



Public Health Bulletin

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Making Your New Year's Resolutions Successful

New Year's wouldn't be complete without noisemakers. Tradition holds that making lots of noise at midnight on New Year's Eve would ward off evil spirits from entering the New Year.

New Year's resolutions are another tradition that goes all the way back to 153 B.C. when Janus, a mythical king of early Rome, was placed at the head of the calendar. With two faces, Janus could look back on past events and forward to the future. Janus became the ancient symbol for resolutions and many Romans looked for forgiveness from their enemies, and also exchanged gifts, before the beginning of each year.

A New Year is the perfect time to look back into the past and make plans for the future. In an effort to make our lives better, many of us make lofty plans and New Year's resolutions. A few promises are kept, although many fail.

About 40 to 45% of American adults make one or more New Year's resolutions each year. The most popular resolutions include promises of weight loss, exercise and quitting smoking. Experts feel that the reason for the failure of

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Penny Borenstein, M.D., M.P.H.



The Evolving Nature of SLO County and Public Health

Often described as an appealing alternative to a hyperactive urban lifestyle, many visitors and residents of San Luis Obispo County have been lured away from hectic urban counties to experience the natural beauty and rural character of ours. Seekers of the "SLO life" have contributed to our population growth and the growing expectations for the type of comprehensive public services available in larger counties, including the public health system.

Our engaged and knowledgeable population has stimulated a cautious evolution of public health services. Included in this culture shift are the strengthening of our public health emergency preparedness program and forthcoming consideration of two new specialty care systems.

Most Americans expect their local government to protect them from the consequences of a public health emergency, be it bioterrorism, a radiologic release, or a natural occurrence such as a severe storm or an earthquake. Since

2002, the Public Health Emergency Preparedness program (formerly known by the mislabeled moniker "Bioterrorism Program") has cultivated and enhanced partnerships with first responder organizations, hospitals, the County Office of Emergency Services and other local community partners to develop disaster response plans, participate in disaster response exercises and respond to actual public health emergencies, such as our current H1N1 influenza pandemic.

Opportunities for the Public Health Department and the County as a whole to further evolve will soon be before us as plans are considered for implementing two new specialty care systems. These systems would allow for expediting emergency medical response in certain types of critical patients, namely trauma victims and STEMI (ST-Segment Elevation Myocardial Infarction) sufferers. Both such systems are aimed at reducing unnecessary deaths and disability through an organized continuum of

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care, often starting with pre-hospital Emergency Medical Services (EMS) providers and concluding with patient rehabilitation.

The trauma system process is often expressed through the popular idiom: “The right patient, to the right place in the right amount of time.” Currently, and in contrast with the majority of trauma patients throughout the state, most San Luis Obispo County trauma patients are treated within the county and are not transported to a trauma center. The county’s nearest trauma center, Santa Barbara Cottage Hospital, is over 100 miles away and does not have a helicopter landing site. By air or ground, transport to this trauma center can take between one to two hours.

Our county has been more fortunate than others of similar population size due to the local availability of surgical specialists. Yet, the State EMS Authority’s 2006 report, *California Statewide Trauma Planning*, recognizes that the Central Coast is one of only three geographic areas with significant gaps in access to a defined trauma system. Rapid access to an appropriate trauma center is a goal for San Luis Obispo County, for the few trauma patients who would most benefit from a higher level of care.

For the last 19 months, the Public Health Department, the EMS Agency, Inc. and the Trauma System Committee (comprised of multi-disciplinary stakeholders) have collaborated on a comprehensive revision of the original

2004 Trauma System Plan, inclusive of new policies which outline criteria for a hospital to become a nationally-recognized Level II or III Trauma Center. (A Level I Trauma Center is not an option in our county as it applies only to teaching hospitals.)

The revised TSP is nearing completion and we expect to present it to the Board of Supervisors in the coming months, followed by obtaining the requisite approval from the State EMS Authority. With an approved Trauma System Plan, the same entities can then begin the next steps of assessing readiness, feasibility, and potential effects of designating any hospital as a Trauma Center.

The other specialty care system in development is for STEMI, considered to be the most critical type of heart attack. When quickly recognized and treated, the damage to the heart is reduced significantly. A STEMI system includes a process for pre-hospital identification by EKG, activation of a STEMI receiving center, and rapid therapeutic intervention preferentially with percutaneous coronary intervention (balloon angioplasty and/or stent placement.)

Although the State has not yet established regulations for the development of STEMI systems or STEMI receiving centers, unlike the extensive regulations governing trauma care, the American Heart Association has published widely-accepted guidelines and goals. Nineteen counties have already established STEMI systems.

Implementation of a STEMI

system is not as intricate as a trauma system and the Public Health Department recently approved a STEMI system design recommended by the County’s Emergency Medical Care Committee. Nevertheless, though a STEMI System does not require approval of the Board of Supervisors or a State agency, designation of a STEMI Receiving Center, currently under review for one local hospital applicant, will be finalized only after recommendation by an external review team and approval by the Board of Supervisors.

The development of these two specialty care systems has required significant time and resources of many stakeholders and me; yet the estimated number of patients who would receive care through activation of each of these proposed systems is only about 200-300 persons, or less than 2% of the total number of patients treated annually in our emergency medical system.

So why are we, and so many other counties, going through all this trouble? Because the experiences and research-driven analyses of other systems have shown that specialty care systems can and often do provide a better outcome for emergency patients. It’s with a similar ethic that we and our partners in emergency preparedness commit significant time and resources planning for unpredictable disasters that may never occur.

These efforts are exciting opportunities to improve the health care response system in San Luis Obispo County. The specialty care

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Public Health Laboratory Responds to a Pandemic: A Director's Log by J. Beebe, Ph.D.

April 23, 2009: The San Luis Obispo County Public Health Laboratory (PHL) Director reads a CDC report about a new influenza infection in two children in southern California.

April 24-25, 2009: News reports of a massive outbreak of influenza in Mexico follow over the next two days. National and statewide public health agency conference calls are held which paint a picture of an epidemic spreading from Mexico to the U.S. and beyond. The PHL Director knows that San Luis Obispo County Public Health Department (PHD) does not offer the test that public health officials will need: a molecular amplification test called Reverse-Transcription Polymerase Chain Reaction (RT-PCR) for influenza virus. The test can be done in a day, rather than the week it takes to do standard virus culture.

April 27, 2009: The PHL Director, after conferring with the Health Officer, mobilizes laboratory staff and contacts the state Viral and Rickettsial Disease Laboratory (VRDL) requesting assay materials to do preliminary RT-PCR testing. VRDL immediately sends protocols and kits to allow the Public Health Laboratory to run the VRDL-developed test.

April 27-May 9, 2009: PHL microbiologists work up the new procedure on the single thermocycler—the instrument needed to run the RT-PCR test—while scores of specimens are received and sent to VRDL for molecular testing. VRDL is quickly swamped with specimens to test.

May 6, 2009: A respiratory illness outbreak at the Grizzly Youth Academy (GYA) results in submission of 32 naso-pharyngeal specimens for PCR testing; all are sent to the state lab.

May 10, 2009: The PHL begins testing for the so-called “swine” influenza virus by the VRDL method and joins the Respiratory Virus Laboratory Network, a group of 26 California local public health laboratories that share the burden of testing with the VRDL, testing over 20,000 specimens from May to the end of summer. The VRDL test cannot confirm detection of the new virus because it is sufficiently different from the seasonal strains. Only the Centers for Disease Control and Prevention (CDC) and a few other international laboratories have the assays to test for the specific new virus. The VRDL does perform testing for “probable” cases through a molecular test signature that indicates the virus is present. Seasonal influenza virus strains are rarely detected. The new virus is taking over and cases are occurring everywhere.

May 15, 2009: Seventy-five blood specimens are received and processed from the cadets at the GYA and forwarded to VRDL for serologic testing. In collaboration with PHD Nursing, PHD Epidemiologist, and state officials, over 200 blood specimens are received and sent to the CDC through the state laboratory.

May 20, 2009 (est): The VRDL obtains the CDC PCR confirmatory assay previously only available in the U.S. through the CDC lab.

June 16, 2009: Cases are still occurring. The PHL Director and Health Officer agree that the laboratory needs additional capacity with the specter of a new wave occurring in the fall. A request is made for use of the County's next round of Department of Homeland Security (DHS) grant funding to purchase a new thermocycler which will triple testing capacity.

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Childhood Obesity and Children's Oral Health Summits Slated for February

The third annual Childhood Obesity Summit for Santa Barbara and San Luis Obispo Counties will be held on February 2 from 4 - 7 p.m. at the Radisson Hotel-Santa Maria.

Health providers and community partners will share resources and showcase promising new programs. For more information, call Paula Michal at 562-1020.

The 2010 Children's Oral Health Summit, co-sponsored by First 5 San Luis Obispo County and The California Endowment,

will be held on February 5 from 8 a.m. to 4:30 p.m. at the Courtyard by Marriott, 1605 Calle Joaquin Road in San Luis Obispo. There will be no charge for registration, meals, or continuing education credits.

Registration is required. Please call to register as soon as possible, as seating is limited and filling up quickly. You may register online at www.first5slo.org. For more information, please contact First 5 SLO County at 781-4058 or first5@first5slo.org.

Health Officer (cont.)

systems are particularly complex and require provider consensus as well as sustainable resources and system flexibility. An important additional component of these system plans are the inclusion of widespread public education on injury avoidance and early signs and symptoms of a myocardial infarction.

As the Public Health Department evolves along with our community, we will continue to carefully prioritize which risks to our population's health and safety are the most important and warrant the greatest attention.

Public Health Laboratory Responds to a Pandemic (cont.)

Mid-July, 2009: The first wave of the 2009 Pandemic Novel H1N1 Influenza—as it is now named—ebbs, although the SLO PHL continues testing specimens for the new virus throughout the summer.

September 21, 2009: As cases begin to increase again, tripling the number of specimens tested in August, the number of PHL microbiologists trained to perform the PCR test is increased to three.

October 16, 2009: News of the DHS grant award is received and the new thermocycler is ordered the same day. Test volume spikes the following week to equal the number of specimens received during the previous six weeks, then settles lower toward the end of October. A fourth microbiologist is added to share duties of running the “flu” PCR test daily and on weekends using the older thermocycler.

November 5-12, 2009: The new instrument, called the “7500,” is received and installed; initial training is provided by the manufacturer's technical representative.

December 2-3, 2009: PHL scientist Stacy Evans attends a special training class at VRDL.

December 11, 2009: CDC kits are received three days after order placed and validation studies with a special challenge set of unknown specimens are begun.

As of this writing, the San Luis Obispo County PHL is awaiting approval from the CDC to begin independently performing the confirmatory test and, with four trained microbiologists, will shortly join an elite group of about 100 laboratories around the world that can perform confirmatory testing for the 2009 Pandemic H1N1 Influenza virus.

Making Your New Year's Resolutions (cont.)

many resolutions is that most people do not back their resolutions with proper planning. The following tips will help you be successful with your resolutions this year:

1. **Be Realistic**

The surest way to fall short of your goal is to make your goal unattainable. For instance, resolving to never eat your favorite food again could be a bad choice. Strive for a goal that is attainable, such as limiting your intake of high calorie items.

2. **Make a Plan**

Decide how you will deal with the temptation to skip that exercise class or have one more cigarette. This could include calling on a friend for help, practicing positive thinking and self-talk, or reminding yourself how your bad habit affects your life.

3. **Make a “Pro” and “Con” List**

It may help to see a list of items on paper to keep your motivation strong. Develop this list over time, and ask others to contribute to it. Keep your list with you and refer to it when you need help keeping your resolve.

4. **Talk About It**

Don't keep your resolution a secret. Tell friends and family members who will be there to support your resolve to change yourself for the better or improve your health. The best case scenario is to find yourself a buddy who shares your New Year's resolution and motivate each other.

5. **Reward Yourself**

This doesn't mean that you can eat an entire box of chocolates if your resolution is to diet. Instead, celebrate your success by treating yourself to something that you enjoy that does not contradict your resolution. If you've been sticking to your promise to eat better, for example, perhaps your reward could be going to a movie with a friend.

6. **Track your Progress**

Keep track of each small success you make toward reaching your larger goal. Short-term goals are easier to keep, and small accomplishments will help keep you motivated. Instead of focusing on losing 30 pounds, say, focus on losing that first 5.

7. **Don't Beat Yourself Up**

Obsessing over the occasional slip, such as smoking a cigarette, won't help you achieve your goal. Do the best you can each day, and take each day one at a time.

8. **Stick to It**

Experts say it takes about 21 days for a new activity, such as exercising, to become a habit, and 6 months for it to become part of your personality. Your new healthful habits will become second nature in no time.

If stopping smoking is one of your resolutions this year, remember that the Tobacco Control Program offers free smoking cessation classes and free nicotine replacement therapy. Call us for more information at 781-5564.

San Luis Obispo County Reported Cases of Selected Communicable Diseases - Winter 2009/2010**

Disease	Jan.-Sept.	October	November	December	Total 2009	Total 2008
Amebiasis	0	0	0	0	0	1
Brucellosis	0	0	0	0	0	0
Campylobacteriosis	76	6	4	6	92	45
Chlamydial Infections	485	85	19	52	641	634
Coccidioidomycosis	61	12	6	8	87	88
Cryptosporidiosis	19	3	2	1	25	8
E. Coli	3	6	1	1	11	6
Giardiasis	6	2	1	1	10	9
Gonorrhea	33	1	0	5	39	33
Hepatitis A	1	0	0	0	1	13
Hepatitis B	50	0	1	0	51	43
Hepatitis C Acute	0	0	0	0	0	13
Hepatitis, Unspecified	0	0	0	0	0	0
Listeriosis	0	0	0	0	0	0
Lyme Disease	4	0	0	0	4	2*
Measles (Rubeola)	0	0	0	0	0	0
Meningitis - Total	22	4	3	1	30	27
Meningitis - Viral	20	3	3	1	27	22
Meningitis, H-Flu	0	0	0	0	0	0
Meningococcal Disease	0	0	1	0	1	1
MRSA	0	0	0	0	0	2
Pertussis	0	0	1	1	2	17
Rubella	0	0	0	0	0	0
Salmonellosis	11	2	1	0	14	26
Shigellosis	1	1	0	1	3	8
Syphilis - Total	8	0	0	0	8	41
Tuberculosis	2	0	0	1	3	1
West Nile Fever	0	0	0	0	0	0
W. Nile Virus Neuroinvasive	0	0	0	0	0	0

* Cases of Lyme disease are under review using a case definition algorithm supplied by the California Department of Public Health
 ** These are preliminary numbers, end of year numbers will vary slightly.



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