>	<b>28</b>	<b>3</b>	<b>5</b>	<b>9</b>	<b>45</b>	<b>88</b>
Cryptosporidiosis	4	1	4	3	12	8
<b>E. Coli</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>6</b>
Giardiasis	2	0	1	0	3	9
<b>Gonorrhea</b>	<b>10</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>18</b>	<b>33</b>
Hepatitis A	0	0	0	0	0	13
<b>Hepatitis B</b>	<b>28</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>39</b>	<b>43</b>
Hepatitis C Acute	0	0	0	0	0	13
<b>Hepatitis, Unspecified</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Listeriosis	0	0	0	0	0	0
<b>Lyme Disease</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2*</b>
Measles (Rubeola)	0	0	0	0	0	0
<b>Meningitis - Total</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>13</b>	<b>27</b>
Meningitis - Viral	5	3	0	3	11	22
<b>Meningitis, H-Flu</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Meningococcal Disease	0	0	0	0	0	1
<b>MRSA</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Pertussis	0	0	0	0	0	17
<b>Rubella</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Salmonellosis	3	2	1	1	7	26
<b>Shigellosis</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>8</b>
Syphilis - Total	5	0	0	1	6	41
<b>Tuberculosis</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>
West Nile Fever	0	0	0	0	0	0
<b>W. Nile Virus Neuroinvasive</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* Cases of Lyme disease are under review using a case definition algorithm supplied by the California Department of Public Health



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