



Public Health Bulletin

A Publication of the Public Health Department, Jeff Hamm, Health Agency Director
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Pregnant Women, Moms Can Receive Health Tips by Text

Text4Baby is an educational program that provides pregnant women and new moms with information to help them care for their health and give their babies the best possible start in life.

Mothers will receive one message per day for the first six days with general information. After that, they will receive three messages a week throughout pregnancy and up until the child's first birthday. Messages are relevant to the timeline or age of the child that is provided at the time of registration. Text4Baby has partnered with cell phone providers to make sure recipients are not charged for the incoming messages, so the service is 100% free.

Messages focus on a variety of topics critical to maternal and child health: immunization, nutrition, seasonal flu, prenatal care, emotional well-being, drugs and alcohol, labor and delivery, smoking cessation, breastfeeding, mental health, birth defects prevention, oral health, car seat safety, exercise and fitness, developmental milestones, safe sleep, family violence and more.

Text4Baby messages also con-
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Penny Borenstein, M.D., M.P.H.



National Observance Highlights Important Role of Public Health

In honor of National Public Health Week, observed April 5-11, 2010, the County Public Health Department (PHD) will be launching a public awareness campaign to help inform residents about the full range of services provided by the PHD and the many ways in which Public Health impacts our community's well being.

During this campaign, the PHD will try some new methods to reach the public and spread the message. Look for us at some of the Farmers' Markets during that week and keep an eye out for our red stickers (sample shown here)



strategically placed around town as visual examples of Public Health in action.

Public Health has long played a vital role in all of our lives. During the 20th century, the dramatic increase in average life span is

widely credited to Public Health achievements, such as vaccination programs and control of infectious diseases, effective safety policies including motor vehicle and occupational safety, improved family planning, fluoridation of drinking water and anti-smoking measures.

Given these advances, in concert with our nation's relative wealth, medical technology breakthroughs, and highest per capita spending on health care, one could expect the United States to lead the world in key health measures.

But despite all the money, attention and possibility, we continue to fall behind. In a recent ranking of 19 industrialized countries, the United States ranked last in preventable deaths. One in three American children is overweight or obese, and for the first time American children may live shorter lives than their parents. And 20 percent of people in America have delayed or postponed medical care, often

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National Public Health Week (cont.)

due to cost.

We, in San Luis Obispo County, notwithstanding many positive statistics, also struggle with many of the same hurdles to improved health, such as lack of universal access to care, unhealthy behaviors, easily attained non-nutritious food and drink, and ongoing transmission of communicable diseases.

The PHD, comprised of four divisions and two special sections highlighted below, strives every day to combat these impediments to better community health.

The Environmental Health Services (EHS) Division works to prevent exposure to toxic substances, disease-causing agents, and unsanitary conditions. Specific program areas include Food Sanitation, Land Development, Hazardous Material (HazMat) Management, Vector Control, Waste Management, Water Quality, and Stormwater and Underground Storage Tank Management.

A reflection of some of the work done by EHS is the number of annual inspections including nearly 1,500 for HazMat, 2,000 restaurants and other food facilities, 250 pool facilities, and response to over 900 complaints from the public.

The Family Health Services Division provides an array of services including communicable disease control, reproductive health, cancer screening, case management for high-risk pregnant women as well as low income, foster care or disabled children, a Suspected Abuse Response Team (SART), and birth and death certificates. Over 22,000 encounters with com-

munity members occurred last year for services such as family planning, tuberculosis, sexually-transmitted disease and in-home visits.

The Health Promotion Division includes Tobacco Control and Childhood Obesity Prevention programs, oversight of HIV/AIDS Prevention state grants, WIC (Women Infants and Children Supplemental Nutrition), and is currently considering implementation of an Oral Health program to address the high number of children locally with unmet dental needs.

Last year, nearly 500 local residents attended tobacco education and cessation classes, more than 1,200 children and adults attended “Re-Think Your Drink” classes teaching them to consume fewer sweetened beverages, and 54,804 food vouchers were distributed to WIC participants, with a resultant \$3.3 million dollars entering the local economy.

The Health Care Services Division oversees County-funded health care delivery systems including the County Medical Services Program (CMSP), which provides short-term insurance coverage for qualified medically indigent adults, and medical care at the Jail and Juvenile Service Center. In the last fiscal year, more than 4,500 CMSP patients accessed health care, and nearly 2,000 jail inmates and 1,000 juvenile wards received medical care at their respective facilities.

Health Care Services also oversees County-contracted services with the Community Health Centers (CHC), which provide primary and specialty health care services,

and with the Emergency Medical Services Agency (EMSA).

The Public Health Laboratory (PHL) provides testing services for communicable disease diagnosis, water quality and animal diseases including rabies. The County PHL is also certified as a member of the national Laboratory Response Network allowing it to receive and process agents of bioterrorism. In 2009, the PHL conducted over 44,000 tests including 613 influenza tests, over 12,000 tests for chlamydia and gonorrhea, 370 tuberculosis tests, and over 3,500 tests on ocean, drinking and waste water.

The Public Health Emergency Preparedness (PHEP) program develops standard operating plans and procedures, conducts drills and other trainings to prepare agency staff for disasters, and is responsible for response implementation in an actual event. The PHEP program successfully oversaw the management and response to the 2009 H1N1 Influenza A Pandemic. Highlights of that activity include over 32,000 vaccinations administered by the PHD (15,000 at schools), over 8,000 phone calls answered, mobilized the Medical Reserve Corps for the first time, and issued numerous updates to the media, the public and local health care providers.

These highlights of the six PHD units provide examples of the range of services provided and the many ways in which Public Health impacts our community’s well being. Starting April 5, we will

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Receiving Health Tips by Text (cont.)

nect women to prenatal and infant care services.

There are two ways to sign up:

1. Text “Baby” for English messages or “Bebe” for Spanish messages to 511411
2. Register through their Web site at www.text4baby.org

You can also visit www.text4baby.org for more information.

*Text4Baby is an educational program and is not meant to replace regular prenatal care.

Public Health (cont.)

continue to raise awareness about Public Health through the “This is Public Health” campaign by communicating and illustrating the many ways in which Public Health improves the conditions and behaviors that affect the health of each and every one of us.

County Medical Services Program (CMSP) and Who is Eligible

In 1983, the State of California enacted Title 17 of the Welfare and Institutions Code, and transferred responsibility for providing health care services for indigent adults from the state to the counties.

Each county can determine, within certain limits, their eligibility criteria and how they provide that care. Realignment revenue (motor vehicle license fees and sales tax) is the primary revenue source supporting the program.

The San Luis Obispo County program is called CMSP (County Medical Services Program) and is a program of “last resort,” designed to meet the health care needs of individuals in our community who are not otherwise eligible for Medi-Cal, Medicare or private health insurance, and who meet the County’s eligibility standards.

CMSP serves indigent adults, ages 21 through 64, who:

- Are not permanently disabled.

- Are not pregnant.
- Are a SLO County resident and have proof of intent to reside.
- Are a U.S. citizen or permanent resident of the United States.
- Have a medical need.
- Have income less than 250% of the federal poverty level.
- Meet asset limits.

Eligibility is from one to six months, depending on the person’s medical condition or current financial situation. At the end of the eligibility period, people must reapply. People eligible for Medi-Cal will be referred to Medi-Cal, and veterans will be referred to the Veteran’s Administration for medical services.

The program is administered through the Health Care Services Division of the Public Health Department. San Luis Obispo County has an agreement with Community Health Centers of the Central Coast (CHC) to provide primary

care, pharmacy and laboratory services for all eligible CMSP clients. Specialty care and hospital services are provided if there is a medical need, and the services have been approved in advance.

CMSP may also pay for unexpected medical care, such as in a hospital emergency room, if the applicant meets CMSP eligibility and applies within seven days of the care. Elective, non-medically necessary, procedures are not covered.

With the downturn in the economy, CMSP services have been in demand more than ever. On average, over 700 clients apply to CMSP each month, and about 25 percent of them are new clients who have never accessed services before.

For more information, call 781-4838 or access the CMSP page of the County Web site at: www.slo-county.ca.gov/health/publichealth/lowincome/cmshp.htm.

Upcoming Perinatal Service Program Roundtables

The first roundtable, *Nutrition in Pregnancy* and new assessment forms, will be held Wednesday, May 26 from 8:30 a.m. to 12 noon at the Ag Auditorium, 2156 Sierra Way in San Luis Obispo. For information, e-mail Cristy at ccolliver@co.slo.ca.us or Marilyn at mmcdermott@co.slo.ca.us or call 781-5107.

The second roundtable, *Countywide Home Visitation Programs: What They are and How Will They Benefit My Clients*, is being planned for mid summer. The date, time and location will be announced later.

Childhood Lead Poisoning Prevention Program (CLPPP)

Screening Regulations Reminder:

State regulations impose specific responsibilities on doctors, nurse practitioners and physician's assistants doing periodic health care assessments on children between the ages of 6 months and 6 years. They include anticipatory guidance and a blood lead test screening at both 12 months and 24 months (standard for children in publicly supported health care programs and others as determined by risk factor

assessment. For more information, visit www.cdph.ca.gov/programs/CLPPB/Pages/ScreenRegs-CLPPB.aspx.

Low levels of lead exposure have lasting neuro-developmental effects. Low levels usually do not cause symptoms, at risk children may not be identified and therefore would not receive appropriate treatment or environmental investigation.

For each of the last two years,

900 to 1,000 children have been tested in San Luis Obispo County, with only a few needing further follow-up. However, according to our birth statistics, our blood lead screening should be twice as many as the current numbers.

If your medical office is interested in learning about how you can do a blood level screening while the patient is present, please call the San Luis Obispo County CLPPP at 226-3216.

Recovery and Confirmation of *Burkholderia Pseudomallei*

This month a local clinical laboratory and the San Luis Obispo Public Health Laboratory collaborated on the recovery and identification of a very unusual bacterium, *Burkholderia pseudomallei*, a select agent and recognized agent of bioterrorism.

The isolate was recovered from a finger abscess of an otherwise healthy young woman and rapidly determined by the sentinel laboratory testing algorithm that it could not be ruled out as a *Burkholderia* species, though it was not the often-identified *B. cepacia*. Quickly referred to the Public Health Laboratory, the isolate was identified by polymerase chain reaction (PCR) testing to be *B. pseudomallei*.

B. pseudomallei (*Bp*) is the agent of melioidosis, an illness that can manifest as a pneumonia, sepsis, cutaneous abscesses or abscesses of internal organs. The incubation period can vary

from days to years after exposure.

Illness has been called "Vietnam time-bomb" because members of the armed forces who served in Southeast Asia were documented with an explosive sepsis, months or years after returning to the United States.

A case is on record of a man who served in the Pacific in World War II and became ill more than six decades after exposure.

Bp is an intracellular parasite with a pronounced tendency to assume a latent state, and to cause illness long after exposure. Exposures usually occur in tropical zones, especially Southeast Asia and northern Australia. But the organism can be recovered from soil in tropical zones around the world. Travel to these areas is usually discovered in cases of *Bp* infection in U.S. residents.

Bp is a tropical soil saprophyte. In the laboratory, it often exhibits wrinkled colonies on solid me-

dium, is motile, oxidase-positive, weakly catalase positive, and arginine dihydrolase positive. On gram stain, bipolar staining may be observed.

Rapid Identification systems may give an incorrect identification (example Emerging Infectious Diseases 15:799) while the preparation of samples for such a rapid ID system may result in an occupational exposure to this pathogen.

Clinical laboratory staff reported that this isolate grew quickly, behaving like many faster-growing gram-negative bacilli and in contrast to slower-growing *Brucella*, *Yersinia pestis* and *Francisella* species.

Further, lab staff cited the wet workshop training on bacterial agents of bioterrorism held at Cuesta College in 2008 as particularly helpful to prepare for recognition of this organism.

Universal Annual Influenza Vaccination Recommended

A panel of immunization experts voted February 24 to expand the recommendation for annual influenza vaccination to include all people aged 6 months and older. The expanded recommendation will take effect in the 2010–2011 influenza season. The new recommendation seeks to remove barriers to influenza immunization and signals the importance of preventing influenza across the entire population.

In prior years, CDC’s Advisory Committee on Immunization Practices (ACIP) recommendations for seasonal influenza vaccination—which focused on vaccination of higher risk persons, children 6 months through 18 years of age and close contacts of higher risk

persons—already applied to about 85 percent of the U.S. population.

Discussion at the ACIP meeting focused on the value of protecting all people 19 to 49 years of age, who have been hard hit by the 2009 H1N1 pandemic virus, which is likely to continue circulating into next season and beyond.

Another reason cited in favor of a universal recommendation for vaccination is that many people in currently recommended “higher risk” groups are unaware of their risk factor or that they are recommended for vaccination. The ACIP discussion also recognized the practicality and value of issuing a simple and clear message regarding the importance of influenza vaccination in the hopes that this

would remove impediments to vaccination and expand coverage.

Finally, new data collected over the course of the 2009 H1N1 pandemic indicates that some people who do not currently have a specific recommendation for vaccination may also be at higher risk of serious flu-related complications, including those people who are obese, post-partum women and people in certain racial/ethnic groups.

High risk population groups, their household and close contacts, and all health care personnel should continue to be a primary focus for vaccination efforts as providers and programs transition to routinely vaccinating all individuals 6 months of age and older.

Higher Dose Flu Vaccine Formulation for 2010-2011 Season

A higher dose formulation of an inactivated seasonal influenza vaccine (Fluzone High-Dose, manufactured by sanofi pasteur, licensed by FDA on December 23, 2009) for use in individuals age 65 years and older will be available in the 2010-11 influenza season.

Fluzone High-Dose contains four times the amount of influenza

antigen compared to other inactivated seasonal influenza vaccines. Fluzone High-Dose vaccine in one study of people age 65 years and older produced higher antibody levels, but slightly higher frequency of local reactions.

Studies are underway to assess the relative effectiveness of Fluzone High-Dose compared to

standard dose inactivated influenza vaccine, but results from those studies will not be available before the 2010-11 influenza season.

The ACIP has not expressed a preference for Fluzone High-Dose or any other licensed inactivated influenza vaccine for use in people age 65 and older.

Flu Vaccine for 2010-2011 Season

The composition of the Northern Hemisphere’s 2010-2011 seasonal influenza was announced at the FDA’s Vaccines and Related Biological Products Advisory Committee (VRBPAC). Next season’s vaccine will be trivalent (with three different vaccine viruses) and include an A/California/7/2009 (H1N1)-like virus, an A/Perth/16/2009 (H3N2)-like virus, and a B/Brisbane/60/2008-like virus. The H1N1 virus recommended for inclusion in the 2010-2011 seasonal influenza vaccine is a pandemic 2009 H1N1 virus and is the same virus used in the 2009 H1N1 monovalent vaccine.

Nationwide Salmonella Montevideo Outbreak

Local, state and federal authorities continue to investigate a 44-state outbreak of salmonellosis due to serotype montevideo. As of February 15, some 230 cases, including 30 cases in California have been reported. Five cases of salmonella seftenberg are under investigation as well.

A recall of ready-to-eat varieties of Italian sausage products, especially salami, is underway as these products have been linked by epidemiologic analysis, and by recovery of the outbreak strain from product.

This outbreak illustrates how foodborne illness outbreaks are detected when scores of cases are scattered across the U.S.:

- Physicians order stool cultures for patients with a gastrointestinal illness and oversee the collection and transport of the specimen to a clinical laboratory.
- Clinical laboratories culture for salmonella and other enteric pathogens, conduct identification tests and refer the culture isolates rapidly to their local public health laboratory.
- The local public health laboratory confirms the identification of the salmonella isolate and may conduct serogrouping. The San Luis Obispo Public Health Laboratory rou-

tinely conducts serogroup testing for the most frequently seen salmonella: groups A, B, C1, C2 and D. salmonella montevideo belongs to serogroup C1.

- Isolates are referred to the area PulseNet laboratory for “DNA fingerprinting,” usually pulsed-field gel electrophoretic typing (PFGE) and Multi-Locus Variable number tandem repeat analysis (MLVA). These methods discern the relatedness of the isolates and which ones belong to the same clone – i.e., reveal a cluster of patients infected by a common event. The PFGE patterns – as digital electronic files – are uploaded to the Centers for Disease Control and Prevention (CDC) PulseNet database. Clusters are detected by CDC scientists and reported to the public health authorities.
- Public Health epidemiologists at local, state and the CDC administer exhaustive questionnaires to the salmonellosis patients in a cluster, and analyze the data from many patients for common exposures—in the case of this outbreak: consumption of salami.
- PulseNet laboratories and partner FDA and USDA laboratories obtain samples of the implicated food products and attempt to culture salmonella. If a culture isolate is recovered from the food, it is subjected to the

same identification and typing procedures as the human isolate. If the isolate is an exact match, the food product is virtually conclusively determined as the vehicle of transmission.

- However, the source of the salmonella may require further investigation. Salami is a product made from multiple food sources. In this outbreak, peppercorns may be the source and are being actively studied. In 2007, a noteworthy outbreak of E coli O157 led investigators to announce that tomatoes were the source, only later to determine that jalapeno peppers were the culprit. The blending of tomatoes with peppers in multiple varieties of ready-to-eat products had led investigators in the wrong direction initially.

In these investigations, it is also important to remember that for every culture-proven case of salmonellosis there may be as many of 50 individuals who were infected but never saw a doctor, or saw a doctor and never were cultured, or were cultured and the agent escaped recovery.

Only the collaboration of the medical and public health communities allows this state-of-the-art system to work.

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

Disease	1st Quarter	Total	1st Quarter	Year-to-date
	2009	2009	2010	2010
AIDS/HIV	Not available		Not available	
Campylobacteriosis	15	92	20	20
Chlamydial Infections	175	641	179	179
Coccidioidomycosis	28	87	25	25
Cryptosporidiosis	4	25	2	2
E. Coli	0	6	0	0
Giardiasis	1	10	1	1
Gonorrhea	10	39	3	3
Hepatitis A	0	1	0	0
Hepatitis B (Chronic)	1	55	7	7
Hepatitis C (Community)	71	260	54	54
Hepatitis C (Correctional)	390	877	125	125
Lyme Disease	4	4	0	0
Measles (Rubeola)	0	0	0	0
Meningitis (Bacterial)	1	3	1	1
Meningitis (Viral)	5	27	6	6
MRSA	0	0	0	0
Pertussis	0	2	0	0
Rubella	0	0	0	0
Salmonellosis	3	3	7	7
Shigellosis	0	3	0	0
Syphilis (Primary/Secondary)	2	2	0	0
Tuberculosis	0	3	0	0

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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