



Public Health Bulletin

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Potential for Increased Cases of Valley Fever

Climate conditions have been shown to play a role in the incidence of *Coccidioides immitis*, or Valley Fever, with increased incidence of cases in the population after wet periods.

After three relatively dry years, the Central Coast experienced a very wet spring and summer. Studies have demonstrated that *C. immitis* thrives in wet periods following prolonged dry periods or droughts due to the organism's tolerance for hot, dry conditions.

Cocci spread through dust that contains spores of the fungus. The life cycle of *C. immitis* results in an organism bloom in wet conditions. Colonies become susceptible to dispersal during windy conditions, with resulting human infections. The spores are small enough to be inhaled deep into the lung, where they can cause infection.

Symptoms of Valley Fever can include extreme fatigue, cough, aches/pains, rash and fever. Because some of the hallmark symptoms of Valley Fever (cough, fatigue, and aches) can mimic pertussis or influenza, it is important to test your patients for all. Valley Fever can have delayed serologic

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Public Health Department Begins Planning for Health Care Reform

Health care reform is creating new opportunities to potentially expand and improve San Luis Obispo County's health care safety net— if we are prepared to effectively take advantage of this new landscape.

State and Federal Opportunities

By January 1, 2014, California will have made significant strides in implementing key components of the Patient Protection and Affordable Care Act (PPACA) including coverage expansion to the newly eligible Medicaid population (Medi-Cal in California), expansion of Medicaid benefits for new and existing populations, delivery system reform, administration simplification, and payment reform.

PPACA expands mandatory Medicaid eligibility on January 1, 2014 to all individuals under age

65 with incomes up to 133% of the federal poverty level (FPL) based on modified adjusted gross income.

The state envisions enrolling a significant portion of the “newly eligible” adults through county-based coverage initiatives prior to 2014.

Through the Section 1115 Medicaid Waiver proposal, the state proposes to immediately begin phasing in coverage for the newly eligible adults by building on its current county-based Health Care Coverage Initiative (HCCI) so that in 2014, this population can more readily become fully enrolled in Medi-Cal statewide.

The current HCCI serves uninsured individuals in 10 counties and the state anticipates that at least 56 of the state's 58 counties, representing 98 percent of the population, will participate in the second generation HCCI. San Luis Obispo

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is one of the counties currently without an HCCI.

Local Opportunities

Blue Shield of California Foundation recently awarded planning grants to 12 counties, including San Luis Obispo, to build a bridge to the public health coverage expansions envisioned under federal health reform.

This grant will fund our planning efforts and enable us to collaboratively research, analyze, and plan for these new opportunities, including the potential benefits of establishing a San Luis Obispo County HCCI.

With so many changes in health care safety net services, and many more coming through federal reform and the state's HCCI, it is critical for the County to assess the utilization and costs of the current system, while planning for the future. No systematic analysis has taken place since a task force was convened in 2003 following the closure of the County's General Hospital.

Planning Process

This multi-phase research and planning project began in late September with the convening of a work group of local stakeholders representing providers, consumers, CenCal Health, Community Health Centers and the County. The work group will meet at least monthly over a 12 month period, and all group participants have a role to

play in this collaborative effort.

The Public Health Department provides the project with overall leadership and staff support. A health planning and policy consultant facilitates stakeholder meetings, provides technical assistance and advice, and will develop a final proposal and HCCI plan should the County choose to request HCCI inclusion. The stakeholders participate in meetings, provide aggregate data, and engage in decision-making dialogue.

The key objective for this project is to position the County to be capable of implementing an HCCI for medically indigent adults in advance of the 2014 federally-mandated Medi-Cal expansion. Early inclusion of several thousand county residents into the program will strengthen the safety net and expand access to health care.

We are appreciative of the financial support of the Blue Shield of California Foundation that is helping to provide planning resources needed to thoroughly evaluate and prepare for this opportunity to improve and expand our programs for the uninsured residents of San Luis Obispo County.

Carpe Diem

In these times of dramatic budget cuts, it is more important than ever to seize today's opportunity for prudent planning so that we may effectively prepare and make the most of tomorrow's opportunities.

French Hospital Is County STEMI Center

In collaboration with San Luis Obispo County hospitals, physicians and emergency medical service providers, the Emergency Services Agency (EMSA) launched the county's first specialty care system on August 1.

The EMSA, working with representatives of emergency service stakeholders, developed guidelines for an ST-segment elevation myocardial infarction (STEMI) system and worked with hospital emergency department personnel and prehospital providers to ensure that Advanced Life Support personnel are trained in patient triage and destination criteria, data collection elements and 12-lead ECG acquisition for the new STEMI system of care.

French Hospital Medical Center has been designated a STEMI receiving center by the EMSA and is responsible for accepting patients meeting STEMI criteria identified by certified prehospital personnel and hospital facilities in the county. French is providing STEMI care services 24/7 and is directly involved in STEMI quality improvement efforts and collecting data on STEMI patients. SLO County STEMI patients may be transported to the closest STEMI receiving center, including French in San Luis Obispo and Marian Medical Center in Santa Maria.

It is expected that the new STEMI system will yield improved health outcomes for a number of County residents who suffer from cardiovascular disease.

Lead Poisoning Prevention Week

Childhood Lead Poisoning Prevention Week will be celebrated this year from October 24 -30 with the theme of “A Lead-Free Future.” San Luis Obispo County will be promoting childhood lead poisoning prevention awareness in local preschools, with pediatricians, and at other venues.

Lead can damage a child’s brain and nervous system. Lead poisoning is especially dangerous for children under the age of six because their rapidly growing and developing bodies absorb more lead. It can cause permanent

learning and behavioral problems that make it difficult for children to succeed in school. Lead poisoning can be avoided if we educate the public about the dangers of lead hazards, and if we promote prevention efforts.

Our collaborative has a short skit for preschool ages titled: “Ironman Battles the Evil Leadman to Keep Kids Safe This Halloween.” If you would like to join our collaborative and/or host an activity, please call Debbie Trinidad, Childhood Lead Poisoning Prevention Coordinator at 226-3216.

Valley Fever (cont.)

IgM development, so if you suspect Valley Fever but receive a negative test result, it is worth testing again in 4-6 weeks.

Medical providers should also be aware of the increased risk of Valley Fever to certain occupational groups (construction and agriculture), and include some risk assessment questions when obtaining a history for respiratory illness.

Valley Fever is a reportable condition. Confidential morbidity reports are at the Public Health Department Web site, www.slocounty.ca.gov/health/publichealth.htm.

Results of 2010 Expanded Kindergarten Retrospective Survey

In California, counties have the option of performing the Expanded Kindergarten Retrospective Survey (EKRS). The purpose is to provide county-level estimates of immunization coverage for young children by the age of 24 months. The state randomly selects five schools for the Public Health Department to review records of all kindergarten students enrolled at those schools. In San Luis Obispo County, this resulted in 220 records, or 8.6% of all kindergartners in the county. The EKRS final sample size was 200 records, after 20 records were excluded due to personal beliefs or medical exemptions. Here are the results:

<u>Up to Date by 24 months</u>	<u>SLO County</u>	<u>California*</u>
4 DPT, 3 OPV, 1 MMR	74%	77.9% (+-1.9%)
4 DPT, 3 OPV, 1 MMR, 3 HEP B	70%	75.1% (+-2.0%)
4 DPT, 3 OPV, 1 MMR, 3 HEP B, 1 VAR (4:3:1:3:1 series)	66%	71.9% (+-2.1%)

*State rates are from the 2009 California Kindergarten Retrospective Survey.

National recommendations are for children to receive the 4:3:1:3:1 series by 18 months of age. Due to state regulation, this same cohort is nearly 100% up-to-date by kindergarten entry. Reasons for delay in approximately one-third (34%) of these children at two years of age are not limited to families not seeking timely health care, but also include administration errors, or mistimed immunization. In the EKRS, vaccine intervals are measured, not just total doses received.

Timing errors were most frequent in Hepatitis B administration: the third dose of Hep B given before 24 weeks of age or at less than the minimum interval of 8 weeks after the second dose. Use of the California Immunization Registry can help ensure use of correct dose intervals. For more information on access to the registry or about the EKRS, call the Public Health Department Immunization Program at 226-3216.

Our thanks go to the following participating elementary schools: Branch - Arroyo Grande, Georgia Brown - Paso Robles, Bishop’s Peak - San Luis Obispo, Montessori Children’s School - San Luis Obispo and Trinity Lutheran - Paso Robles.

Public Health Now Oversees Emergency Medical Services

As of July 1, 2010, the duties of the San Luis Obispo County Emergency Medical Services Agency (EMSA) are no longer being contracted to a local non-profit agency but will reside in the Public Health Department under the Health Care Services Division.

The agency's tasks include: supporting the local emergency medical care delivery system; providing prehospital clinical and operational policy development; providing oversight of ambulance and hospital contracts; and assuring the certification and education of local EMS personnel (emergency medical technicians (EMTs), paramedics and mobile intensive care nurses (MICN)).

Local EMS community members who are appointed by the Board of Supervisors serve as an advisory committee, the Emergency Medical Care Committee (EMCC), to the local EMSA.

The Committee and its subcommittees include EMTs, paramedics, physicians, nurses, law enforcement, fire, ambulance providers and hospitals who participate in the development and revision of prehospital policies and in a quality improvement program to ensure that the EMS community maintains the highest standards for prehospital care.

Current trends in prehospital specialty care are coming to San Luis Obispo County which will

create changes to the local EMS system. French Hospital Medical Center is a designated STEMI (ST-segment elevation myocardial infarction) Receiving Center that was implemented in August 2010. The EMSA will be overseeing the establishment and ongoing work of the STEMI Receiving Center.

Implementation of the county's Trauma System Plan with the anticipated designation of a Trauma Center is coming soon.

EMSA staff also participates in medical disaster preparedness exercises and supports the appropriate use of 911, CPR, first aid and automated external defibrillators (AEDs) through public education.

AIDS Update Symposium Set for Nov. 11

The 22nd annual AIDS Update Symposium, presented by the AIDS Support Network, will be held at the Embassy Suites in San Luis Obispo on Thursday, November 11. Registration starts at 11:30 a.m. with a buffet lunch and the program will follow until 5:15 p.m.

Speakers include Dr. Steven C. Zell, a board-certified internist and professor of medicine with the University of Nevada School of Medicine. He holds a certificate in HIV and AIDS from the American Academy of HIV Medicine, and is recognized as a skilled clinician, teacher and researcher in HIV medicine. Dr. Zell will speak about laboratory testing and markers that health care workers and patients need to understand to maximize treatment outcomes for

HIV and AIDS.

Dr. Annie Luetkemeyer will discuss HIV issues among the transgendered patient population. She is an assistant clinical professor of medicine at UCSF and attending physician for the Positive Health Practice, as well as director of the HIV Clinical Trials Group at San Francisco General Hospital.

A nurse practitioner from the Community Health Partnership in Santa Clara will talk about the impact and importance of psychosocial support for people living with HIV and AIDS.

The event is for physicians, social workers, mental health workers, nurses and others interested in HIV and AIDS. Registration is \$55. Call Edie Kahn at 781-3660 to pre-register or for questions.

Treat-or-Treat Tips

With childhood obesity on the rise, here are some tips for healthy Halloween:

- Fill kids' bellies with a nutritious meal before they head out for trick-or-treating. This way, they are less likely to fill up on empty calorie foods.
- Pass out non-food treats such as pencils, note pads, bubbles, stickers, etc. Just be sure not to pass out choking hazards to young children (coins, rings, etc).
- Granola bars, pretzels, cheese and cracker packs, sugar free gum, packets of instant hot chocolate, raisins, and nuts are some healthy alternatives.
- If you must pass out candy bars, get the smaller fun sized ones. And only give one or two — not a handful — to your trick-or-treaters.

San Luis Obispo County Reported Cases of Selected Communicable Diseases - Fall 2010

Disease	3rd Quarter	Total	3rd Quarter	Year-to-date
	2009	2009	2010	2010
AIDS/HIV	Not available		Not available	
Campylobacteriosis	37	92	30	81
Chlamydial Infections	146	641	174	558
Coccidioidomycosis	16	87	21	63
Cryptosporidiosis	7	25	5	17
E. Coli	7	10	5	7
Giardiasis	3	10	5	6
Gonorrhea	15	39	7	16
Hepatitis A	1	1	0	1
Hepatitis B (Chronic)	11	55	10	30
Hepatitis C (Community)	64	260	70	199
Hepatitis C (Correctional)	204	877	143	451
Lyme Disease	0	4	0	0
Measles (Rubeola)	0	0	0	0
Meningitis (Bacterial)	0	3	1	3
Meningitis (Viral)	9	27	7	21
MRSA	0	0	0	0
Pertussis	0	2	171	363
Rubella	0	0	0	0
Salmonellosis	4	14	8	28
Shigellosis	0	3	1	3
Syphilis (Primary/Secondary)	0	2	0	0
Tuberculosis		3		4

Case counts reflect those reported diseases that meet case definitions as established by the California Department of Public Health. Cases reported by health care providers that do not meet the case definitions are not included in case counts. All cases are for San Luis Obispo County residents only. Persons who do not list San Luis Obispo County as their primary residence and are reported as having communicable disease are reported in their primary county of residence.



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