San Luis Obispo County Health Agency Fall 2011

Public Health Bulletin

A publication of the Public Health Department, Jeff Hamm, Health Agency Director
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Inside this issue

Environmental Health Specialists Are Generalists

Lead Poisoning Prevention Week

Free Disaster Preparedness App

Public Health Lab Web Portal is Live

Regular Alcohol Abuse Screening Recommended

Sickle Cell Resources Web Site

Suspected Abuse Response Team

Reported Cases of Communicable Diseases

Health Officer Notes

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Food Safety is On the Move

Anyone who sells or gives food away to the public must obtain a license and be inspected, at least annually. There are over 2,800 inspections per year in San Luis Obispo County including inspections of:

- Restaurants
- Grocery stores
- Convenience stores
- Temporary food facilities (e.g., weekend booths at events)
- Farmers' markets
- Mobile food carts
- Hotels and Bed & Breakfasts

In 2008, the Food and Drug Administration (FDA) introduced the Voluntary National Retail Food Regulatory Program Standards, through ideas and input from regulatory officials, professional associations, academia, and consumers on what constitutes a highly effective and responsive retail food regulatory program. In developing the Standards, the FDA recognized that the ultimate goal of retail food regulatory programs is to reduce or eliminate the occurrence of illness and death from food delivered at the retail level.

Though a voluntary program, counties are encouraged to participate through engaging in a self-evaluation process, and modifying local standards and practices to conform to the national standards. On August 1, 2011, our Division of Environmental Health Services undertook the first significant step toward adopting the new standards. (continued on page 2)

Public Health Department newsletters can also be accessed online at the Public Health Department Web site: www.slopublichealth.org (click on Public Health Bulletins at the bottom of the home page).

Food Safety is On the Move (Continued)

In a typical retail food inspection there are 51 possible violations, of which 23 are considered important and 8 are considered critical. Prior to August, all food facilities were inspected once every 9 months, irrespective of any past violation history or the amount or type of food they served. One major change was to establish and assign risk categories to all retail food purveyors, based on the level of risk posed by the type of establishment. Categories are:

High risk: full restaurants serving multiple food items – will now be inspected every 6 months
Medium risk: often fast food places which have a limited menu and turn food around very quickly – will continue to be inspected every 9 months
Low risk: coffee houses, juice bars and donut shops etc. which have very limited menus – will now be inspected every 12 months

In addition to modifying the inspection schedule, the program also modified point values used in food facility inspections to place a greater emphasis on critical violations that contribute most to foodborne illness. Point deductions for repeat violations have now also been put into practice. The scores for food facility inspections are posted on the Environmental Health page of the County Web site: www.slopublichealth.org/EH. If you have questions about the cleanliness and safety of a favorite eating establishment, you can get inspection reports for the facility, along with an explanation of the specific violations. Simply enter the name of the restaurant (or a wildcard (%) if you don't have the exact name). Keep in mind that inspection scores from August 1, 2011 or later, may be lower than previous scores due to the new system.

A year or so from now, it will be interesting to see what effect risk assessment and weighted scoring may have on retail food processes, procedures and ultimately, food safety.

Environmental Health Specialists are Generalists

In addition to implementation of the Voluntary National Retail Food Regulatory Program Standards, Environmental Health continues to focus on standardizing employee training. There are many training opportunities available for Environmental Health Specialists (EHS), and retail food inspections are only part of the job. Disparate activities for EHSs include swimming pool monitoring, HazMat inspections, determining environmental impacts of land use decisions, and inspections of correctional facilities. An EHS must be licensed and registered with the State, which means passing a state exam. An entry-level EHS I position requires graduation from an accredited four-year college with a degree in the biological or physical sciences. After working for 18-24 months, and demonstrating 600 hours of work-related competencies, the individual can take the licensing exam. A difficult test with a pass rate of about 70%, SLO Environmental Health can boast that all of its employees have passed the test on their first attempt. This puts a lot of pressure on new employees, but it demonstrates the seriousness and the competence of the Environmental Health division. On a daily basis, the employees in this division protect our health, serve our community, and provide for a safe and healthful environment for all of the residents and visitors to San Luis Obispo County.

Lead-Free Kids for a Healthy Future
National Lead Poisoning Prevention Week October 23-29

Based on data from a 2003–2004 national survey, the Centers for Disease Control and Prevention (CDC) estimate nearly a quarter of a million children living in the United States have blood lead levels high enough to cause significant damage to their health. If high lead levels are not detected early, children can suffer damage to the brain and nervous system. They can develop behavior and learning problems (such as hyperactivity), slowed growth, hearing problems, and aggressive patterns of behavior.

To raise awareness of the consequences of lead poisoning among parents and pregnant women who live in homes built before 1978, the Public Health Department is participating in National Lead Poisoning Prevention Week (NLPPW), October 23-29, 2011. San Luis Obispo County Public Health joins CDC, the U.S. Environmental Protection Agency, and the U.S. Department of Housing and Urban Development in encouraging parents to learn more about how to prevent lead poisoning.

This year's NLPPW theme is, "Wash Away the Lead." In California, children get lead poison by ingesting lead-contaminated dust, paint chips from deteriorating lead-based paint, and lead-contaminated soil. Other sources of lead poisoning include lead dust brought home on parents' work clothes, certain imported ceramic pottery, painted objects, traditional home remedies, and imported candies and food products. Additionally, activities that involve lead products such as soldering, making stained glass, and handling bullets or fishing sinkers can put children at risk.

Established in 1999 by the U.S. Senate, National Lead Poisoning Prevention Week occurs every year during the last week in October. During this week, many states and communities offer free blood-lead testing and conduct various education and awareness events. For more information about NLPPW activities in our area, call the San Luis Obispo County Public Health Department at (805) 781-5500.

Let's Play Jeopardy!

The category is: Things that kill

The answer is: This product is responsible for:

- 440,000 deaths annually in the United States.
- For each death, there are 20 people suffering from disease.
- 25% of those affected have never used the product themselves.

The correct answer is: What is tobacco?

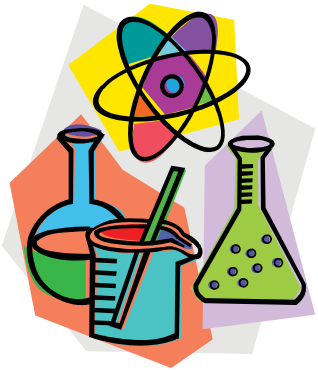
Would you like to work toward reducing tobacco use in our community?

Join the Tobacco Control Coalition (TCC).

The TCC identifies local populations at risk and in need of services, increases community awareness about tobacco issues, provides expertise, and advocates for tobacco control policies. The TCC meets monthly except July and December on the third Tuesday of the month 12:15-1:30 p.m.

If you are interested in joining, call the Tobacco Control Program at 781-5564.

Public Health Laboratory Web Portal is Live!



Customers of the SLO Public Health Laboratory can now use the Internet to look up laboratory reports—for human, animal and environmental test results. Reports can be viewed as .pdf file documents and printed directly from screen images. To become a Web portal user, you must be an existing customer. On request, customers will be enabled to securely view only reports for laboratory submissions from their agency. Instructions are located on the SLO Public Health Laboratory Web site:
www.slocounty.ca.gov/health/healthtesting/laboratory.htm

At the Web site, find the Web Portal User enrollment link. Managers of submitting agencies need to obtain, fill out and submit by e-mail a special spreadsheet with information regarding all staff approved to look up test results, and have all approved staff review and sign a user agreement document—to be returned as a hard copy to the Laboratory Director at 2191 Johnson, San Luis Obispo, CA 93401. Web portal users will need to establish routines for review of reports as new reports are queued for review and require a click to be removed from the new reports queue.

For more information, e-mail: jbeebe@co.slo.ca.us or rhendry@co.slo.ca.us

Free Disaster Preparedness App

San Luis Obispo County Public Health proudly announces the release of its **free** Disaster Preparedness App for the iPhone! Just days after the app became available to the public, it claimed 2,623 downloads and was featured on MSNBC's Tech Blog.

In case of a disaster, the Federal Emergency Management Agency (FEMA) recommends that you and your family prepare to take care of yourselves for at least three days, as local officials and relief workers cannot reach everyone immediately. The new app includes tools to help individuals and families do just that. It provides a check list feature, allowing people to build their home emergency kits, checking off items as they are added. It also allows one to insert electronic copies of medical records and list contact information for emergency contacts, insurance providers etc.

> "The app collects necessary information in the one piece of equipment you always have on you – your phone." - Clint Slaughter

The app melds together what the San Luis Obispo County's Public Health Emergency Preparedness Office believes to be the key components of emergency planning, emphasized by organizations like FEMA and the American Red Cross.

Clint Slaughter of evolvingmonkeys.com, who worked closely with Public Health on the app and over saw the programming and design says, "The app collects necessary information in the one piece of equipment you always have on you – your phone."

Features of the app include:

- Disaster kit checklist
- Personal medical record database
- Reminders every 6 months to check/rotate kit supplies
- Family emergency plan forms
- Insurance and vehicle information
- Basic CPR and first aid information
- Ability to import photos and .pdf files of EKGs, X-rays, and other medical information, as well as other disaster-related diagrams and information.

You can download the FREE Disaster Preparedness App for the iPhone here:
http://itunes.apple.com/us/app/disaster-prep/id431738659?mt=8

MSNBC's Tech Blog featuring San Luis Obispo County's Disaster Preparedness App:
http://technolog.msnbc.msn.com/_news/2011/08/26/7486579-mobile-apps-to-help-in-a-hurricane#comments

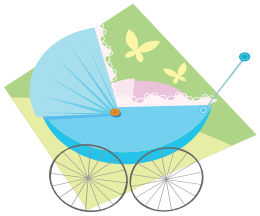
For more information and emergency preparedness resources please visit: www.ready.gov

American College of Obstetrics & Gynecology Calls for Regular Alcohol Abuse Screening

New recommendations issued by the American College of Obstetrics & Gynecology (ACOG) call for annual alcohol screening for women, and screening in the first trimester of pregnancy.

The guidelines state that for women who are pregnant or who may become pregnant, it is important for obstetrician-gynecologists to "give compelling and clear advice to avoid alcohol use, provide assistance for achieving abstinence, or provide effective contraception to women who require help." ACOG's new recommendations also note that health care providers should advise women that low-level consumption of alcohol in early pregnancy is not an indication for terminating the pregnancy.

According to ACOG, at-risk alcohol use—defined as more than seven drinks per week, more than three drinks at one time, or any amount of drinking in women who are pregnant or at risk of pregnancy—is increasing in women. The group notes that 13 percent of women in the United States consume more than seven drinks a week.



HealthCanal.com reports that high levels of alcohol can cause many harmful health effects in women, including decreased fertility, an increased risk of many cancers including breast cancer, menstrual disorders and seizures. The article notes that alcohol is toxic to fetuses. Drinking during pregnancy can lead to impairment of the baby's growth, intellectual development and nervous system, as well as facial abnormalities and behavioral problems.

Sickle Cell Resources Web Site

The new California Sickle Cell Resources Web site is co-sponsored by the California Registry and Surveillance System for Hemoglobinopathies (RuSH) Project, the Northern California Network of Care for Sickle Cell Disease and Children's Hospital & Research Center Oakland.

To get more information or find California Children's Services approved Sickle Cell Disease Centers visit: http://hemonc.cho.org/CaSickle/index.html

Suspected Abuse Response Team

The Suspected Abuse Response Team (SART) is a program that provides sexual assault exams for adolescents and adults, as well as exams of children for suspected sexual/physical abuse and neglect. SART services often occur in hospital emergency departments. The San Luis Obispo SART offices are at the Health Campus on Johnson Avenue, have a discrete entrance, and are decorated to feel warm and inviting. The SLO Quilt Guild donates a handmade quilt to each survivor.

Dr. Nisha Abdul-Cader is the SART medical director and performs the children's exams, along with retired pediatrician Dr. Howard Kusumoto. Buffy Ramirez, a nurse practitioner, is the SART coordinator and works with four specially-trained nurses in performing all exams on adolescents and adults. Staff is on call 24 hours a day, 7 days a week, year round.

Exams performed are free to the survivor and may consist of the following:

- Forensic exams of adolescent and adult victims of sexual assault usually start with a referral from law enforcement agencies. Evidence is collected, to be used in the case against the perpetrator. From July 2010 to June 2011, 50 forensic exams were performed from a law enforcement referral.
- According to the Violence Against Women Act of 2005 (VAWA), a victim who doesn't wish to speak with Law Enforcement after the assault may still request a forensic exam to preserve the evidence. The purpose of the VAWA law was to enable survivors to have a chance to recover from the assault and to think about what they wanted to do, before speaking with law enforcement. This past fiscal year, 6 victims asked for forensic exams without involvement of a law enforcement entity; 4 of these survivors chose to speak to law enforcement within 1-2 days of the exam.
- Clinical exams, performed in cases involving suspected sexual abuse of children, start with a referral from law enforcement or Child Welfare Services (CWS). In pre-pubescent children, exams are not as invasive as those performed on adults. 22 children were referred for suspected sexual assault in FY 2010-11.
- Exams are also performed when there are cases of suspected abuse or neglect of children, or for drug endangered children. Law enforcement or CWS also refer these children; 49 such exams were done in the last fiscal year.

A few myths about SART exams:

- A SART exam cannot determine whether the adolescent/adult victim was a virgin.
- While timeliness of the exam is important when there is suspected sexual assault, evidence can still be collected 3-5 days after the abuse – even if the victim has showered.
- While pictures are important to document injuries, most people do not have injuries after a sexual assault. Pictures are not taken, unless there is an injury. Pictures of the face are not taken, unless there is an injury to the face.

The overall goal of the SART program is to preserve the dignity of the victim. Over the last 30 years, people in the sexual violence prevention movement have made a difference in changing public perceptions. The public generally recognizes the difference between consensual sex and rape, that rape by a stranger is less common, and that the assault is not the victim's fault. However, there is still a tendency of some to question victims' role in assaults. SART staff offers compassionate and thorough treatment in a non-judgmental setting.

San Luis Obispo County Reported Cases of Selected Communicable Diseases - Fall 2011

Disease	3rd Quarter 2010	Total 2010	3rd Quarter 2011	Total 2011
AIDS/HIV	**Not available**	**3/19**	**2/3**	**4/11**
Campylobacteriosis	30	98	26	66
Chlamydial Infections	**174**	**694**	**205**	**645**
Coccidiodomycosis	21	102	52	137
Cryptosporidiosis	**5**	**24**	**3**	**8**
E. Coli	5	13	0	3
Giardiasis	**5**	**9**	**3**	**11**
Gonorrhea	7	28	15	41
Hepatitis A	**0**	**1**	**0**	**3**
Hepatitis B (Chronic)	10	36	13	43
Hepatitis C (Community)	**70**	**274**	**134**	**338**
Hepatitis C (Correctional)	143	582	281	550
Lyme Disease	**0**	**0**	**0**	**0**
Measles (Rubeola)	0	0	0	0
Meningitis (Bacterial)	**1**	**4**	**1**	**3**
Meningitis (Viral)	7	35	8	20
MRSA	**0**	**0**	**0**	**2**
Pertussis	171	382	5	17
Rubella	**0**	**0**	**0**	**0**
Salmonellosis	8	35	8	14
Shigellosis	**1**	**5**	**2**	**2**
Syphilis (Primary/Secondary)	0	0	0	0
Tuberculosis	**0**	**4**	**0**	**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 as their primary residence and are reported as having a communicable disease are reported in their primary county of residence.

San Luis Obispo County
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